Suicide Prevention Scotland.

Induction Pack

for Suicide Prevention Coordinators

Local Suicide Prevention Planning and Implementation Toolkit

Local Suicide Prevention Planning and Implementation Toolkit

Who is this for?

This resource is for local suicide prevention coordinators who have responsibility or joint responsibility for implementing local suicide prevention action plans. It may also be of use to other stakeholders in suicide prevention such as those who are involved in strategic development at a local, and potentially regional level as well as the wider suicide prevention partnership locally.

It has been developed by the Suicide Prevention Implementation Leads hosted by Public Health Scotland, with input from some local suicide prevention coordinators who have reflected on their own experiences and shared some of their insights in this pack. You will see the insights of these coordinators referenced throughout the pack.

How to make the most of this guide

If you are new to the role as a suicide prevention coordinator it is hoped that this guide will provide you with:

- **Information around your role and others working in suicide prevention in your local area, region and nationally**
- **Background to suicide prevention and insight to our current understanding of suicide prevention in Scotland**
- **Key pointers for reflection around your role and suicide prevention in your local area**
- **Insight from others who do a similar role around suicide prevention in local areas in Scotland**

Throughout this induction pack we will come back to the importance of the following principles that underpin your role and have designed reflection points at the end of each section for you to consider:

Understanding your local context

Every framework or idea that is introduced in this document and as part of your work should be considered through the lens of what is happening in your local area and the local need. Taking time to understand the local need and what activity has previously been done in the local area can help you in your role.

Building relationships

People who are involved in suicide prevention work may have different experiences and viewpoints and often have been affected by suicide in some way. Build relationships with people and understand their motivation. Strong relationships are a good foundation to working well across a number of different workstreams and help to foster collaboration, influence and also support for one another.

Being part of a learning culture

Our knowledge and insight around suicide prevention is constantly evolving. Embracing this way of working and advocating this approach with others will help you in your role.

It is recommended that you keep coming back to this induction guide over the first few months in your role, and to see how your understanding, contacts and reflections have changed.

Managers or those preparing to welcome new suicide prevention coordinators may use this induction pack as a starting point and where possible add local knowledge.

This induction pack enhances the information in the Local Area Suicide Prevention Planning and Implementation Toolkit to build on the suite of resources available to support local area suicide prevention coordinators (and steering groups) in their role.

The **Local Area Suicide Prevention Planning and Implementation Toolkit** supports areas in developing, implementing, reviewing and evaluating a local action plan. Relevant sections of the toolkit are referred to throughout the induction pack. The toolkit covers:

- Introduction
- Governance and Collaboration
- Action Plan Development
- Outcomes, Monitoring and Evaluation
- Data and Information Sharing
- Involving People with Lived and Living Experience
- Children and Young People Participation Practice
- Postvention & Incident Response

Visit the **Suicide Prevention Scotland website** to access the toolkit and other supporting resources.

We'd welcome your feedback on this induction pack as part of our continuous improvement process so, if you have any comments or suggestions for additional material, please email **phs.suicidepreventionteam@phs.scot** or discuss with your Suicide Prevention Implementation Lead.

1. Understanding your role

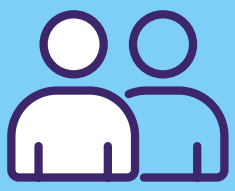
1.1 Your role as a suicide prevention coordinator

Welcome to your role as a local suicide prevention coordinator, whether this is a role which is full time, part time or part of a wider remit for you, you will find information within this pack which will help support the work you will do around suicide prevention in your local area.

Each local area has different arrangements in place for their suicide prevention work. Some coordinators are employed by the local council, others by the health board and some by the third sector. There is no standard approach to suicide prevention across local areas in Scotland. It's likely a range of individuals will be involved in suicide prevention but there usually is at least one person responsible for suicide prevention at an operational or coordinator role, and at a more strategic role. There may also be different structures and individuals involved in suicide prevention for children and young people. Regardless of the local set up, there are similarities across all areas in the expectations of a suicide prevention coordinator.

There are benefits to having an individual in a local area who can undertake a coordination role for suicide prevention activity. Having someone undertake this role can ensure that a focus is maintained on the actions required, reduce the likelihood of duplication of effort as they can help to keep working groups on track and allows a single point of contact for those delivering activity.

Care is required to ensure that individuals undertaking this role are not seen as being solely responsible for the delivery of suicide prevention actions, it is necessary for a multi-agency approach to this work to deliver positive outcomes.



What is a suicide prevention coordinator?

Generally, the title suicide prevention coordinator means someone working with a remit around suicide prevention in a local area or region who has a role in coordinating, implementing and reporting on local suicide prevention work. In some areas there may be more than one coordinator or it might be one portfolio as part of a wider role.

1.2 Local Governance and Reporting

Each local governance and reporting structure around suicide prevention looks different but usually a Steering Group oversees suicide prevention work. It is likely that in your role as suicide prevention coordinator you will be a member of the Steering Group. The work of this group will often feed into wider strategic groups crossing over other workstreams such as public protection or mental health services.

Often suicide prevention work is overseen by the Community Planning Partnership (CPP) as is shown in the diagram below, but there is variation on reporting structures across local areas. Sometimes the governance and reporting for suicide prevention in children and young people is through a different structure than for adults though it is useful if there are some links across in these cases.

