

## Integration Joint Board

11 May 2023

<b>Subject:</b>	<b>Suicide Prevention; Strategy, Learning and Development</b>
<b>Purpose:</b>	This report is for: <ul style="list-style-type: none"> <li>• Awareness</li> <li>• Discussion</li> </ul>
<b>Recommendation:</b>	IJB are asked to: <ul style="list-style-type: none"> <li>• Support the current plans and direction of travel.</li> </ul>

<b>Direction Required to Council, Health Board or Both</b>	Direction to: -	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NAHSCP	North Ayrshire Health and Social Care Partnership

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	<p>The IJB is asked to note the evident challenges in reducing suicide and to acknowledge the extensive range of related work being undertaken across the whole system and health and social care by suicide prevention groups and HSCP clinical and social care teams to evidence an impact on incidents of suicide in North Ayrshire.</p> <p>This paper provides strategic awareness and oversight regarding Suicide Prevention work within North Ayrshire and by North Ayrshire as Lead HSCP for Mental health on a Pan Ayrshire basis.</p>
1.2	<p>The paper aims to provide an update on:</p> <ul style="list-style-type: none"> <li>• The New National Suicide Prevention Strategy; Creating Hope Together; Scotland's Suicide Prevention Strategy 2022-2032.</li> <li>• North Ayrshire and wider Ayrshire and Arran Suicide Prevention Strategy and Planning</li> <li>• Learning achieved through suspected Deaths by Suicide</li> <li>• Development of Training</li> </ul>

2.	<b>BACKGROUND</b>
2.1	<p><u>The New National Suicide Prevention Strategy; Creating Hope Together; Scotland's Suicide Prevention Strategy 2022-2032</u></p> <p>In September 2022, The Scottish Government and the Convention of Scottish Local Authorities (COSLA) launched their new joint National Suicide Prevention Strategy; Creating Hope Together; Scotland's Suicide Prevention Strategy 2022-2032 <a href="https://www.gov.scot/publications/creating-hope-together-scotland-s-suicide-prevention-strategy-2022-2032/pages/introduction.aspx">Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 (www.gov.scot)</a></p> <p>The vision was “to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.” They identified “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.” Therefore, their overall aim “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.</p> <p>4 priority areas for achieving the vision and aim were as follows:</p> <ul style="list-style-type: none"> <li>• Build a whole of government and society approach to address the social determinants which have the greatest link to suicide risk.</li> <li>• Strengthen Scotland's awareness and responsiveness to suicide and people who are suicidal.</li> <li>• Promote and provide effective, timely, compassionate support – that promotes wellbeing and recovery.</li> <li>• Embed a coordinated, collaborative and integrated approach.</li> </ul> <p>Detailing the first stage of the Scottish Government and COSLA's 10-year suicide prevention strategy, a 3-year national action plan for 2022-2025 was co-produced <a href="https://www.gov.scot/publications/creating-hope-together-scotland-s-suicide-prevention-action-plan-2022-2025/pages/introduction.aspx">creating-hope-together-scotland-s-suicide-prevention-action-plan-2022-2025.pdf (www.gov.scot)</a>.</p> <p>The actions are designed to support the delivery of 4 longer term outcomes:</p> <ul style="list-style-type: none"> <li>• Outcome 1: The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

	<p>And built around 6 action areas:</p> <ul style="list-style-type: none"> <li>• Action area One: Whole of Government and society approach</li> <li>• Action area Two: Access to means</li> <li>• Action area Three: Media reporting</li> <li>• Action area Four: Learning and building capacity</li> <li>• Action area Five: Supporting compassionate responses</li> <li>• Action area Six: Data, evidence and planning</li> </ul>
2.2	<p><u>Local Suicide Prevention Strategy, Governance and Plan</u></p> <p>The Local Area Action Plan Guidance published in April 2021 by NSPLG, provided advice to local areas that local action plans should be developed based on local needs and not solely localise the national action plan, leaving local areas to determine their own priorities. North Ayrshire alongside wider Ayrshire and Arran have reviewed and enhanced governance arrangements in relation to oversight for Suicide prevention which is now reported through Chief Officer's Public Protection Groups and is fundamental to CPP, NHS Board and HSCP planning priorities.</p> <p>The governance supporting suicide prevention within North Ayrshire is described below:</p> <p><u><i>Pan Ayrshire Suicide Prevention Group:</i></u></p> <ul style="list-style-type: none"> <li>• In the capacity and strategic role of lead HSCP for mental health, the Head of Service for Mental Health chairs a multi-agency pan Ayrshire suicide prevention group, supported by Public Health.</li> </ul> <p><u><i>North Ayrshire Strategic Suicide Prevention Group:</i></u></p> <ul style="list-style-type: none"> <li>• North Ayrshire HSCP has established a long-standing Strategic Suicide Prevention Group, chaired by the Independent Chair of the Child and Adult Protection Committee. This strategic group reports to the Chief Officers Public Protection Group and delivers oversight of the work of the North Ayrshire Young Person's Suicide Taskforce and a suspected Death by suicide review group.</li> </ul> <p><u><i>North Ayrshire Young People's Suicide Taskforce:</i></u></p> <ul style="list-style-type: none"> <li>• The North Ayrshire Young Peoples Suicide Taskforce was established in 2018 in response to a number of young teenage deaths locally and provides an immediate multi-agency crisis response if a death of a young person under 18 by suicide occurs in North Ayrshire.</li> </ul> <p><u><i>North Ayrshire Adult Suicide Prevention Taskforce:</i></u></p>

- The Adult Suicide Prevention Task Force was established in 2022 with a focus on the review of deaths by probable suicide for all adults in North Ayrshire to ensure review and thematic learning is undertaken as promptly as possible to ensure targeted response and intervention. This is to complement and build upon the existing review pathways through the AERG.

The governance framework is illustrated in Appendix 1.

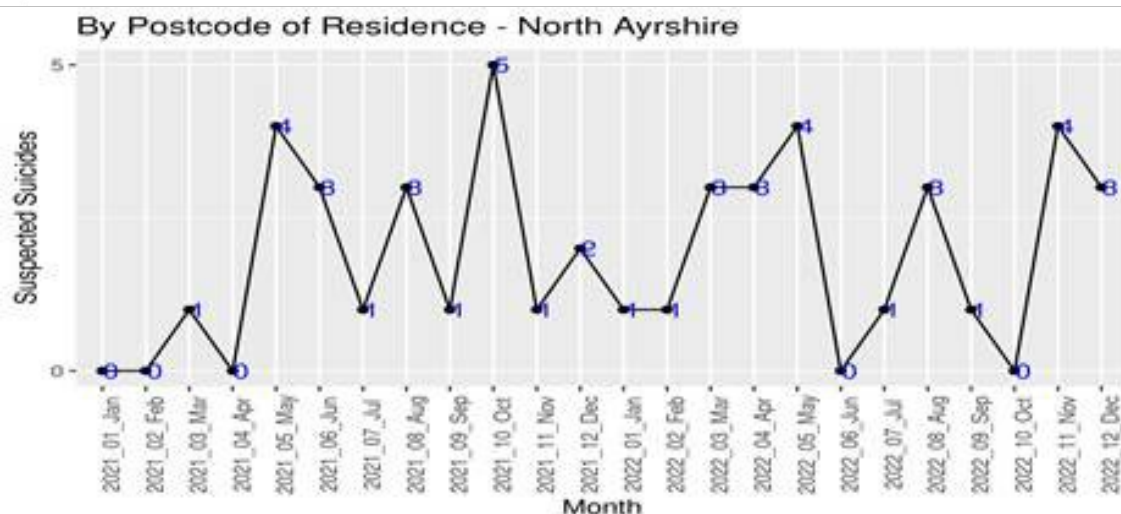
The taskforce approach has 5 key action areas.

1. Data - developing a meaningful dataset from which key actions can be agreed and information shared.
2. Training - develop a North Ayrshire strategic approach to Suicide Prevention training for those working with Children and Young People so that workers feel equipped to raise the issue and support young people and their families/friends.
3. Communications and Campaigns – develop inclusive campaigns raising awareness of suicide prevention and in partnership with National Programmes.
4. Support after a Suicide - work alongside the National Bereavement service pilot (Penumbra) based in Ayrshire and Arran, as well as develop local resources e.g., Staff Support Resource
5. Working together – joining up actions and working in alignment to deliver consistent messages across all services and teams and create space for discussion and learning.

### 2.3 Learning achieved through Suspected Suicide Deaths

The strategic group continues to focus on the critical work of preventing future deaths by learning from those that have already occurred and as highlighted within the national strategy, “every life lost to suicide is an enormous tragedy. And every life lost leaves devastating and long-lasting impacts on families, friends, and communities”. This theme is particularly echoed in the national action plan; “identifying learning from suicide bereavement support services”. Fortunately, as Ayrshire and Arran is one of the two national pilot sites for Bereavement support services updates on not only national learning, but more importantly local learning is routinely shared. Penumbra are a key member of the established North Ayrshire Suspected Death by Suicide Review Group.

