

Suicide Prevention Scotland Delivery of Creating Hope Together

Year 1 - Annual report 2023-2024

August 2024

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Creating Hope Together Vision

Our vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

To achieve this, all sectors must come together in partnership, and we must support our communities so they become safe, compassionate, inclusive, and free of stigma. Our aim is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.

Guiding Principles

1. We will consider inequalities and diversity – to ensure we meet the suicide prevention needs of the whole population whilst taking into account key risk factors, such as poverty, and social isolation. We will ensure our work is relevant for urban, rural, remote and island communities.
2. We will co-develop our work alongside people with lived, and living, experience (ensuring that experience reflects the diversity of our communities and suicidal experiences). We will also ensure safeguarding measures are in place across our work.
3. We will ensure the principles of Time, Space, Compassion are central to our work to support people's wellbeing and recovery. This includes people at risk of suicide, their families/carers and the wider community, respectful of their human rights.
4. We will ensure the voices of children and young people are central to work to address their needs, and co-develop solutions with them.
5. We will provide opportunities for people across different sectors at local and national levels to come together, learn and connect – inspiring them to play their part in preventing suicide.
6. We will take every opportunity to reduce the stigma of suicide through our work.
7. We will ensure our work is evidence informed, and continue to build the evidence base through evaluation, data and research. We will also use quality improvement approaches, creativity and innovation to drive change – this includes using digital solutions

Outcomes

<p>Outcome 1: The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.</p>	<p>Outcome 2: Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.</p>	<p>Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support- which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.</p>	<p>Outcome 4: Our approach to suicide prevention is well planned and delivered through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.</p>
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Priority Areas

<p>Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk</p>	<p>Strengthen Scotland's awareness and responsiveness to suicide and people who are suicidal</p>	<p>Promote & provide effective, timely, compassionate support – that promotes recovery</p>	<p>Embed a coordinated, collaborative and integrated approach</p>
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Creating Hope Together, Scotland's Suicide Prevention 10-year [Strategy](#) and the first 3-year [action plan](#) were published in September 2022.

The purpose of this first annual report is to provide an update on progress on delivering the Creating Hope Together action plan, with a focus on the year one [delivery plan](#) agreed in June 2023 and the establishment of Suicide Prevention Scotland the new innovative delivery collective model.

The report includes reflections from people involved in delivery of work at both national and local levels, people with lived and living experience and other stakeholders which help to demonstrate what is working well and where improvements can be made. Finally, it includes key learning we have taken from this first year of delivering a new strategy.

The report is set out in two sections, the first provides a narrative on the work undertaken in 2023-2024. The second section provides a more detailed progress update against the year one delivery plan.

Key achievements in year one

There has been considerable progress made in 2023-2024 which lays strong foundations for the programme of activity over the next two years to achieve positive impact across all four long-term outcomes set out in the strategy. Key achievements have been:

- Establishing Suicide Prevention Scotland's leadership team and the wider delivery collective to realise our ambition to create a community of organisations across Scotland working to prevent suicide
- Establishing strong relationships with local suicide prevention leads and providing the opportunities and resources to support them in their role
- Taking forward work to address inequalities in suicide prevention and building connections with organisations who work with people impacted by discrimination, stigma, inequality and wider social determinants of suicide who can support this
- Connecting with a wide range of third sector organisations delivering suicide prevention and providing opportunities for networking, sharing learning and supporting implementation of the action plan
- Building connections with National Suicide Prevention Advisory Group (NSPAG) members and national organisations to create links to sectors and groups where there is a higher risk of suicide
- Refreshing our Lived and Living Experience Panel and Youth Advisory Group, and establishing a Lived and Living Experience Steering Group
- Building on the outcomes framework to develop monitoring and evaluation processes which will help to demonstrate the impact of the work
- Delivering on the broad range of work within the Creating Hope Together Action Plan which includes:
 - Extending the reach and impact of our work on Time Space Compassion (TSC) into Primary Care, Unscheduled Care and Community settings
 - Building the evidence on experiences of groups at higher risk of suicide to support action across the outcomes

- Agreeing an approach to test suicide reviews work with nine local authority areas
- Undertaking engagement with stakeholders to support work on locations of concern
- Continued delivery of the range learning resources to support awareness and skills around suicide prevention
- Development of an approach to community led action research which will build our understanding of the needs of key groups
- Co-developed training resources to support peer support across Scotland
- Support improvements in clinical care through the implementation of the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) recommendations
- Agree an approach to the provision of bereavement support across Scotland based on the evaluation and recommendations of the Suicide Bereavement Support Service pilot
- Build our understanding of suicide prevention action plans in high-risk settings and the support required to establish these in key settings
- Hosted a number of events to bring together the Suicide Prevention Scotland community to support learning, networking and sharing practice

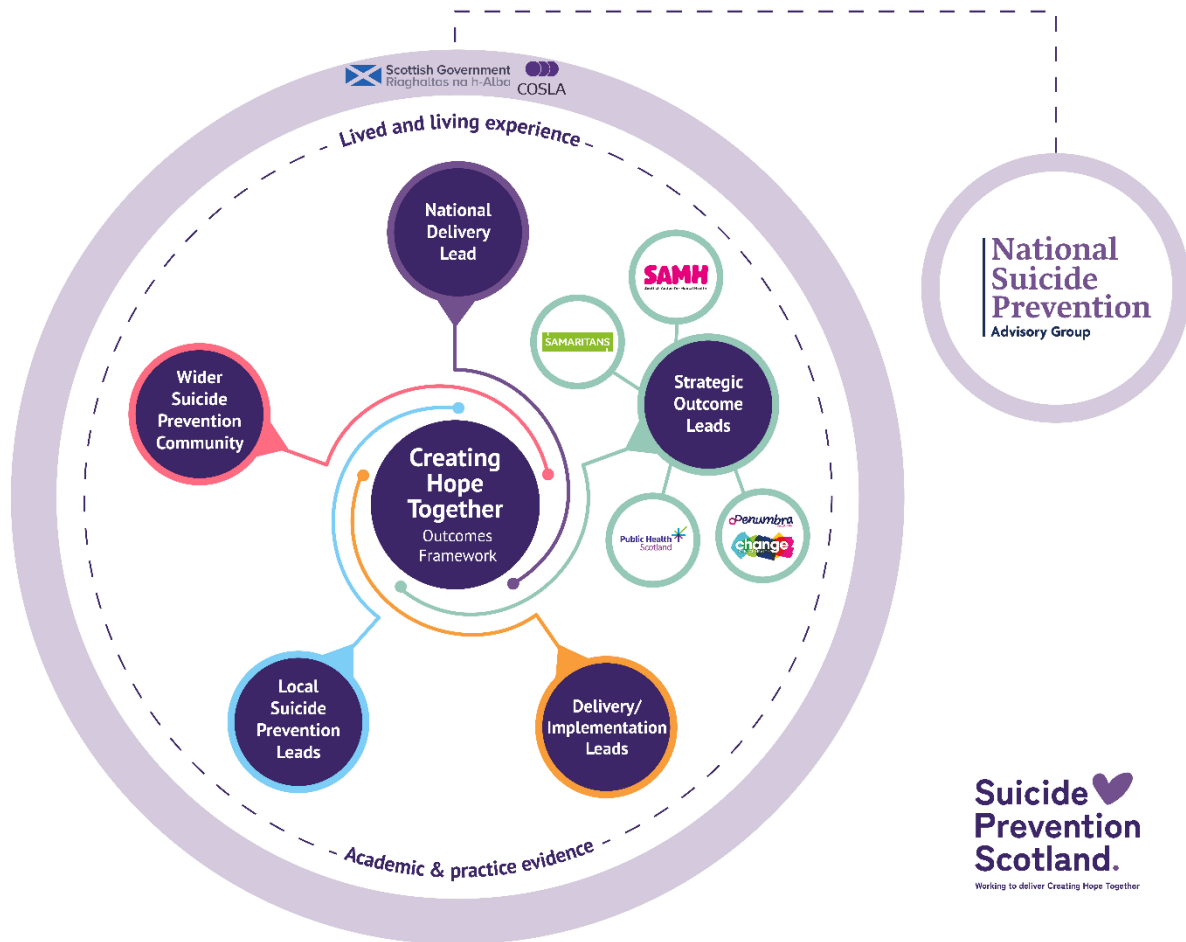
This report will be provided to the NSPAG to support its annual review of progress in delivering the Creating Hope Together strategy. NSPAG's report of progress, and any suggestions for redirection, will in turn will be presented to the Scottish Government and COSLA for consideration.