The Chief Officer (usually the local authority Chief Executive) through their role as public protection lead has responsibility for local leadership of suicide prevention activity in the local area. Chief Officers will likely work with other leaders locally to fulfil their role such as the Director of Public Health.

There are no specific reporting structures nationally that local work must feed in to, however it's likely that the Chief Officer will be involved in discussions through the Society of Local Authority Chief Executives (SOLACE) around progress in local suicide prevention activity and COSLA Health & Social Care Board and COSLA Leaders are also regularly updated on progress of the national strategy which may mean you receive requests from local elected members to produce or comment on reports about local suicide prevention activity.

Below is an example of a local suicide prevention reporting and governance structure:

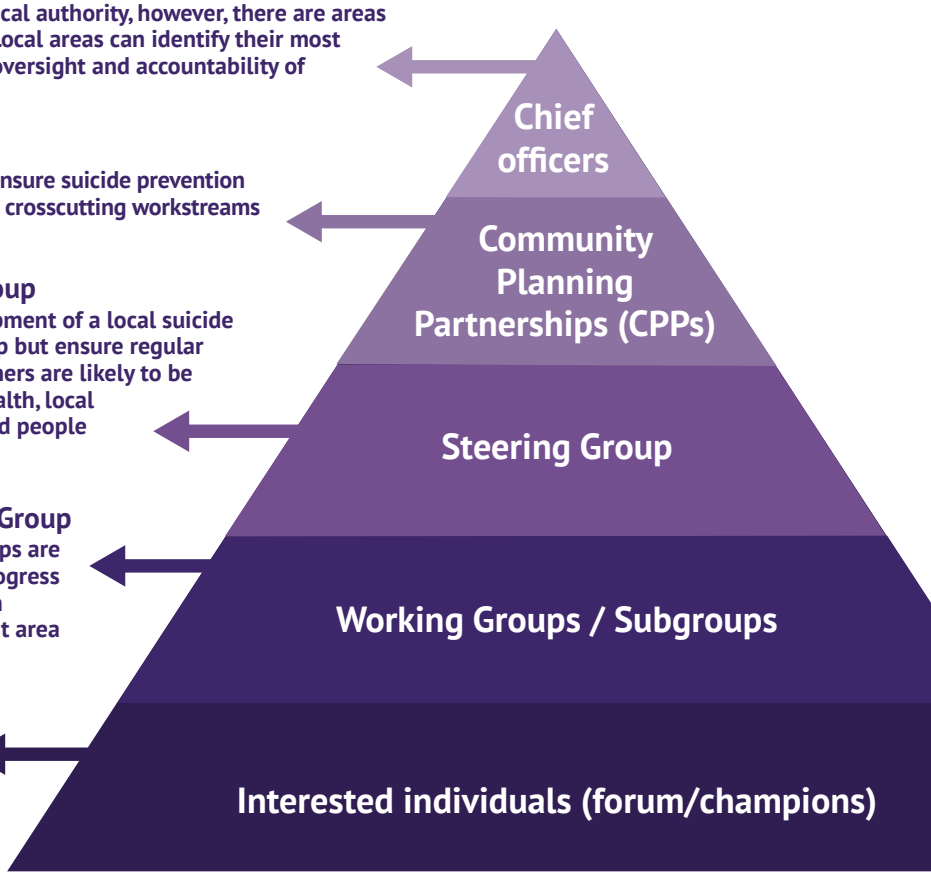
Chief officers
In most areas, this will be the Chief Executive for the local authority, however, there are areas where this role has been delegated to another officer. Local areas can identify their most appropriate senior officer to assume responsibility for oversight and accountability of suicide prevention.

Community planning partnerships
The relationships between Chief Officers and CPPs will ensure suicide prevention is considered in the wider strategic context and consider crosscutting workstreams across other relevant topic areas.

Multi-agency Suicide Prevention Steering Group
CPPs should delegate the responsibility for the development of a local suicide prevention action plan to a multi-agency steering group but ensure regular reporting in order to monitor progress. A range of partners are likely to be involved in this steering group, ranging from Public Health, local authority, mental health services, third sector, Police and people with lived experience.

Working Groups / Subgroups of the Steering Group
Working groups, sub groups or short life technical groups are responsible for implementing actions and reporting progress on a specific topic area in relation to suicide prevention and bring in partners to support implementation of that area of work. Not all areas have this structure of subgroups.

Interested individuals (forum/champions)
You may have a wider network of people involved in suicide prevention such as a forum, champions or those trained in suicide prevention who support the implementation and awareness of suicide activity and act as ambassadors or provide feedback.



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Reflections

Understanding your local context:

It's important that you understand the local decision-making structures around suicide prevention in your local area, below is some space for you to make notes regarding your local structure:

You can also consider:

- How does this example of the multi-agency suicide prevention group and governance structure compare to your local structures?
- Is the same governance structure in place for suicide prevention activity for adults and children / young people?
- Are people with lived experience involved in the governance structure?
- Are there any key deadlines you need to know to provide update reports?
- What is the process for escalating issues?

Building relationships:

- Who are the people involved in the different structures and what is their role and interest in suicide prevention?
- Who is the Chief Officer responsible for suicide prevention in your local area?
- What is the relationship between the Steering Group and other groups that exist that your work relates to for example a mental health services group or a public protection group? Is the relationship about reporting, influencing or directing?