The Suspected Death by Suicide Review Group was initially established in January 2022. North Ayrshire has a higher rate of suspected Suicide per head of population than East and South Ayrshire and can exceed (although not always) the Scottish average rate. The suspected deaths by suicide within North Ayrshire released by public health publication are provided for context:



For individuals known to services, an unexpected death is likely to result in a formal investigative process (i.e., for Health - Significant Adverse Event Reviews (SAERs) and/ or Significant Case Reviews (SCRs) – predominantly social care (but could include health). However, for those not known to services in the previous 12 months to their death, no formal scrutiny or review would take place. In recognition that 'every life' matters, it is critical that there is parity of review for those not known to services. A North Ayrshire Suspected Death by Suicide Review Group has therefore been convened aligned with a revised governance framework for suicide prevention as noted in this report.

The Suspected Death by Suicide Review Group, initially reviewed all deaths who were not already subject to formal processes. The reason for this separation was that there were cases that required review from March 2021 and to avoid duplication of review processes that were already in progress.

However, since December 2022, as the group had worked through the reviews and were now meeting to discuss current and recent cases, it was agreed that all deaths were to be included.

This provided several benefits:

- ✓ Full learning is achieved from all deaths, and not confined or differentiated between those in service and not. Providing the full picture of those people known to North Ayrshire.
- ✓ More importantly, if there is a requirement to identify and follow up on support and resources for those affected by suicide, this can be achieved at the time, or as close to the bereavement as possible. This support would be available to staff, close family and friends and others impacted by the death.

- ✓ Learning from the reviews to date has allowed consideration of what training and development is required, but also consideration of where it is required.
- ✓ Learning from the reviews to date has also supported the development of information and resources and contact with services or agencies not previously receiving suicide prevention information.

## 2.4 Development of Training

Since December 2021, two Safety and Wellbeing Trainers have been funded by Mental Health services providing Suicide Prevention Training on a Pan Ayrshire basis. These roles are both funded via Mental Health innovation funding allocation. One post has been on a permanent basis and the second on a 24-month fixed term basis until December 2023.

From January to July 2022 courses were offered on a short-term basis as the new trainers piloted the workshops. Since July 2022 there has been a training calendar agreed between trainers and suicide prevention leads and offering a mix of face to face and online training. The calendar offers training mostly at Informed Level NES training and safe TALK. -Living works training. But within limited capacity ASIST - Living works training has now also been offered.

In summary, from January to December 2022 the following courses were successfully delivered:

Course	No. Courses MS Teams	No. Courses F2F	No. Courses Total	No. Participants
(NES) Ask Tell Save a Life (Generic)	24	6	30	276
(NES) Ask Tell Save a Life (Children & YP)	5	2	7	71
safe TALK	0	6	6	66
ASIST	0	1	1	11
<b>Total for 2022</b>	<b>29</b>	<b>15</b>	<b>44</b>	<b>424</b>

A training plan for 2023 has already been distributed with the following opportunities available:

Course	No. Courses MST	No. Courses F2F	Total Courses
Ask Tell Save a Life (Supporting Adults)	8	6	14
Ask Tell Save a Life (Supporting Children & YP)	5	3	8
safe TALK	0	6	6
ASIST	0	1	1
<b>Total Jan – April 2023</b>	<b>13</b>	<b>16</b>	<b>29</b>

Locally in North Ayrshire the Choose Life Manager continues to offer training and awareness raising as capacity allows. Currently work is underway to create a Children and Young Peoples Training Strategy in partnership with the Young Peoples Suicide Taskforce. The Choose Life Manager delivers training as requested e.g. through Education, Youth Services, Third sector (CMHWP fund), Foster carers and District Nurses. As well as responding to groups identified through the Suspected Death by Suicide Review Group.

In addition to the above, clinical staff across mental health services have continued to deliver BRITE as part of Mental Health Services, focusing on clinical risk assessment and documentation in response to the current gap in enhanced and specialist level suicide prevention training. Requests for and delivery for BRITE has also been undertaken out with Ayrshire and Arran. With income generation to cover the cost of training and backfill of clinical staffs shifts.

There are a number of infrastructure and resource issues which require consideration to ensure the sustainability of provision moving forward.

### 3.

#### **PROPOSALS**

##### Creating Hope Together: Suicide prevention in Ayrshire event

In anticipation of, and following publication of the new National Strategy, North HSCP as lead for the Pan Ayrshire suicide prevention group hosted a Pan Ayrshire launch event on the 14<sup>th</sup> of December 2022 with the purpose being to compose a new local strategy and action plan.

Strategic actions and themes collated from this event are being considered by the North Ayrshire Strategic Suicide Prevention Group to enable a localised multiagency plan to be developed.



The full and extensive report is attached at Appendix 2. The full and extensive summary report will be shared with a future IJB with a North Ayrshire specific and Pan Ayrshire action plan. A short summary of the key themes and findings identified from the event include:

**Action Area 1: Whole Government and Society approach –**

- Work collaboratively across Ayrshire and Arran to prevent suicide. Ensure all the parts of the Local Government and partner agencies will look at how to help prevent suicide through their work, and when making future decisions impacting the Ayrshire population.
- Ensure the workforce and community have the right skills and understanding of mental health and suicide to recognise risk factors, have caring conversations and provide help for people in distress, linking them to the appropriate support at the right time.

**Action area 2: Access to means.**

- Early identification of locations of concern and work collaboratively to implement any possible mitigations and prevention activity.

**Action area 3: Media reporting**

- Consider ways to work with local media, providing education and support to complement and build on work being implemented nationally through the strategy.

**Action Area 4: Learning and building capacity.**

- Review existing local learning opportunities contributing to preventing suicide across the life course and the stages of intervention, from prevention and early intervention to intervention, recovery and postvention.

**Action Area 5: Developing a Compassionate Response**

- Continue to develop and build on the roll out of Distress Brief Interventions Programme to ensure it supports people at the earliest opportunity.
- Identify opportunities to promote the Bereavement Support Service and ensure people can access the service at the right time.
- Develop a targeted and planned approach to raising awareness of Time, Space, Compassion approach, linking to other relevant areas of work such as Trauma Informed Practice to support the action area in relation to supporting a compassionate response.

**3.1 Recommendations and future Considerations -**

In summary, the new approach to the suicide prevention strategy and plan is fully in alignment with North Ayrshire and wider Ayrshire planning developments and ambitions. It remains concerning that the rates have suicide have not reduced over the last few years and North Ayrshire has a higher rate of suspected Suicide per head of population than East and South Ayrshire currently.