Section One - Overview of progress/achievements

Creating Hope Together sets out a new approach to delivering suicide prevention in Scotland which includes, a focus on outcomes, addressing the inequalities which contribute to increased risk of suicide, building on collaboration across sectors and settings and a new delivery structure.

It was important to take time to build this delivery structure, to develop the strong partnerships and trusting relationships which were needed to build solid foundations to support delivery of the strategy over the next ten years. Key organisations, with long standing expertise in delivering work on suicide prevention, were appointed to the roles of Strategic Outcome Leads (SOLs) (**Appendix 1**). The National Delivery Lead (NDL) and SOLs built positive working relationships with The Scottish Government policy team and COSLA, which meant it was possible to make good progress to establish the oversight, governance and advisory structures which will support implementation and delivery of the strategy. This includes:

- Establishing a National Delivery Lead (NDL) role
- Appointing Strategic Outcome Leads (SOLs)
- Agreeing roles and responsibilities across the delivery collective and policy teams
- Establishing the National Suicide Prevention Advisory Group (NSPAG) (see **Appendix 2**)
- Developing an initial [outcomes framework](#)
- Agreeing reporting mechanisms to COSLA and the Scottish Government.



While work was underway to establish the delivery infrastructure, it was necessary to ensure progress was maintained on key areas of work. Actions which were established through the previous suicide prevention action plan, [Every Life Matters](#) were continued throughout 2023-2024. This includes:

- Support for local areas – particularly through the Suicide Prevention Implementation Leads in Public Health Scotland (PHS)
- Development of learning resources – including Ask, Tell, Respond skilled level facilitation resources
- Development of Time, Space, Compassion resources – additional practice stories and series of podcasts
- Development of NHS Inform Surviving Suicidal Thoughts vlogs
- Delivery of Suicide Bereavement Support Service pilots – including final evaluation which will shape future provision across Scotland

Establishing Suicide Prevention Scotland

The vision of Creating Hope Together is to reduce deaths by suicide, whilst tackling the inequalities which contribute to suicide. We know that to do this effectively, we need to work together in partnership and support our communities, so they become safe, compassionate, inclusive and free of stigma. Creating Hope Together, committed to creating a delivery collective (which we have named Suicide Prevention Scotland) to lead delivery of the action plan and create a wider suicide prevention community

which would provide opportunities for people involved in suicide prevention across Scotland to come together, share their knowledge and understanding and work collaboratively to reduce suicide.

Suicide Prevention Scotland has many parts as set out in the diagram above. The work is led by the National Delivery Lead (NDL) who reports jointly to Scottish Government and COSLA. Working alongside the NDL are the Strategic Outcome Leads (SOLs, who provide leadership and co-ordination for the activity set out under each outcome and create opportunities for work across the outcomes.

Delivering actions and measuring impact

The NDL and the SOLs form the leadership team for Suicide Prevention Scotland, with responsibility for oversight and delivery of the strategy and action plan.

There are national delivery/implementation leads who support the delivery of the actions in the delivery plan. The delivery/implementation leads are based across a number of organisations and work together at a national level to ensure all opportunities for collaborative working are taken and there is effective use of resources. **Appendix 3** sets out the host organisation for these key roles, the areas of work they are focussing on and the main outcome the work hopes to address. Each lead reports directly to the most relevant SOL recognising that many of the areas of work contribute to more than one outcome.

It is important to note, that each area of work will also be contributing to other outcomes. A summary of the views of the delivery partners of the first year of Creating Hope Together is included in **Appendix 4**.

In June 2023, a [delivery plan](#) for 2023-2024 was published setting out the work which would be undertaken in the first financial year of Creating Hope Together. Suicide Prevention Scotland have made strong progress against the commitments in this delivery plan, details of which are contained in section 2 of this report.

There is a Programme for Government commitment to increase the suicide prevention budget to £2.8 million by 2026. Funding of £2.5 million was allocated during 2023-2024, and a breakdown of that spend is provided at **Appendix 5**.

When Creating Hope Together was in development, one of the key recommendations was to develop a strategy which was focussed on the outcomes we wanted to achieve rather than just the activities we were delivering. The outcomes for Creating Hope Together include the changes we want to see in: knowledge, awareness, skills, practice, behaviour, social action and decision making. Working in this way, along with the commitment to a whole of government approach and a focus on tackling inequalities, was recognised as a positive approach at the International Association of Suicide Prevention (IASP) in Slovenia in 2023. The ten-year strategy sets out four long-term outcomes and the outcomes framework which was published in June 2023, sets out the theory of change and the short-term outcomes for the current action plan.

It is important when undertaking a wide ranging and complex programme of work such as Creating Hope Together, to establish a clear process for monitoring and evaluating its effectiveness. Different options were considered to help Suicide Prevention Scotland with this which resulted in Matter of Focus being commissioned to support the development of outcome pathways and a theory of action. Their [Outnav](#) tool will be used by the SOLs and delivery/implementation leads to capture evidence on an

ongoing basis. Critically, this evidence will demonstrate the contribution the work delivered by Suicide Prevention Scotland is having in achieving the intended outcomes of the strategy. It will also support monitoring and measuring progress over the lifetime of the action plan.

Good progress has been made in developing these outcome pathways which will mean that from early in 2024-2025 evidence and data will be collected using the Outnav tool. For this annual report, it has not been possible to collect the level of information which will demonstrate the impact the activity undertaken has had/is having on achieving the short-term outcomes. Future annual reports will have a greater level of detail on this as we progress in using the Outnav tool over the coming year.