Being part of a learning culture:

- Is the local structure working and what are the challenges?
- Are the right people involved?
- Is there strategic buy in around suicide prevention work?

Notes

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1.3 Suicide prevention roles and responsibilities

> "Chatting and being nosey can help you out when you start the role - learn about other people's motivations and interest, as well as their role in suicide prevention".

> "Co-leading on projects can bring different perspectives to the table and can also be helpful for safeguarding. With each project or workstream consider who you can collaborate with that will bring skills and expertise, the authority to be able to deliver but that can also provide support to you as a worker.

> "Seek out different attitudes and perspectives on suicide prevention – medical professionals, academics, public health, those involved in service delivery, people with lived experience – they all have different perspectives which can help shape your thinking around suicide prevention. There is no one reason or perfect solution.

> "It's not uncommon for a suicide prevention coordinator to receive contact from people who are in distress or worried about someone who is having thoughts of suicide. Develop a list of key contacts for people you can phone if a query comes in around support such as the local crisis team, children and young people's services.

No single agency or individual can deliver on all suicide prevention activities within a local area. You could work through your local action plan to find out key contacts for each workstream within it to get a better understanding of the different roles and responsibilities of people working in suicide prevention in your local area.

Your line manager or chair of the suicide prevention steering group may be able to help you identify who has responsibility for these activities in your local area. There can be a wide range of work that falls under the umbrella of suicide prevention, but don't worry there's lots of support around you through local contacts, peers in other local areas and at a national level.

Reflections

Understanding your local context:

- Which of these responsibilities are within your role?
- Who are the key contacts for the other pieces of work taking place locally, and are you meeting them as part of your induction?

Building relationships:

- What is possible with the capacity and level of influence you have in your role and what may need to sit with other colleagues or partners?
- How might you need to interact with other people involved in suicide prevention activity?
- How do you ensure shared responsibility of suicide prevention in the area?
- What are you hearing about perceptions of different workstreams, organisations and agencies and the systems, culture and practices in your local area?

Being part of a learning culture:

- Who can give you more information locally and nationally on the activities that relate to your role? (See contacts information on p37)
- Which areas might you want to prioritise learning around in your personal development plan? (Also see learning opportunities on p24)

Notes

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1.4 Suicide prevention action plan

> "The role is really about changing culture, taking that long-term approach can help you to stay focused."

> "Speak with your predecessor, build on the existing work and foundations."

It is recommended that local areas have a suicide prevention action plan that is based on local need. This local action plan will not necessarily replicate the actions outlined in the national suicide prevention action plan or reflect the action plans developed in other local areas who may have differing needs or resource, but it is likely there will be some similarities.

You may find the following **Local Area Suicide Prevention Planning and Implementation Toolkit sections** helpful in developing, implementing, reviewing and evaluating a local action plan:

- Data and Evidence
- Outcomes, Monitoring and Evaluation
- Children and Young People Participation Practice

In starting your role you should find out the current status of any suicide prevention action plan in your area, and if there is not a specific plan find out why and how suicide prevention work is overseen and coordinated.

> "SUPRESE has been a really useful tool to gather information and identify gaps before moving forward with our local area action planning. It has been time consuming to use and to tease out the information from different partners to get the full picture, however as a new suicide prevention coordinator it has provided me with a useful starting block to build upon.

If you are developing a new plan, or reviewing a current plan you may find the **suicide prevention self-evaluation tool** (SUPRESE tool) a useful starting point in gaining more information about activity in your local area, and comparing this to the priorities in your local action plan. However, be mindful that not all of these activities will be priorities for your local area.

Reflections

Understanding your local context:

- Does your local area have a suicide prevention action plan and what stage is it at?
- What are the priorities in your local area? Do these connect to any of the national priorities? (See page 17 for more on national priorities)
- Is your suicide prevention action plan based on local need?
- Are the financial resources available in the local area sufficient to support delivery of effective local suicide prevention action?

Building relationships:

- Who are the leads for the different workstreams in your local action plan? Find out who they are and seek an update on the work they are doing.
- Are any other local areas taking forward similar work? (See page 37 for contacts)
- Arrange to discuss your local action plan with one of the Local Implementation Leads about the next steps for your action plan.

Being part of a learning culture:

- How are the actions in the plan monitored and evaluated?
- How is the local work contributing to national work and the wider knowledge base around suicide prevention interventions?

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Suicide Prevention Scotland

2. Understanding suicide prevention

2.1 Scotland's approach to suicide prevention

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.

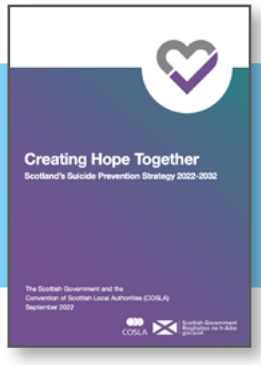
Our aim is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.
Creating Hope Together, Scotland's Suicide Prevention Strategy

Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 provides an overview of suicide in Scotland, and a background to the strategy development.

The strategy document is useful reading as part of your induction and it covers:

- An overview of suicide in Scotland and history of suicide prevention
- Vision and outcomes for suicide prevention in Scotland
- Summary of risk and protective factors for suicide
- Latest insight around suicidal behaviour through the IMV model
- Overview of prevention, early intervention, intervention, postvention and recovery
- Direct and indirect suicide prevention funding

Suicide Prevention Action Plan 2022 to 2025



Scotland's Suicide Prevention Strategy 2022-2032

Accompanying the strategy is a three year action plan which has more information about activity that will take place to achieve these outcomes. The strategy and action plan are focused around the following four outcomes, each of which have a key organisation that is leading the work around the outcome.

