

Time Space Compassion – supporting people experiencing suicidal crisis

An introductory guide



Sources of Support

We value the time you take to read this guide and care about your experience of using it. While the guide's purpose is to support positive change, we know it may impact emotionally on those reading it. We have provided details of organisations offering emotional listening support as well as ways to give feedback on this guide.

Breathing Space – Free and confidential mental health helpline, offering advice for individuals over the age of 16. From 6pm to 2am Monday to Thursday; and from 6pm Friday throughout the weekend to 6am Monday.

☎ 0800 83 85 87

Samaritans – Free 24/7 confidential non-judgemental emotional support for people experiencing feelings of distress or despair.

☎ 116 123 ✉ jo@samaritans.org

NHS24 Mental Health Hub – Free 24/7 listening support, advice, guiding you to further help if required.

☎ 111

Childline – Free 24/7 service for children and young people, for whenever they need support or advice.

☎ 0800 1111 🖱 www.childline.org.uk

NHS Inform – surviving suicidal thoughts – a website with stories and resources for those affected by suicide, including up to date details of 24/7 support, services available at other times, and support for specific communities (e.g. Switchboard LGBT+ and Think Positive Hub for students.)

🖱 www.nhsinform.scot/surviving-suicidal-thoughts

National Wellbeing Hub – Free 24/7 helpline for everyone working in health and social care.

☎ 0800 111 4191 🖱 www.wellbeinghub.scot

Your feedback is important to us. Please share your advice on how we can improve the guide, including how we can make it a more accessible and positive resource.

Contact us at ✉ TSC@gov.scot



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1. Why Time Space Compassion?

We all know that suicide has major impacts across our communities. It is estimated that up to 1 person in 20 is thinking about suicide at any one timeⁱ. In 2021, 753 livesⁱⁱ were lost to suicide. Over the period 2016 - 2021, the average number of people who died each year by suicide was 766. We also know that for every suicide death 135 people are affected in some wayⁱⁱⁱ. In the research that shaped Time Space Compassion, people described their experience of responding to suicidal crisis as a human reaction, not a service model. They highlighted how placing the principles of Time Space Compassion at the heart of what we do, can improve outcomes for those in crisis^{iv}.

“ This is about valuing and supporting the people and places that already offer Time Space Compassion, working to address gaps and inconsistency in people’s experiences, and constantly improving practice. ”

(person with lived experience)



Table 1: What we know and how it compares to the evidence

We know that...

And yet the evidence shows...

Clear, factual information and routes to and through support are critical to help seeking and sustained recovery^v



Missed opportunities to reach out for help or to intervene and offer support

For example, between 2011 and 2019^{vi}, **77.3% of those who had died by suicide in Scotland** had contact with at least **one of nine healthcare services** in the twelve months prior to their death

We need to focus on the barriers to accessing support, which include overcoming fear and experiences of rejection and discrimination, fear of being a burden, and low expectations of the support on offer^{vii}



37% of people in Scotland have witnessed someone experiencing stigma or discrimination

because of a mental health problem

Only 26% of young people would tell someone if they were finding it difficult to cope^{viii}

Compassion matters and plays a key role in preventing suicide – it creates hope, supporting healing and recovery^{ix}



More action is needed

to fully realise the part that timely, compassionate responses play in

preventing suicide and improving people's lives^x

2. What is Time Space Compassion?

“ If you work with people, this is for you. ”

(practitioner)

Time Space Compassion is about securing better outcomes for people experiencing suicidal crisis. It does this by focusing on people’s experience, human connection and relationships, offering a shared language, resources, and ways to connect and take action together.



.....

It is one part of a national programme, aiming to maximise the impact of national and local action to reduce deaths by suicide in Scotland. You can find out more about this in Scotland’s [Suicide Prevention Strategy](#) and [Action Plan](#). This guide shares the strategy’s vision and guiding principles. It also links to wider work to:

- **improve people’s experience of urgent and unplanned care** and reduce avoidable Emergency Department attendances by ensuring people receive urgent care closer to home when this can better meet their needs
- ensure **24/7 crisis support** is available to everyone, including children and young people^{xi}
- apply quality standards^{xii}, service specifications^{xiii}, and other ways of working that **put people at the centre of what we do** and ensure they get the support and resources that are right for them^{xiv}
- look after the emotional and psychological **wellbeing of people who care for and support others**^{xv}

Time Space Compassion builds on the [Time Space Compassion – three simple words, one big difference report](#) and promotes the [principles of trauma-informed practice](#) underpinning the [National Trauma Training Programme](#), as well as a [Human Rights-based approach](#) to suicidal crisis support.

The aim of this Guide is to support action and promote a culture in Scotland where we all:



talk about and actively value what it takes to offer Time Space Compassion



learn and take action together when it's possible to achieve better outcomes that way



recognise and build on what's strong, making connections that support trusting relationships and positive change

Time Space Compassion focuses on lived and living experience of suicidal crisis, including perspectives of people caring for friends and family and those providing support.¹ Special thanks go to the Lived Experience Panel and Youth Advisory Group supporting Scotland's Suicide Prevention Strategy and Action Plan, members of the Suicidal Crisis Support Action Group, United To Prevent Suicide, and all who have contributed. People often see potential to take the Time Space Compassion approach into wider work and activity. This guide invites you to focus on **what you can do to support better outcomes for people experiencing suicidal crisis**, and to consider the part Time Space Compassion could play in creating hope, connection, and action in everything you do.