National Suicide Prevention Advisory Group

The National Suicide Prevention Advisory Group has been established to champion and drive suicide prevention in Scotland, by:

- providing independent assurance and advice to Government and COSLA on the strategy's progress, and whether any redirection may be needed (using the evidence of progress reported through the outcomes framework)
- providing strategic advice on delivery to the National Delivery Lead, to support progress

Members of the group have been selected to help us understand suicide better - the complexity, intersectionality and inequality of suicide. As such the group's membership represents many of the sectors who are leading work on the social determinants of suicide, such as poverty, as well as partners who are working in key sectors affected by suicide – such as the criminal justice sector (see **Appendix 2** for membership).

Members of NSPAG have directly supported or advised on work to deliver the actions in the Creating Hope Together. This includes:

- Advising on the whole of Government approach
- Providing guidance on opportunities to develop Time Space Compassion in Primary care settings
- Connection with community development and support for test of change work in communities
- Developing connections with anti-poverty groups to raise awareness of suicide prevention.

Refreshing Lived and Living Experience Panel and Youth Advisory Group

Lived and living experience were firmly embedded in suicide prevention activity at a national level throughout the delivery of Every Life Matters. The [evaluation](#) of the Lived Experience Panel set out recommendations which have helped to shape the new Lived and Living Experience Panel (LLEP). We now have 17 members of this panel who have all been impacted by suicide in some way, three members are continuing from the previous panel and 14 are new members who will help to develop and shape the work delivered through Creating Hope Together. They came together for an induction session in January 2024 in Glasgow to get to know each other and the people who they are likely to be connecting with over the coming years including the

NSPAG Chair, NDL and Scottish Government Policy Team. They will continue to be supported through SAMH who will provide safeguarding and co-ordination of their work.

Similarly, Children in Scotland have also recruited new members to the Youth Advisory Group (YAG). The young people have spent some time identifying areas of delivery where they are keen to be involved in shaping the work and have structured their sessions around these areas of interest. Wider views are also obtained from the Participation Network (PN) which is comprised of a number of organisations who work with and support children and young people and can reflect their experiences.

A Lived and Living Experience Steering Group (LLESG) (see **Appendix 6** for membership) has also been established to support, guide and advise on the work of the LLEP, YAG and PN, ensuring we are working most meaningfully and using best practice to continuously improve right across our lived experience approach. Chaired by an independent chair with experience of participation and lived experience involvement, the LLESG will ensure there is oversight of the involvement of lived experience across the actions in Creating Hope Together and will report into the Suicide Prevention Scotland Leadership Team.

Over the last year, the LLEP, YAG and PN have contributed to shaping work on:

- Peer Support
- Building our understanding of the needs of children and young people
- Developing the delivery plan
- Developing guidance for managing social media content
- Developing @_FCUnited campaign

Building connections – focussing on inequalities

Beyond the leadership and delivery/implementation elements of Suicide Prevention Scotland lies the wider suicide prevention community. The Creating Hope Together vision sets out the understanding that to achieve the outcomes, we need all sectors to come together to work in partnership. The focus on tackling the inequalities which contribute to suicide also means there is a need to work in partnership with organisations who may not have previously felt able to engage with work on suicide prevention.

We know that there is a considerable amount of suicide prevention activity taking place across our communities, often delivered by charitable organisations. Building connections with these organisations has been an important part of creating Suicide Prevention Scotland over the last year and deepening our shared learning about preventing suicide.

In November 2023, organisations working with people impacted by discrimination, stigma, inequality and wider social determinants of suicide, were invited to attend a session entitled Building Connections, to consider how we can effectively collaborate to address inequalities in suicide. Around 50 people attended and provided an enormous amount of insight into the work they were already undertaking, how it supported the work of Creating Hope Together, what opportunities there are to work together and also what the challenges to this might be. This insight has been shared with the SOLs and delivery/implementation leads and will help to support change and shape what we do, how we do it and who with. Some feedback is included below and

this [report](#) from the Building Connections event provides a summary of key themes, learning and opportunities for action.

Although some organisations who attended had existing relationships with those working at a national level delivering Creating Hope Together, this event helped to build connections with many organisations for the first time and provides excellent foundations for our year 2 work. Continuing to build on this will form a vital part of Suicide Prevention Scotland's work over the lifetime of the strategy.

Building Connections event feedback

What could we stop?

'Working in silos around Mental health and social determinants. Let's work together'

'Asking orgs/folks with lived experience for same information/insight over and over again'

What could we start?

'Encourage collaboration. Engage with communities including businesses and the workplace.'

'More frequent gatherings/even more diverse community involvement.'

'Consider everyone as intersectional'

'Naming the problems as they actually are rather than using neutral language'

What should we continue?

'Continue getting feedback from across groups to find what works and what can be improved'

'Providing spaces to think about solutions and things we share as diverse organisations together.'

'Uplifting the voices of lived experience and valuing peer support.'

Other feedback from the day

'Keep up the good work and let's make a difference to those generations that are yet to come.'

'You're doing things right, keep going.'

A further event was held in January 2024, in Edinburgh. The Gathering Hope event aimed to provide an opportunity for third sector organisations working at local level across Scotland to come together, network, share learning and to help shape our work through their experiences. There was considerable interest in attending which resulted in the need to restrict the number of places each organisation could receive.

It was the first opportunity for many organisations who attended to come together with others delivering similar services and support. Around half the organisations who

provided feedback of the event identified they delivered services across the whole of Scotland. In addition, there was representation from services covering 31 of the 32 local authority areas. The services covered all aspects of suicide prevention including early intervention, intervention, postvention and recovery.

Some of the participant comments are detailed below. The feedback from participants suggests opportunities of this kind are welcome, valuable and should form part of what Suicide Prevention Scotland continues to provide in the coming years. The [report](#) summarising the event and the discussions from the conversation cafés is available.

As with the Building Connections event, there is a clear need and desire from participants to continue to build on the Gathering Hope event. This will include reaching into other third sector organisations and connecting into new sectors such as private and business sectors. Plans to do this will be included in the 2024-2025 delivery plan.

Gathering Hope event feedback

What worked well?

Everyone was welcome and I appreciated the loose and fluid nature of the conversation cafes.

ability to meet other organisations, share ideas, problems etc.

I think the presentations were very impactful and managed to create a really good energy in the room for the conversation cafes

What could have been improved?

If we're going to move forward with the Suicide Prevention Strategy, all interested parties need to be directly involved with events like this.

I was disappointed that there was not an online option.

More opportunities for networking.

The first full national conference since 2016, Creating Hope Together, was held in March 2024. It was encouraging that there was enormous interest in attending this conference which was quickly oversubscribed. Around 250 people from across a wide range of public and third sector organisations attended to listen and participate in presentations, workshops, panel discussions and conversation café style sessions. There was input from practice insight, subject expertise, lived experience and data and evidence, bringing to life the commitment set out in the strategy of how suicide prevention work in Scotland would be informed.

A [summary](#) of the conference and links to the presentations is available. Insights from this conference will be used in the development of the year 2 and 3 delivery plan and the next iteration of the action plan. Feedback and learning from this event will also help to shape future conferences which will include using a larger venue to accommodate the large number of participants who wish to attend.