Outcome 1	The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.	SAMARITANS
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.	SAMH Scottish Action for Mental Health
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.	Penumbra Mental Health change MENTAL HEALTH
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.	Public Health Scotland

The national outcomes framework sets out how our actions will build over the next ten years to achieve our vision of reducing suicide, whilst tackling the inequalities which contribute to suicide. It will support how we plan, measure and report the difference we are making.

Suicide Prevention Strategy and Action Plan: Outcomes Framework

2.2 Suicide Prevention Scotland

Creating Hope Together, Scotland's long term suicide prevention strategy set a key priority to, "create a Scottish delivery collective, which will be a Scotland-wide delivery team on suicide prevention." Suicide Prevention Scotland is the name we are giving our delivery collective.

Local suicide prevention coordinators are a key part of the community working together to prevent suicide across our country and are a key part of Suicide Prevention Scotland. Our community also includes people working in public, private, and third sector as well as community groups. Importantly, it includes many people with lived experience of suicide.

As part of Suicide Prevention Scotland there is also:

National Delivery Lead	A National Delivery Lead has been appointed to lead delivery of the action plan on behalf of the Scottish Government and COSLA.
Outcome Lead Organisations	Organisations with extensive experience working in mental health, and in particular suicide prevention have been appointed to lead on delivering the four long term outcomes in the Action Plan. They will work collaboratively together, and with other organisations.
Delivery Leads	A group of staff hosted by a range of different public sector or third sector organisations working on key areas of the delivery plan for Creating Hope Together
Implementation Leads	Three staff hosted by Public Health Scotland and support local areas with their suicide prevention implementation
Lived and Living Experience Panel (LLEP)	A group of people from a range of different backgrounds who have experience of suicide. This group is co-ordinated by SAMH and plays a central role in shaping policy, and delivery of the action plan, through meaningful co-production
Youth Advisory Group (YAG)	This group involves people aged 16-24 who also have experience of suicide. This group is co-ordinated by Children in Scotland and plays a central role in shaping policy, and delivery of the action plan, for children and young people through meaningful co-production

Participation Network	This group is the YAG's further engagement platform to support the National Suicide Prevention Advisory Group (NSPAG) to consider children and young people's needs in the work.
Academic Advisory Group (AAG)	This group provides vital analysis and interpretation of research into suicide to help ensure the delivery of the action plan is informed by robust evidence
National Suicide Prevention Advisory Group (NSPAG)	The advisory group provides independent, impartial advice and constructive challenge to the Scottish Government, COSLA, and Suicide Prevention Scotland. You can find out more about the NSPAG, including its current membership.

If you'd like to find out more about the work taking place nationally then in the first instance get in touch with your Local Implementation Lead by emailing phs.suicidepreventionteam@phs.scot.

You can also follow us on the following platforms:

Or on our website:

https://www.suicideprevention.scot

You may like to watch this video from the Scottish Borders which shows how their local work links to some of the ambitions in the national strategy and action plan.

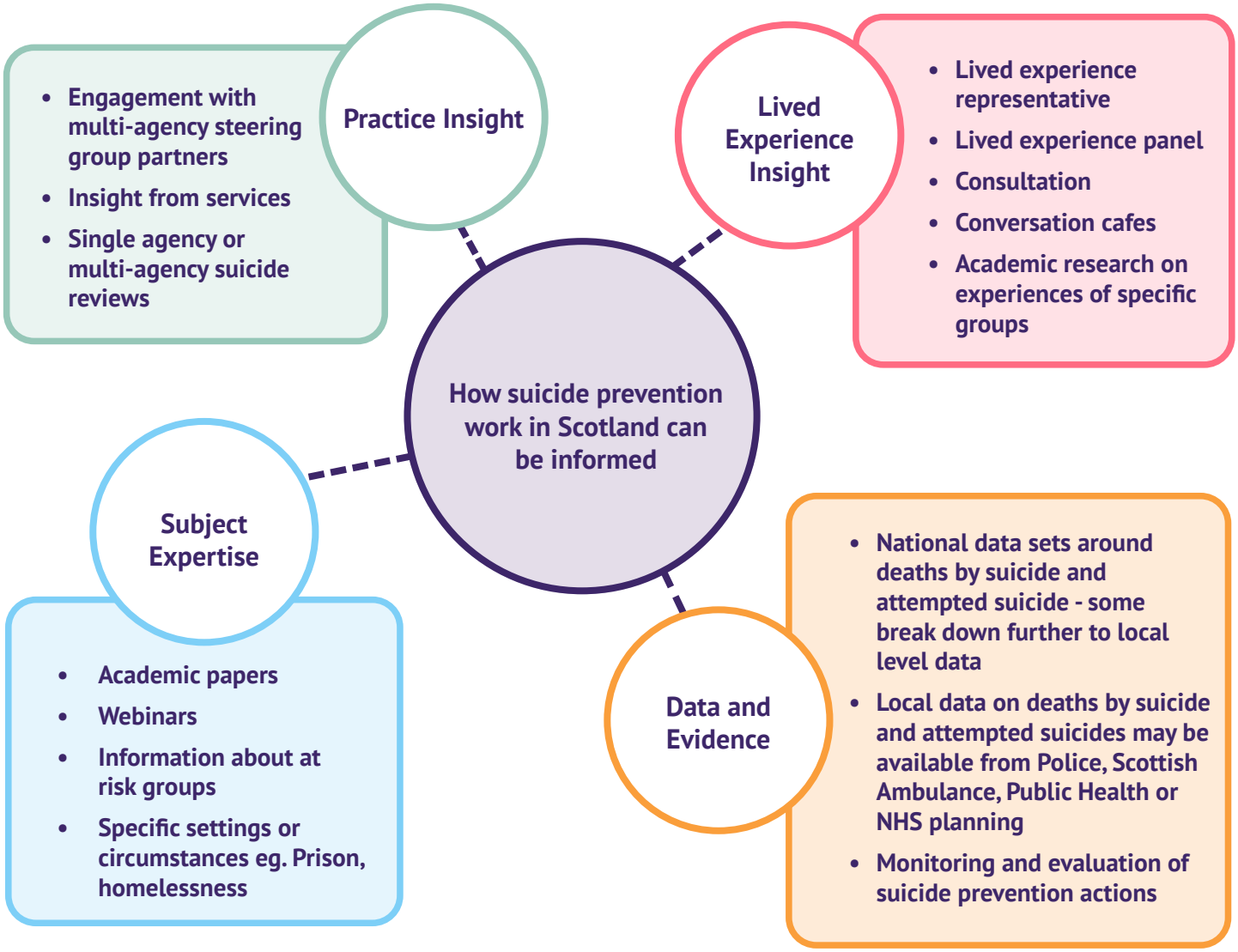
2.3 Developing our understanding around suicide prevention