“People might say, what's new in this? It's not new. It's core to what we do as mental health nurses and it's what people tell us matters most in their experience of care. But evidence shows there's a gap between our plans and people's experience. This is a timely reminder to focus on what people tell us matters, their experience of what we do and removing the barriers that can get in the way.”

(senior nurse)

This guide includes descriptions of the Time Space Compassion principles, the underpinning values, ideas for action, alongside links to practical resources and stories. The content is based on practice and ideas from a wide range of people and places. For some readers, these will be familiar or even standard practice. Others have described it as the first time they have seen how they work written down systematically in one place. This guide aims to support both new insights and experienced reflection that builds on strengths, addresses barriers and supports ongoing and new action. Pause and reflect prompts are provided to support personal reflection, supervision conversations, continuous professional development, group discussions and action.

¹ Time Space Compassion are universal themes of human connection and community that have not been created or discovered through this work, but that help us make sense and respond to the complex nature of suicidal crisis.

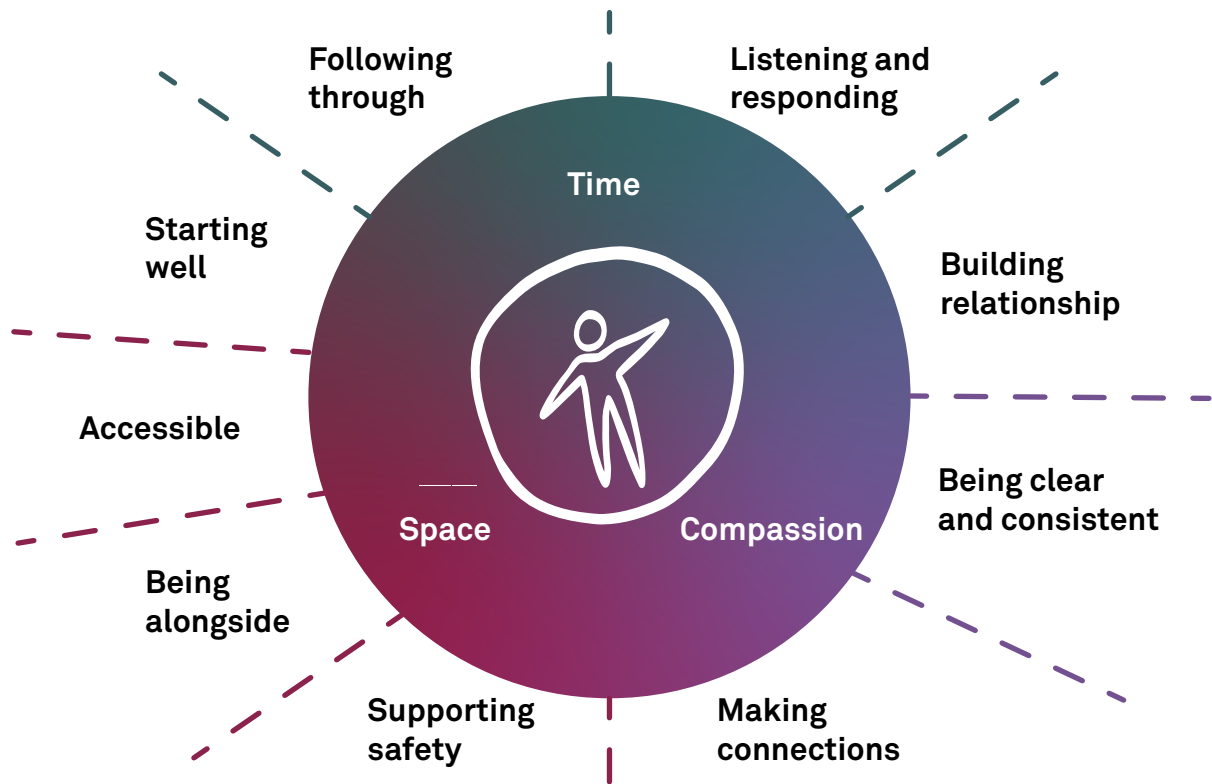
This can involve changing what we're already doing, to:

Do less (limiting)

Do more (enabling)

Putting systems first	Putting people and relationships first	
Only assessing and treating	Listening, planning and taking action together	
One size fits all	Tailoring your approach, reflecting diversity and culture	
Making decisions for people	Exploring choices and making decisions together	
Only focusing on problems and immediate solutions	Understanding people's lives, their needs and hopes	
Only focusing on risk	Using psychosocial^{xxvi} assessment and safety planning to support people	
Gatekeeping and stepped access to support	Connecting people with the mix of support they need	

3. The Principles and Practice



When asked what an introduction to Time Space Compassion should cover, people said:



shared principles



underpinning values



ideas for realistic practice and action

This section of the guide describes the **Time Space Compassion principles** – the core statements that lay the foundation for the approach. Under each principle, it also introduces a set of **supporting practices**.

Supporting practices are common ways of doing things^{xvi} that people, groups and organisations have developed to help them offer Time Space Compassion. Some practices will be more relevant and achievable in particular settings, but the overall aim is to offer inspiration and demonstrate examples of the principles in action. While getting people talking about Time Space Compassion is an objective for this guide, ultimately, it's about **action that has a positive impact for people experiencing suicidal crisis**.



