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9 September 2024

Dear Karen,

EQUALITIES HUMAN RIGHTS AND CIVIL JUSTICE COMMITTEE'S REPORT ON SUICIDE PREVENTION IN SCOTLAND

We are writing to provide a joint response from the Scottish Government and COSLA to the Committee's inquiry report on Suicide Prevention, published on 28 June 2024.

We would like to thank the Committee for its interest in the critically important issue and in considering the ambitious and innovative approach we are taking in Scotland to reduce suicide. We appreciate the considerable analysis and engagement the Committee has undertaken on this topic and are particularly grateful to the many witnesses who shared their experiences and perspectives during evidence sessions. As the Committee is aware, suicide is a complex issue and whilst we believe our strategy is evidence-based and progressive in nature, we remain completely open to hearing new evidence and insights which can inform our approach. In that context we wholeheartedly welcome the contribution made by the Committee's inquiry.

Suicide Prevention In Scotland

Before we set out our response to each of the Committee's 10 recommendations (annex attached), we would again like to reassure the Committee that suicide prevention is an absolute priority for the Scottish Government and for COSLA. We are focused on supporting people with their mental health, driving forward our joint *Creating Hope Together* Strategy and the underlying 3-year *Action Plan*, published in September 2022. These build on the momentum of *Every Life Matters* (2018), and are underpinned by a strong equalities focus.

Additionally, our joint Mental Health and Wellbeing Delivery Plan and new Self Harm Action Plan and service have a strong focus on reaching the needs of groups facing inequalities, marginalisation, discrimination and stigma.

You will be aware that our strategy was developed through Scotland-wide collaboration with many communities and partners who are working to prevent suicide. Listening to people with lived experience, along with national and international learning from the last 20 years of suicide prevention in Scotland and around the world, was instrumental in helping us understand how Scotland's approach could be more progressive. Listening to voices of people with lived and living experience will remain at the heart of the work as we drive forward delivery of the strategy.

As highlighted by the Scottish Government and COSLA, our strategy aims to reduce deaths by suicide whilst also tackling the inequalities and social determinants that increase suicide risks. This is seen as an innovative and ambitious approach to preventing suicide. Much of government policy and investment is already seeking to address these factors, such as tackling child poverty through the Scottish Child Payment and taking forward homelessness legislation. Whilst these policies are already helping to prevent suicide, we are going further by actively weaving suicide prevention into wider action across government and society. Tragically, suicide continues to impact all parts of society so we all have a role to play in preventing suicide. This will help us realise the ambition that suicide prevention is Everyone's Business.

As we highlighted during the evidence session on 28 May, our new collective delivery model – Suicide Prevention Scotland – is helping us meet this aspiration by bringing together partners and communities working in suicide prevention across Scotland to collaborate and learn. In terms of progress in delivering the strategy to date, we are pleased to report that our programme of work planned for 2023-24 was delivered in full. We are particularly proud of the difference we are making by improving suicide awareness and the availability of peer support across our communities, and our work using clinical evidence and our Time Space Compassion approach to drive improvements in statutory services.

The Committee will also wish to note that the National Suicide Prevention Advisory Group's (NSPAG) first annual report was published on 8 August. The report provides an independent and impartial assessment on progress in delivering our 10 year suicide prevention strategy, as well as advice on where further action is needed to drive change. The report is positive about the strong foundations built and the considerable progress made over the first full year of delivering our 10 year suicide prevention strategy. We are giving full consideration to its three recommendations on tackling the inequalities of suicide, continuing to drive improvements across Children and Adolescent Mental Health Services and costing future plans. CAMHS is already a key priority and Scottish Government are pleased to report sustainable performance improvement is happening. The last two years (2022 & 2023) show the highest number on record of people starting treatment.

Turning to our current suicide prevention priorities, we recently published our year two delivery plan which sets out the actions and milestones over 2024-2025, and into 2026. This builds on the progress made during 2023-24, with continued focus on groups at higher risk of suicide, including people living in poverty. This plan is backed by our commitment to double investment in suicide prevention to £2.8m by 2026, which is well on track; demonstrating our continued commitment to prioritise suicide prevention despite the challenging financial pressures facing the public sector.

We know there is still much to learn about suicide. So our approach is founded on continued input from people lived experience and academic research. Whilst there is still much for us to do, we are confident that the Creating Hope Together strategy charts a clear and ambitious course of change over the next ten years. Our ultimate ambition that any child, young person or adult who has thoughts of taking their own life – or are affected by suicide – gets the help they need and feels a sense of hope.

