

# **Equalities, Human Rights and Civil Justice Committee**

## **Suicide Prevention in Scotland inquiry**

### **Notes from engagement session - Tuesday 7 May 2024**

#### **Attendees**

LGBT Health and Wellbeing – 2 representatives  
Marie McNair MSP, Ben McKendrick (Clerk), Sarah Swift (SPICe)

#### **On the strategy**

The development of Creating Hope Together was seen as a positive development, with a key role for people with lived experience. Witnesses were impressed so much of the focus of the strategy related to lived experience.

Witnesses described what they felt was the value of meaningful engagement with the “suicide community”- those who are bereaved, who have suicide ideation, who have attempted suicide, but also frontline healthcare workers too- from whom a lot of insight can be gained.

However- they questioned the degree to which voices of those from marginalised communities were captured in the development of the strategy, given, for example, the higher incidence of suicide amongst the LGBTQ+ community. LGBTQ+ sector as a whole was not seen to have been properly consulted- so more detailed engagement with those groups was needed.

Lots in the strategy on mental health issues/diagnoses, which are of course important. But witnesses felt there could have been a greater focus on systemic/structural issues. Mental health issues were recognised, of course, as a key contributor, but for LGBTQ+ people those issues would be exacerbated by wider structural/societal issues.

Budget in strategy was questioned- they felt it was unclear if sufficient funding was in place to deliver on its outcomes, especially for marginalised groups, like LGBT people. A real sense exists that they may end up getting left behind if sufficient dedicated funding is not allocated to it.

## **On existing services and support**

Significant concerns about how “the system” works- i.e. NHS services etc. Mental health and gender identity waiting lists were seen to be far too long, for example. In addition, concerns were flagged about the way systems do not work in a person-centred way.

E.g. some LGBT+ people accessing mental health services who then reach the top of the waiting list have been told that the service does not deal with gender identity issues (when it becomes known the person is trans). They are then discharged and referred to the GIC (if they’re not already on that waiting list), due to a misconception that mental health issues of trans people are “trans issues” whether or not these are related to their trans identity.

For some people, getting to the top of a waiting list might be their last hope. If a trans person with mental health problems experience this kind of misunderstanding of their needs of the system this can cause substantial anguish.

This is not a person-centred approach, it risks labelling people inappropriately instead of taking a holistic view. As a result, the system can make people worse/can lead to re-traumatisation of people already in significant distress.

Additional concerns were raised around after care and transitional care.

E.g. if someone is admitted to hospital in acute distress/after a suicide attempt, then gets discharged, witnesses said sometimes they would get no aftercare whatsoever. Long term support/aftercare after someone has been in crisis/has attempted suicide is crucial, and seems largely absent/very disjointed. Someone is needed to “hold your hand” as you re-enter the world after a suicide attempt, and check in with you after 6 months, one year etc. If they don’t receive this, people can end up even more vulnerable.

## **Societal issues**

Witnesses felt that 2023 was a very tough time to be queer/LGBTQ+ in Scotland. They said that while this was no fault of the Scottish Parliament or Scottish Government, the debate over GRR has caused considerable upset to LGBTQ+ people, especially trans people.

- Largely because of GRR, there is a sense LGBTQ+ people might be less likely than before to ask for help/speak to services that are not LGBTQ+ specific or visibly affirming.
- Feeling that there is a deep sense of a lack of trust amongst LGBTQ+ people in “the system”, due to toxicity of wider public debate on LGBTQ+ issues.
- Feel like the “culture wars” are having a disproportionate impact on LGBTQ+ people in Scotland.
- The sense that a minority of society does not want them to thrive is having a significant impact on LGBTQ+ people’s wellbeing (and this is reflected in the statistics on the rise in suicide ideation amongst LGBTQ+ people)

As a result of these issues, peer led support services for LGBTQ+ people were felt to be more important than ever. However, funding for these was limited and often difficult to access, especially for smaller groups which don’t have professional fundraisers. In addition, the wider toxicity around LGBT issues in recent years was seen to impact negatively on fundraising from other sources, such as from the corporate sector.

### **How to tackle this?**

- Services needed to take a person-centred/holistic approach when someone presents in crisis.
- Aftercare and follow up/transitional care needs to be significantly improved when someone is admitted to hospital after attempting suicide
- Having spaces LGBT people feel they can be themselves was seen as essential to support people who are struggling with isolation
- Community based support/peer to peer support were seen as a key priority important- things that would be available outwith “the system”, which was where they felt most recovery would take place
- Importance of having places that are “sober spaces”- for those LGBTQ+ people who don’t want to socialise in licensed premises- especially for the younger generation, who may drink less alcohol than previous generations.
- These peer support groups can thrive with very little amount of money- around 1K a year. Many of these are community groups, some of whom do not know where to access funding. More transparency is needed on funding streams.