“...people I can trust and that stay with me when it gets difficult...”

(person with lived experience)



The Principle of TIME means



time to be heard, listened to – that taking time helps people feel validated and understood rather than judged



receiving a **timely response** – as well as the response itself, it is important for people to have clarity on when support will be given, and what they can access and expect



sticking with people over time, being able to offer continuity of support over time and offering ways back in – recognising people may experience recurring poor mental health or crisis over time



that **time and attention is paid to connecting and supporting** people when they do need to move between different forms of support or to receiving support from different people within a support setting



valuing each other's time, acknowledging and valuing both your time and the time people spend with you



Examples of supporting practices for **TIME** include

Starting well: knowing about and planning how to start a conversation well when someone may be experiencing suicidal crisis; actively developing and practicing listening skills; regularly tapping into learning and practicing having good and trusting conversations; being able to identify and respond with compassion; understanding the factors that might lead to suicidal thoughts and behaviours.

Following through: being clear on how you support and connect people when they are moving to and from different support; being clear on how and when you will follow up, including how people can keep in contact with you or your service; having clear processes for securely holding information, so people trust they only need to share key information once.

Listening and responding: having ways of working that support listening well; sharing simple methods to help keep a track of and reduce distress and anxiety; offering people different ways to express themselves; and helping them develop safety plans and take practical action to address the root causes of their distress.

Practice story – NHS Borders RENEW

Renew offers a simple route for people working in primary care, to connect people directly into the NHS Borders psychological therapy service.



“ Our aim is to build a strong connection with the person by calling as soon as possible – listening to them, working together to reduce their levels of distress and develop a blended plan they feel in control of and a commitment to. ”

(RENEW team)

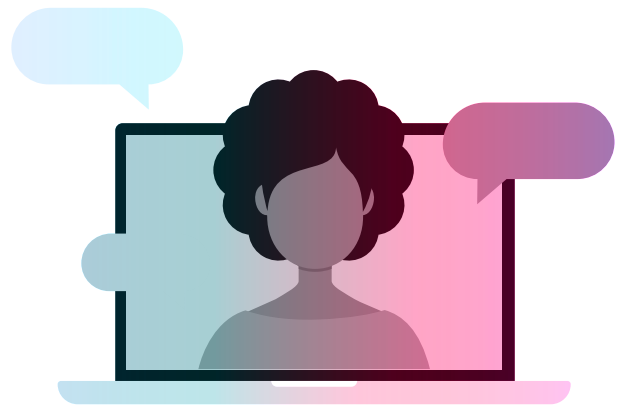
This is an example of taking time to listen and offer practical support to someone moving between services. It is also an example of services working together to develop better connections.

You can read more on this, and all of the Time Space Compassion practice stories, in the publication **Time Space Compassion: supporting people experiencing suicidal crisis: Stories of Time Space Compassion in practice**. If you have a Time Space Compassion practice story to share, email us at TSC@gov.scot



“ Everyone has a responsibility to be trauma-informed ... services should be designed with the needs of those accessing them in mind and consider how the whole environment impacts on them. ”

(Youth Advisory Group)



The principle of SPACE means



the places people commonly seek help can offer **safe spaces**, and when needed **help people to reach other safe spaces which can meet their needs**



the offer of **emotional and psychological space**, to be alongside them, listening to them on their own terms and – when the time is right – start to work through next steps



the places people seek help being **accessible**, welcoming and designed to meet the needs of people experiencing crisis and who may have experienced trauma^{xvii}



supporting people in crisis to **feel safe and to help them keep safe** – whether that is at home, in communities, online or within a service or particular setting



to apply these principles to all the spaces we share **in person, on the phone and online**



Examples of supporting practices for **SPACE** include

Being accessible: offering clear, safe and accessible ways to get in touch and follow up; being clear on opening times and alternative routes to support when you are closed; communicating clearly; creating welcoming and safe spaces; reaching into communities as well as supporting them to come to you.

Being alongside: working with the person to develop their safety plan; making templates easy to use and personalise; offering to check in with people and where appropriate involving family and friends; drawing on people's experience to shape what you do and how you do it.

Supporting safety: asking about and taking action that helps people feel physically and emotionally safe; using and staying up to date with national guidance and practice on safety planning; if needed, being able to get people to a safe place; being clear on confidentiality and when you would share information with others.

Practice Story – The Changing Room (SAMH)

The Changing Room is a 12-week programme for men, based in football stadium spaces. The programme focuses on wellbeing, recognising that for some this includes navigating and making sense of crisis.



“ Not only are participants supported by trained Changing Room coaches, they are supported by their peers ... Learning from and supporting others are key components of what makes The Changing Room successful. ”

(Changing Room team)







This is an example of Time Space Compassion and the ability to respond to crisis being embedded in spaces where people feel safe and are more likely to seek help, creating opportunities to reduce stigma and support recovery.



“...where everyone knows what’s available to them, where to find it and what to expect...”