Our understanding of suicide prevention is always developing and there can be differing opinions on approaches to suicide prevention. Our collective knowledge and insight is expanding as we create a network of people who are willing to share their work.

Our understanding of suicide prevention in Scotland is underpinned by a number of elements including:

- local and national datasets
- input from people who have experienced suicidal thoughts, have attempted suicide or are bereaved by suicide (lived/living experience)
- those working in suicide prevention related roles (practice based insight)
- academic insights into behaviour and the effectiveness of suicide interventions.

To gain a better understanding of suicide prevention in your local area you can also draw on these four elements to inform your work. Below are examples of where you might be able to find this data, evidence and intelligence for your local area.



Although there is a lot of knowledge that we have when it comes to suicide prevention, with such a vast topic there are a number of subjects that are still unknown or practice is emerging. Particular challenges in furthering our understanding around suicide prevention can be:

Gaps in data sets

For example we know that race and ethnicity data isn't always collected when people die by suicide

Effectiveness of interventions

Evaluation of interventions doesn't always take place and it can sometimes be difficult to draw conclusions from an initiative in one area/situation and whether that would be transferable to another setting.

Measuring progress

Often local areas look for progress towards reducing the rate of suicide which can be difficult to see a measurable difference from local interventions. Using different indicators such as enhancing protective factors or reducing risk factors around suicide can be more effective in measuring success.

Focus on activities rather than outcomes

Taking an outcomes focused approach can help us to initially focus on the changes that we want to see long-term, and allow us to work back to look at what activities will help us to achieve them.

Reducing inequalities

A key challenge can be ensuring that in our suicide prevention work we are reducing the inequalities gap, not just about reducing the rate of suicide but also ensuring that we're making a difference for key demographics where there is a higher rate of suicide.

Reflections

Understanding your local context:

- How do the statistics around suicide in Scotland compare to your local area?
- What other data, evidence and intelligence is available in your local area to shape your understanding of suicide? Who could provide you with more information?

Building relationships:

- Who can help you collect, analyse and interpret local data, evidence and intelligence?
- How can you build or strengthen your connection with people with lived experience?

Being part of a learning culture:

- Thinking about the continuum from suicidal thoughts through to attempted suicide, people who have died by suicide and those affected by suicide, what information don't you have? How could you find this out?
- Is your local action plan based on a needs assessment? Is it underpinned by local data, practice-based insight, lived experience and the latest academic evidence? How could you nudge it a step closer to achieving that?

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3. Learning and development

> "When I first started I wanted to know everything, and had to focus on what I really needed to know. It can sound like taking a step back but otherwise it can be overwhelming. Really think, what do I need to know to do my job, and build up from there."

> "Even after 10 years working in suicide prevention I'm still learning. Mistakes will occasionally be made but what's key is learning from them."

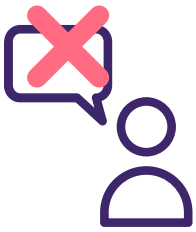
3.1 Language

> "Read the National Union of Journalists (NUJ) and Samaritans reporting and social media guidance – understand the do's and don'ts around suicide and contagion"

Language is very important when talking about suicide, and the words that we use can set the tone and frame a discussion when we're talking about suicide and even more so when it comes to writing or reporting on suicide. Careful use can contribute to more sensitively written materials and/or prevent causing distress to people affected by suicide. Samaritans media guidelines outline some suggestions when it comes to language around suicide. They recommend the use of the following phrases:

Do use

- A suicide
- Taken his/her/ their own life
- Ended his/her/ their own life
- Died by/death by suicide
- Attempted suicide
- Person at risk of suicide



Don't use

- Commit suicide
- Suicide victim
- Suicide 'epidemic', 'wave', 'iconic site', 'hot spot'
- Cry for help
- A 'successful', 'unsuccessful' or 'failed' suicide attempt
- Suicide 'tourist' or 'jumper'

There has been a move away from use of the term 'committed suicide' which was commonly used as it can be stigmatising. The preferred language is 'died by suicide' or 'attempted suicide', there are mixed opinions on the phrase 'completed suicide' which is often used.