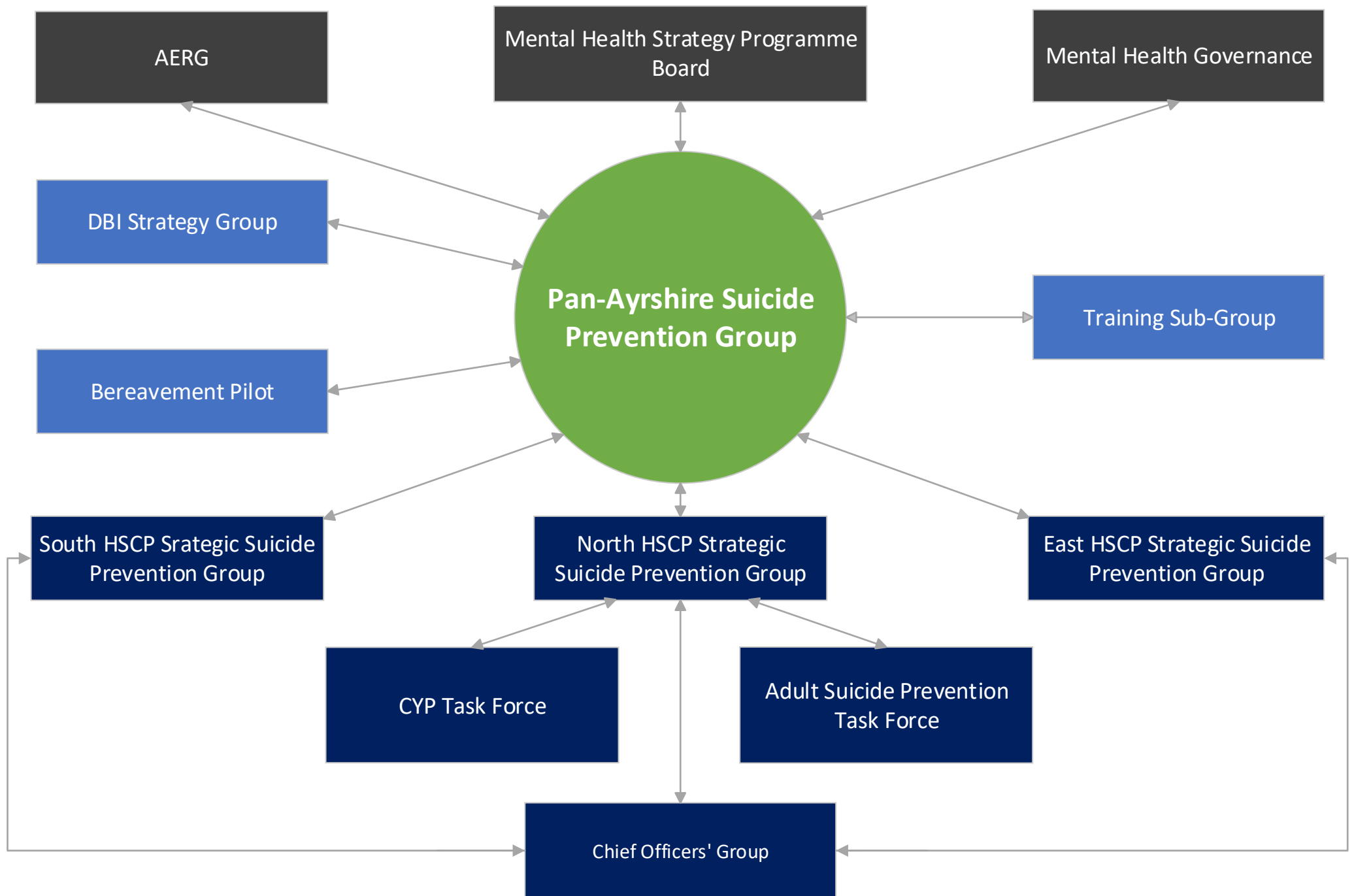


	<p>There has been additional investment from North Ayrshire as the Lead HSCP for Mental Health in whole system prevention training capacity which will complement the national developments linked to the Mental health recovery and renewal plan.</p> <p>The learning gleaned from reviews in addition to analysis of local demographics will enable targeted approaches to training, a comprehensive training needs analysis, better reach to communities with new pro-active engagement supported and in alignment with a new Suicide Prevention Action Plan.</p> <p>Ayrshire and Arran are also a key pilot site for the delivery of the national Bereavement service. In addition, North Ayrshire as the Lead HSCP for Mental Health has commissioned a Pan Ayrshire Distress Brief Intervention Service as a key local action plan priority in response to 'Every Life Matters'.</p> <p>The new strategy and action plan will provide a framework of prevention assurance to complement national mental health and wellbeing investment in addition to renewal and recovery investment for Mental health locally including funding allocated to communities and Education targeted on early intervention and prevention for adults and young people.</p>
3.2	<u>Anticipated Outcomes</u>
	<p>Reduce the number of suicide deaths whilst tackling the inequalities which contribute to suicide. To drive change, all sectors and partners need to work and learn together across the whole system to fully impact the social determinants which contribute to suicide. The Creating Hope Together Ayrshire Event is a starting point to develop an ambitious plan with commitment from a wide range of partners in the strategic priority of suicide prevention.</p>
3.3	<u>Measuring Impact</u>
	<ul style="list-style-type: none"> <li>- Continue to develop and evolve the Death by Suicide review process and share learning across the three local authority areas.</li> <li>- Develop a life course approach to Mental Health and Suicide Prevention considering key areas for intervention.</li> <li>- Investigate approaches to improve communication and ways of working and learning together to better support those accessing services e.g Human Learning Systems</li> <li>- Identify ways to have more people with lived experience involved with suicide prevention across Ayrshire and Arran and ensure they continue to be placed at the heart of any work on taken forward locally.</li> <li>- Use local data, research, and intelligence to influence and design the Ayrshire response to preventing suicide.</li> </ul>

<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<p><u>Financial</u></p> <p>The dedicated training support described is supported by non-recurring funding, funding sources are being considered to support the sustainability of provision and to embed the training into practice and to provide additional training opportunities/capacity.</p>
4.2	<p><u>Human Resources</u></p> <p>n/a</p>
4.3	<p><u>Legal</u></p> <p>n/a</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>Our response to suicide prevention to reduce the number of suicide deaths will require a whole system approach to tackling the inequalities which contribute to suicide.</p>
4.5	<p><u>Risk</u></p> <p>Sustainability of national Scottish Government funding for mental health and wellbeing for children and adults. Inability to support financial or through resource will limit ability to support suicide prevention and address the social determinants of mental health and wellbeing.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>Wider community benefits; targeted groups, Third and independent sector, H&amp;SCP staff and NHS.</p>
4.7	<p><u>Key Priorities</u></p> <p>Suicide Prevention is a key and critical HSCP and whole system strategic priority.</p>
<b>5.</b>	<b>CONSULTATION</b>
5.1	<p>Whole system engagement was facilitated at the Pan Ayrshire launch event on the 14<sup>th</sup> December 2022.</p> <p>This paper aims to provide a strategic awareness and oversight as to the work around Suicide Prevention in and led by North Ayrshire.</p> <p>Over the past years, North Ayrshire has made great strides in learning from any suicide events, however, the prevention and early intervention work remains a critical factor in delivery of outcomes to prevent suicide.</p>

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# Governance for Suicide Prevention



# CREATING HOPE TOGETHER: SUICIDE PREVENTION IN AYRSHIRE

14<sup>th</sup> December 2023

## EVENT REPORT



**UNITED TO PREVENT SUICIDE**

"Suicide is complex, and rarely caused by one single factor."

### Creating Hope **TOGETHER**

**Suicide Prevention in Ayrshire**  
Wednesday 14th December 2022: 9:30am to 4pm  
Riverside Lodge Hotel, 46 Annick Road, Irvine, KA11 4LD

Death by suicide is devastating and traumatic which impacts far and wide.

Following the publication of a new Suicide Prevention Strategy and Action Plan for Scotland, the Pan Ayrshire Suicide Prevention Group are ready to develop a new local plan.

We hope to develop an ambitious plan which will need commitment from a wide range of partners.

We invite you to share your views and experience to help shape and inform the new plan.

To drive change:  
All our sectors must work and learn together.

**Suicide Prevention is everyone's business**

# **Creating Hope Together: Suicide Prevention in Ayrshire**

## **Event Report**

### **Summary**

Following the publication of Creating Hope Together, the new [Suicide Prevention Strategy and Action Plan for Scotland](#), the Pan Ayrshire Suicide Prevention Group held an event on the 14<sup>th</sup> December 2022 to seek views to inform the next Action Plan.

The aim of the event was to set out the current national and local context for suicide prevention, as well as providing an opportunity for a wide range of partners to come together to start developing a whole systems approach to preventing suicide, across the life stages for Ayrshire and Arran.

Thelma Bowers, Head of Mental Health Services chaired the event. Speakers included Shirley Windsor, Organisational Lead- Suicide Prevention, Public Health Scotland and Haylis Smith, Policy Manager, COSLA, who introduced [Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan](#), outlining the development journey and highlighting the areas of focus. This was followed by three presentations, each highlighting some of the key activity and recent developments being implemented through the local Ayrshire Suicide Prevention plans. Information stalls offered additional information about the excellent work taking place across Ayrshire and Arran, contributing to this agenda. The Third Sector Interface for each local authority area showcased some grassroots work, many of which received monies through the Community Mental Health and Wellbeing Fund and local Suicide Prevention Resources and Training information was also available.

The North Ayrshire Recovery College brought some vitality to the event through an energetic performance by Drum for Ur Life. Attendees were also encouraged to participate and enjoy the benefits of drumming with Jeanette Allan, Service Manager- RAMH North Ayrshire Wellbeing and Recovery College directing the room, leaving everyone feeling invigorated.

The remainder of the event was dedicated to facilitated group discussions. The first session aimed to highlight that preventing suicide is everyone's business, across partner organisations, services and communities, with action required at various stages from the promotion of wellbeing (primary prevention) through early intervention, intervention, postvention and recovery. Attendees were also tasked with identifying key areas for action that would contribute to the new Pan Ayrshire action plan by considering local need and opportunities for collaborative work, in line with the four outcome areas outlined in the National Strategy. Some themes emerging from the discussions included recognising the importance of:

- Preventative action, through promoting wellbeing and addressing the social determinants of mental health and root causes of suicide.
- All sectors and communities working together, understanding the role everyone can play in preventing suicide and recognising that it is everyone business.
- Breaking down stigma and barriers to discussing suicide.
- Better communication and information sharing to ensure awareness of services, roles and third sector/community supports across Ayrshire.

The outputs from the event have been collated in this report with recommended actions for further consideration (See Appendix 1- Summary of all actions for further consideration), to form the basis of further discussion to create the next iteration of the Pan Ayrshire Suicide Prevention Action Plan. It is hoped that further local conversations will take place to align the local plans and target action to local need in order to prevent suicide across Ayrshire and Arran.

## Introduction

The Scottish Government and COSLA published a new 10-year strategy, in September 2022, to tackle the factors and inequalities that can lead to suicide, [Creating Hope Together: Scotland's Suicide Prevention Strategy](#) and [Action Plan](#).

The Pan-Ayrshire Suicide Prevention Group held a partnership engagement event in December 2023 to gather views and experiences in order to help shape and inform a new Pan-Ayrshire Suicide Prevention Action Plan, following the launch of the National Strategy. This report will provide an outline of the event content, an overview of themes raised during the discussions and some considerations for local action. It was hoped that this event would start discussions relating to action required across Ayrshire to prevent suicide, with subsequent engagement with relevant stakeholders to further develop suicide prevention work.