We hope you find this response helpful. We would be pleased to provide the Committee with further updates on any specific aspect of its inquiry at a future date. We thank the Committee again for its interest in suicide prevention.

Yours sincerely,

Maree Todd MSP

**Councillor Paul Kelly
COSLA Health and Social
Care Spokesperson**

Annex A

The Scottish Government and COSLA's Response to the Committee's Report

We will now offer the Scottish Government and COSLA's response to each of the recommendations in the Committee's report. This also includes input from our lived experience panels and Academic Advisory Group.

1. The Committee heard broad support for the Creating Hope Together Strategy and welcomes its shift in focus from viewing suicide as a mental health concern to one of a public health challenge with a focus on inequalities as a driver. We note that it is too early to meaningfully evaluate its impact, but that it is clear that tackling inequalities will require resource, cross government and a cross community approach. It is not yet evident that sufficient resources and cross government working is in place, and we look forward to monitoring progress in those areas alongside the strategy as it is implemented.

The Scottish Government and COSLA's approach to suicide prevention is firmly grounded in bringing about change across all parts of society, which we agree requires appropriate resourcing. It will also need strong cross-sector partnership and collaborations, including across and between national and local governments to address both the social determinants of suicide as well as making sure effective and compassionate support is in place for anyone who is affected by suicide. The Creating Hope Together Strategy's whole of government and society approach reflects this; highlighting the need for concerted and collective action to take place across all parts of Scottish society, whereby public, private, third sectors, and communities are meaningfully engaged and supported to play their role. Our aim is that Scotland can genuinely adopt an Everyone's Business approach to suicide prevention.

Our strategy is part of a broad programme of work taking place across the Scottish Government which directly and indirectly contributes to suicide prevention and ensures that we work to incorporate suicide prevention across policies, programmes and services. Local delivery of suicide prevention initiatives in our communities is led by local suicide prevention leads who are key to driving work across local areas which responds to local needs. More broadly, local government provides a wide range of supports in communities which contribute to suicide prevention – through provision of social work, education, welfare, homelessness and health supports, or leisure to name a few.

The Creating Hope Together Action Plan sets out a range of policy commitments across government where there are opportunities to make explicit links to suicide prevention and which are critical to addressing the social determinants and inequalities of suicide. For example, we are working to reduce the number of people with problem drug use in Scotland through drugs education and prevention activity; expanding access to childcare services to support low-income parents into work; and taking forward homelessness prevention legislation. All of these policies and actions, however apparently distinct, can contribute to suicide prevention. Work is underway across national and local government, supported by Samaritans Scotland as Strategic Outcome Lead for this work, to review the progress of cross-government action on suicide prevention which takes account of policy design, strategy and implementation across national and local policy making and delivery. This will help to ensure that we are prioritising the cross-government services and work which will have most impact on reducing suicide and help us assess the progress we are making.

Our innovative partnership delivery model, Suicide Prevention Scotland, seeks to share resources, expertise and learning so we can work across organisational and sectoral boundaries to extend our reach and impact in preventing suicide. Our aim is to create a

strengthened Scotland-wide suicide prevention community that brings together all our key national, local and sector partners alongside our valued lived experience panels and academic advisory group. Through this community we are harnessing our collective resources, insights and leadership to make the biggest difference possible in preventing suicide.

We agree that it is too early to evaluate the impact of the Creating Hope Together Strategy, which is articulated in terms of the strategy's vision and long term outcomes. It is worth noting as we do in the strategy itself, that the long term outcomes set out in the strategy are underpinned by shorter term changes (outcomes). We consider the latter to be stepping stones on the way to shifting the long term outcomes, and in turn achieving our vision. Our [outcomes framework](#) sets out the theory of change, and an implicit part of our continuous learning approach to suicide prevention over the course of the strategy will be to closely review whether our actions do deliver change against the short term outcomes, and in turn, whether those short term outcomes positively drive changes across the long term outcomes. Our new monitoring and evaluation tool, Outnav, will underpin this impact evaluation by capturing the evidence to help demonstrate the contribution the activity is making to the outcomes. This information is critical to understanding if our work is having the intended effects. The evidence collected through Outnav will also help shape the next and future annual reports.