Local Suicide Prevention Activity

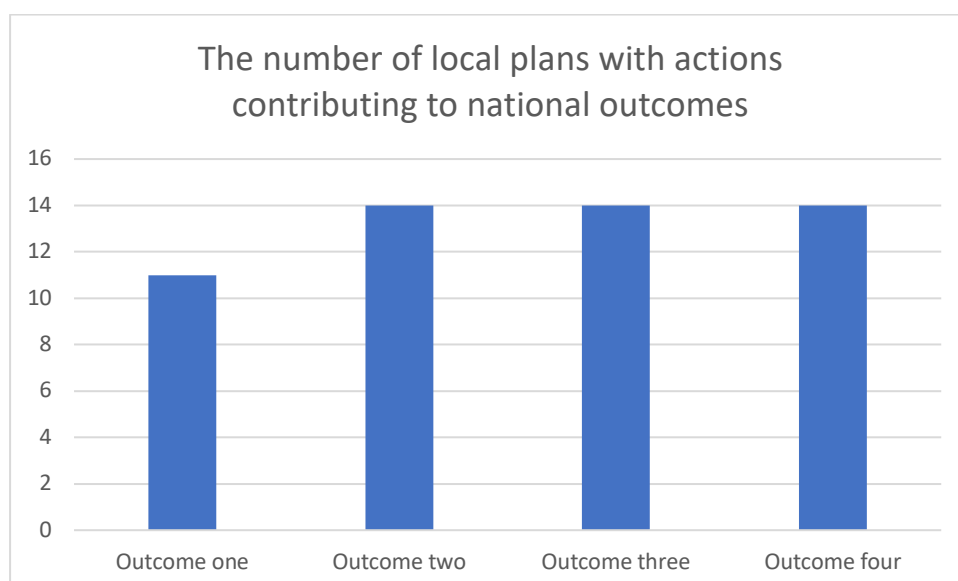
As well as national suicide prevention work, a great deal of local activity also supports delivery of Creating Hope Together. This local delivery is led by the suicide prevention lead in each local authority area. Creating Hope Together identified that local governance for suicide prevention should sit within the responsibility of Chief Officers through their role as leads for Public Protection. This has been reflected in the [Chief Officer induction guidance](#) and the local area [action plan guidance](#).

Local suicide prevention leads are key to driving work across local areas. For each Local Authority area in Scotland, there is an identified suicide prevention lead/co-ordinator role. Some of these posts are employed by Local Authorities, some by NHS Boards, some within Health and Social Care Partnerships and some within the third sector. To support the work local leads, undertake, three Scottish Government funded Suicide Prevention Implementation Leads (SPILs) are hosted within Public Health Scotland. The purpose of these roles is to build capacity and support learning across Scotland. Their work includes:

- Advice and guidance on action plans
- Responding to clusters and locations of concern
- Being a point of contact for local leads for questions, concerns and peer support
- Co-designing resources to support local implementation such as an induction resource, refresh of local area guidance, development of podcasts
- Publication of a bi-monthly newsletter and managing resources on the dedicated knowledge hub page
- Chairing monthly local lead meetings
- Identifying opportunities for collaboration across local and national pieces of work

Local leads are supported to develop local action plans which reflect local needs, engage a range of stakeholders in their development and prioritise resource to deliver impactful programmes of work. In total 23 local areas now either have an action plan in place or have one in draft or under development.

The chart below details the number of local plans with actions which contribute to the national long-term outcomes.



This connection to the national strategy and action plan demonstrates that Creating Hope Together has created a framework, built on the available data and evidence and involving the voices of people with lived experience, which can be utilised by local areas to drive forward their work.

There has been a clear request from local leads to provide opportunities for them to come together to keep up to date with national developments, share knowledge, learning, challenges and to provide peer support. This is achieved on a regular basis through the monthly local leads online drop-in sessions. These are usually attended by at least half of all local leads, the SPILs, Outcome 4 lead and the NDL. An in-person session was held in early March 2024 which brought together suicide prevention leads from across the country. This session provided an opportunity for local leads to provide peer support, to have some focussed discussions on key areas of interest and to use the Matter of Focus approach to developing success stories.

Local suicide prevention leads were asked for feedback on the approach Suicide Prevention Scotland is taking to providing support for the delivery of local work.

Overall, respondents felt that the SPIL roles were a really valuable resource and had meant there had been improvements in the communication between national and local levels which was helping to drive forward local work. Local leads felt that they are more able to contribute to and influence work at a national level and through the connection to the NDL and PHS have greater clarity of progress of national action.

Local leads were also asked for areas for improvement. These included access to funding, improving data and evidence, greater sharing of practice across local areas and more in-person sessions.

What's working well?

'Implementation leads seem clearer on remit and a really valuable asset to local work and keeping local leads updated with national work'

'There are good opportunities to link in with what is going on at a national level

'Many events and networking opportunities to link into including suicide prevention leads sessions

'Helpful resources being produced such as induction document.'

What could be improved?

'Improved cross area border working - sharing of best practices etc, prevent silo working'

'National branding that can be utilised locally so that suicide prevention is more recognisable'

The feedback will help to shape ways of working and events for the future. Suicide Prevention Scotland will continue to build on the positive connections with local suicide prevention leads to support them in their roles. This will include:

- Continuing support through the SPILs
- Seeking opportunities to collaborate on areas of work
- Ensuring that resources are developed which support local efforts
- Providing regular opportunities for networking and sharing learning

Summary of engagement

2023-2024 has been a foundational year for Creating Hope Together, creating the opportunities to deepen our engagement with local suicide prevention leads, third and public sectors while building connections with new organisations and sectors, particularly those working with people impacted by discrimination, stigma, inequality and wider social determinants of suicide.

Over 2024-2025 we will continue to build on this approach to support change and drive forward action, ensuring we are creating new connections into critical sectors for suicide prevention, where we know the risk is greater.

Learning to date

As a delivery collective, Suicide Prevention Scotland are keen to embrace a learning culture which reflects both on the positive work undertaken and learns from any challenges faced. Much has been achieved through this first year of delivery as set out above, there have been areas which provide opportunities for improvement in future years.

Establishing new delivery collective, clarifying roles/accountabilities, governance etc

Establishing new structures and ways of working to deliver the programme of work, brought with it some challenges, these included:

- Varied level of knowledge and understanding—across the partners—of the work undertaken to develop the strategy
- Bringing together different organisations with their own working practices and culture
- Developing a leadership team while delivering a complex programme of work
- Establishing roles and responsibilities across Suicide Prevention Scotland, Scottish Government Policy Team and COSLA

Despite these challenges, it was clear from the start that all outcome leads and delivery partners were focussed on ensuring effective delivery of the strategy and action plan. To support this, over the last year the SOLs have:

- Built capacity to support delivery within their organisations
- Built strong relationships with and developed an understanding of the different roles of people delivering suicide prevention activity at national levels
- Built effective working relationships with partner organisations
- Worked with Scottish Government and COSLA to establish roles and responsibilities including streamlined processes to support an empowered partnership model which will continue to be reviewed to ensure they support accountability and help drive delivery

Pace of delivery

Suicide Prevention Scotland set out an ambitious year one delivery plan, the success of which relied on engagement and support across third and public sector organisations at a time when there is considerable pressure due to the impact of Covid and the cost-of-living crisis. Working with the relevant organisations at their pace and in ways which demonstrates understanding of these pressures has ensured progress has been achieved across all actions, however the pace of delivery has been impacted. Future delivery plans will take greater account of the pressures across systems which will also ensure we are driving sustainable change.