## Purpose of event

The aim of this event was to set out the current national and local context for suicide prevention, as well as providing an opportunity for a wide range of partners to come together to start developing a whole systems approach to preventing suicide, across the life stages for Ayrshire and Arran.

Suicide prevention is everybody's business. The event aimed to engage wider partners who are able to contribute to preventing suicide but may not traditionally recognise their role in this agenda. To drive change, all sectors need to work and learn together. It is hoped that the Creating Hope Together Ayrshire Event was a starting point to develop an ambitious plan with commitment from a wide range of partners.

## Attendees

In total there were 70 participants, made up of (broadly speaking) a range of partners from NHS Ayrshire & Arran, Health and Social Care Partnerships (East, North and South), Third Sector organisations, Police Scotland and Scottish Fire and Rescue Service.



## Speakers

The event comprised of a range of presentations sharing National and Local updates relating to Suicide Prevention as well as facilitated discussion groups with Thelma Bowers, Head of Mental Health Services acting as Chair.

Public Health Scotland and COSLA opened the event with a presentation to introduce [Creating Hope Together: Scotland's Suicide Prevention Strategy](#) and [Action Plan](#), followed by three presentations, each highlighting some of the key activity and recent developments being implemented through the local Ayrshire Suicide Prevention plans in East, North and South Ayrshire.

Information stalls offered additional information about the excellent work taking place across Ayrshire and Arran, contributing to suicide prevention agenda. The Third Sector Interface for each local authority area showcased examples of grassroots work, many of which received monies through the Community Mental Health and Wellbeing Fund, and local Suicide Prevention Resources and Training information was also available.

The North Ayrshire Recovery College brought some vitality to the event through an energetic performance by Drum for Ur Life. Attendees were also encouraged to participate and enjoy the benefits of drumming with Jeanette Allan, Service Manager- RAMH North Ayrshire Wellbeing and Recovery College directing the room, leaving everyone feeling invigorated.

## Setting the National Context

Shirley Windsor, Organisational Lead- Suicide Prevention, Public Health Scotland and Haylis Smith, Policy Manager, COSLA, provided the National context at the start the event, introducing [Creating Hope Together: Scotland's Suicide Prevention Strategy](#) and [Action Plan](#). Their presentation outlined the development journey of the strategy which included comprehensive engagement with individuals, groups and communities including those at risk groups to ensure a wide range of views; analysing data and evidence and identifying gaps; discussions across government and targeted engagement; followed by a consultation of the draft strategy with the final Strategy and Action Plan being launched in September 2022.

Shirley and Haylis also provided an overview of the Strategy Vision and Outcome Areas (outlined below), the national delivery structure and next steps for the National team. Although the Creating Hope Together Strategy provides a national direction for Suicide Prevention in Scotland, the presenters highlighted that a Pan-Ayrshire action plan should also reflect the local needs.

### Creating Hope Together- Vision

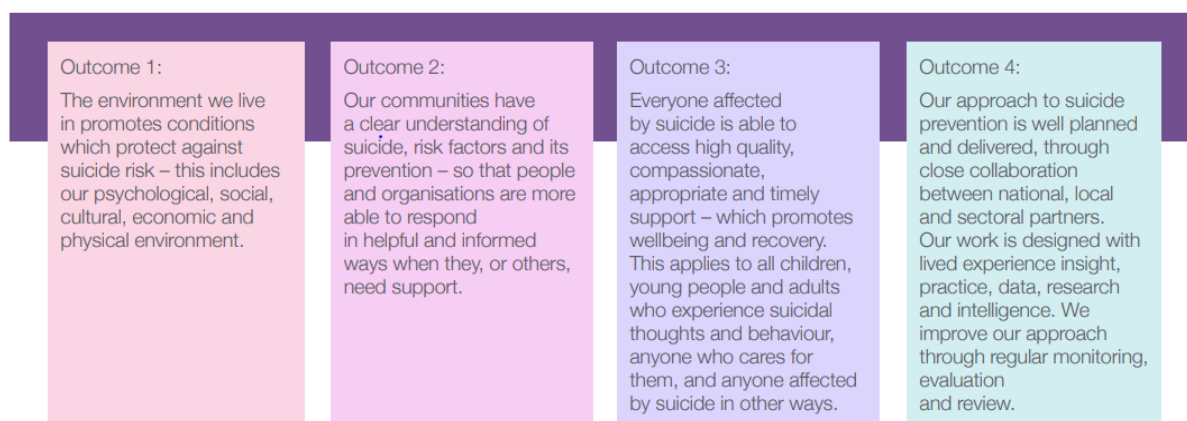
Our vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

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.



## OUTCOMES



## PRIORITY AREAS



### Local Context

Three presentations followed, providing a brief overview of key activity and recent developments being implemented through the local Ayrshire Suicide Prevention plans. Each locality, East, North and South Ayrshire were invited to deliver a short presentation about key areas of work. The speakers were:

- **East Ayrshire**- Linda Chisholm, Team Leader: Lifestyle Development and Community Wellbeing Vibrant Communities, East Ayrshire Council
- **North Ayrshire**- Sarah Watts, Choose Life Manager-North Ayrshire (NAHSCP)
- **South Ayrshire**- Mark Inglis, Head of Children's Health, Care and Justice Services (SAHSCP) and Chair of South Ayrshire Suicide Prevention Strategic Oversight Group

Within each 10 minute presentation, the speakers provided some background detail about their local Suicide Prevention Group and associated action plans, as well as an update on the Death by Suicide review groups which are all at different stages of development. Each speaker also took the opportunity to highlight some areas of good practice, which included South Ayrshire's commissioned support services and excellent grassroots community work. East Ayrshire's focused on the School Wellbeing Approach and their Here to Listen approach and campaign materials; and North Ayrshire concentrated on the many interventions taking place within Education and their Service Access Suicide Prevention Pathway.

These inputs provided an ideal opportunity to showcase the fantastic range of work taking place across the whole of Ayrshire and Arran. It was a great way to share learning, idea and resources.

## Public Health Context

Sally Armor, Public Health Consultant: Inclusive Health, NHS Ayrshire & Arran unfortunately was unable to attend the event on the day to present but has provided some thoughts, below, for consideration from a Public Health perspective.

*A public health life course approach to suicide prevention creates opportunities. How do we understand the origins of risk for suicide and work preventively to reduce risks?*

The primary focus of suicide prevention work tends to be individualised and orientated around individual risks as they present. Suicide prevention initiatives focus on consideration of assessment, awareness and skills training, addressing stigma and individual, family and community capacity building. While these endeavours serve an important purpose, there is a 'persuasive case'<sup>1</sup> to be made for a wider lens of awareness and interventions that address the primary and root causes of individual, family and community distress that lend to suicide events.

This involving a relational and life circumstances approach across life, rather than a primary orientation on mental illness and disorder.

There is emergent and growing evidence of the influence of early adversity and the intergenerational transmission of distress and related suicide risk. This can be explored through:

- consideration of early adversity as experienced in the home
- structural inequalities, (income, food, housing insecurity, community violence)
- family distress, (abuse, neglect, conflict and violence)

These factors influence brain and body development and the mediating role of relationships (attachment style, capabilities, skills and vulnerabilities).

Understanding how shared and common experiences of adversity in childhood informs growth and development, lays the physiological pathways that increase the risk of mental illness and distress that lend to suicide events presents opportunities for suicide prevention programmes that start at the earliest moments in life. This involves addressing the wider determinants of health and structural inequality and a related focus on parent and adult relationships and relationships with practitioners and clinicians that confer safety and trust to parents, mediated through relationships with the starting point of What Happened to you? Rather than, what is wrong with you?