As outlined above, the £2.6 million specifically ring-fenced for suicide prevention is part of the core mental health budget. However, other elements of the mental health budget also support suicide prevention work. For example, the Scottish Government's £15 million per annum Communities Mental Health and Wellbeing Fund for adults focuses on addressing mental health inequalities exacerbated by the pandemic and the needs of a range of 'at risk' groups locally, including people with diagnosed mental illness and those affected by psychological trauma. The Fund supported nearly 376 suicide prevention projects in 2023-24. There is equivalent funding in place to enable local authorities to provide community-based supports for children and young people. Crucially, wider Scottish Government spending contributes to tackling the inequalities which can contribute to suicide – for example, the Scottish Child Payment which has lifted an estimated 50,000 children out of relative poverty.

The Committee's assessment of suicide prevention as a **public health challenge with a focus on inequalities** is helpful. Our strategy will continue to drive change across society – for example in improving understanding and addressing stigma associated with suicide. However, we are also following the evidence to prioritise the groups and communities we know are at higher risk of suicide. Our Academic Advisory Group is also providing us with more specific evidence on effective interventions for priority groups, such as people living in poverty, middle aged men and LGBTQ+ communities, to ensure we design our actions to have the greatest impact.

2. The Committee heard that the needs of specific vulnerable populations should be addressed and that enhanced support and intervention could have more impact. However, we note more could be done to address stigma and the impact of isolation particularly in rural areas, providing resource at grass roots level and on the prevention of health harming behaviours like gambling harm which can lead to suicide. We ask the Scottish Government to consider what measures it will take to address these concerns and to improve the continuity and longer-term support for vulnerable people who have been discharged from healthcare settings or from prison.

As highlighted, our strategy centres on reaching and supporting groups and communities who are at higher risk of suicide. Additionally, we are working to ensure our tailored and enhanced

approaches and interventions for vulnerable groups includes children and young people, where different approaches are likely to be necessary to develop awareness and meet their needs. Our Youth Advisory Group (YAG) have highlighted the importance of effective longer-term support, particularly for young people who may feel under pressure to seem like they are managing due to the worry of upsetting family members.

Likewise, tackling mental health stigma and discrimination remains a priority. The Scottish Government provides £1m of annual funding for See Me, as our national lead on anti-stigma work. See Me's work includes a programme of work to tackle multiple forms of stigma: Working with See Me. This connects to our wider Scottish Government/COSLA suicide prevention work and is helping to improve our understanding of how mental health stigma is experienced by communities, including at risk groups such as people who are LGBTI, veterans, and asylum seekers.

Examples of additional steps we are taking to reduce stigma include:

- Learning from the work undertaken by Samaritans Scotland in the West Highlands and Skye to support lone and isolated workers, with particular focus on encouraging help seeking and help giving. This will complement the research being done by Scotland's Rural College on lone and isolated workers, and the Academic Advisory Group's research on help seeking. Scottish Action for Mental Health has also undertaken significant research with stakeholders with lived and living experience to better understand help seeking.
- Raising awareness and promoting talking about mental wellbeing across the population of Scotland through our Mind to Mind site and public mental health campaign, including videos of people openly talking about their mental wellbeing and how they are looking after it. The site includes a focus on at risk groups including people from minority ethnic and lower-socio economic backgrounds.
- It is worth also highlighting the work that will be taking place throughout 2024/2025 to co-produce and deliver a series of Building Connections workshops. The aim is to build and deepen connections with organisations and groups working alongside communities impacted by discrimination, stigma, inequality and wider social determinants. This will contribute to deepening our understanding of the needs of specific vulnerable populations and the interventions that could have most impact in reducing suicide risk.

Social Isolation and Loneliness

We recognise that social isolation and loneliness is a public health issue, which has been exacerbated because of the pandemic and the ongoing cost of living crisis. Although widespread across all ages and demographics, data tells us that disabled people, young people (16-24), people over 75 and those on low incomes are now the most at risk of social isolation and loneliness.

Recognising that social connection acts as a key protective factor, we remain committed to investing to tackle social isolation and loneliness despite financial challenges. In addition to the Communities Mental Health & Wellbeing Fund for adults highlighted elsewhere, in March 2023 the Scottish Government launched a new Social Isolation and Loneliness Fund to help organisations to create opportunities for people to connect with one another in our communities. 53 projects are currently operational across Scotland, delivering projects within communities that are diverse and are responding to local needs. 10 of these projects are addressing social isolation and loneliness in rural areas, such as: the Sanday Afternoon Club, Orkney, which provides meals, activities and outings for older people; Inverness Foodstuff, Highlands, which provides social lunches for people who are homeless or vulnerable; and

Cowel Elderly Befrienders SCIO, Dunoon, providing befriending and social activities for older people and people with dementia.