Measuring impact and monitoring progress

An approach which focusses on outcomes rather than delivery of actions has necessitated a change in approach to reporting on progress, with a need to consider how to support effective interconnected working across outcomes.

Throughout year one the focus for SOLs and delivery leads was on establishing reporting processes and communication which would enable cross outcome working. While this has been successful, the implementation of Outnav will take this further to deepen our understanding of the contribution the delivery is having on achieving the short and long-term outcomes.

Section two - Progress against the year one delivery plan actions

Outcome 1 - The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.

Short-term outcome 1: Key priority Scottish Government policies (based on Annex A in the Action Plan 2022- 25) increasingly incorporate and deliver actions designed to contribute to both suicide prevention and tackling the inequalities that affect suicidal behaviour.

Short-term outcome 2: There is increased multi-agency and cross sectoral awareness and action nationally and locally to restrict access to methods of suicide.

Short-term outcome 3: Traditional media (including their online content) increasingly recognise and implement best practice in reporting, discussing and portraying suicide

Action plan action	What we said we'd do	Progress in year one
1.1 – Whole of Government and society approach	<p>Identify priority policy areas where impact of change is greatest and where work is needed to establish foundations for future development – both at Scottish Government and Community Planning Partnership level.</p> <p>Work with colleagues in Scottish Government Mental Health Directorate to agree a process for enabling and reviewing progress of cross government action on suicide prevention which takes account of policy design, strategy and implementation and covers national and local policy making and delivery.</p>	<ul style="list-style-type: none"> • Undertaken work which is providing valuable evidence to prioritise action over the 10 year strategy • Academic Advisory Group (AAG) have completed a scoping review of effective interventions to address social determinants of suicide • Developed a resource pack to support conversations with relevant policy teams about suicide prevention • Hosted a workshop with key stakeholders to agree prioritisation of actions based on evidence of impact • The Scottish Government suicide prevention policy team are already engaging with a range of

	<p>Carry out auditing work focussing on priority areas agreed in partnership with Scottish Government, COSLA and Outcome Leads</p>	<p>policy areas across SG. This has resulted in suicide prevention being included in the National Planning Framework 4, the refresh of Equally Safe, the Mental Health and Wellbeing Delivery Plan and the Children and Young Peoples Joint Strategic Board workstreams</p> <ul style="list-style-type: none"> • The Social Security Information-sharing (Scotland) Amendment Regulations 2024 create an explicit legal gateway to allow Social Security Scotland to refer 'concerns of harm' (including suicide risk) to local authorities • Strong connections with other policy teams working on policy areas including mental health unscheduled care, The Promise, UNCRC, gypsy travellers, GIRFE, homelessness, gambling, child poverty, drugs and alcohol, carers, employability, neurodiversity and learning disability have been established; which is seeing work on suicide prevention being progressed in these areas • Engaged with Community Planning Partnership Network to lay the foundations for work on tests of change in communities • Delivered session across COSLA policy teams on suicide prevention and connections to wider policy areas
<p>2.1 – Access to means – cross sector action plan to address</p>	<p>Building on the National Guidance on Action to Address Suicides at Locations of Concern produced by PHS. Bring together key partners/voices on locations of concern to present evidence and prioritise actions.</p>	<ul style="list-style-type: none"> • Delivered five stakeholder events which has gathered insight on what is working well to address risk, what the barriers are and potential opportunities to improve action. The output of

locations of concern	Develop an action plan for Locations of Concern with an initial focus on falling/jumping from height to be implemented over the action plan lifespan	these will support development of a national plan on locations of concern
2.2 – access to means consider priority actions from Delphi study	<p>Utilise learning from Delphi study phase 1 to support work of action 2.1.</p> <p>Following publication of Delphi study phase 2, agree plan of implementation of recommendations where appropriate.</p>	<ul style="list-style-type: none"> • Undertake phase 2 of Delphi study to identify effective interventions to reduce suicides by hanging and poisoning – this has been delayed due to the need for further ethical approval
3.1 – media reporting work with the national and local media sector	<p>Engage with stakeholders to better understand what would support responsible media reporting.</p> <p>Deliver an initial programme of media guidelines training for journalists, communications professionals and people who talk to the media.</p> <p>Provide a media advisory service to help implement use of the media guidelines.</p>	<ul style="list-style-type: none"> • Delivered a series of training sessions for professionals working across media • Delivered media training to elected local members in Inverness • Training session delivered to members of the Scottish Rural Mental Health Forum

Outcome 2: Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support

Short-term outcome 4: People are better informed about suicide, and able to respond more confidently and appropriately to people who may be suicidal or affected by suicide; particularly focussed on reducing the inequalities that affect suicidal behaviour

Short-term outcome 5: People are more confident and able to seek help for themselves or others who may be suicidal/at higher suicidal risk or affected by suicide and are able to do so without experiencing stigma; particularly focussed on reducing the inequalities, that affect suicidal behaviour

Action plan action	What we said we'd do	Progress in year one
4.1 – social movement, campaigns, and anti-stigma	<p>Campaigns Develop an approach to utilise existing campaign materials for young people and FC United campaigns for this year.</p> <p>Movement Maintain digital channels and advertising. Utilise existing evidence to develop an approach for the movement. Host regional events to discuss ideas with United to Prevent Suicide (UtPS) members. Targeted outreach to those with protected characteristics.</p>	<ul style="list-style-type: none"> • Engaged with LLEP to develop new @ FCUnited campaign and develop approach to future campaigns • Engaged with YAG to build understanding of social movement and campaigns for children and young people • Continued to share content through social media channels • Recruitment to the Social Movement Development Manager post which will support increased activity over the coming year(s) •
4.2 – suicide prevention learning approach	<p>Complete review of learning approaches and create an implementation action plan.</p> <p>Design test of change approach, including identifying target at-risk groups/settings.</p>	<ul style="list-style-type: none"> • Worked with all SOLs to design an approach to community led action research to support tests of change work • Facilitator resources have been developed which support delivery of the informed and skilled level Ask, Tell, Respond resources which has increased the capacity across local areas to deliver sessions to a wider range of participants

		<ul style="list-style-type: none"> • In this year the learning resources reached the following: <ul style="list-style-type: none"> ○ 1,861 users accessed the Mental Health Improvement and Suicide Prevention Knowledge and Skills Framework on Turas ○ 3,760 people completed the adult informed level e-learning resources and 684 completed the CYP resources ○ 1,748 people attended safeTALK training and 4,135 people attended ASIST
4.8 – improve understanding of help-seeking and help-giving	<p>Seek input from the AAG on current understanding of help-seeking and help-giving.</p> <p>Establish which approaches to suicide prevention are effective and deliverable in Scotland and their relative characteristics in relation to help-seeking and help-giving. This will include learning from the Samaritans West Highland and Skye Remote and Isolated Workers project.</p> <p>Engage with the LEP/UtPS/YAG to understand the lived experience of help-seeking with particular attention to learning in at-risk groups</p>	<ul style="list-style-type: none"> • AAG Help-seeking rapid review report completed • Evaluation and research from West Highlands and Skye project published • Engaged with LLEP to understand help-seeking and help-giving from a lived experience perspective <p>This will all support development and delivery of work to support help-seeking over the coming years</p>
4.6 – online portal	<p>Develop a brief for the online portal through engagement with intended users.</p> <p>Conduct detailed mapping of currently available resources and advice, the criteria for inclusion in the portal, and which resources qualify.</p>	<ul style="list-style-type: none"> • Conducted survey of stakeholders to identify needs and expectations of the portal • Developed a design brief which will be used to inform tender brief which will support development of the portal in year 2

	Conduct research with the target users to understand their needs. Identify exemplar online portals to support the development brief.	
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Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.