We are all part of a learning culture, and when talking about suicide is a big part of your role you might use phrases or comments that come across wrong or that you think someone isn't comfortable with. As part of a learning culture we can acknowledge our role and open up conversations around suicide and listen to different peoples' opinions. We can also play a strong role in setting the tone and advocating for more sensitive language around suicide. This will often be a judgement call as in some circumstances, for example when speaking with someone with lived experience, it may be better to take their lead and listen to their experience without correction. In other situations such as in training or when speaking with professionals or media it might be more appropriate to raise a discussion around language.

You can find out more information in **Samaritans Media Guidelines**

Reflections

Understanding your local context:

- How is suicide reported in the local media, are there examples of good practice or poor reporting?
- Has any training or proactive outreach been done with local media? What was the result?

Building relationships:

- How are communications around suicide managed in your local area? Is there a lead agency or communications subgroup?
- What relationships do stakeholders have with media outlets?

Being part of a learning culture:

- Reflecting on your own use of language what terms do you and those around you naturally use? Do you need to make a change in your own use of language?
- How might you address a conversation with someone else around their use of language and when might this be appropriate?

3.2 Knowledge and Skills Framework and Learning Resources

There are a range of learning resources to support your own learning, development and interests as well as the learning of communities and workforce in your local area. You don't need to know everything at once and should think about your work in suicide prevention as a journey of continuous learning and development.

The **Mental health improvement, and prevention of self-harm and suicide Knowledge and Skills Framework (KSF)** articulates the knowledge and skills required across four levels of practice – informed, skilled, enhanced and specialist. This is a useful tool when looking at learning programmes and resources that are offered in your local area around suicide prevention, but also a reference point for your own learning.

A summary of the different levels and key learning resources are below (note this list is not exhaustive!). You can also get in touch with the Learning Resources team at Public Health Scotland to find out more about the current learning resources available: **phs.mhandsplearningresources@phs.scot**

Informed Level

The 'Informed Level' provides the essential knowledge and skills required by all staff working in health and social care to contribute to mental health improvement and the prevention of self-harm and suicide. It also encapsulates most of the wider public health workforce who need to be informed about mental health and wellbeing and be able to respond to someone who is experiencing mental distress, or mental ill health, and who might be at risk of self-harm or suicide. This level is also applicable more broadly, and can have relevance to everyone, in any workplace, workforce or community who has the opportunity and ability to positively impact on their own and others' mental health and wellbeing and contribute to supporting people experiencing mental ill health and preventing self-harm or suicide.

Informed Level Resources available on Turas Learn

- Informed Level animations and online module – adult*
- Informed Level animations and module on Promoting children and young people's mental health and preventing self harm*
- **safeTALK** is a facilitated workshop where you learn how to prevent suicide by recognising signs, engaging someone and connecting them to further support

The Adult, Children and Young People Animations are available in Polish, Urdu and British Sign Language.

* Facilitation notes are available if you wish to deliver these as facilitated sessions.

Skilled Level Learning Resources

The 'Skilled Level' describes the knowledge and skills required by 'non-specialist' front line staff working in health, social care, wider public and other services. These workers are likely to have direct and/or substantial contact with people who may be at risk of mental ill health, self-harm or suicide, meaning that they have an important contribution to make in mental health improvement and self-harm and suicide prevention.

Skilled Level Resources available on Turas Learn

- **Skilled Level Module in Supporting People at Risk of Suicide** (you may also be interested in the other Skilled Level modules as part of your wider knowledge and skills development)
- **Four facilitated packages** based on the online modules that cover Distress and Crisis; Self-harm prevention; Suicide prevention (adult); Suicide prevention (CYP)
- **Applied Suicide Intervention Skills Training (ASIST)** - two day facilitated suicide prevention training programme
- **Scottish Mental Health First Aid Training (SMHFA)** – 16hr facilitated mental health training programme which covers general mental health problems and how to give confidence in approaching a person in distress

Enhanced Level Learning Resources

The 'Enhanced Level' focuses on the knowledge and skills required by staff working in health and social care, and wider public services, who have regular and intense contact with people experiencing mental distress, mental ill health, and may be at risk of self-harm or suicide, and whose job role means they can provide direct interventions. The knowledge and skills required at this level become increasingly role and context specific which means education to support practitioners is too. The knowledge and skills framework can help you to identify any learning or development needs within the context of your role/environment.

Enhanced Level Resources available on Turas Learn

- The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)
- Understanding the transition from suicidal thoughts to suicidal acts and the role of safety planning
- Time to address the 'causes of the causes' effective suicide prevention also requires sound policy interventions

Specialist Level

The 'Specialist Level' focuses on the knowledge and skills required for staff, who because of their role and/or practice setting, play a specialist role in mental health improvement and the prevention of self-harm or suicide, and includes specialist mental health/public health professionals. Knowledge and skills at this level are role and context specific which means education to support practitioners is too. The knowledge and skills framework can help you to identify any learning or development needs within the context of your role/environment.