Work To Support Rural Communities

We are aware that people in rural areas can experience a number of challenges in relation to their mental health and wellbeing, due to isolation, lack of infrastructure and transport issues. The Scottish Government is helping people in rural areas maintain good mental health and wellbeing and encouraging connections within communities by having a specific focus on rural communities within the Communities Mental Health and Wellbeing Fund for adults. Across the first two years of the Fund, over 700 awards have been made to community projects supporting people disadvantaged by geographical location (including rural areas). For example, the Assist Project, based in Bernera in the Western Isles which focuses on reducing social isolation and loneliness.

The Scottish Government are also funding the National Rural Mental Health Forum which was established in 2017 and has over 260 organisational members from the third, private and public sectors. Delivered by Change Mental Health, the Forum supports people in rural areas to maintain good mental health and wellbeing and develops connections between communities across rural Scotland to reflect the unique challenges presented by rural life. The Forum openly shares ideas and good practice, building an evidence base which feeds into policy. An example of where the Forum is helping to support innovative practice is the Rural Community Engagement Project which promotes mental health recovery for people who face additional inequalities, including refugees and asylum seekers, young carers and the LGBTI+ community, through community engagement and support approaches in Dumfries and Galloway, Perthshire, and the Highlands.

In partnership with the Forum we are working to ensure rural communities have equal and timely access to mental health support and services, and are supporting efforts by NHS Boards to promote the use of digital access to services for rural communities.

Gambling

Our work on gambling is linked to our work on suicide and other mental health risks. The Chair of our Academic Advisory Group, Professor Rory O'Connor, is a co-investigator on a research project (led by Professor Heather Wardle) on gambling and suicide risk, and our action plan will be informed by these findings in the years ahead. The Academic Advisory Group will also explore whether there are specific effective interventions for gambling harms.

In July 2024 Public Health Scotland published a briefing on gambling and suicide which aims to respond to an identified need, particularly for those working in suicide and gambling prevention in local areas, to deepen understanding of the connection between these issues, and consider responses. This piece of work contributes to the delivery of the Creating Hope Together Strategy and Action Plan, the Mental Health and Wellbeing Strategy and Delivery Plan and Self-Harm Strategy and Action Plan and complements the work of the National Gambling Harm Working Group for Scotland (co-chaired by Public Health Scotland and Scottish Government).

The Scottish Government also leads on action 4.4.3 in the Mental Health and Wellbeing Delivery Plan which focuses on working with key partners to help understand the mental health harms related to gambling and explore ways to raise awareness of these harms and support people effectively.

Longer-term support

We have a programme of work underway which includes the following actions:

- Supporting improvements in clinical care through the implementation of the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) recommendations also includes discharge from mental health settings.
- Building the Time, Space, Compassion (TSC) approach to improve responses to people in distress and crisis, including people who may be suicidal, through a programme of work which builds resources and facilitates improvements to practice. This includes consideration of how TSC can support work in primary care, unscheduled care and secondary mental health services.
- Scoping work has taken place across identified higher risk sectors to build an understanding of where there are suicide prevention action plans in place, where there are gaps and what is required to fill those gaps. Priority areas identified for focus over the next two years include the Scottish Prison Service, Secure Care settings and Police Scotland, with a view to further develop and improve their suicide action plans
- Under the Mental Health and Wellbeing Delivery Plan we have committed to improve access to, and the consistency and profile of, mental healthcare in prisons, and improve governance and oversight of the delivery of healthcare in custody settings, including mental healthcare in prisons. ship with those with lived experience, workforce and strategic leadership teams.
- Work focussed on care experienced Children ensuring, where appropriate, connection is made at local level with the relevant leads.

3. The Committee notes specific concerns around support for prisoners and heard that the aims of the policy are incompatible with the prison environment. We urge the Government to take a more targeted approach, with additional training put in place for prison staff to respond adequately to those in distress. The Committee asks the Scottish Government to update it on the withdrawal of the “breathing space” policy.