(person with lived experience)

The principle of COMPASSION means

-  demonstrating **kindness, respect, and sensitivity** as well as **ability to offer or connect the person to the right support**
-  understanding how **trauma and crisis** can affect people’s behaviour, that it **takes time to build trust and a relationship**; and that discrimination can shape people’s experience of trauma and crisis
-  **maintaining contact** whilst **maintaining the boundaries** you both need to stay safe
-  being **clear on what people can expect** from you and explaining when that changes
-  talking and working with people in ways that recognise and **value their lives, hopes and relationships**
-  making sure that the people who support others have opportunities to **take care of themselves, protecting their own time and space** to reflect, learn and rest, so they can sustain and improve the support they offer



Examples of supporting practices for **COMPASSION** include

Building relationship: putting time into building connection and trust; building your capacity to offer trauma-informed support; offering different ways for people to share their experiences and what works for them; taking stock of how you are and how that might affect your ability to connect with someone.

Being clear and consistent: communicating the support you can offer – the who, what, how and when; breaking down what you do, step by step in ways that are easy to understand; being clear on what people can expect from you and what you ask from them.

Making connections: maintaining relationships and offering effective ways to connect people to other services or support; agreeing what personal information you will share with other support providers; introducing people to new ideas and possibilities.

Practice story – Glasgow Complex Needs Service

Glasgow Complex Needs Service provides specialist, highly personalised support for people with multiple and complex health and social care needs, which mainstream services are at times unable to meet.



“...we work with people and their experience of suicidal crisis on a longer term basis. Through a focus on building relationships, people have the opportunity to feel supported enough to begin to trust that perhaps there is a different future available to them than the one they once accepted for themselves.”

(Glasgow Complex Needs Service team)

This is an example of working compassionately and building relationship with people over time, prioritising relationship development and recognising how their experiences of crisis and trauma shape what they need from the people and services who support them.



Pause and reflect

Where do you see and experience Time Space Compassion?

What are people doing? How are they doing it? How does it make people, including you, feel?

What challenges and barriers do you see them navigate? How have they done that?

What insights and inspiration does that offer for your own practice?

4. Creating hope

Supporting people affected by suicide and suicidal crisis is emotionally challenging work, and we know that the people who do this also need Time Space Compassion in order to do it well.

People providing support described the importance of taking time to understand how their environment influences their ability to offer Time Space Compassion. Four common ways people and organisations generate opportunities to offer Time Space Compassion include:

H	 How we connect	The quality of connection and relationships with others – those we support, work alongside and link to in other places
O	 Ourselves	Finding our own Time Space Compassion to stop, reflect, learn and recover
P	 Practice	Consistently paying attention to and taking steps to sustain and increase our impact for people in crisis
E	 Everyday actions	Having good processes, forms, working habits, systems and policy that actively support us to work this way

These were also described as areas where people saw most potential for action – at both individual and collective levels.

Key resources

[The National Wellbeing Hub](#) offers information, resources and support for people working in health and social care in Scotland. Resources and tools for peer support, supervision and learning can be found in a range of places, including [NES](#) for registered healthcare practitioners, [IRISS](#) and [Social Work Scotland](#) for people working in social work and social care and [Scottish Recovery Network](#) for people working with and in peer support.

Supporting a [Mentally Healthy Workplace](#) aims to help employers of any size to support their workers' mental health, providing links to sources of free guidance and support.

5. Underpinning values

This section describes the **values and behaviours that drive Time Space Compassion**. These include: **listening** as a supporting action; **valuing people, relationships and different forms of support**; **working with difference and diversity**; and preparing and **doing the groundwork**.

Value 1: Listening as a supporting action



“The person who is listening needs to be interested, engaged and empathetic.”

(lived experience panel member)

Experience, evidence and best practice **all point to the critical role of listening as a supporting action** – free of assumption and judgment. Evidence from these sources^{xviii} also tell us that compassion fatigue, rigid process and assessment protocols, and feelings of anxiety can all contribute to people, consciously or unconsciously, moving quickly through this initial important stage of responding well.



Key resources

NHS Inform’s [Surviving Suicidal Thoughts webpages](#) provide a wide range of current resources, advice and links on listening.

This includes the Ask Tell Respond – how to have a mentally healthy conversation [animation](#) jointly produced by NES and PHS, as well as practical advice and support including [SAMH resources](#) on supporting someone with suicidal thoughts. The [What Matters to You website](#) provides ideas and resources to support meaningful conversations.

Learning resources, in a range of accessible formats, are available on the [NES website](#).

Samaritans also offer practical advice for [people having a difficult time](#) and anyone [worried about someone else](#).

[Childline](#), [Education Scotland’s safeguarding pages](#), [Young Minds](#), [Papyrus](#), [Anna Freud National Centre for Children and Families](#) and the [Charlie Waller UK Mental Health Charity](#) all provide information and resources relating to children and young people’s mental health and wellbeing.

In practice²

“I always start with ‘I’m glad you’re here.’ It’s a bit of a ritual – it reminds me to pause and connect with the person. To start a conversation instead of unconsciously slipping into interview mode.”

“We all know to schedule prep time between appointments, right? It’s core in our training. But time pressures sometimes override that training. To overcome some of that, we’ve designed debrief time and spaces for listening^{xix} into our schedules.”

“There are so many things that can grab or drive our attention away from listening ... the fantasy everyone else is doing it perfectly, 24/7 is compelling. Taking a moment to pay attention to what’s behind that drive to rush or fix can unlock an important insight.”