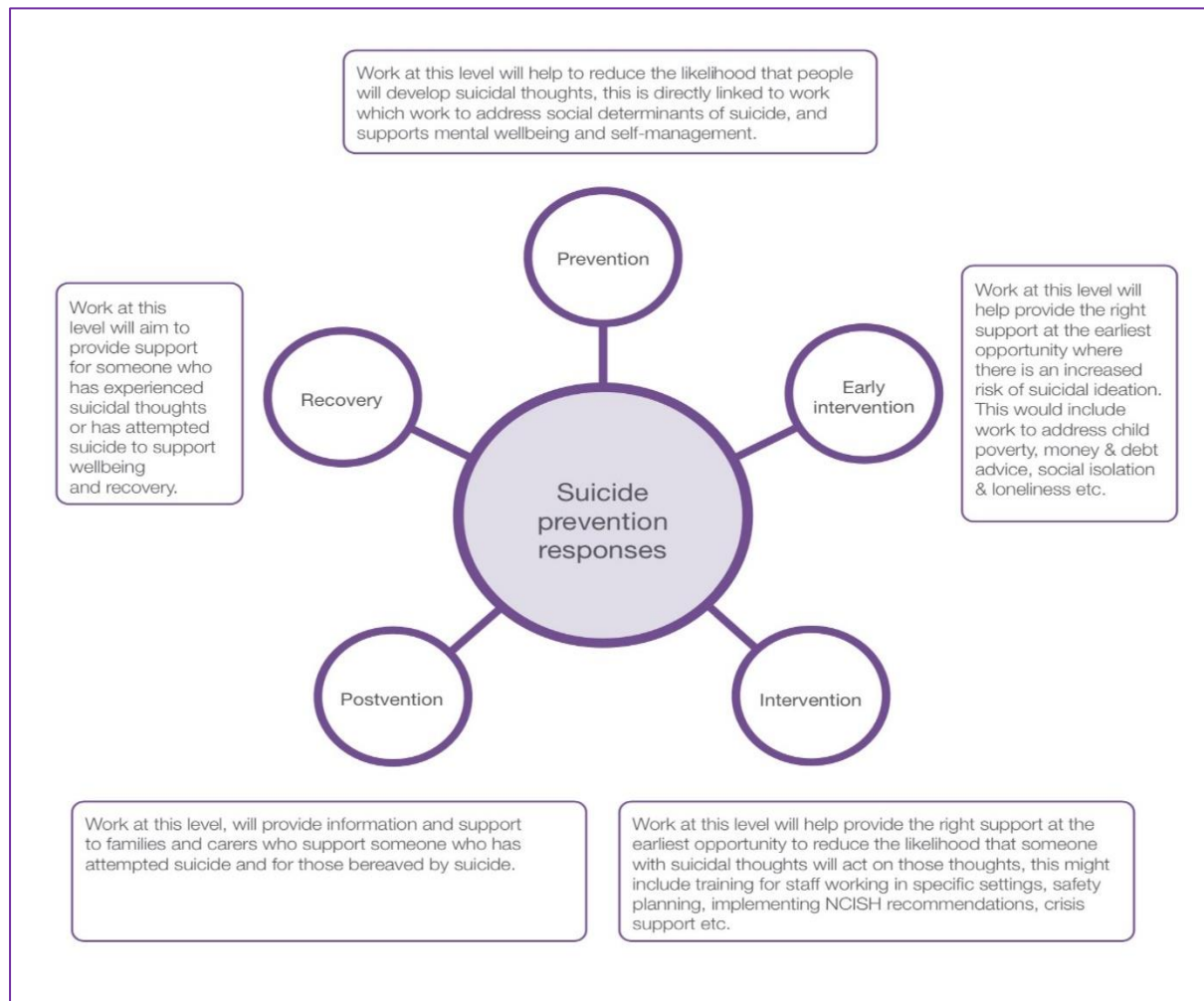
## Discussion Groups

The remainder of the event was dedicated to facilitated group discussions. The first session aimed to provide an opportunity for attendees who were new to suicide prevention to consider their role and where they could take action while also encouraging everyone to think about action required at various stages from the promotion of wellbeing (primary prevention) through early intervention, intervention, recovery and postvention (see figure 1). A key aim of the event was to highlight that preventing suicide is everyone's business, across partner organisations, services and communities. It was hoped this discussion would prompt wider discussions about who should be involved in preventing suicide and what more could be done across Ayrshire to build on existing suicide prevention work.

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<sup>1</sup> [Neuroscience-Molecular-Biology-and-the-Childhood-Roots-of-Health-Disparities-Building-a-New-Framework-for-Health-Promotion-and-Disease-Prevention.pdf \(researchgate.net\)](#) 23.11.2021

**Figure 1: Taken from Creating Hope Together Strategy (2022), the diagram below sets out the type of responses needed to be able to offer people. None of these responses are stand- alone areas; action is required across these areas to help prevent suicide.**



Discussion 1, required groups to read and discuss the scenario provided and consider the role that each individual in the group and their colleagues could play to prevent suicide at each stage. By the end of the sessions it was hoped that participants would:









- Be able to identify and understand some risk factors/causes of suicide
- Have an increased awareness of the various stages where suicide prevention interventions (direct or indirect) can take place from prevention to recovery
- Understand that suicide prevention is everyone's business
- Better understand the whole system/whole society approach to suicide prevention and started to formulate ideas to take forward to prevent suicide in Ayrshire

Attendees were also tasked, as part of the second facilitated discussion session, with identifying key areas for action that would contribute to the new Pan Ayrshire Suicide Prevention action plan by considering local need and opportunities for collaborative work, in line with the four outcome areas outlined in the National Strategy.

## Themes and Key Take Aways

It was recognised that there is already a lot of good practice taking place and attendees valued the opportunity to hear about the wide ranging interventions and collaborative working taking place across Ayrshire and Arran.

Throughout the various facilitated discussions, some similar themes were emerging. For example, attendees highlighted the importance of:

-  Preventative action, through promoting wellbeing and addressing the social determinants of mental health, inequalities and root causes of suicide.
-  Prevention and early intervention and taking a life course approach to ensure targeted and appropriate interventions are delivered.
-  Raising awareness of suicide, suicide prevention and pathways to support across services, business and communities through campaigns and learning opportunities.
-  Breaking down stigma and barriers to discussing suicide
-  Ensuring our services offer high quality, compassionate and timely support to everybody to promote wellbeing and recovery. These services should be easy to access and equitable across Ayrshire.
-  Effective communication and information sharing between services to ensure awareness of services, roles and third sector/community supports across Ayrshire.
-  Fostering the idea that suicide prevention is everybody's business and supporting everyone to identify their role in preventing suicide.
-  Acknowledging the many cross cutting themes that impact on suicide and the need for whole systems approach. All sectors and communities need to work together.

Further detail on the themes discussed in session 2 and areas for consideration for inclusion in the Pan-Ayrshire Action plan is outlined later in the report.

## Event Feedback

At the end of the day, participants were asked to share how they had experienced the event. Here is what people said:



## **FACILITATED DISCUSSIONS- EMERGING THEMES**

The following part of the report aims to highlight the themes that emerged from the facilitated discussions in each of the four Strategy Outcome Areas. It also provides some areas for the Pan-Ayrshire Suicide Prevention to consider in each of these areas as a result of the event feedback.

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

### **Action Area 1: Whole Government and Society approach**

Prevention and early intervention were strong themes throughout all four of the Outcome Areas each of which were discussed. Outcome 1 created the opportunity to discuss what action could be taken locally to reflect the many cross cutting themes and address the social determinants of mental health and suicide. In other words, what needs to be done across Ayrshire and Arran to promote the culture of suicide prevention being everybody's business?

As outlined in the National Strategy, it was agreed that Outcome 1 required local action in two key areas, these being:

- Tackling suicide should be carried out using a whole system/whole society approach to address the underlying causes and inequalities. It was expressed that improved communication across all agencies was needed, with opportunities to learn from each other, sharing perspectives and making improvements with all sectors working together. Where possible, work should be considered with a Pan-Ayrshire approach with local learning being shared and replicated where appropriate.
- The workforce and community who are likely to come into contact with people who are at greater risk of suicide should have adequate skills, knowledge and confidence to be able to respond to someone in distress. This later point was discussed in greater detail as part of discussion relating to Outcome 2 highlighting specific action required to raise awareness, address stigma, and build capacity to listen and offer compassionate and timely support.

It was felt that further engagement was needed to ensure services and organisations who may not consider themselves as having a role in preventing suicide fully understand the role they can play and what specifically can be done within their area of work to mitigate factors of concern and/or offer a supportive role at an individual level. Working more collaboratively, making links across different policy areas which impact on the suicide prevention agenda and ensuring decision making is influenced using evidence of the known risk and protective factors of suicide should be considered. Locally, further conversations are required to identify areas for action. Local knowledge and understanding about suicide in Ayrshire should be used to take forward a targeted approach, across the life course. In addition, the Whole Government and Society approach set out in the [National Action Plan \(Annex 1\)](#) highlighting the actions to be taken, could be used to as a guide, to consider local areas for action. Figure 2 provides an overview of the national policy areas identified:

**Figure 2- Whole Government and society approach**

### **Mental Wellbeing and Social Care**



### **Whole Government Policy**



Specific areas of concern highlighted included poverty/cost of living; housing and homelessness; social isolation and loneliness; physical health/illness and how these can impact on mental health and increase risk of suicide. It was recognised that the impact of living in poverty and experiencing money worries can have on an individual's mental health. Creating opportunities for those working in roles supporting individuals with the cost of living e.g. Foodbanks, money matters teams to recognise risk of suicide, offer an opportunity to listen and access the correct support for any individuals who require it. Furthermore, action to break down the stigma of poverty, claiming benefits and financial problems featured greatly in discussions. Recognition was given to the impact of stigma and the need to break the taboo surrounding this issue as it prevents people from seeking help or talking about the root cause of their distress.