The Committee will wish to note that the Scottish Prison Service (SPS) is working intensively to review its Talk to Me (suicide prevention) Strategy, and Suicide Prevention Scotland are working alongside SPS to support its strategic approach to suicide prevention planning, as part of its high risk settings programme of work. SPS recognise the importance of staff being adequately trained and supported to prevent suicide, in line with their respective roles. Therefore prison officers are required to complete a range of role-specific training, both at the time of appointment as well as on an ongoing basis. The core training elements which are designed to enable prison staff to respond effectively to prisoners in distress includes: suicide prevention; health & safety; control and restraint; and, incident reporting and intelligence procedures specific to SPS. Additionally, good progress is being made in embedding trauma-informed approaches into training for prison officers and senior SPS leaders.

To support core training, a range of in-role support is also available to staff in the form of line manager and trade union support. Mentoring schemes are also widely used to support new prison officers.

Until early 2024, Breathing Space was available in all prisons in Scotland, through all cell and communal prison landing telephones. Scottish Prison Service (SPS) paused access to Breathing Space through the cell telephones, to allow NHS24 to build in appropriate governance and procedures to manage call capacity for the prisoner population of around

8,000. This pause was also to allow for additional support and training to be put into place for call handlers managing prison calls. In the meantime, prisoners can still contact Breathing Space from their communal telephones on prison landings when not in their cells.

4. The Committee heard that the strategy needs to incorporate more specific and detailed measures tailored to the unique needs and risk factors of vulnerable groups such as men and LGBTQI+ individuals. We learned during our inquiry into HIV prevention, for example, that stigma and taboos around sexual health can contribute to poor mental health and increased vulnerability. We ask the Scottish Government how it intends to address these concerns. We note and welcome ongoing work between the Scottish Government and organisations but heard concerns around sustainable funding of those supporting high risk groups. We urge the Scottish Government to commit to a sustainable funding model to ensure these organisations have the necessary resources to continue their support services. We ask the Scottish Government to update the Committee on progress.

We understand the heightened risks of suicide for particular groups, such as people living in poverty, LGBTQI+, autistic people and carers. Multiple disadvantage and marginalisation can also mean that these people are more affected by isolation, discrimination and stigma – which can compound suicide risk. Through our ongoing work to deliver the Creating Hope Together strategy, we are working hard to strengthen our relationships with trusted organisations e.g. LGBT Health and Wellbeing that advocate and support groups who are at a higher risk of suicide. The aim is that we can better understand their needs and develop responses which are effective in preventing suicide and supporting recovery. We see this work continuing to deepen, and move into practical actions, over the course of this year. We will continue to build connections with groups and organisations, as seen in our recent Building Connections event, working alongside communities impacted by discrimination, stigma, inequality and wider social determinants of suicide. As you would expect, many of these organisations are supporting people affected by different forms of stigma and taboos.

Our Delivery Plan for 2024-26 includes dedicated actions, under Outcome 3, which focus on responding to the diverse needs of higher risk communities. This includes communities of place, interest and experience. Through this work, we are collaborating with Scottish Community Development Centre to work with two geographic communities and two communities of interest / identity who are at higher risk of suicide, to develop and deliver a test of change using community led action research. As part of these tests of change, we will consider locations of concern, access to means, help seeking, stigma, discrimination, learning resources and systems to support a targeted approach. We consider these community-based tests of change will offer valuable learning about supporting people at higher risk of suicide, and we have plans to actively share the learning with partners and communities right across Scotland to support wider change.

More broadly, we are also working hard with organisations advocating for the LGBTQI+ community across our Mental Health and Wellbeing Delivery Plan. For example, SeeMe have worked with LGBT Health Scotland on various programmes including the See ME Proud Champions and LGBT New Scots project. Such initiatives are helping us to better understand the stigma experienced by LGBTQ+ communities, which we know can overlap with cultural taboos around mental health and wellbeing. Critically, we are using that learning as we take forward all our mental health anti-stigma work in Scotland, which is led by SeeMe.

We are conscious of the heightened risk of suicide within the LGBTQI+ community and are committed to increasing equality and improving the lives for this community in Scotland. This includes taking more action to support trans and non-binary people, and the Scottish

Government are providing funding of over £1.1 million to organisations working to promote LGBTQ+ equality in Scotland in 2024-25.