2 The quotes in this and subsequent ‘in practice’ sections have been created drawing on practice and insights from a wide range of people and providers. They do not reflect the views or words of individual people. They are offered in this format, as it reflects the informal style of the original conversations.



Pause and reflect

What enables and what gets in the way of your ability to listen well to someone experiencing suicidal crisis (personally or as an organisation)?

Based on your own experience and what you know works for you/your organisation, what plans and action could you take now to increase your ability to do this well?

Who could help you with this or has the ability to influence factors outwith your control?

Value 2: Valuing people, relationships and different forms of support



“ No one’s life, particularly someone experiencing crisis, fits the neat boxes often used to design and organise services. ”

(person with lived experience)

Evidence and people describe the positive impact different kinds of support can have. From safety planning^{xx}, personal support networks^{xxi}, peer and community support^{xxii}, distress intervention^{xxiii} and anonymous listening services, to clinical and medical support.

People with experience of crisis, talk about the importance of support matching and following their needs over time. Recognising the expertise they, and people who know them, bring to the process of shaping and activating a package of support, is key.

Key resources

Guidance and downloadable safety plans are available on-line, including from [Samaritans](#) and [Papyrus](#) websites. [SAMH](#) also offer guidance on developing a Safe Plan. The [national trauma training programme](#) provides practical resources, evidence, learning materials and a community of practice. Support for [trauma champions and community planning partnerships](#) can be found on the Improvement Service website. The [trauma-informed practice toolkit](#) and key policy information is available via Scottish Government webpages. [Scottish Recovery Network](#) provide resources to support recovery and peer roles.

[NICE Quality Standards](#) on suicide prevention offers insights on how to involve family, carers, or friends as well as supporting people bereaved or affected by a suspected suicide. NHS Inform’s [Mind to Mind website](#) and [Cruse Bereavement Support’s website](#) also provide resources for those experiencing grief.

The [Local Area Suicide Prevention Action Plan Guidance](#) includes guidance and templates to support joint governance, partnership working and involving people with lived and living experience. The [Integrated Motivational Volitional Model](#) (IMV) offers a way of thinking about and understanding the different stages of suicidal behaviour.

In practice

“Working with the person to develop their safety plan, including those closest to them where you can, unlocks all kinds of ideas about the places people can access informal support.”

“That first point of contact is so important – it’s the critical first step in working towards a trusted relationship and informs everything that comes after it. We need to acknowledge that for people who have experienced discrimination and trauma, just about every cell in their body will be screaming at them not to trust this stranger. Respecting that goes a long way in building a meaningful connection.”

“Investing time, building good relationships with other providers and local groups, can make a huge difference. When you need to move quickly, trust and understanding each other’s roles makes everything simpler. There’s a lot of satisfaction in knowing you’ve supported someone in distress to connect with a service that can make a difference.”

“When you work with people over longer periods of time, you start to see the importance of adapting to their changing needs and hopes, offering help to navigate and connect to different forms of support on their own terms. Being able to mirror their growth and journey helps them move forward.”

Practice story - Distress Brief Intervention Scotland

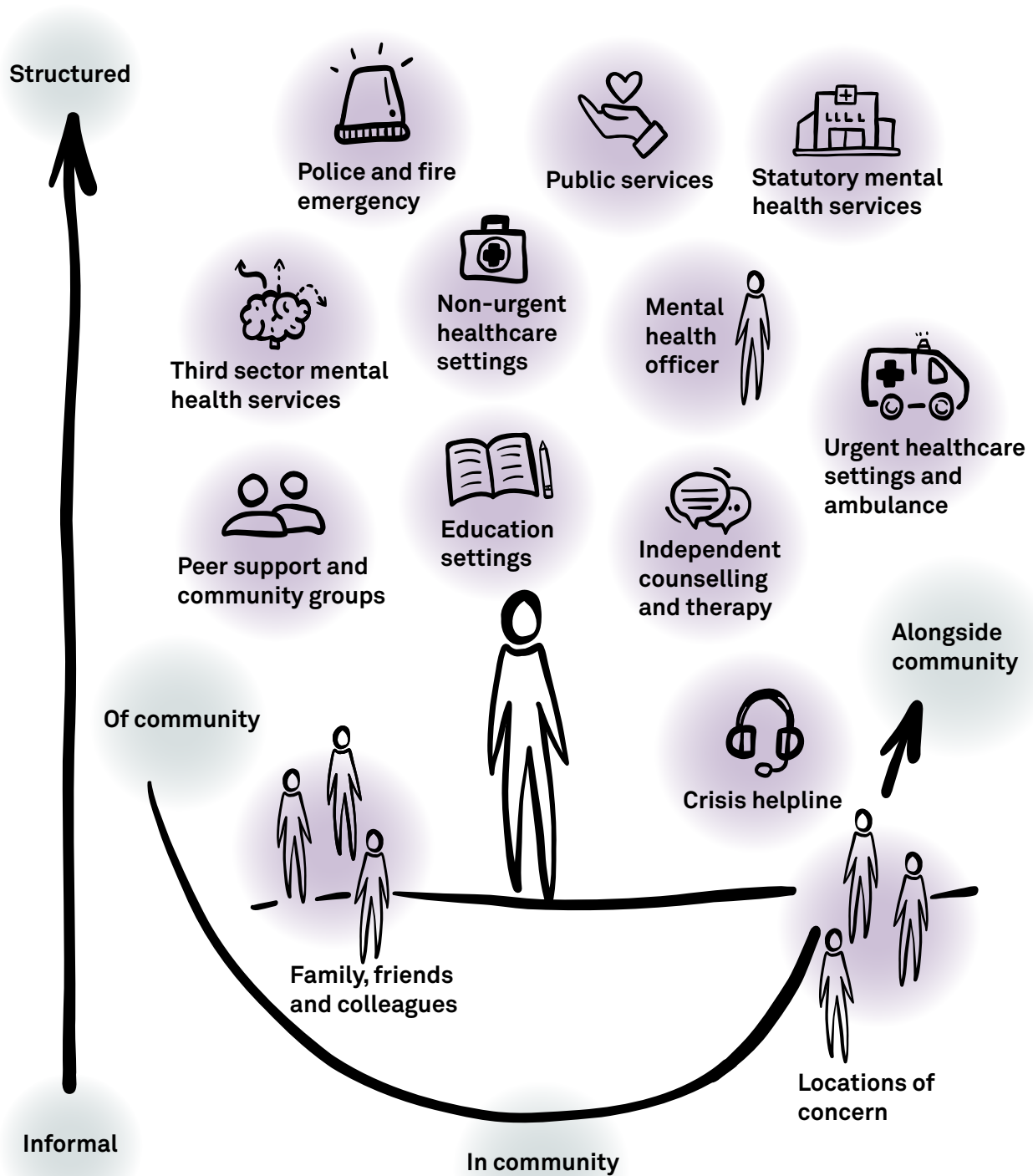
Distress Brief Intervention (DBI) provides immediate, connected and compassionate support to people experiencing distress. DBI Level 1 is provided by trained frontline staff, working in a range of health and emergency settings. They are trained to listen without judgement, to understand and help ease the person’s distress and to know when to refer someone onto Level 2, provided by DBI practitioners. DBI practitioners follow up within 24 hours and offer support for around 2 weeks.