Various aspects of physical health were highlighted as areas for consideration to support suicide prevention work. Physical health and mental health cannot be separated as they are inextricably linked. Individuals cannot have one without the other, yet consideration of mental health and wellbeing is often not fully addressed where people are living with or experiencing health conditions. It was suggested that more action is needed to improve information and support provided to this group of individuals to support them to cope with the impact on their mental



wellbeing. Particular areas highlighted included long term conditions, menopause, cancer and pain. Conversations concentrated around the need to look at the whole picture of a person's life, rather than just treating the physical condition and for support to address areas that could be impacting on their life and their condition, recovery or general health and wellbeing. Questions were raised about whose role this could or should be across the health services. The Community Link Worker roles are doing this but with limited capacity. Therefore, action could be taken to build skills and knowledge to improve health outcomes and contribute to tackling suicide.

The role of communities was another theme that, again, featured throughout the outcome areas. In this first discussion, there was a general feeling that how communities interact has changed over time and there is a need to return to community support in order to prevent suicide. Community spirit was visible during the height of the Covid-19 pandemic where people were checking on each other, is there a way this could continue to be harnessed? It was recognised that knowing who your neighbour is, especially in small towns, where social isolation may be higher, provides a whole host of benefits to individuals, groups and communities. Love, support and kindness were all words used in these discussions. These were all considered as critical to creating an environment across Ayrshire where people feel cared for, it is okay to ask for help and feel confident they will receive a compassionate response.

#### **Actions for consideration:**

**Work collaboratively across Ayrshire and Arran to prevent suicide. Ensure all the parts of the Local Government and partner agencies will look at how to help prevent suicide through their work, and when making future decisions impacting the Ayrshire population.**

- Review the representation of the Pan Ayrshire Suicide prevention group to reflect Whole Government and Society Approach to support cross cutting discussions
- Work to address causes and inequalities of suicide eg poverty & substance use, considering targeted interventions to improve mental health
- Identify current areas of work and policy where it could be reviewed through the lens of suicide prevention e.g considering careful work practices. The example given was the Community Justice System not liberating people from prison on a Friday when no services will be available
- Advocate or lobby for decisions made at a National level to be changed or improved in order to mitigate the impact on suicide.

**Ensure the workforce and community have the right skills and understanding of mental health and suicide to recognise risk factors, have caring conversations and provide help for people in distress, linking them to the appropriate support at the right time.**

- Target specific communities and sectors of the workforce across public services where individuals at greatest risk may be interacting
- Review and interpret emerging evidence, best practice, guidance and research and consider ways to share with and support partners to implement locally, where relevant.

## Action area 2: Access to Means

**Some of the local actions discussed in order to prevent people from hurting themselves included:**

- Early identification of locations of concern and work collaboratively to implement any possible mitigations
- Early identification of locations of concern to implement preventative activity in the area e.g work with coastguard to identify preventative interventions
- Work with Planning Department colleagues in each local authority area to ensure suicide prevention is considered within Local Development Plans (LDP's). In particular, new structures give cognisance of suicide risk and mitigations are identified at the design stage, preventing the site becoming a new location of concern.
- Highlight the National Guidance\* locally to relevant partners and work together to identify how this guidance can be used and implemented.

\*<sup>2</sup>National Guidance

## Action Area 3: Media Reporting

Social media was a significant issue and featured consistently as an important area for concern and therefore action throughout each outcome area. Discussion focussed around how suicide was talked about on social media and the potential risk to influence clusters occurring, particularly among young people. There was a strong feeling that Government needed to take a role in rolling out appropriate content to support people who may be reaching crisis point and questions were raised about the ability of the government to influence social media e.g. how algorithms work in relation to sensitive topics such as suicide.

It was proposed that the Samaritans Social Media guidance could be used to provide training and education as a way to promote use of the correct language and consider other areas for action to address the many issues with social media and the impact on suicide.

Similarly, local consideration could be given to how media reporting can be influenced and educated to complement and build on work being implemented nationally through the strategy.

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<sup>2</sup> National Guidance\*

- [National Guidance on Identifying and Responding to a Suicide Cluster](#)
- [National Guidance on Action to Address Suicides at Locations of Concern](#)
- [National Guidance on Managing the Risks of Public Memorials After a Probable Suicide](#)

**Action for consideration:**

- Identify ways to use the Samaritans Social Media guidance to promote use of the correct language and address risks associated with social media and its impact on suicide.
- Consider ways to work with local media, providing education and support to complement and build on work being implemented nationally through the strategy.
- Advocate or lobby for decisions made at a National level to be changed or improved in order to mitigate the impact on suicide.
- Actively share good practice, celebrate the positives and good outcomes as a way to support learning and continue to encourage action to prevent suicide across Ayrshire and Arran.

**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.**

**Action Area 4: Learning and building Capacity**

Conversations, in relation to this Outcome Area, largely focused around the importance of prevention and early intervention. Raising awareness through campaigns and learning were thought to be fundamental to ensure a better understanding of suicide, risk factors and its prevention. Communication between services, statutory and third sector, was also highlighted as a key area for improvement and was threaded through these discussions.

**CAMPAIGNS TO RAISE AWARENESS, TACKLE STIGMA & ENCOURAGE CARING CONVERSATIONS**

Much of the discussion focused on increasing awareness of suicide, suicide prevention and access to support, information and resources. In particular, it was felt that tackling stigma and addressing the barriers to talking about suicide similar to the approach taken with mental health would be valuable.

Attendees highlighted the need for a Pan-Ayrshire approach to communication and engagement around mental health and wellbeing, and suicide prevention with a focus being maintained all year round. Ongoing attention and awareness raising was thought to not only tackle stigma and discrimination and normalise conversations around the topic of suicide, but ensure more people had knowledge and understanding to identify someone in distress, have the confidence to offer help and know where to access support.

Normalising language from an early age and bringing a spotlight to the use of appropriate language in relation to suicide, for example moving away from the use of 'committed suicide' was also felt to

be important. Education and training for everyone in relation to the use of language was thought to be helpful, specifically empowering people on how to use language around suicide. It was suggested that this could be implemented throughout training but also through other avenues like education and awareness raising approaches.

Utilising existing resources and suicide prevention campaigns materials; making information more accessible and visible through, for example, NHS App/website; and increasing the social media focus in Ayrshire were all proposed methods to raise awareness and shine a spotlight on suicide prevention. In addition, involving and listening to those with lived experience should be considered.

Questions were asked about the awareness of existing pathways to support including out of hours crisis support. Do services assume that the public know where to go for help with their mental health and at times of distress? Are messages clear where to get support at the right time? Attendees felt it was important to have a centralised place for support, information and resources e.g. one app, one website for Ayrshire and Arran with clear, simple messages, particularly in relation to where to access appropriate support at the time it is needed. However, it was also recognised that not all people have digital access or digital literacy skills. Use of low tech outreach methods to raise awareness, taking a wide scale approach to avoid the risk of widening digital inequalities, should be explored. Examples given were campaign stickers on bins, fleet vehicles, buses and posters across community venues. Collaboration with local anchor institutions such as local government and NHS Ayrshire & Arran could provide such opportunities.

Taking a targeted approach was also suggested, where resources and information that are suitable for the audience, are made available and publicised to people at highest risk, across the life course. In other words action is needed to identify places/services where individuals interact and ensure that appropriate resources and information about support are available and promoted. For example, workplaces; venues/places where men go within communities; and services that work with and support those living in the most socio-economically deprived areas. For children and young people, it was considered important to continue building on existing awareness raising activity within schools and higher education establishments using a strategic approach. In addition, places where children and young people are attending extra-curricular activities should be targeted. Other groups that were highlighted within this target approach were the New Scots and Gypsy/Travellers.

Discussions also concentrated on access to support, information and resources, highlighting the need for people to know how to access the right type of support in the right place at the right time. Importantly, the messaging around accessing support must also be kept simple. Ideally a central directory of support would be available but it was also recognised that there are challenges to achieve this type of repository. It was suggested that communication between services to raise awareness of work and support available would help to signpost people when needed.

Suicide Statistics
Just under <b>three quarters</b> of all suicides in Scotland are <b>male</b>
<b>88% of people</b> that die by suicide are of <b>working age with two-thirds of these in employment</b> at the time of their death.
Death by suicide is approximately <b>three times more likely among those living in the most socio-economically deprived areas</b> than among those living in the least deprived area



Some of the messages that were proposed should aim to:

- Increase community awareness of suicide and highlight that suicide prevention is everybody's business.
- Promote a culture where it is okay and perceived as normal to ask for help and talk about mental health and suicide.
- Encourage more people to seek help as early as possible and know who to turn to when support is needed.
- Empower everyone to feel confident and able to manage any discomfort about having conversations about suicide.
- Highlight ways to access the right support at the right time, whether this is to access help and support for:
  - o Managing mental health and wellbeing
  - o Suicidal thoughts
  - o Self-harm
  - o Suicide crisis support (local and national services)
  - o Bereavement support if affected by suicide

**Action for consideration:**

Develop a Pan-Ayrshire Public Mental Health<sup>3</sup> Communication and Engagement Group responsible for creating and implementing a communications plan that considers suicide prevention across the life course and the stages of intervention, from prevention and early intervention to intervention, recovery and postvention.