In terms of sustainable funding, the Scottish Government recognises that third sector partners need clarity and stability to secure their resilience and to grow their capacity. Our Strategic Outcome Leads are appointed for the duration of the multi-year action plan, and 4 out of 5 are third sector partners. More broadly, Scottish Government is committed to pursuing a Fairer Funding approach and multi-year funding arrangements for third sector organisations is part of our long term ambition to embed systemic change and to create conditions for the third sector to thrive as part of a mixed economy. However, it is important to recognise that multi-year funding is very challenging to deliver in the current context as any commitments will inevitably reduce flexibility in future year budgets. The Scottish Government will continue to explore opportunities whilst recognising the unpredictable economic circumstances.

In relation to the delivery of the Creating Hope Together Strategy, we agree with the Committee that access to sustainable funding and investment is essential to deliver the strategy's vision. COSLA have also highlighted the challenging financial position for local government, with impacts of cuts to local government budgets felt across all 31 Health and Social Care Partnerships, and the need for sustainable funding for local government as well as third sector. The Scottish Government and COSLA acknowledge the extremely challenging financial context the public sector is working in, which is, by far, the most challenging since devolution.

COSLA and the Scottish Government will be working closely together, alongside third sector partners to achieve the vision of our Suicide Prevention Strategy within the context of growing system and financial pressures.

5. The Committee heard broad praise from witnesses for the involvement of people with lived and living experience in the strategy's development. However, we note that some stakeholders for example, the National Association of Link Workers, were not consulted. While the Committee welcomes the work that has taken place, we ask the Scottish Government to ensure it broadens and diversifies its engagement beyond the usual suspects. We suggest that better support and guidance could be provided to local suicide prevention initiatives on how to involve individuals with lived experience at grassroots level. We would welcome an update from the Scottish Government on work in this area as it progresses.

We are confident Scotland continues to lead the way in bringing lived experience involvement and insights into our suicide prevention work, as recognised by the World Health Organisation. We have established a Lived and Living Experience Panel (LLEP) and Youth Advisory Group (YAG) to shape and drive our work, and we have robust structures in place to ensure safeguarding, which we know is critical. We recognise lived experience as fundamental in understanding the barriers suicidal people can experience, and we use that to inform the design and implementation of our work – the Time Space Compassion approach to suicidal responses is an example where our LLEP input was instrumental. A member of our YAG notes that 'it is important to have groups like the YAG so that young people with lived experience can feed into policy and practice'.

Conversely, members from our lived and living experience panel have expressed disappointment that they were not invited to meet the Committee during their oral evidence sessions: "I find it difficult to understand how they (the committee) can write about lived experience involvement without consulting the two panels of lived experience individuals. It

would have allowed for more informed contributions while evidencing what the strategy is doing with lived experience involvement with the panels, but also opening up opportunities for the panels to contribute to any areas of improvement”.

We understand the very nature of lived experience input will provide individual experiences, and we understand the value in having as wide and diverse a range of experiences as possible. We are therefore pleased to have built in even greater diversity into our LLEP during its refresh in 2023, and we are keen to continue broadening our lived experience engagement to ensure that it is inclusive of all groups.

It is worth noting that this is also the first strategy in Scotland to properly engage with lived and living experience as equal partners with academics. The Suicide Prevention strategy was co-developed alongside people with lived and living experience, seeking to ensure that experience reflects the diversity of our communities and suicidal experiences. As part of the development of the strategy, COSLA and Scottish Government, together with Public Health Scotland, undertook wide ranging and open engagement - holding 42 online sessions with over 600 people registered to attend from a wide range of organisations as well as those with lived experience. We also undertook an online consultation through Citizen Space which had 71 responses from third and public sector organisations and held a number of roundtable discussions with organisations working with groups at higher risk of suicide.

Additionally, we have worked with the Equality and Human Rights Forum, whose members include groups representing the full range of protected characteristics and other marginalised groups, to enable their organisations – and the communities they represent - to contribute to the strategy. In terms of supporting lived and living experience we have provided guidance to local suicide prevention leads through the Scottish Recovery Network’s local work. In addition, the [Local Area Suicide Prevention Action Plan Guidance](#) recommends developing a multi-agency steering group which includes organisations working with people at greater risk of suicide. Local Suicide Prevention Leads also receive support from the three Suicide Prevention Implementation Leads (hosted within Public Health Scotland) to enable this and share learning and good practice, helping to feed local perspectives into national work. Work is planned across 2024/25 to enhance the guidance on inclusion of lived and living experience voices in local suicide prevention.