“ We get the key people already working in a community together, working with them to set a shared goal of providing a compassionate and effective response to people in distress and improving experience and outcomes for both those experiencing distress and those providing support. ”

(DBI Scotland team)

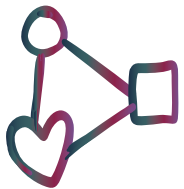
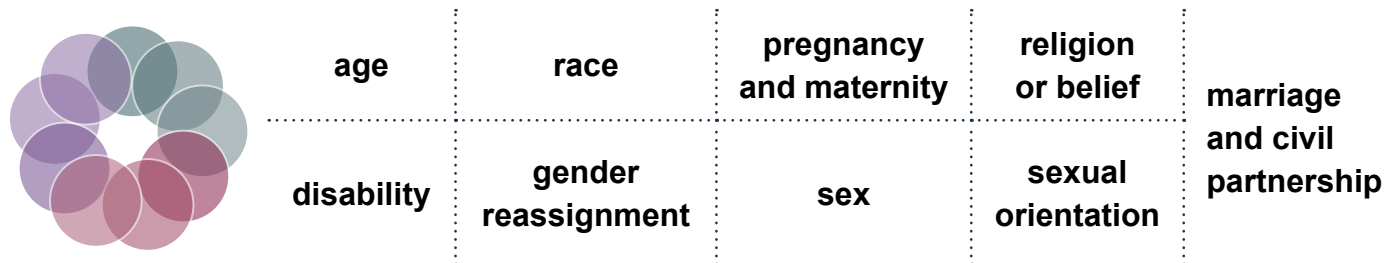
Pause and reflect



This map captures some of the places people regularly seek support in communities and beyond their communities, as well as the spectrum of informal to formal support available. Where would you place yourself on the map?

Value 3: Working with difference and diversity

The [Equality Act 2010](#) describes protected characteristics and protects people who share these characteristics from discrimination.



“ This is about explicitly acknowledging and responding to the fact different people need different things at different times in their lives. ”

(stakeholder)

An inclusive approach means recognising that a person’s background, the people around them, their experiences and context (past and present), where they live, their job and other dimensions of their identity, shape their experience of crisis and support. This may include experience of different and overlapping forms of discrimination. For many people, this will have a significant impact on where they seek support. Responding in a way that reflects and places value on all of this, is called taking an intersectional or culturally sensitive approach.

Key resources

The [Equality](#) and [Island Communities](#) Impact Assessments for Scotland’s suicide prevention strategy summarise what is known at a national level about people and communities most impacted by suicide. They also include links to a broad range of community and identity specific resources. Examples of these include: [Men and Suicide report](#) by Samaritans; [Autistic people and suicidality](#) by the National Autistic Society; [Health needs assessment](#) of lesbian, gay, bisexual, transgender and non-binary people by NHS Greater Glasgow & Clyde, NHS Lothian and Public Health Scotland; the Suicide Ideation – experiences of adversely racialised people report is available from the [Scottish Government website](#); [National Rural Mental Health Forum resource pages](#); and [Perinatal Mental Health Network Scotland](#).

Resources and more information on public health, health data and health inequalities can be found on [Public Health Scotland’s webpages](#) and the Scottish [Public Health Observatory](#).