Specialist Level Resources available on Turas Learn

Core psychological interventions for suicide prevention

This suite of learning modules covers A Psychological Approach to Understanding and Preventing Suicide. The aim of these modules is to get to the heart of this most tragic of human outcomes, challenging myths and misunderstandings about suicide by bringing together people's stories with the research evidence.

It is hoped that the modules will provide learners with the knowledge and resources to empower and enable them to respond compassionately to people who are suicidal. The modules aim to improve the understanding of the complex set of factors that lead to suicide, to provide a framework to make sense of suicide and an overview of the evidence of what works to prevent suicide. Throughout the modules, the importance of viewing suicide as a psychological phenomenon but driven by a diverse range of factors will be highlighted.

Core psychological interventions for suicide prevention available on Turas Learn

Self Harm Resources

Self-Harm Network Scotland offer a variety of training opportunities.

The **Self-Harm Network Scotland** website also has many useful resources if you are working with a service user who self-harms.

3.3 Further sources of learning and information

Academic research

In Scotland we have some world leading academics around suicide research. The Academic Advisory Group (AAG) have developed a **list of researchers** who are involved in suicide and/or self-harm research within Scottish academic settings.

The University of Glasgow **Suicidal Behaviour Research Laboratory** is a good place where you can find out more the development of the IMV model to understand suicidal behaviour.

The University of **Edinburgh Suicide Cultures** hosts a number of research projects around suicide and self-harm and a regular webinar series on specific topics relating to social and cultural factors and work around inequalities and suicidal behaviour.

Researchers at the **University of Strathclyde** are also looking to further understand how self-harm and suicidal thoughts and behaviour begin, in particular around the experiences for high-risk groups such as adolescents, older adults and LGBTQ+ people.

Data protection and information sharing protocols

Take the time to understand your local data protection and information sharing protocols. Although this is likely to be part of any staff member's induction it has particular relevance to those working a suicide prevention coordinator role who may receive and send sensitive information internally or from colleagues such as Police, NHS, local authority or third sector. Understanding the parameters of how you receive, use and share information is key.

Children and young people policies, procedures and practice

It's also important to understand key policies around children and young people such as safeguarding protocols and child protection procedures. This will help you understand if any queries come your way but also help you to understand your local processes and you can bring a suicide prevention lens to these. Key background documents might include:

- GIRFEC
- Whole school approach
- The Promise

Learning around other connected workstreams

A number of other workstreams connect with suicide prevention and you may become aware of these whilst working in suicide prevention, and the connections to this work. These include:

- Public mental health approaches
- Trauma informed practice
- Public protection

Further resources list:

Online learning and resources around mental health improvement and prevention of self-harm and suicide **Mental Health Improvement & Prevention of Self Harm and Suicide - learning site**

Learning and resources on trauma informed practice:
National trauma training programme

Understanding Suicide - Online Course (futurelearn.com)

There's a number of free online courses that might be of interest at Coursera **Best Mental Health Courses & Certifications [2023] | Coursera**

NIHR School for Public Health Research looks at what works practically to improve population health and reduce health inequalities, can be applied across the country and better meets the needs of policymakers, practitioners and the public.

Creating Hope Podcast Series

Public Health Scotland and Suicide Prevention Scotland developed the Creating Hope podcast series. They cover: Data & Intelligence, Lived and Living Experience, Bereavement & A whole school approach to suicide prevention with children & young people.

The Creating Hope podcast series is our way of responding to what we were hearing and observing about areas where people might benefit from additional learning. You can read more about our first series of podcasts via the **Suicide Prevention blog channel.**

Our podcasts highlight areas of good practice in the hope of inspiring others. You can listen to the podcasts wherever you get yours — simply search for Suicide Prevention Scotland, or alternatively, access them directly from **Podbean** or **YouTube.**

Reflections

Understanding your local context:

- What training above, and locally developed programmes, are offered in your local area currently? Who is it aimed at? How do people and organisations know which training is most appropriate for their needs?
- What other policies do you need to be aware of to support you in your role?

Building relationships:

- How can you build connections with local trainers?
- Who can help you to learn about other workstreams and share their insight?

Being part of a learning culture:

- What do you want to prioritise around your learning about suicide? You could build this learning into your Personal Development Plan if you have one.

Notes

Suicide Prevention Scotland

4. Support for local suicide prevention leads

> "Get involved in the national coordinators meetings and meet other people in the same role. Network where you can with others working in the field."

> "Meet with your suicide prevention implementation lead as early as possible to help you to make connections."

4.1 Opportunities to connect

Suicide Prevention Implementation Support Leads

Public Health Scotland hosts three Suicide Prevention Implementation Leads, whose work is overseen by COSLA and Scottish Government. The role of these leads is to support local areas with the development and implementation of local suicide prevention actions. The Suicide Prevention Implementation Leads are a key source of support nationally and are able to link into other national support mechanisms.

You can get in touch with your Implementation Lead by emailing: phs.suicidepreventionteam@phs.scot

Monthly Suicide Prevention Leads meetings

There are monthly meetings for local area suicide prevention leads. You can link into the virtual meeting to talk with other leads and hear progress updates on work nationally and locally. This is a safe space where you can bring any challenges or concerns and hear the thoughts and ideas of your peers.

