

## A New Suicide Prevention Strategy for Scotland: Our Response

The Scottish Government opened a consultation on the new Suicide Prevention Strategy and Action Plan, which Scottish Families responded to on the 23<sup>rd</sup> of August 2022. The Strategy and Action Plan laid out a series of principles, outcomes, priorities, and actions. Whilst we agreed with the overall vision and Action Plan, unfortunately there was next to no mention of alcohol and drugs, nor families, in the consultation documents.

“Our ambition is a Scotland where everyone works together to prevent suicide. To achieve this we will work with communities to become safe, resilient and inclusive - where people who have thoughts of taking their own lives, or people affected by suicide, are offered effective, compassionate and timely support, and a sense of hope.” – Strategy vision.

In response to the **vision**, although we agreed with the intent of it, conversations with families and staff suggest that some believe a short vision (i.e. the first sentence) can be **misleading and oversimplistic**. i.e. Can one short sentence summarise, solve or explain a very serious and complex issue which causes lifelong harm to individuals and their families? The vision is also overly focused on everyone working together, whereas the measure of success should surely be whether or not we prevent suicide. The longer sentence puts all responsibility onto communities to save lives and does not mention the importance of timely access to high-quality formal, funded services alongside informal community supports.

The principles highlighted the need for **lived experience** to be involved in any planning and decision making going forward, which we wholeheartedly agree with. It would have been useful if this stated that this includes both individuals and family members, otherwise families would likely be excluded or overlooked. It is positive that families/carers are explicitly mentioned in the principles around access to support. It would have been helpful if the Scottish Government had included ‘stigma around mental health issues’ to the list of known risk factors written in the principles, as this prevents many people from reaching out for support.

In terms of the **outcomes** of the Strategy, there is little mention of early interventions and addressing the causes of suicide, no mention of alcohol and drugs, homelessness, criminal justice etc. We believe that to prevent suicide, other issues have to be addressed and intertwined into the strategy and correlate with other policy areas. This appeared to be missing from the outcomes listed by the Scottish Government. Funding was not mentioned as a priority area, yet most of the required actions won’t happen without additional funding and/or re-directing existing funding. We also felt the way some of the priorities were worded were inaccessible and full of jargon.

The **Action Plan** mentioned two specific actions relating to Alcohol and Drug Partnerships (ADPs), the first action being to ensure the training of ADP staff in suicide prevention, the second being to involve ADPs in multi-agency case management approach for anyone who is suicidal. We strongly agreed with both of these actions, as there must be improvements to partnership working across statutory services that include alcohol and drugs to actively promote suicide prevention amongst those who use alcohol and drugs.

Furthermore, the Scottish Government proposed an action on **media reporting**. Media reporting, and its correlation to stigma and the impact of insensitive reporting on those affected by suicide (including families), needs to be addressed and we support any efforts to increase media awareness and responsibility. Negative attitudes, imagery and stigma cause significant barriers preventing people from accessing both drug and alcohol services and mental health support. Scottish Families has previously done work on this in partnership with Adfam, creating a [media toolkit](#) for journalists

and editors offering guidance on how to report on alcohol and drugs with dignity and respect. We support any action to reduce the harms of media reporting on those affected by suicide.

An action to produce **resources for families and carers** was also listed in the Action Plan, along with the suggestion of a **single Scottish telephone number**. Resources and support available for families and carers are essential to keep them informed about their loved one's circumstances and for their own wellbeing. We would stress that something more than resources may be necessary to ensure families and carers are supported through a difficult time for their family. It would be important to work with people with lived experience in the development of these resources to ensure they would be helpful for families and carers.

A single, specific Scottish Helpline (accessible via phone, webchat, web forms, email and texting etc) would be a simple way for people to access support in one place instead of searching for other numbers and resources. Whilst tests of change are welcome where these are truly testing out new approaches, there must be a commitment from the start to embed or roll out successful practice across Scotland. Too often, tests of change are 'testing' out approaches which already have an evidence base, and approaches which are proven to work within a test of change simply come to an end when the test funding ends.

The Scottish Government also acknowledged current issues regarding less than smooth **discharges** from criminal justice, residential care and hospitals. We often hear from families that an aftercare plan is rarely put in place for people leaving these settings, putting them at a higher risk of harm. There should be a plan in place for every person discharged from any setting that is tailored to their needs, to ensure that person is holistically supported and to reduce their risk of suicide as much as possible.

Overall, we argued that there must be **a focus on implementation and accountability**, to help ensure that all the written commitments in both the Strategy and Action Plan documents become practice on the ground. Where commitments are not being implemented in practice, this must be followed up to ensure accountability.

It is **disappointing** that alcohol and drugs, along with a range of other issues that impact suicide was not addressed or discussed at any length throughout the documents. The families we support tell us daily, that **alcohol and drug use and mental health and suicide are strongly linked**. There are a range of ways alcohol and drug use are linked to suicide such as impulsiveness and negative impacts on a person's sense of judgment whilst under the influence, and long-term physical and mental impacts that can come with prolonged drug or alcohol use. These factors can increase a person's risk of suicide, and therefore we stressed that the Strategy and Action Plan should consider developments in relation to alcohol and drug use and suicide.

Furthermore, the impact of suicide on families and support for families and carers was not discussed in detail in the Strategy. A loved one being a risk of suicide or experiencing losing a loved one to suicide is very difficult and often traumatic for families. It is essential that families are supported in their own right and with their own well-being and are kept informed about their loved one's care and aftercare. We supported the Scottish Government's plans to invest £500 million into Whole Family Well-being, which we hope would also benefit families affected by suicide.