In practice

“Reading the latest evidence on risk and protective factors, including how they combine for different people at different stages in their life, has helped – knowing more, means you can ask better questions that get behind what’s contributing to this moment of crisis. ”

“We need to make mainstream support and services more culturally sensitive – this means knowing when our organisation is and isn’t the right fit, maintaining good links, and knowing how to connect people into community based and peer support.’

“Keeping up to date and reviewing how you meet your obligations under Equalities and Human Rights legislation. Actively seeking to understand and reduce health inequalities^{xxiv} through the support you offer...This is ongoing work for all of us.”

Practice story – LGBT Health and Wellbeing

LGBT Health and Wellbeing provides a range of affirmative support services that reflect the diversity of the lesbian, gay, bisexual, and trans (LGBT+) community across Scotland. This includes offering emotional support through a range of formats, including their helpline, individual support, the LGBT counselling service, groups, informal social meet-ups, and supporting information and resources which are reflective of the intersectional LGBT+ experience.



“ Being able to understand and respond to the diversity of people’s experience and lives is core to what we do. We do that through a team of paid staff, volunteer and peer workers, who reflect the diversity of the communities we support. Because of our team’s diversity, we find keeping up to date with learning on anti-racist, autism-aware, trauma-informed principles and practice also enables us to feel confident about doing that well. ”

(LGBT Health and Wellbeing team)



Pause and reflect

**Reflecting on the content of this section, where are you/your organisation already strong?
What do others see as your key strengths?**

**Where do you see opportunity for learning and growth? Whose perspective might be
valuable in helping you test and prioritise that?**

What would be a good next step and set you up well for further action?

Value 4: Laying the groundwork



“ This is about supporting as many people as possible to be engaged and equipped... ”

(person with lived experience)

Individual and collective action is essential to support change. Time Space Compassion aims to do both so we can achieve the greatest possible impact. This involves laying the groundwork on two levels:

Working out what you need – planning, gathering people and things around you that will support you, and then taking action. Building your own Time Space Compassion.

Working out what we need to do this together – actively seeking out other’s experience of us/our organisation and taking action in ways that are informed by that. Building Time Space Compassion into the systems we are part of.

Key resources

[The National Standards for Community Engagement](#) and the [Community Health Exchange offer on community engagement](#) and community-led health. The [Local Area Suicide Prevention Action Plan Guidance](#) provides information on engagement, local suicide prevention action planning. Public Health Scotland also provide links to [training, resources, data, networks and events](#) on suicide prevention. On-line learning and resources have been developed by [NES](#) and PHS to offer introductory to skilled level learning content.

Information and learning from the Lived Experience Panel shaping this work is available in the National Suicide Prevention Leadership Group’s [fourth annual report](#). [United to Prevent Suicide](#), [Scottish Recovery Network](#), and COSLA’s Suicide Prevention Guidance – [participation practice](#) guide also provide useful insights and approaches. Public Health Scotland also produce guidance to support collective action to prevent suicide, such as the [National guidance on action to address suicides at locations of concern](#).

In practice

“I look out for any opportunity to reflect and learn together – whether it’s joint training or a commissioning process. It helped us build insight and challenged unhelpful assumptions we held about our different sectors.”

“Dedicating time and effort to relationships, asking questions about how we impact on each other, exploring the risks of taking/not taking action. It’s about building relationships and structures that help us do the right thing, at the hardest times.”

“We used to focus on our resources, expecting people and communities to read official documents, respond to our questions and share their stories. Working with community-based organisations has helped us learn the importance of educating ourselves on the community and their organising history, the questions they’re working with and the resources they need to work this way.”

Practice story – the Lighthouse, Perth

The Lighthouse offers crisis support to anyone (age 12+). This includes those who are at risk of suicide or self-injury, or those who find themselves in emotional distress or crisis.



“By centering everything we do around the young people we support, they have built their confidence and trust in us, and that we are doing everything for their safety/benefit. We’ve gone from 50/60% of young people agreeing for us to share their safety plan with key people at their school, to over 95%. This is really important in allowing us to form a bigger safety network around them.”

(Lighthouse Perth team)



Pause and reflect

What are you/your organisation already actively doing to grow your capacity to offer Time Space Compassion?

What would be a good next step and set you up well for further action?



6. Impact



“There’s nothing that lights a fire for action in public services like the voice of lived experience and that’s what this work is all about.”

(police officer)

Over the last 10 years, there has been a significant shift in framing and measuring impact to understand how people experience support. This includes building on existing work to develop a strong evidence base through evaluation, data and research, as well as significant growth in the recognition and role of lived experience, service design, community-led and outcome-focused approaches. Time Space Compassion is one example of how lived and living experience is actively defining policy and practice.

Scotland’s Suicide Prevention Strategy provides updated national outcomes, including the commitment that **everyone affected by suicide is able to access high-quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them and anyone affected by suicide in other ways.**^{xxv}

An outcomes framework has been designed to support and track progress against the Strategy. Practices for mapping and measuring impact are also becoming more established across Scotland.

Work with the Lived Experience Panel has identified three key areas of early focus for Time Space Compassion:

- **Access to support:** to factual information, support and follow-through, including follow-up support.
- **Journeys of support:** including continuity of support, a trusted point of contact and support to access and move between different kinds of support.
- **Expectations:** of what people will experience and what they can expect from support and the people providing it.

The Time Space Compassion programme of work will continue to seek to identify effective practices and ways to define and measure impact.