Short-term outcome 6: There is increased knowledge about, and equitable implementation of, appropriate, high quality, effective support; particularly focussing on reducing the inequalities that affect suicidal behaviour.

Short-term outcome 7: People, who may be suicidal or affected by suicide in any way, have more equitable access to appropriate, high quality, effective support - to prevent suicide and promote wellbeing and recovery; particularly focussed on reducing the inequalities that affect suicidal behaviour.

Action plan action	What we said we'd do	Progress in year one
5.2 – respond to the diverse needs of communities	Design test of change approach which links to action 4.2, including identifying target groups and settings where there is a higher risk of suicide and testing new approaches to provide support and encourage help-seeking.	<ul style="list-style-type: none"> Engaged with communities of interest through the Building Connections event to consider ways to prevent suicide whilst also reducing the inequalities that affect suicidal behaviour Engaged with Community Planning Partnerships to raise awareness of action around suicide prevention Worked with all SOLs to design an approach to community led action research to support tests of change work - commissioned Scottish Community Development Centre (SCDC) to support two geographic communities and two communities of interest to undertake community led action research to begin early in 2024-2025 (this will contribute to tests of change work across all outcomes)

<p>5.3 Build new peer support capability</p>	<p>Connect with community-based suicide prevention groups to scope the peer support landscape.</p> <p>Establish co-design partners who can co-design and co-deliver peer support training.</p> <p>Co-design bespoke peer support in suicide prevention training.</p>	<ul style="list-style-type: none"> • Creating Hope with Peer Support training resource co-designed and piloted with 12 groups and services • Engagement with over 100 community-based suicide prevention support groups and services providing or interested in developing peer support
<p>5.4 Develop resources to support families, friends, carers/unpaid carers</p>	<p>Map existing national and local resources to identify/explore gaps.</p> <p>Explore existing resources and potential to develop unpaid and young carer specific resources using principles of Time Space Compassion with national unpaid carer organisations (e.g. Coalition of Carers, Carers Trust Scotland, Scottish Young Carer Services Alliance Network, Shared Care Scotland etc).</p>	<ul style="list-style-type: none"> • Worked with young carers groups to build an understanding of their needs, identify existing resources and gaps and agree an approach which will provide resources which meet their needs and which will support them in their caring role • Developed a new series of vlogs on NHS Inform to improve diversity of experiences. Data collected from viewers of the vlogs demonstrated a reduction in intensity of suicidal thoughts after a few minutes of visiting the site. •
<p>5.6 Prevent suicidal behaviour in CYP</p>	<p>Identify areas of highest concern and build understanding of local responses to suicide prevention for CYP, and what works.</p> <p>Explore emerging and existing data and approaches relating to suicidal behaviour in CYP including CYP Joint Delivery Board, and Penumbra Self-Harm services for young people.</p>	<ul style="list-style-type: none"> • Organisations working with CYP contributed to the scoping exercise around CYP which has increased the intelligence around their needs. This intelligence has been sense checked with the YAG and PN and will be reflected in the recommendations for year 2 delivery • Exploratory work with The Promise Scotland to build awareness of the needs of care experienced young people with explicit actions around tailored support planned for year 2 • AAG completed rapid review of effective interventions for young people

		<ul style="list-style-type: none"> • YAG contributed to work around One Good Adult and Time Space Compassion • Participated in the initial meetings for the Joint Strategic Board for Child and Family Mental Health to ensure work on suicide prevention is included in their priority areas
5.8 Work in primary care	<p>Using the foundations established through the Time Space Compassion approach, work with Scottish Government MH Primary Care unit, National Delivery Lead, outcome leads/implementation leads/local SP leads etc identify and promote good practice to primary care workforce.</p> <p>This will include consideration of the use of safety planning, referrals to Distress Brief Intervention (DBI), community support and pro-active case management.</p>	<ul style="list-style-type: none"> • Established connections at national and local level and explored opportunities for TSC in Primary Care • Explored opportunities to build in TSC to existing Mental health work across primary care • Publication of further TSC practice stories including one in primary care setting
5.9 Work in unscheduled care	<p>Promote principles of Time Space Compassion across all HSCP/SP partnership areas. Call for and promote examples/models of good practice currently being delivered.</p> <p>Consider potential impact of rollout/referral pathways of DBI. National Delivery Lead to work with colleagues in Scottish Government with a lead for Mental Health Unscheduled Care and with partners to identify national and local leads to take this forward and ensure link to MH quality standards & action 5.10.</p>	<ul style="list-style-type: none"> • Gathered information about current practice in unscheduled care settings • Built connection to and ensured alignment between TSC, trauma informed practice, realistic medicine and mental health standards • Delivered session with third sector and lived experience at MHUC event on Time Space Compassion • Delivered workshop on safety planning including TSC approach
5.10 Clinical care Work to support statutory	<p>Link with work of HQIP (Healthcare Quality Improvement Partnership) and NCISH (The National Confidential Inquiry into Suicide and Safety in Mental Health). Explore ways to support Health and Social</p>	<ul style="list-style-type: none"> • Engaged with NCISH/HQIP to establish areas of good practice • Delivered session at MH leads network on NCISH recommendations in mental health settings

<p>services to continuously improve the quality of clinical care</p>	<p>Care Partnerships to embed suicide prevention in clinical care, drawing on NCISH guidelines and expertise.</p> <p>Work with SG professional advisors and MH network leads to identify opportunities to embed NCISH recommendations – piloting in at least two health board areas.</p>	<ul style="list-style-type: none"> • Identified three health boards to pilot implementation of NCISH recommendations and undertake improvement work. This included an introductory session to agree ways of working and priorities for action which will focus initially on risk management and carer involvement
<p>5.11 Provide suicide bereavement support across Scotland</p>	<p>Review recommendations from evaluation of pilot service with National Oversight Group and Research Advisory Group, to inform roll-out with a focus on the core elements of the support which improve outcomes for those supported.</p> <p>Build understanding of locally delivered support services and their impact through the work of the Implementation Leads to enhance understanding of efficacy of support.</p> <p>Consider options for Wave After Wave training programme to enhance opportunities for bereavement support across communities.</p>	<ul style="list-style-type: none"> • The Suicide Bereavement Support Service Pilot has been delivered across NHS Highland and NHS Ayrshire and Arran since August 2021 • There have been three phases of evaluation, with all reports demonstrating the positive impact this support had on people bereaved by suicide. The final report which was published in April 2024 contains recommendations which were signed off by Scottish Government and COSLA which shape the roll-out of bereavement support throughout 2024 and 2025 • Using that evaluation, plans are now being developed to deliver bereavement support to 50% of health board areas by March 2026 building in connections to existing bereavement support services and peer support roles and capacity building for organisations who may support someone bereaved by suicide

Outcome 4: Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review

Short-term outcome 8: There is more effective collaboration and joint working between national, local and sectoral partners to support implementation of the strategy and action plan.

