



The Scottish Parliament
Pàrlamaid na h-Alba

Via email

Maureen Watt MSP
Minister for Mental Health

Health and Sport Committee

T3.60

The Scottish Parliament
Edinburgh
EH99 1SP

Tel: 0131 348 5210

Calls via RNID Typetalk: 18001 0131 348 5224

Email: healthandsport@parliament.scot

15 June 2018

Dear Minister

Thank you for your letter of 8 June providing an update to the Committee on the Scottish Government's Suicide Prevention Plan ahead of the Committee's evidence session on suicide prevention which we held on 12 June. The Committee found this update to be most helpful and were pleased with your commitment to engage with the Committee over the coming months and years on the plan.

At our meeting on 12 June the Committee heard evidence on suicide prevention ahead of the upcoming publication of the plan. We heard in an informal private session from individuals with direct experience of issues around suicide, followed by a formal evidence session with relevant charities and others with direct involvement in this area.

The Official Report of the meeting is available [here](#) and for ease of reference I will refer to passages from it by reference to the relevant column numbers.

The Scottish Government's Draft Suicide Prevention Plan

From the Committee's call for views, the Committee heard a great deal about the consultation process the Scottish Government had undertaken over the past year which resulted in the [Suicide Prevention Strategy Report](#).

In a [joint submission](#) to the Committee the Health and Social Care Alliance Scotland, the Health and Social Care Academy, and Samaritans Scotland commented that the "final action plan should be ambitious" and expressed concern that the 12 recommendations from the Suicide Prevention Strategy Report were not reflected in the Scottish Government's draft proposals. This view was also expressed during our formal evidence session by Samaritans Scotland and SAMH (columns 1 and 2).

The Committee welcome the scope of the consultation process undertaken by the Scottish Government and note the progress made since the consultation documents were published. It is clear those involved in this area have undertaken a great deal of work and we agree, as you suggest, input from stakeholders is vital to the work of the National Suicide Prevention Leadership Group going forward. To that end we ask that the plan will fully recognise all of the 12 recommendations made in the Suicide Prevention Strategy Report.

National Suicide Prevention Leadership Group

The Committee welcome the Scottish Government's commitment to establish a National Suicide Prevention Leadership Group to implement the Suicide Prevention Plan.

During both the call for views and evidence session, a number of organisations commented on the resources and funding available for the implementation of the Suicide Prevention Strategy and the fact that this important information is not detailed in the consultation document.

In both their written and oral evidence, [SAMH](#) spoke about the need for sufficient, recurring and transparent budgets, noting that since the early 2000s "we have completely lost that transparency of funding" (column 5). It was noted during the evidence session that other policy areas such as social isolation, loneliness and homelessness have been allocated specific funds. All witnesses agreed it is vital the Leadership Group have funding allocated to them for both national and local suicide prevention work, that this funding is transparent, and most importantly ring-fenced, with strong ministerial guidance as to how these funds are spent locally (column 32).

In oral evidence, Samaritans Scotland suggested the creation of an innovation fund for local suicide prevention projects which could be administered by the Suicide Prevention Leadership Group (column 6) and the Committee welcome the Scottish Government's commitment, following the Committee's evidence session, to allocate £3 million to establish a fund.

The Committee agree with the views expressed during the evidence session around funding and request that the final Suicide Prevention Plan clearly state what funding, in addition to the £3million already announced, will be allocated to the National Suicide Prevention Leadership Group. The Committee would like to see this funding being transparent and most importantly, ring-fenced for local and national suicide prevention projects.

Timescale and evaluation

During the Committee's evidence session we heard there has been no formal evaluation of previous work done by the Scottish Government on Suicide Prevention. The Mental Health Foundation Scotland noted in their evidence that unless suicide prevention work is evaluated then there is no way to know what effect the strategy is having on the number of deaths by suicide in Scotland.

The Committee agree the Suicide Prevention Plan should specify who is responsible for the evaluation of suicide prevention work and put in place a long-term evaluation and monitoring framework to monitor progress be established.

Targets

The Committee note the comments in your letter on the Scottish Government's view on a national suicide prevention target. During the Committee's evidence session there were differing views amongst witnesses with regards to the setting of a national target for suicide prevention.

The Committee agree it would not be helpful to set a national target for reducing deaths by suicide in Scotland by a specific number, however would like to see a general target to reduce suicide included within the Suicide Prevention Plan.

Stigma and discrimination

The Committee agree that tackling the stigma around suicide should be a priority within the Suicide Prevention Plan.

Submissions to the Committee (including [SAMH](#), [the Royal College of Psychiatrists in Scotland](#), [NFU Scotland](#)) commented on the need for the final Suicide Prevention Action Plan to recognise, and make specific reference to tackling stigma and discrimination.

During the evidence sessions the stigma around mental ill-health and suicide was raised on numerous occasions, and we heard that this stigma often deters individuals in crisis from seeking help. Stigma also affects the families and friends of those who die by suicide, again often deterring them from seeking the help they need. Witnesses were disappointed the draft Suicide Prevention Plan did not make particular reference to tackling stigma and discrimination.

During both evidence sessions witnesses agreed that tackling the stigma around these issues is vital to the success of any suicide prevention plan. During the formal evidence session NFU Scotland suggested that the Suicide Prevention Plan should allow us to "get to a situation where we can talk about it openly and ... prevent people from getting to the stage of a crisis" (column 3).

The Committee heard this stigma is particularly felt by those in rural communities. During the evidence session NFU Scotland spoke of the difficulties people face in accessing help and support in these smaller communities where maintaining anonymity is more difficult than in larger towns or cities. The Committee heard of the work done by some organisations with online resources to try to address this issue.

