The Health and Social Care Alliance Scotland (the ALLIANCE)

ALLIANCE
HEALTH AND SOCIAL CARE ALLIANCE SCOTLAND
people at the centre

Response to Call for Views – Suicide Prevention Strategy

29 March 2024

Introduction

The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to respond to the Committee's Call for Views. The Inquiry presents welcome scrutiny of the Scottish Government's 'Creating Hope Together' Suicide Prevention Strategy from an equalities and human rights perspective.

The ALLIANCE responded to the Scottish Government's questionnaire[1] and consultation[2] which helped shape the Strategy and is a member of the Scottish Government's Mental Health Equalities and Human Rights Forum. Due to the short time frame of the Call for Views (four weeks) our response is briefer than we would have otherwise wished, but we hope it will aid the Committee's scrutiny of the Strategy.

What actions could we take as a society to reduce suicide rates in Scotland?

We know that a range of policy areas can have a significant positive or negative impact on people's mental health and wellbeing. The ALLIANCE welcome the commitment in the Strategy to collaboration across sectors, and across national and local levels. To achieve wraparound care and a "no wrong door" approach to support, it is essential that there is consistent awareness of and support for suicide prevention across the policy landscape in Scotland.

In particular, the ALLIANCE suggests that the following policy areas must be involved in the prevention of suicide:

- Healthcare
- Social care
- Criminal and justice system
- Gambling harm
- Housing
- Poverty and inequality

- Equalities and human rights
- COVID-19 recovery
- Housing and homelessness
- Work and employment
- Social security
- Education
- Rural affairs

It is imperative that policy coherence is considered and embedded throughout the Strategy design, implementation, and evaluation. The ALLIANCE recommends prioritising human rights based approaches as a strong initial step to providing greater coherency of approach across sectors. This aligns with relevant policy and legislative agendas including the Scottish Government's plans for human rights incorporation,[3] the Scottish Mental Health Law Review,[4] the Mental Health and Wellbeing Strategy, and the proposed National Care Service (Scotland) Bill.[5]

It is important that action to deliver the Strategy is explicitly based on equality, intersectionality, and human rights. Mainstreaming human rights throughout the whole strategy (and any associated delivery plans), with reference to international human rights treaties and our full range of civil, political, economic, social and cultural rights, will help to align the strategy with relevant policy and legislative agendas, and will ensure that people's rights are respected, protected and fulfilled.

To ensure a meaningful human rights based approach, the ALLIANCE recommends alignment with internationally recognised human rights frameworks. The AAAQ framework (Availability, Accessibility, Acceptability and Quality)[6] - along with the principles of Participation and Accountability[7] - can be used to establish the starting point or baseline for suicide prevention services and support, for everyone who needs it. International guidance is also available, for example through the World Health Organisation's (WHO) QualityRights Toolkit, which provides practical

information and tools for assessing and improving quality and human rights standards in mental health and social care services.[8]

To what extent do you believe that the Scottish Government and COSLA's Suicide Prevention Strategy 2022 to 2032 and delivery plan will achieve its vision of reducing the number of suicide deaths in Scotland?

The ALLIANCE welcomed the Suicide Prevention Strategy and delivery plan, and broadly agree with its content and the priorities and actions identified. It has the potential to achieve its vision of reducing the number of suicide deaths. This will depend on ongoing sustained funding, including for the third sector, and successfully delivering a 'whole of the community' approach in practice. In particular, it is important that suicide prevention is coherently recognised across Scottish Government policy-making, in particular in areas detailed in our other answers to questions in this response.

To what extent do you believe the Suicide Prevention Strategy 2022 to 2032 and delivery plan will reduce inequalities which contribute to differing suicide rates between groups?

The ALLIANCE welcomes the priority given in the Strategy to "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."

We recommend an equalities and intersectional approach is taken in delivery to respond to the rights and needs of diverse population groups and those facing multiple disadvantage and trauma. This should include those living with protected characteristics listed under the Equality Act 2010,[9] as well as other marginalised groups, including (but not limited to) care experienced (young) people, people experiencing poverty, people living with addiction, and survivors of trauma and/or abuse.

In addition to the risk factors mentioned, the ALLIANCE would highlight the link between Adverse Childhood Experiences (ACEs) and suicide,[10] and we welcome the inclusion of trauma and ACEs as a key action under action area 1 in the Action Plan document.[11]

As part of our Health and Social Care Academy programme, the ALLIANCE has carried out research into ACEs. We know that people who have had ACEs are more likely to encounter a range of health inequalities, including a higher incidence of being affected by suicide or experiencing suicidal ideation than the general population.