<sup>3</sup> As described in the [NES Skills and Knowledge Framework](#), **Public mental health** includes the promotion of good mental health and wellbeing across the whole population, and the prevention of mental ill health, self-harm or suicide. It is also about improving the quality and length of life for people who experience mental ill health and addressing the inequalities people can face.

## TRAINING

Discussions highlighted the existing opportunities and resource to deliver suicide prevention learning opportunities across Ayrshire. While the introduction of the Pan-Ayrshire suicide prevention training roles have increased capacity, it was also emphasised the need for more resource.

Specific target audiences for suicide prevention training was an area of focus. It was recommended that suicide prevention training should be mandatory for the public sector workforce with the level of training appropriate to individual job roles i.e. those who come into contact with individuals at higher risk of suicide have more in-depth training. In addition, ensuring there are opportunities for collective learning in relation to suicide, where people from different backgrounds/roles/services come together and share perspectives to deepen the learning experience was also thought to be valuable.

There was a strong opinion that consideration should be given to building awareness and capacity within the community, empowering more individuals to have confidence to speak about suicide and offer help or a listening ear when they recognise distress in others. It was noted that there are many individuals who have the potential to intervene early if they know the signs to be aware of but currently wouldn't have the confidence to raise the question of suicide or know how to help someone in this situation. Therefore, targeting places in the community where the public interact every day and workers in public facing roles could offer ideal learning and capacity building opportunities. Places in the community where men congregate, for example Men's Shed, local football clubs, Fit Ayrshire Dads were identified as benefiting from learning opportunities and resources to help create environments that encourage men to open up, talk and ask for help and build confidence in supporting others to get help.

Further consideration is required to identify and prioritise training to the right people in the right places to ensure the biggest impact on preventing suicide. Taking a planned approach to target settings where those individuals who are at higher risk of suicide are likely to interact or come in contact with could be beneficial.

The workplace setting was thought to provide an opportunity to access a wide range of individuals to promote mental health and wellbeing and prevent suicide. Interventions, awareness raising, training and development of supportive mental health policies could all contribute to a positive ethos and culture in turn creating a suicide aware environment. Community based workplaces (including where there are paid or voluntary staff), for example shops, supermarkets, community centres and cafes could also benefit from increased knowledge and awareness to encourage conversations and opportunities to offer support.

Prevention and the promotion of mental health and wellbeing across the life course was also discussed in relation to this outcome area and as an opportunity for learning and building capacity. Building resilience across the community and also within workplaces were considered to be an integral element of suicide prevention work. Creating cultures of self-care and compassion in both settings were emphasised as key, as well as, education programmes or toolkits to support people to manage their mental wellbeing and have the knowledge and confidence to ask for help.

**Action for consideration:**

Review existing local learning opportunities contributing to preventing suicide across the life course and the stages of intervention, from prevention and early intervention to intervention, recovery and postvention. Taking a Pan-Ayrshire approach, taking cognisance of the National Learning Review, identify gaps, learning needs and possible solutions for local consideration.

Develop a planned approach to building capacity both for awareness of suicide and its prevention and the delivery of training. Consider areas to target training to build capacity to make the biggest impact e.g. housing, criminal justice, money matters teams, CPP partners.

Contribute to the national review of the learning approach to suicide prevention and use outcomes of the review to influence the local learning and capacity building approach.

Identify opportunities to promote the Time, Space, Compassion approach, locally. Where appropriate make links with trauma informed practice work.

Identify and develop a central location to find and access appropriate learning opportunities to support suicide prevention work.

Build on the success of this Suicide Prevention event to continue sharing good practice, learning and celebrate positive outcomes across Ayrshire and Arran.



**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.**

#### **Action Area 5: Developing a compassionate response**

There was an unmistakeable ambition and passion among attendees to give consideration to this action area. The importance of relationships in providing high quality, compassionate care and responses in order to promote wellbeing and recovery was noted. It was acknowledged that quality support already exists across Ayrshire and Arran. However, there is always room for improvement. It could be helpful to identify areas where people *do not* experience compassionate support or have the opportunity to build a trusted relationship within services. Understanding where it isn't happening and what the underlying reasons that prevent it from happening, could help identify areas for intervention. Thus, working to ensure there is a consistent and wide spread compassionate response across services.

There are many barriers that can prevent individuals getting the help and support they deserve and it was recognised that current pressures and systems that people work in can act as a huge barrier for staff to be able to offer the compassionate care and support that they want to provide. Conversations to better understand such barriers and how we can overcome them would be beneficial, in order to drive change. Raising awareness of approaches such as Time, Space, Compassion and Trauma Informed Practice could help support and frame some of these discussions. Furthermore, addressing and supporting the wellbeing of the workforce and exploring vicarious trauma will be imperative to achieve this outcome.

#### **KNOWING HOW TO ACCESS SUPPORT**

Pathways to support and awareness of how to access the right support at the right time arose building on previous discussions. The ability to access high quality compassionate, appropriate and timely support often relies on knowledge and understanding to navigate services as well as the courage to ask for help without fear of stigma. Constant and consistent messaging that highlights routes to support services is essential.

Concerns were raised about reaching people who aren't linked into specialised services. A high percentage of people who die by suicide are not involved with mental health services in the 12 months prior to their deaths. It can be harder to access or ask for support if you don't know where to turn. Attendees believed that action is required to consider other places or services that individuals at risk may come into contact with and consider how a compassionate response can be built in.

The Death by Suicide review groups established in East, North and South Ayrshire offer the opportunity to learn

**31% of people** who died by suicide in **Scotland** had **contact with mental health services** in the 12 months prior to their death. (National Confidential Inquiry into Suicide)

about the person themselves, their circumstances and what services may be involved with people prior to their death, noting any patterns arising. Thus, improvements can be made to processes and practice where relevant and targeted interventions can be developed and implemented. Consideration should also be given to ascertain opportunities within the community and workplace settings, as well as statutory services such as housing and criminal justice who are involved with individuals known to be at greater risk of suicide.

Additionally, there are many routes to support from crisis support to groups/services that can positively impact mental health and wellbeing. This can also make it difficult to know the most appropriate place to access the right help. Clear and simple pathways are needed both for individuals to seek help and for those supporting others in distress.

### **Whole systems approach**

The need for better communication and whole system working also featured. As mentioned previously, many people at risk of suicide may not be involved with the mental health services. Therefore, emphasis should be placed on working across sectors and organisations to build capacity and opportunities to provide a compassionate response and help people to access appropriate support to prevent suicide

Strengthening whole system approaches and multi-agency communication were agreed to be key to improving support, with consideration given to identifying gaps in services and making improvements based on the findings. Greater partnership working and working together more effectively may help to reduce duplication of work and create ways of working that can address gaps in services. For example, taking a multi-agency and/or place based approach with honest and open communication and information sharing across services could enhance the quality of services provided and achieve more compassionate, timely and appropriate responses to people at their time in need. The challenges of this way of working were noted but despite the difficulties it was thought that consideration should be given to explore better ways to working together with people at the centre. An action to achieve this could be to develop skills in relationship based practice across services to encourage better working relationships in turn leading to confidence and trust between colleagues, managers and across services. Thus creating more effective collaborative working.

The impact of wait times and gaps in through care to support people transitioning between services, which can often lead to people being lost in the system, was discussed. It was suggested that these areas could be improved and opportunities created to ensure some kind of support is accessible while waiting. Again, taking a whole society approach may make this more achievable. Furthermore, additional thought should be given to early intervention, who is looking out for signs that an individual needs help with their mental health and offer support. What is the role of statutory services and what they can contribute?

Interventions should be considered at an individual level, community and service level to ensure people receive compassionate and timely support. This will require action in the areas suggested previously but also within communities. Increasing community awareness in relation to suicide and building confidence to have compassionate conversations could contribute to this outcome.

## Suicide Bereavement Support

It was clear that the availability of the local Suicide bereavement support service was welcomed and there was a desire for this services to be made permanent. Some opportunities discussed to enhance the support following a bereavement through suicide included:

- Further promotion of the Penumbra Bereavement Support service with consideration given to how to ensure those affected by suicide receive information about the service
- Scope opportunities to improve support for a young person who has lost adult to suicide.
- Share learning and evaluations of resources that have been successfully used with young people. For example, South Ayrshire highlighted Seasons for growth- loss and bereavement programme and the Blether box- memory jar

### Action for consideration:

Continue to develop and build on the roll out of Distress Brief Interventions Programme to ensure it supports people at the earliest opportunity.

Identify opportunities to promote the Bereavement Support Service and ensure people are able to access the service at the right time.

Carry out a scoping exercise to identify what information, learning and resources are needed to support workplaces to create a compassionate, supportive environment that enables people to ask for support when in crisis.

Develop a targeted and planned approach to raising awareness of Time, Space, Compassion approach, linking to other relevant areas of work such as Trauma Informed Practice to support the action area in relation to supporting a compassionate response.

