

Health and Sport Committee Inquiry: Suicide Prevention in Scotland

Written submission from Samaritans Scotland

Key points

1. Our aim should be a Scotland where no one affected by suicide is alone.
2. Recommendations for change should come from those with direct experience.
3. Clear leadership at a national and local level must be introduced.
4. The action plan should have a cross government approach, which will address the link with inequality as well as effectively targeting interventions at those most at risk.
5. We must monitor and evaluate the action plan: we would welcome the Committee having an active role in this.

Background

Samaritans is the leading suicide prevention charity in the UK and ROI. Last year we responded to 5.7 million contacts from people across the UK. Our service is provided entirely by volunteers, in branches across Scotland.

- Around 2 people die every day in Scotland by suicide. There were 728 suicides in 2016, which is an 8% rise on the previous year - the first such rise in six years. While we can expect some year-on-year fluctuations we also cannot ignore any rise in deaths.¹
- Suicide is the single biggest killer of men under 50 in the UK and young people aged 25 -34.
- Suicide is preventable. We have made progress in Scotland, however our suicide rate is still significantly higher than in England.²

To ensure the final Suicide Prevention Action Plan was shaped by those with experience of suicide, Samaritans Scotland, NHS Health Scotland, the Health and Social Care Academy and Scottish Government undertook pre-consultation events with those directly affected in late 2017. The final report from this, including recommendations for the action plan, can be found [here](#). During these pre-consultation events we often heard that whether experiencing suicidal thoughts, supporting someone, or having lost someone, it was difficult to know where to turn. Due to stigma or a lack of support, many felt alone. In fact, we know around 40% of us would not know where to turn if we were supporting someone in crisis.³

Our shared vision is of a Scotland where people affected by suicide are not alone. Where those directly affected and those who care for them have access to timely, skilled, compassionate and well-coordinated support. And where we learn, improve and deliver activity across Scotland which reduces the risk of suicide. Our actions need to be ambitious and fully resourced to achieve that.

To what extent should the Scottish Government's Suicide Prevention Plan address the issue of inequality?

The rate of suicide is almost three times higher in Scotland's most deprived communities.⁴ Our Dying from Inequality (2017) report explored the evidence on this, outlining that those experiencing disadvantage are more likely to experience negative life events and less likely to seek help.⁵

Experiencing disadvantage should not mean that you are substantially more likely to take your own life. We believe that the action plan must address the issue of inequality, as part of a cross-government approach. Suicide prevention activities should be targeted in areas of disadvantage, as well as efforts made to tackle the underlying issues through linking in to the government's efforts to reduce poverty and inequality overall.

What actions should be prioritised in the forthcoming strategy?

¹ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/suicides>

² Using latest ONS statistics for comparability.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesintheunitedkingdomreferencetables>

³ YouGov/ Samaritans, 2018. Representative sample of 1001 Scottish adults.

⁴ ScotSID 2017

⁵ <https://www.samaritans.org/dying-from-inequality/report>

We welcome the First Minister's assurances that the pre-consultation report recommendations will be better reflected in the final plan. The voices of those with lived experience should be involved, respected and valued. Below are further key areas we feel should be addressed.

- National leadership and structure

There is no longer an effective structure of suicide prevention leadership or delivery in Scotland. A new structure for suicide prevention should include a national leadership group which develops recommendations for local activity, working with the new public health agency and reporting to Scottish Ministers. As there is currently no oversight or control of what funds are used on suicide prevention, this leadership group should have a budget that can be provided to local work and projects. They must also reintroduce guidance and support for local suicide prevention work by having a role in auditing local suicide prevention plans.

- Monitoring and evaluation

If we want to know which interventions work, we must evaluate our work. Yet, there has been no evaluation of any of our previous suicide prevention work. The Republic of Ireland's [suicide prevention strategy](#) includes a plan for implementation and evaluation, including a strong, visible leadership team and clearly defined roles and responsibilities. We believe that this Committee could have active role in monitoring the delivery of the action plan and would strongly welcome a commitment to do so.

Should there be a focus on specific at-risk groups and if so what groups would be appropriate?

Yes. The World Health Organisation outlines effective objectives for national suicide prevention programmes. Part of this must be identifying those at higher risk and targeting interventions and support.⁶ In taking a cross-government approach, the action plan could link in to work addressing risk in these groups.

- Men. Roughly three-quarters of all suicides are men.⁷ Research suggests that there are many possible reasons for this, from social and cultural expectations to the decline of male dominated industries.⁸
- People experiencing disadvantage. As noted above, those experiencing disadvantage are more likely to take their own lives. From accessing social security to experiencing job insecurity, we know there are times when people are most at risk.⁹
- Those bereaved by suicide and survivors of suicide. As noted by the pre-consultation report, those who are bereaved or survivors of suicide in Scotland often do not feel supported. Yet, those who are bereaved are at higher risk of suicide and a suicide attempt is a significant risk factor for a future suicide attempt.^{10 11}
- LGBT individuals. LGBT people are disproportionately more likely to attempt and complete suicide.¹² Stonewall Scotland's research shows that one in four lesbian, gay and bi young people in Scotland have attempted to take their own lives and more than two in five trans young people.¹³

Local suicide audits also offer an effective way to determine those at increased risk within a community, providing insights on local trends that are not available from national statistics. They also allow us to identify locations of concern) or failings specific to local services. There is real value in supporting work like this to take place in all health board areas across Scotland. Tools and guidance are needed, with support provided at a national level, to ensure findings translate into action.¹⁴

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⁶ http://apps.who.int/iris/bitstream/handle/10665/131056/9789241564779_eng.pdf;jsessionid=FD9D90EAA0B1F3D9A8830199891C7320?sequence=1

⁷ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/suicides/main-points>

⁸ <https://www.samaritans.org/about-us/our-research/research-report-men-suicide-and-society>

⁹ <https://www.samaritans.org/dying-from-inequality/report>

¹⁰ 1 Qin P, Agerbo E and Mortenson PB (2002) Suicide risk in Relation to family history of completed suicide and psychiatric disorders: a nested case-control study based on longitudinal registers. *Lancet* 360: 1126-1130

¹¹ J. Michael Bostwick, Chaitanya Pabbati, Jennifer R. Geske, Alastair J. McKean. Suicide Attempt as a Risk Factor for Completed Suicide: Even More Lethal Than We Knew. *American Journal of Psychiatry*, 2016; appi.ajp.2016.1 DOI: [10.1176/appi.ajp.2016.15070854](https://doi.org/10.1176/appi.ajp.2016.15070854)

¹² Sexual Orientation and Symptoms of Common Mental Disorder or Low Wellbeing; Combined meta-analysis of 12 UK population health surveys, J. Semlen et al March 2016; Scottish Surveys Core Questions 2014, Scottish Government, 2016

¹³ School Report Scotland, Stonewall Scotland, 2017

¹⁴ [http://www.publichealthjrn.com/article/S0033-3506\(14\)00054-7/fulltext](http://www.publichealthjrn.com/article/S0033-3506(14)00054-7/fulltext)