Whilst the engagement carried out during the development of the strategy was extensive, we recognise these exercises do not always achieve full representation from all sectors and partners. As we now drive forward the strategy, we continue to build up the breadth of partners we are working with, including link workers, and deepening our relationship with those where we know collectively we can do more to prevent suicide.

6. The Committee welcomes the commitment from the Scottish Government to increase funding of £2.8 million for the strategy specifically. However, witnesses identified the precarious nature of third sector funding as a key factor affecting the strategy’s implementation. Several witnesses noted that the year-on-year nature of funding allocated to third sector organisations was incompatible with its longer-term vision. The Committee also heard about the importance of funding for healthcare services peripherally involved in suicide prevention and that without recurrent funding these services fall away. We recognise that successful implementation of the strategy will require a significant commitment of resource over a sustained period and urge the Scottish Government to commit to a more sustainable model to enable organisations to plan effectively.

In addition to the response provided under question 4 above about third sector funding, we agree that access to sustainable funding and investment is a significant, collective challenge.

The 2024-25 Scottish budget provides funding of over £19.5bn for the health and social care portfolio, which is supporting the recovery and reform of sustainable services, including mental health. Through this budget the Scottish Government and NHS Boards are continuing to deliver investment in excess of £1.3bn for mental health. Of course, we are required to deliver a balanced budget each year, and direct mental health programme funding, like all other funded programmes and services throughout government require to be assessed against policy prospectus outcomes which are reviewed on a year-by-year basis. We have sought to protect mental health funding, and, despite recent difficult decisions about reductions which affect all of Government, maintain our commitment to mental health.

Given the significant financial pressures, we recognise the pressures on statutory services, and the importance of the Scottish Government and COSLA, alongside wider partners, working together to agree where our funding can have the most impact. This will require consideration of resource implications and potential impacts on services provided by local government, third sector and other partners delivering essential support in our communities.

7. We also heard concerns about transparency regarding spending associated with the strategy and support the call from SAMH that the tracking of national spend against the annual delivery plan should be made publicly available in order for it to evaluate effectiveness.

We are pleased to have already taken action to support improved transparency on the dedicated suicide prevention budget, and a detailed budget breakdown is included in the Delivery Plan (2024-2026), as well as a retrospective report of spend for 2023-24 in the [National Delivery Lead's Annual Report](#).

As described elsewhere, a wide range of other budget streams also contribute – whether directly or indirectly – to suicide prevention.

8. Additionally, the Committee supports the call from RCGP that the Scottish Government take steps to ensure the long-term funding of community link workers and asks the Scottish Government to ensure continued funding of the wellbeing service for healthcare professionals is provided.

The Scottish Government is committed to supporting the ongoing development of primary care multi-disciplinary teams, including Link Worker services, through investment of £190 million in 2024-25, through the Primary Care Improvement Fund (most general practice Community Link Worker services in Scotland are funded from the Primary Care Improvement Fund). While it is for local areas to decide on the composition of multi-disciplinary teams and where they deploy Community Link Workers, there is a strong argument that they should be targeted where the need for their support is greatest - that is, in our most deprived communities. At 31 March 2024 there were 325 WTE Primary Care community link workers in post across Scotland, and the Scottish Government is currently reviewing general practice and policy, including future funding arrangements, to continue providing Community Link Worker support where it is needed most. The voices, experiences and insight of Community Link Workers will be a crucial strand in helping us to plan future policy.

The Committee may be interested to note that the Scottish Government has committed around £1.6m to our Workforce Specialist Service, which offers confidential mental health care and treatment for registered health, social care and social work staff. Additionally, the Scottish Government are launching a procurement exercise to ensure continuity for this important service beyond March 2025. This service is delivered by experts with experience in

treating a range of issues such as depression, anxiety, burnout or addiction, with a focus on the impact this may have on a person's work. To date, it has supported over 1,800 of our workforce.

9. The Committee commends the distress brief intervention work being undertaken by the Scottish Government and its partners. It is clear this innovative and immediate cross sectoral intervention mechanism is making a difference to those in greatest need. The Committee notes from Professor O'Connor that work is ongoing with a view to increasing accessibility and rolling out DBI in schools. We would like to see this mechanism available for anyone who needs it and would welcome an update from the Scottish Government on its progress, challenges and further implementation once available.