**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.**

#### Action Area 6: Data, evidence and planning

With Outcome 4 being focused on ensuring our local approach is well planned and working collaboratively to deliver on preventing suicide, many of the themes from other areas were highlighted. This included that the local approach should:

- Be focused on relationship based practice
- Be targeted to address gaps, using evidence based interventions
- Take a whole life course and whole systems approach to prevent suicide
- Have a particular focus on and resources targeted to prevention and early intervention approaches and services
- Ensure funding is also well planned and targeted with one overall approach to providing a continuum of support to reduce duplication, ensure equal access across Ayrshire and Arran and avoid unrest concerning funding provision

Communication between services was a common thread across all the outcome areas and it was thought that systems needs to be developed to ensure continuous learning and quality improvement can be realised. It was acknowledged that there are ongoing challenges to having systems that allow information sharing. However, in the absence of effective IT systems across services and organisations, what other opportunities could there be to improve learning systems and communication through human interaction?

It was highlighted that great efforts had been made locally to develop processes to learn from every death by suicide. However, on-going revision of the process and use of the learning was thought to be essential to be able to better understand suicide and maximise opportunities where suicide prevention action can be implemented or improved upon.

As part of a well-planned approach to suicide prevention, attention should be given to those groups who, the evidence shows, are at higher risk of suicide. Many of these group are often marginalised, therefore a well-considered plan is needed to ensure adequate attention is given to prevention and early intervention as well as ensuring there are suitable and accessible crisis support services. Some groups referenced in discussions included:

LGBTQ+ community	Gypsy/Travellers	Learning disability- sometimes overlooked and incorrect assumptions made re relevance
Care experienced Individuals (The Promise)	Young people who don't have positive destinations i.e. not going to college/unemployed	Young offenders and individuals involved with the Criminal Justice system- difficulties getting back into employment

Another key theme from this discussion was the need to consider opportunities to allow people, locally, to bring their own experience of suicide to discussions about suicide prevention to gain understanding and ensure plans, approaches and interventions are appropriate and effective.

**Action for consideration:**

Review the Pan Ayrshire Suicide Prevention Group Action Plan to highlight areas of work that will continue and identify new areas for action, reflective of Creating Hope Together: Scotland's Suicide Prevention Strategy and Action plan, as well as addressing local needs.

Continue to develop the Death by Suicide review process and share learning across the three local authority areas.

Develop a life course approach to Mental Health and Suicide Prevention considering key areas for intervention.

Investigate approaches to improve communication and ways of working and learning together to better support those accessing services e.g Human Learning Systems

Identify ways to have more people with lived experience involved with suicide prevention across Ayrshire and Arran and ensure they continue to be placed at the heart of any work on taken forward locally.

Use local data, research and intelligence to influence and design the Ayrshire response to preventing suicide.

## **Next Steps**

Creating Hope Together highlights that suicide can affect anyone. It does not matter what age or gender they are or where they live. But some people are at more risk of suicide. It is recommended that the Pan-Ayrshire Suicide Prevention Action Plan will help everyone but will also focus on working collaboratively to help those at greatest risk of suicide.

The Creating Hope Together Ayrshire event aimed bring people from across sectors and organisations to raise awareness of the national strategy and start discussions to identify action needed to prevent suicide locally. It also celebrated a range of positive work that continues to be delivered across Ayrshire and Arran to prevent suicide.

Appendix 1 provides a summary of all the 'Actions for consideration' outlined in the body of the report, under the six Action Area headings from the national Creating Hope Together Action Plan. It is hoped that this report and associated recommendations will support further discussions with partners to develop the next iteration of the Pan-Ayrshire Suicide Prevention Action Plan. The next iteration of the plan will acknowledge that taking a collaborative approach to tackle wider issues like poverty and social isolation is necessary in contributing to prevent suicide. Importantly the action plan will reflect the need to build on existing work and highlight that Local Government, Community Planning Partners, Voluntary Sector, businesses, communities and services such as health, housing and education all have a part to play.

Suicide Prevention is everybody's business. Working together, both across Ayrshire and Arran and within local areas, we can prevent suicide and create hope together.

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## **Appendix 1: Summary of all actions for further consideration**

### **Action Area 1: Whole Government and Society Approach**

- **Work collaboratively across Ayrshire and Arran to prevent suicide. Ensure all the parts of the Local Government and partner agencies will look at how to help prevent suicide through their work, and when making future decisions impacting the Ayrshire population.**
  - Review the representation of the Pan Ayrshire Suicide prevention group to reflect Whole Government and Society Approach to support cross cutting discussions
  - Work to address causes and inequalities of suicide eg poverty & substance use, considering targeted interventions to improve mental health
  - Identify current areas of work and policy where it could be reviewed through the lens of suicide prevention e.g considering careful work practices. The example given was the Community Justice System not liberating people from prison on a Friday when no services will be available
  - Advocate or lobby for decisions made at a National level to be changed or improved in order to mitigate the impact on suicide.
- **Ensure the workforce and community have the right skills and understanding of mental health and suicide to recognise risk factors, have caring conversations and provide help for people in distress, linking them to the appropriate support at the right time.**
  - Target specific communities and sectors of the workforce across public services where individuals at greatest risk may be interacting.
  - Review and interpret emerging evidence, best practice, guidance and research and consider ways to share with and support partners to implement locally, where relevant.

### **Action Area 2: Access To Means**

- **Some of the local actions discussed in order to prevent people from hurting themselves included:**
  - where individuals at greatest risk may be interacting.
  - Early identification of locations of concern and work collaboratively to implement any possible mitigations
  - Early identification of locations of concern to implement preventative activity in the area e.g work with coastguard to identify preventative interventions
  - Work with Planning Department colleagues in each local authority area to ensure suicide prevention is considered within Local Development Plans (LDP's). In particular, new structures give cognisance of suicide risk and mitigations are identified at the design stage, preventing the site becoming a new location of concern.



- Highlight the National Guidance\* locally to relevant partners and work together to identify how this guidance can be used and implemented.

- [National Guidance on Identifying and Responding to a Suicide Cluster](#)
- [National Guidance on Action to Address Suicides at Locations of Concern](#)
- [National Guidance on Managing the Risks of Public Memorials After a Probable Suicide](#)

#### **Action Area: Media Reporting**

- Identify ways to use the Samaritans Social Media guidance to promote use of the correct language and address risks associated with social media and its impact on suicide.
- Consider ways to work with local media, providing education and support to complement and build on work being implemented nationally through the strategy.
- Advocate or lobby for decisions made at a National level to be changed or improved in order to mitigate the impact on suicide.
- Actively share good practice, celebrate the positives and good outcomes as a way to support learning and continue to encourage action to prevent suicide across Ayrshire and Arran.

#### **Action Area 4: Learning and building capacity**

- Develop a Pan-Ayrshire Public Mental Health<sup>1</sup> Communication and Engagement Group responsible for creating and implementing a communications plan that considers suicide prevention across the life course and the stages of intervention, from prevention and early intervention to intervention, recovery and postvention.
- Review existing local learning opportunities contributing to preventing suicide across the life course and the stages of intervention, from prevention and early intervention to intervention, recovery and postvention. Taking a Pan-Ayrshire approach, taking cognisance of the National Learning Review, identify gaps, learning needs and possible solutions for local consideration.
- Develop a planned approach to building capacity both for awareness of suicide and its prevention and the delivery of training. Consider areas to target training to build capacity to make the biggest impact e.g. housing, criminal justice, money matters teams, CPP partners.
- Contribute to the national review of the learning approach to suicide prevention and use outcomes of the review to influence the local learning and capacity building approach.
- Identify opportunities to promote the Time, Space, Compassion approach, locally. Where appropriate make links with trauma informed practice work.
- Identify and develop a central location to find and access appropriate learning opportunities to support suicide prevention work.
- Build on the success of this Suicide Prevention event to continue sharing good practice, learning and celebrate positive outcomes across Ayrshire and Arran.

#### **Action Area 5: Developing a Compassionate Response**

- Continue to develop and build on the roll out of Distress Brief Interventions Programme to ensure it supports people at the earliest opportunity.
- Identify opportunities to promote the Bereavement Support Service and ensure people are able to access the service at the right time.
- Carry out a scoping exercise to identify what information, learning and resources are needed to support workplaces to create a compassionate, supportive environment that enables people to ask for support when in crisis.
- Develop a targeted and planned approach to raising awareness of Time, Space, Compassion approach, linking to other relevant areas of work such as Trauma Informed Practice to support the action area in relation to supporting a compassionate response.

#### **Action Area 6: Data, evidence and planning**

- Review the Pan Ayrshire Suicide Prevention Group Action Plan to highlight areas of work that will continue and identify new areas for action, reflective of Creating Hope Together: Scotland's Suicide Prevention Strategy and Action plan, as well as addressing local needs.
- Continue to develop the Death by Suicide review process and share learning across the three local authority areas.
- Develop a life course approach to Mental Health and Suicide Prevention considering key areas for intervention.
- Investigate approaches to improve communication and ways of working and learning together to better support those accessing services e.g Human Learning Systems
- Identify ways to have more people with lived experience involved with suicide prevention across Ayrshire and Arran and ensure they continue to be placed at the heart of any work on taken forward locally.
- Use local data, research and intelligence to influence and design the Ayrshire response to preventing suicide.