Short-term outcome 9: Lived experience insight and other sources of data and intelligence are more effectively collected, shared and used in planning, design, implementation and evaluation of suicide prevention interventions.

Action plan action	What we said we'd do	What we've done
6.1 – suicide prevention action plans in high-risk settings	<p>Work with leaders in and across key settings to ensure existing plans are up to date and new plans developed (internal and outward facing), based on current evidence and good practice. Initial focus on criminal justice, first responders, housing/social care, construction, veterinarian (and work with outcome leads where relevant).</p> <p>Support evaluation and monitoring and where appropriate develop and test tools/review.</p> <p>Facilitate sharing of learning from national to local and vice versa – and across key settings.</p>	<ul style="list-style-type: none"> • Work has been undertaken to map high risk settings with existing suicide prevention action plans and where there are gaps. This has helped build our understanding on what support is required to develop plans which are relevant to the people being supported and the workforce supporting them. Priority areas have been identified for focus over the next two years which will include Scottish Prison Service, secure care settings and Police Scotland
6.3 – lived experience model	<p>Continuation of existing lived experience model (Lived Experience Panel, Youth Advisory Group & UtPS) following recommendations from the independent evaluation.</p> <p>Review evidence around lived experience models and develop conversation pieces to share learning.</p>	<ul style="list-style-type: none"> • The evaluation of the Lived Experience Panel helped to shape the format for the refreshed LLEP with fourteen new members joining three of the previous LEP members. An induction event for LLEP was held in January and the panel have since contributed to work on developing the year 2/3 delivery plan, help-seeking and help-giving and

	<p>Explore opportunities to further develop input of social movement in national and local activities.</p>	<p>design of the portal. This builds on the success of the approach established through Every Life Matters</p> <ul style="list-style-type: none"> • The YAG has also seen new members this year. This group have contributed to the engagement around effective interventions for CYP, developing the delivery plan and the design of campaigns and the social movement for young people. In addition, the group provided detailed input to the work around One Good Adult • A Lived and Living Experience Steering Group (LLESG) has been established to support a consistent approach across the different groups to ensure effective safe practice
<p>6.4 – improve recording of suicide deaths and attempts</p>	<p>Review current systems recording suicide deaths and attempts across different owners to assess gaps and potential solutions towards better integration.</p> <p>Bring together different data sources to provide improved picture of suicide (e.g. from helplines, assessment processes; routine datasets etc) in order to drive tailored and responsive action.</p> <p>Explore potential management information on ideation via SPIRE, DBI and CAPTND, and explore value this would add. Provide more localised and themed analyses of ScotSID datasets, based on delivery needs.</p>	<ul style="list-style-type: none"> • Requests made to a wide range of national organisations across public and third sector to establish existing data collection, the returns from this will help to identify any gaps in data collected • Explored options for data sharing and completed Data Protection Impact Assessment • Development of ScotSID report focussed on pathways of clinical care prior to suicide to inform national and local service improvements & redesign

	Work with data providers/users/MHEHRF and other partners to explore how best to provide improved data on inequalities in suicide.	
6.6 – roll out suicide reviews and learning system	<p>Secure agreement and associated resources on pragmatic solution to develop and implement a national recording and reporting system.</p> <p>Develop mechanisms to share data reported from suicide reviews and link to ScotSID analyses (generic and focused).</p> <p>Undertake test of change and develop a plan to roll out suicide reviews for all deaths by suicide across HSCP/NHS Board areas, involving key local third sector and ADP partners. Share learning and good practice.</p>	<ul style="list-style-type: none"> • Commissioned QES to bring their suicide data collection tool to Scotland to support reviews work • Identified nine local areas to test the electronic QES system and review deaths by probable suicide
6.7 Host learning events to disseminate information and share learning and good practice	Develop programme of events/learning opportunities across the year.	<ul style="list-style-type: none"> • Continued to provide monthly opportunities for local suicide prevention leads to come together to share good practice and receive updates on national areas of work • The Suicide Prevention National Network meeting in January 2024, reviewed its purpose and identified priorities for the coming year which will be utilised to shape future agenda's • The events held in November, January and March all provided opportunities for people across sectors to come together, network and share learning. Feedback from these events have all been positive in helping to make connections between national and local work.

Conclusion

A considerable amount of progress has been made over the last year in both developing the infrastructure to support delivery and also in the level of activity which has been developed and delivered. The strong partnership working which has been developed over the last year has helped to progress work at pace. There has been considerable value in bringing together different partners and stakeholders to lead and deliver the work, this has brought new perspectives and encouraged joined up thinking to help prevent suicide across Scotland.

As set out in the vision of Creating Hope Together, to achieve reduction in suicide deaths whilst tackling the inequalities which contribute to suicide will require all sectors to come together in partnership. Over the first year of delivery, it has been a significant achievement to establish an effective collaborative approach across sectors at national and local level. Suicide Prevention Scotland has enabled connection with many organisations across the country who have not previously been linked to national work or to each other. Many of the key relationships and networks have been established and our ways of working which includes lived and living experience, practitioner expertise, academic advice and data and intelligence have been embedded – we have established strong foundations to ensure success for year two and beyond.

The success and visibility of Suicide Prevention Scotland is truly bringing to life the aspiration that suicide prevention is everyone's business.

Strategic Outcome Leads

Outcome	Strategic Outcome Lead organisation
The environment we live in promotes the conditions which protect against suicide risk	Samaritans Scotland
Our communities have a clear understanding of suicide, risk factors and its prevention	SAMH
Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support	Penumbra and Change Mental Health
Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners	Public Health Scotland (PHS)

National Suicide Prevention Advisory Group Membership

Rose Fitzpatrick - CBE, QPM - Chair

Cath Denholm – Executive Director, EHRC Scotland

Dr Linda Findlay – Chair, Royal College of Psychiatrists Scotland

Louise Hunter – Chief Executive, Who Cares? Scotland

Douglas Hutchison – President, Association of Directors of Education Scotland

Peter Kelly – Director, Poverty Alliance

Sheriff David Mackie – Board Member, SACRO

Catherine McWilliam –Director of Nations - Scotland, Institute of Directors

Brendan Rooney –Executive Director, Healthy n Happy Community Development Trust

Dr Andrea Williamson – Professor of General Practice and Inclusion Health, University of Glasgow

Key partner Organisations & Delivery leads (and areas of work they lead on)