Witnesses agreed the need for an awareness raising campaign as part of the Suicide Prevention Plan to help to eradicate the stigma around mental ill-health and suicide and to encourage people to talk more openly about these issues and seek help and support when needed.

The Committee would like to see a focus on eradicating the stigma around mental ill-health and suicide within the Plan including a national awareness raising campaign.

Specific at risk groups

The Committee heard during the evidence session there are many factors, in addition to mental ill-health, that can lead to suicide and there are specific at risk groups across Scotland. During the evidence session witnesses agreed that, although many of the issues are the same around the country, circumstances vary from area to area depending on location and demography.

One of the main factors identified, both in the written evidence received by the Committee and at the formal evidence session, was the issue of inequality.

The Committee heard there are pronounced socio-demographic and socio-economic inequalities affecting suicide rates in Scotland. In their written submission [Samaritans Scotland](#) stated the rate of suicide is almost three times higher in Scotland's most deprived areas and that people experiencing disadvantage are more likely to experience negative life events and less likely to seek help. In addition to this figure, the Committee heard that "the poorest men in the poorest communities in Scotland have a suicide risk that is ten times greater than that of the wealthiest men in the wealthiest communities" (column 12).

[SAMH](#) noted there is a need for a universal approach, but with targeted action towards people and areas with greatest need. Additionally, [Samaritans Scotland](#) noted the strategy should have a focus on specific at-risk groups.

The Committee agree it is vital the Suicide Prevention Plan has a specific focus on disadvantaged individuals and areas and provides support flexibly for locally focussed suicide prevention work to address specific inequality issues. The Committee look forward to the plan's proposals to address inequality and at risk groups.

Training

Several of the written submissions to the Committee reflected on the importance of mental health and suicide prevention training. The [Royal College of Psychiatrists in Scotland](#) commented in their written submission that, while first aid training is commonplace, mental health and suicide prevention training is not. This view was also strongly expressed during the informal evidence session by those with direct personal experience, as well as during the formal evidence session.

The Committee welcome the Scottish Government's commitment in the consultation document to develop "world-leading" training programmes and agree that mental health and suicide prevention training should become an accepted everyday part of training across Scotland.

One suggestion during both the formal and informal evidence sessions was that training should be modularised. It should be extended beyond health professionals and provided to a much wider range of organisations. The Committee notes and welcomes the work already undertaken by the emergency services with regards to voluntary training for their staff; however believe that this training should become mandatory for all police and other emergency services staff.

The Committee would like to see training in place across the public sector, especially in those organisations that interact with the community such as Police Scotland, schools, universities and colleges, job centres, GPs, and council staff, and that this training should be mandatory for all front line staff likely to deal with individuals in crisis. In particular the Committee agree that all front line benefits staff be trained in this area.

The Committee look forward to the detail on how this training will be delivered, by whom, how it will be funded, and how its effectiveness will be evaluated.

Continuity of care

Many respondents to the Committee's call for views commented on the need for a coordinated approach to support people in crisis.

The [Mental Health Foundation Scotland](#) believe that early intervention is critical and call for a coordinated approach to responding to crisis between emergency services. In its submission it refers to the NHS Glasgow and Clyde Community Triage Service, this service was also discussed during the formal evidence session and identified as a model that could be rolled out across Scotland.

Similarly, the [Royal College of Psychiatrists in Scotland](#) commented that "there must be absolute clarity across Scotland about where people in mental health crisis can go for help at any time". This view was also expressed during the Committee's informal sessions where members heard many services only operate Monday to Friday, 9 to 5, and of the obvious difficulties this brings for individuals in crisis.

The Committee recommend the Scottish Government extend the NHS Glasgow and Clyde Community Triage Service or a similar approach across Scotland.

Concerns were raised during our informal session regarding continuity of care. One individual spoke about being seen by five different psychiatrists during the course of treatment, about the challenges this presented in developing trust during sessions and the detrimental impact this had on the speed of progress.

The Committee recognise the importance of ensuring continuity of care for individuals receiving treatment for mental ill-health. The Committee expects the Suicide Prevention Plan to make clear recommendations to ensure this is delivered.

During the formal evidence session the Crisis Care Concordat, which is in place in England, was identified by witnesses as a positive step towards achieving continuity of care and helping people before they get to a crisis point (column 24). The

Committee agree that the Scottish Government could learn lessons from this approach.

The Committee request that the Suicide Prevention Plan put in place a strategy to ensure a holistic and co-ordinated approach across the public sector to support people in crisis, ensuring they have access to support 24 hours a day.

Families affected by suicide

During both the formal and informal evidence sessions the issue of support to families affected by suicide was raised. The Committee heard families often do not receive adequate support following the death of a loved one by suicide and this in turn can have serious adverse effects on their own mental health. Brothers in Arms noted that the shock to a family following bereavement by suicide can be catastrophic as families rarely know that their relative is struggling and support is therefore vitally important. The Committee heard the debilitating effects suicide has on relatives and the significant economic and social impact this has. Equally they heard the benefits that occur with the involvement of link workers.

The Committee agree the Suicide Prevention Plan should include specific support for families bereaved by suicide and should ensure this support is available across the whole of Scotland.

Overall the Committee welcome the work done by the Scottish Government and its partners during the consultation period in the formulation of the Suicide Prevention Plan and welcome the progress made since the publication of the draft Suicide Prevention Plan.

The Committee look forward to the publication of the plan and would welcome further engagement with the Scottish Government on the Suicide Prevention Plan in the future.

Yours sincerely



Lewis Macdonald
Convener
Health and Sport Committee