In practice

“Reflecting on what we do against the principles and supporting practices gave me new insights into our strengths – it’s helped shape the next steps on our improvement work.”

“There’s links to our existing work on trauma-informed practice, Realistic Medicine, What Matters To You, and responding to Care Opinion. This will give us a frame to look at all that work from the perspective of our impact on people experiencing suicidal crisis.”

“The reflective prompts started a great conversation about taking time to share practice and supporting each other when we need it.”

“We’ve not had a way of describing our approach before. This enables us to refer to it when we write reports and apply for funding.”

Practice story - Penumbra’s outcome mapping project

Penumbra provides dedicated services to adults and young people who experience mental ill health, through a wide range of community-based mental health services. More recently, Penumbra have been exploring how to define and better understand what matters to the people they support.



“ The voice of lived experience already shapes our processes and activities at Penumbra, so this project was about finding even better ways to put people at the heart of our work. We partnered with an evaluation platform provider, specialising in outcome focused evaluation, to help us do this. We brought together people who have used our services and some of our practitioners, to map out what it is that we do that makes a difference. We have translated those outcomes maps into a practical and logical approach to capturing, tracking and reporting people’s experience, so we can see and take action on the things that matter most. ”

(Penumbra team)



Pause and reflect

What do you already know/understand about how Time Space Compassion contributes to the impact you have?

Who else/where else holds evidence or a perspective on that?

What opportunities exist to adapt or develop what you already do, to gain a clearer picture of how Time Space Compassion contributes to the impact you have?

And finally, if you're not sure where to start

Here are three ways we can all start to take action to support Time Space Compassion.

Talk about it

Name it – when you see it; let others know you value what they do.

Reference it – in strategy, plans and commissions.

Integrate it – in supervision, peer support or any other place you reflect and take stock.

Explore it

Existing data – explore what you already know and the insights you gain from looking at it through the Time Space Compassion lens.

Ask people – where they see and experience it, and what you can learn from that.

Relationships – check in with other support providers, particularly those you regularly refer to and receive referrals from.

Plan time to reflect and top up learning

Tap into, revisit and share – starting with the learning and resources referenced in this guide.

Reflect – on where you're already strong and possibilities for action, using the prompts throughout this document.

Share your practice story – drop us a line at TSC@gov.scot and find out how you can share stories and practice with others.



- i <https://www.samh.org.uk/about-mental-health/suicide>
- ii <https://publichealthscotland.scot/publications/suicide-statistics-for-scotland/suicide-statistics-for-scotland-up-date-of-trends-for-the-year-2021/>
- iii <https://pubmed.ncbi.nlm.nih.gov/26843675/>
- iv [An overview of findings - Time, Space, Compassion Three simple words, one big difference: Recommendations for improvements in suicidal crisis response - gov.scot \(www.gov.scot\)](#)
- v Outputs of engagement with the National Suicidal Crisis Support Lived Experience Panel, March 2022
- vi [Suicide among young people in Scotland - A report from the Scottish Suicide Information Database 6 September 2022 - Scottish suicide information database - Publications - Public Health Scotland](#)
- vii [Compassion and Suicide \(www.gov.scot\)](#)
- viii [Creating Hope Together: suicide prevention strategy 2022 to 2032 - gov.scot \(www.gov.scot\)](#)
- ix [Stakeholder Survey: Final Report \(www.gov.scot\)](#)
- x [See Me | Understanding Mental Health Stigma and Discrimination \(seemescotland.org\)](#)
- xi [Children and Young People’s Mental Health and Wellbeing Joint Delivery Board - gov.scot \(www.gov.scot\)](#)
- xii [Adult secondary mental health services - quality standards: consultation - gov.scot \(www.gov.scot\)](#)
- xiii [Child And Adolescent Mental Health Services: national service specification - gov.scot \(www.gov.scot\)](#)
- xiv [Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](#)
- xv [The Wellbeing Hub](#)
- xvi Informed by the work of [Design patterns for mental health](#)
- xvii Read and see more examples of how to develop trauma-informed spaces and approaches at [Trauma-informed practice: toolkit - gov.scot \(www.gov.scot\)](#) and [Case Studies | Improvement Service](#)
- xviii [An overview of findings - Time, Space, Compassion Three simple words, one big difference: Recommendations for improvements in suicidal crisis response - gov.scot \(www.gov.scot\)](#)
- xix [Spaces for Listening. By Charlie Jones & Brigid Russell | by Brigid Russell | Medium](#)
- xx [SAFETEL: a pilot randomised controlled trial to assess the feasibility and acceptability of a safety planning and telephone follow-up intervention to reduce suicidal behaviour \(wordpress.com\)](#)
- xxi [Quality statement 4: Involving family, carers or friends | Suicide prevention | Quality standards | NICE](#)
- xxii [The future is peer support - Scottish Recovery Network](#)
- xxiii [Distress Brief Intervention pilot programme: evaluation - gov.scot \(www.gov.scot\)](#)
- xxiv [What are health inequalities? - Health inequalities - Public Health Scotland](#)
- xxv [Creating Hope Together: suicide prevention strategy 2022 to 2032 - gov.scot \(www.gov.scot\)](#)
- xxvi [Quality statement 3: Psychosocial assessments | Self harm | Quality standards | NICE](#)





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