

Equalities, Human Rights and Civil Justice Committee

Suicide Prevention in Scotland inquiry

Notes from engagement session - Tuesday 7 May 2024

Attendees

Mikeysline – 3 representatives
Annie Wells MSP, Stephen Fricker (Clerk)

What can we do as a society to reduce suicide rates?

We need to fight negativity and stigma. Look more holistically and recognise that trauma can happen to anyone. Young people need to be taken seriously by, for example, GPs so they don't resort to developing their own coping mechanisms which might be unhealthy. Sometimes peer support, rather than professional support, can be a benefit as there is more empathy and understanding.

We need to target early years. There is a sea of chaos in schools. Do they have sufficient resources? Waiting lists for support services are phenomenal, leading to delays to early intervention. There needs to be a clear referral pathway that is audience specific and language appropriate.

Why are suicide rates higher among some groups more than others?

We need to think about, for example, people who are care experienced and/or who live in more rural areas where things like clubs or social groups are limited. Isolation can be really difficult although perhaps since covid more people have got more used to isolation and are more comfortable with being reclusive.

There is a degree of ignorance at some levels and it can be difficult to be open. We need to improve understanding and reduce stigma.

We need education for all society and improve and increase partnership working.

Involving people with lived experience in discussions about how to prevent suicide. What challenges might that bring?

Yes, it's important to have people with lived experience involved as part of a joint approach. But what would that level of involvement be? It can be educational as many people can relate to lived experience. An example used here was being able to relate to a family member or friend being released from hospital with no support package.

Challenges that need to be overcome include that there seems to be an acceptance of people being regarded as 'collateral damage' and there is a ripple effect of a lack of investment.

We need more resources at ground/grass roots level. Counselling or talking to peers can be more useful than just being chucked anti-depressants.

Other challenges include that the hearer/listener can feel uncomfortable so they need to be prepared for responses and know how to signpost people to support.

Scottish Government Creating Hope Together Strategy

Needs to be about accountability and use as a learning review/opportunity to be able to identify warning signs and improve transparency among organisations.

It's good that the strategy is in writing but it's more important that action is taken. This is a question of money/resources being used on developing/implementing a strategy rather than being used on innovation. Why not try a targeted, trial and error approach on something innovative for a set amount of time. Even if it doesn't work at least people can see that initiatives are being tried.

An example from UHI during induction week where students were encouraged to talk and were made aware of all relevant support services and initiatives. It was positive but there is uncertainty if it will run again due to lack of funding.

Action does need to be taken. Procrastination doesn't help. People matter more than money.

Final thoughts

- Counselling is important
- The listener and the teller need to be comfortable to be open. Be strong.
- People find it difficult to talk to folk who are struggling
- Know how to signpost
- Need improvements in primary care
- Early years are so important
- Enable people to appreciate they can help/play a part
- Challenge the apathy!