Host organisation	Area of work	Outcome area
NHS Education Scotland (NES) & PHS	Development of digital mental health and suicide prevention learning resources	Our communities have a clear understanding of suicide, risk factors and its prevention
PHS	Implementation Leads to support suicide prevention activity at local area level and ensure connection between local and national work	Our communities have a clear understanding of suicide, risk factors and its prevention
PHS	Capacity building leads to support implementation of mental health and suicide prevention learning across local areas	Our communities have a clear understanding of suicide, risk factors and its prevention
SAMH	Growth of grassroots United to Prevent Suicide social movement and national campaigns to raise awareness of suicide prevention and reduce stigma across the population	Our communities have a clear understanding of suicide, risk factors and its prevention
Samaritans	West Highland and Skye action to build understanding of help-seeking and promote help-seeking in remote and rural communities	Our communities have a clear understanding of suicide, risk factors and its prevention
Scottish Recovery Network (SRN)	Creating Hope with Peer Support, building capacity and delivery of peer support focussed on suicide prevention across communities	Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support
Penumbra and Change Mental Health	Support for Bereavement by Suicide service	Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support
NHS 24	Surviving suicidal thoughts vlogs on NHS inform	Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support
Cruse	Providing workplace support after a suicide	Everyone affected by suicide is able to access high quality,

		compassionate, appropriate and timely support
COSLA	Building understanding of the suicide prevention needs of children and young people	Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support
Scottish Government	Developing and supporting implementation of the Time Space Compassion approach	Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support
University of Glasgow	Academic Advisory Group	Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners
Children in Scotland and University of Stirling	Youth Advisory Group and Participation Network	Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners
SAMH	Lived and Living Experience Panel	Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners

Delivery Leads Questionnaire

Summary of views from delivery partners of first year (2023-2024) of Creating Hope Together Implementation

An important part of delivering Creating Hope Together has been creating Suicide Prevention Scotland and providing the conditions to support partnership working. This paper provides a summary of the views of the delivery partners and strategic Outcome Leads who have responsibility for delivery of the actions within Creating Hope Together. The views focus on what is working well and what challenges there have been over 2023-2024. The views will help to shape improvements for the coming years.

A total of 15 respondents completed the survey covering people involved in direct delivery of actions and Strategic Outcome Lead roles.

What is working well in Suicide Prevention Scotland?

Respondents were asked what was working well within Suicide Prevention Scotland, the new delivery collective model. The following summarises the main themes:

- The strategy and action plan are opening doors which support engagement with stakeholders
- Open and honest conversations are enabled through the inclusive approach to Suicide Prevention Scotland
- Drive and enthusiasm clear from those involved in delivery
- Improved collaboration and information sharing – effective partnership working
- Building connections between local and national work
- The importance of involvement of people with lived and living experience, academic and practice experts

Key highlights identified

Respondents were asked to reflect on their areas of work and what they felt had been key highlights over the last year. There were a large number of comments which related to specific areas of delivery and a number of comments about the benefits of the partnership approach.

Direct delivery

- Provided support via helpline to people at risk of suicide
- Support for workplaces and communities affected by suicide bereavement
- Development of videos highlighting the importance of youth participation
- Development of training resource to support peer support
- Creating opportunities to bring together people with lived and living experience of suicide, services and organisations
- Recruiting new Lived and Living Experience Panel

- Ensuring the voice of young people helps shape the work which will impact them through the Youth Advisory Group and Practitioner Network
- Development of further surviving suicidal thoughts videos for NHS inform
- Enhancing work on Time Space Compassion through development of a TSC workshop, publication of new podcasts and practice sharing event
- Review of learning resources
- Building engagement with the suite of learning resources
- Developing outcome pathways to support evaluation and monitoring of Creating Hope Together outcomes
- Provide media training for organisations, spokespeople and comms teams
- Improving understanding of help-seeking in remote areas
- Publishing a range of academic reviews to support delivery of actions across the outcomes

Partnership working

- Collaborating with colleagues on various aspects of suicide prevention work
- Building networks and opportunities for local suicide prevention leads
- Engagement with a range of organisations who have not previously been engaged with suicide prevention work

Main challenges and opportunities for improvement

Although it is clear that much of the work over the last year has been positive, it is also important to consider the challenges of implementing the strategy and action plan and the opportunities these provide for improvement. The following set out the main themes identified:

- Raising awareness of areas of work
- Overcoming stigma particularly in suicide prevention work for young people
- Staying up to date with delivery across the action plan
- Engagement with stakeholders due to other demands on their time and changing personnel
- Capacity to deliver all actions within the available timeframe
- Time to agree funding, governance, project management and ways of working as Suicide Prevention Scotland was being established
- Recruitment and retention of staff
- Agreed process for engagement with lived experience groups
- Wider opportunities for shared learning

These challenges will help to shape improvement work which will be progressed as part of the year 2 and 3 delivery plan.

Embedding the guiding principles

The guiding principles set out our intentions about how we will work to deliver the strategy and action plan. Delivery and outcome leads identified key areas where they

have embedded the guiding principles set out in Creating Hope Together. These included:

- Time Space Compassion throughout all the work
- Ensuring engagement with the LLEP and YAG to inform the development and delivery
- Academic Advisory Group undertaking reviews of evidence to support delivery
- Working with key partners on addressing stigma
- Building connections to organisations working with people who face stigma, discrimination and the inequalities which are linked to increased suicide risk
- Delivering a number of opportunities for people to come together to share learning and connect

Suicide Prevention Funding Allocations 2023-2024

Area of work/project	Funding allocated (£)
Creating Hope Together Strategy	
Delivery of CHT	840,750
Staffing	222,000
Research	194,636
Implementation Leads	294,939
Lived Experience Panels	201,450
Peer Support	111,365
Suicide Prevention Scotland Comms	52,800
TOTAL	1,917,940
Ongoing Work	
Legacy programmes (ASIST/safeTALK/SMHFA)	70,000
UTPS	25,000
Bereavement support pilot	255,000
Bereavement support pilot evaluation	18,000
Surviving Suicidal Thoughts vlogs on NHS inform	40,500
Workplace Support	33,560
Time Space Compassion Lead and TSC spend	100,000
Online Chat (TBC)	30,000
Events etc	10,000
TOTAL	582,060
	250000.00

Lived and Living Experience Steering Group Membership

Gordon Johnston	Chair
Haylis Smith	National Suicide Prevention Delivery Lead
Jenn Barnes	Lived & Living Experience Panel
Lauren Bennett	Electrify
Lawrence Broadie	Electrify
John Gibson	Lived & Living Experience Panel
Lynne Gilmour	Stirling University
Lynsay Haglington	East Dunbartonshire Council
Charlotte Jones	Scottish Borders Council/NHS Borders
Maddy Kirkman	United to Prevent Suicide Social Movement Manager
Yvonne Lambie	NHS Greater Glasgow & Clyde
Heather McClelland	University of Glasgow
Catriona McDougall	Scottish Recovery Network
Keir McKechnie	SAMH
Tracy Millar	SAMH
Chris Ross	Children in Scotland
Parisa Shirazi	Children in Scotland
Mark Soanes	Scottish Recovery Network
Seonaid Stallan	Lived & Living Experience Panel
Shirley Windsor	Public Health Scotland



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Any enquiries regarding this publication should be sent to us at

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