The Scottish Government was pleased to see the Committee commending its Distress Brief Intervention (DBI) world leading programme, which provides timely, compassionate and personalised support to people in emotional distress who come into contact with frontline services. Over 68,000 people have been referred to DBI since the programme started in 2017. Currently, around 2,000 people are referred to DBI every month and this figure continues to rise. DBI has evaluated extremely positively¹² showing that it is effective in supporting people in distress and that in around 10% cases helped to prevent suicidal thoughts or even suicide.

DBI is now live in 29 of the 31 Health and Social Care Partnership areas, with the remaining 2 committed and actively preparing to go live in Autumn 2024.

In addition to these local referral pathways, in 2020 the Scottish Government created a national referral pathway to DBI, via NHS24, as part of our wider response to Covid. The NHS24 pathway is now the biggest single referral route to DBI. In addition, Scottish Ambulance Service call centres have been able to refer direct to DBI since early 2022; and Police Scotland call centres can now make referrals to DBI via the Mental Health Pathway (MHP) between Police Scotland and NHS 24. It is clear that as well as providing vital support to people in emotional distress, DBI is also relieving pressure on frontline services, freeing up staff on the ground to deal with other issues.

Your report refers to evidence given by Professor Rory O'Connor of the University of Glasgow, on work to introduce DBI into schools. DBI is currently available to anyone who is over 16 years of age and, assessed as appropriate for referral to DBI support. In addition to this, we are currently testing the appropriateness of DBI for supporting 14 and 15 year olds in just over 20 schools across two NHS Board areas. Initial indications are that these tests are going well, with positive feedback from pupils, teachers and the third sector DBI providers. These tests will support our future plans, alongside an independent evaluation of all elements of the DBI programme covering people under 18, which includes these tests. This evaluation started in late 2023 and is expected to report in Summer 2025. We would be happy to share this with the Committee when it is published.

The Committee will be interested to note that the scoping study which led to the development of the test of change for 14 and 15 year olds found that DBI is unlikely to be suitable for young people who are younger than 14, due to the different developmental and psychological makeup of people below that age.

¹ [Distress Brief Intervention Pilot Programme evaluation: findings report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/evaluation-extended-distress-brief-intervention-programme-summary-findings/)

² <https://www.gov.scot/publications/evaluation-extended-distress-brief-intervention-programme-summary-findings/>

Finally, the committee indicated it would like to see DBI available for anyone who needs it. We should stress that DBI is not available for self-referral. Rather, it is a professional referral model in which Police, SAS, A&E, Primary Care and NHS24 can refer people – where assessed as appropriate – for DBI support. However, you will be pleased to hear that the Scottish Government have reviewed the recommendations from the independent evaluations referred to earlier, and are now planning to test some further developments to DBI based on those recommendations. This includes testing the practicality of opening up self-referral back to DBI for people who have already been supported through DBI. We are also considering the scope to enhance the follow-up support and contact to individuals once DBI support comes to an end, to maintain good levels of wellbeing.

10. The Committee heard that the single best predictor of whether someone will die by suicide is whether they have attempted suicide previously. We heard strongly expressed views that a more cohesive approach to the collection of healthcare data, including improved access to primary care data, is necessary and could help identify people at risk. Additionally, data that could be used to identify at risk individuals is not always available in a format that enables ease of identification. We heard that individuals are most likely to make contact with their GPs rather than acute services, yet that data is not routinely available. The Committee notes and welcomes the work that the Scottish Government is undertaking with support and front-line organisations to improve this and urges it to work closely with primary care providers too to ensure this gap is addressed.

The Scottish Government is pleased that the Committee has recognised work it is undertaking to improve data collection, and is working hard to improve the quality and availability of mental health data. We acknowledge that more real time data is needed - especially on suicidal thoughts, self-harm and suicide attempts. We would like to consider intersectionality and identify trends and changes in patterns in groups at risk, such as women and children and young people so we can intervene early.

Through the work PHS are leading on outcome 4 of Creating Hope Together, we will continue to enhance our understanding of existing data sources and how these can be utilised to support development of effective interventions to support people who are suicidal. For example, our Delivery Plan 2024/2026 contains a specific action to roll out a suicide review system across local areas which will improve understanding of the factors which contribute to suicide deaths in Scotland. There is also planned action with partners in key settings to address any gaps in data and intelligence; as well as targeted work in high-risk settings for suicide, to build effective and compassionate suicide prevention action plans.

The Scottish Government will further explore any ongoing work with primary care providers in this area that could provide additional support in communities, noting that this is a wider issue extending beyond the scope of the Creating Hope Together Strategy.