We suggest that some of the learning from within the ACEs community could usefully inform delivery of the Strategy. For example, our Health and Social Care Academy paper 'Adverse Childhood Experiences and Transformation' outlines the significant of ACEs, and proposes actions including integrating routine ACE inquiry into existing healthcare assessments; production of a national ACE study to understand the prevalence of ACEs in Scotland; and increasing investment and support for parents and families to help break the inter-generational cycle of ACEs. [12]

We also know that there is a strong association between people who have experienced gambling harm and suicide.[13] As highlighted by Samaritans, "people experiencing gambling-related harms are a risk group for the experience of suicidal thoughts, attempts and death by suicide".[14]

Through the ALLIANCE's 'Scotland Reducing Gambling Harm' programme, we work to put the voices of people affected by gambling harms at the heart of action to reduce those harms. People with lived experience tell us that in many instances, gambling addiction has led to suicidal thoughts and attempts to complete suicide.

Experiencing gambling harms can significantly increase the likelihood of experiencing mental health issues or attempting or dying from suicide.

Research from Gambling with Lives estimates that there are around 250 to 650 gambling related suicides every year in the UK.[15]

Our engagement work has highlighted that there is a need to increase awareness of the impacts of gambling on mental health across society, including for mental health practitioners. As summarised by one participant to our recent Annual Conference session:

“Makes me ashamed, as despite working in mental health for many years I have never really asked anyone about whether they had any concerns about gambling even where there has been financial difficulties.”

The COVID-19 pandemic has also had a significant, negative affect on the mental health and wellbeing of disabled people, people living with long term conditions, unpaid carers, and other marginalised groups. For many people, the stress, fear, and anxiety of living through a pandemic has had a considerable impact on their mental health, which has had a lasting impact in a number of cases.

The COVID-19 pandemic – and responses to it – highlighted and exacerbated pre-existing health inequalities. The mental health and wellbeing of disabled people, people living with long term conditions, unpaid carers, and other marginalised groups has been disproportionately and negatively impacted by the pandemic:

- Disabled people are more likely than non-disabled people to have experienced anxiety about their physical health, as well as feelings of loneliness and struggling with their mental health.[16] Disabled people and people living with long term conditions were particularly impacted by deterioration in their health and wellbeing due to the reduced access to ongoing support, health and social care services necessary for them to self-manage and live well.[17]

- Research by Glasgow Disability Alliance (GDA) notes that many disabled people experienced barriers to accessing support for their

mental health, and often felt dismissed, with referrals to GDA's Wellbeing Service increasing significantly at outset of the COVID-19 pandemic.[18] Inclusion Scotland found that respondents to their April 2020 survey were experiencing stress, fear and anxiety, with many losing access to health services and support for both physical and mental health during the pandemic. Feeling of stress, fear and anxiety during COVID-19 were particularly acute for people with lived experience of mental health problems, disabled people living alone or with limited access to digital communication.[19]

- Unpaid carers have reported the practical and emotional challenges of providing full time, ongoing care throughout lockdown, often without access to support and respite.[20] A survey by Carers Trust Scotland indicated that 50% of unpaid carers surveyed described their mental health as "worse than before the pandemic", and 34% described it as "much worse than before the pandemic", with many experiencing more stress and loneliness.[21]

- Research shows that women are more likely to have been disproportionately impacted by the indirect consequences of COVID-19 than men. Close the Gap and Engender have noted the disproportionate impact that COVID-19 is having on women and girls, highlighting that disabled women and young women are more likely than men to have sought support for their mental health over the course of the pandemic or increased the support they are receiving for their mental health.[22]

- Other groups such as socio-economically disadvantaged people, people with existing mental health needs living in areas of multiple deprivation, children and young people, and older people also experienced a negative impact on their mental health and/or increased risks of loneliness.[23]

To improve the support available to people who have experienced suicidal thoughts, and their families, the ALLIANCE recommends that mental health and wellbeing should be prioritised by increasing investment in community-based mental health and wellbeing services and guaranteeing people access to timely, good quality support. Asset-based approaches are key to reducing inequalities and creating personalised services built around the rights and needs of communities.

Do you think that sufficient funding is available to implement and support the Strategy and delivery plan?

Although funding has been made available for the Strategy and delivery plan, this needs to be sustained over the ten year lifespan. Additionally, funding for third sector organisations, who play a key role in suicide prevention must be prioritised.

The ALLIANCE's 'Stretched to the Limit: Scotland's Third Sector and the cost of living crisis' research found that 84% of member organisations responding had experienced increased demand for services, yet 61% reported reduction in funding via grants, 76% were facing higher bills, and 48% were unable to give their employees pay uplifts. 88% of respondents said their organisations would benefit from longer-term funding arrangements.[24]

As a result, the ALLIANCE recommends the Scottish Government:

- Progress commitments to fair funding for the third sector, in line with the SCVO definition[25]
- Ensure the Fair Work agenda goes beyond funding the Real Living Wage, and instead to pay that is comparable to equivalent statutory sector roles
- Tailor support for organisations operating in rural Scotland
- Target support for energy bills, and in the longer term lower energy tariff arrangements for the third sector

- Adopt a human rights based approach to procurement and grant funding
- Invest in services that reduce demand for acute interventions from the public and third sectors

The third sector plays a vital role in suicide prevention, early intervention, and postvention recovery support, as well as addressing stigma. ALLIANCE members have reported that there is excellent work happening across Scotland within a range of third sector organisations and community groups, which can play a key part in the 'whole of the community approach' outlined in the Suicide Prevention Strategy.

Examples include (but are not restricted to) Scottish Recovery Network's Write to Recovery project,[26] the work of Men's Sheds,[27] postnatal support groups, See Me's work on stigma and discrimination,[28] and unpaid carer support groups. However, this support is not consistently available to all people across Scotland. Instead, there are pockets of good practice, and areas where people have insufficient access to support and potentially helpful resources.

It is vital that the effectiveness and significance of local third sector organisations are acknowledged, and their expertise drawn upon in developing, implementing and evaluating the Suicide Prevention Strategy for Scotland. Quantitative data on the effectiveness of suicide prevention and early intervention activity will always be difficult to establish; but there is a range of qualitative evidence of the positive impact that community support groups and organisations have on people's wellbeing more broadly, and improvements in people's mental health and self management.

To what degree have the voices of people with lived experience of suicide been meaningfully considered within the development of the Strategy and its implementation?

The ALLIANCE strongly welcomed the commitment to lived experience involvement outlined in the Suicide Prevention Strategy. It is essential that meaningful co-production occurs to achieve transformational and positive change that works for everyone.

In 2018, the Health and Social Care Academy, a programme of the ALLIANCE in partnership with the Samaritans and NHS Health Scotland led on work to gather views from people affected by suicide as part of the co-production of the Scottish Government Action Plan on Suicide Prevention, October 2017 to January 2018. The partnership held six events from Inverurie to Dumfries, engaging with approximately 100 people and generated a set of priorities and key recommendations.[29]

Meaningful partnership working with people with lived experience, unpaid carers and the third sector is key to achieving the outcomes of the strategy at ground level. The ALLIANCE recommends that embedding choice, co-production, and a human rights based approach across systems can support people to achieve better experiences and outcomes. For co-production to be meaningful, it is important that people with lived experience are valued as an integral and equal part of the service design and delivery process – not merely consulted on proposed changes.

We are aware that disabled people, people living with a long term condition and unpaid carers are disproportionally impacted by poor mental health and may be at a greater risk, so their views must be considered in any implementation of strategies. It is important to seek out the voice of those of have previously not engaged, including those who are impacted but often not engaged in support and services.

The ALLIANCE recommends engaging with people with lived experience, families, unpaid carers and the third sector at the earliest opportunity when taking the strategy forward. We believe that co-production should be embedded throughout the development, delivery, and evaluation of the strategy, and to inform continuous improvement cycles. This will help to ensure that the strategy is progressively realising people's human rights. The ALLIANCE would also welcome transparency of process in how decisions are made and in how co-production is achieved in practice.

The ALLIANCE welcomes the Government commitment to funding lived experience networks. It is crucial to involve people living with long term conditions, disabilities and unpaid carers in decisions that affect their lives. The DEAP (Diverse Experiences Advisory Group) run in partnership with the Mental Health Foundation, draws on individuals' experiences and perspectives to inform government policy and how it can support better mental health and wellbeing for people and communities across Scotland. The group have been heavily involved informing the Mental Health and Wellbeing Strategy.

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for health and social care, bringing together a diverse range of people and organisations who share our vision, which is a Scotland where everyone has a strong voice and enjoys their right to live well with dignity and respect.

We are a strategic partner of the Scottish Government and have close working relationships with many NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our purpose is to improve the wellbeing of people and communities across Scotland. We bring together the expertise of people with lived experience,

the third sector, and organisations across health and social care to inform policy, practice and service delivery. Together our voice is stronger and we use it to make meaningful change at the local and national level.

The ALLIANCE has a strong and diverse membership of over 3,500 organisations and individuals. Our broad range of programmes and activities deliver support, research and policy development, digital innovation and knowledge sharing. We manage funding and spotlight innovative projects; working with our members and partners to ensure lived experience and third sector expertise is listened to and acted upon by informing national policy and campaigns, and putting people at the centre of designing support and services.

We aim to:

- Ensure disabled people, people with long term conditions and unpaid carers voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change that works with individual and community assets, helping people to live well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner, and foster cross-sector understanding and partnership.

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