Contact the Public Health Scotland Suicide Prevention Team for details about these meetings by emailing phs.suicidepreventionteam@phs.scot

Newsletter

There is a bi-monthly newsletter which provides updates on national and local suicide prevention work and other updates that may be of interest. These newsletters are sent to the wider suicide prevention network and can be shared with your colleagues and multi-agency partners.

Sign up to the Suicide Prevention Scotland Newsletter and National Network

National Suicide Prevention Scotland Network

Suicide Prevention Scotland hosts this Network to improve integration and alignment of suicide prevention activities across Scotland. The Network acts to share good practice, learn new approaches and understanding to suicide prevention and input into the development of Scotland wide evidence and guidance. The Network will act as one voice to influence policy and practice across Scotland.

Sign up to the Suicide Prevention Scotland Newsletter and National Network

National Rural and Islands Mental Health Forum

The National Rural and Islands Mental Health Forum is a strong dedicated network of over 225 organisations from third, private and public sectors, with an outreach of over 500,000 people in rural Scotland. The Forum is passionate about:

- enabling rural people to be open about their mental health
- developing a solid evidence base for what works to improve people's lives
- creating a programme to influence and inform policy-makers to channel resources in ways that bring positive change through a network of rural organisations across Scotland

Find out more about the National Rural Mental Health Forum including information about upcoming events

4.2 National and local contacts

You will find a really supportive and passionate network of people within this field of work at both national and local levels. Every local area has at least one person who leads on suicide prevention activity and they are usually happy to support any new person with questions and queries so please don't be afraid to reach out and ask, we were all new once and we are all still learning!

Find out who the suicide prevention leads are in the local areas next to yours, or who might have a similar demographic. You can find the areas that are likely to have a similar demographic in the **Improvement Service's Family Grouping by Environmental, Culture & Leisure, Economic Development, Corporate and Property indicators.**

There are also a range of people involved at a national level who are also willing to assist with any queries you might have. Details of who is who and key organisations are included below.

You may want to consider adding meetings with some of these contacts to your induction schedule to find out more about their current work.

Public Health Scotland

Public Health Scotland are the lead agency for support to the network of suicide prevention leads across Scotland. They provide regular email updates and deliver quarterly network events to support sharing of evidence and good practice and facilitate communication between the national and local work. As part of the Public Mental Health team, they also take forward other work around adopting a public mental health approach as well as providing support around learning and training programmes relating to mental health improvement and the prevention of self-harm and suicide.

Suicide Prevention Implementation Leads	**PHS.suicidepreventionteam@phs.scot**
Suicide Prevention Learning Resources	**phs.mhandsplearningresources@phs.scot**
Public Mental Health Team	**phs.publicmentalhealth@phs.scot**

COSLA

COSLA is the voice of local government in Scotland and is a councillor-led, cross-party organisation who champions council's vital work to secure the resources and powers they need. They work on council's behalf to focus on the challenges and opportunities they face, and engage positively with governments and others on policy, funding and legislation. The Scottish Government and COSLA have responsibility for delivering the Creating Hope Together strategy by working together with partners across all sectors and communities. The Health and Social Care Spokesperson is the elected lead for the work in COSLA. The National Delivery Lead reports jointly to COSLA and Scottish Government and is hosted in COSLA. The delivery lead for suicide prevention in children and young people is also based in COSLA.

National Delivery Lead	haylis@cosla.gov.uk
Delivery Lead (children and young people)	Jenny@cosla.gov.uk

Scottish Government

Scottish Government and COSLA are joint owners of the Creating Hope Together strategy and action plan. The work is supported by the Minister for Social Care and Mental Wellbeing, and the COSLA's Health and Social Care Spokesperson. There is also a Suicide Prevention Policy and Delivery Team within the Mental Health Directorate. The Scottish Government also lead on work around self-harm and the Distress Brief Intervention (DBI) programme. In addition, The Scottish Government host the delivery lead for work around suicidal crisis recommendations that focus on Time Space Compassion.

Time Space Compassion workstream	Tsc@gov.scot

Samaritans

The work of the Samaritans Scotland team involves policy and influencing work around suicide, and providing support for the 19 Samaritans branches in Scotland. Across the UK Samaritans also provide support for work around preventing suicide on the railway, provide postvention support to schools through Step by Step and Facing the Future support groups for people bereaved by suicide, lead on work around responsible media reporting and have conducted a number of research projects around suicide including research into men's experiences of suicidal thoughts and help seeking behaviour. Samaritans are also the Outcome Lead for work under Outcome 1 in Creating Hope Together.

Samaritans Scotland	samaritans.scotland@samaritans.org

SAMH

SAMH provide a range of training and projects around mental health and suicide prevention. SAMH operate over 70 services in communities across Scotland, providing mental health social care support, addictions and employment services, among others. Together with national programme work in See Me, respectme, suicide prevention, and physical activity and sport, these services inform SAMH's policy and campaign work to influence positive social change. More specifically around suicide prevention SAMH also produced the 'After a Suicide' guide to support people bereaved by suicide, are one of the largest third-sector providers of suicide prevention training. SAMH host and support the national Lived Experience Panel and also host the United to Prevent Suicide social movement and campaign promotions. In Grampian, SAMH are a founding member of the regional suicide prevention strategic partnership. SAMH are also the Outcome lead for work under outcome 2 in Creating Hope Together.

SAMH	Info@samh.org.uk samh.org.uk
United to Prevent Suicide	enquiry@unitedtopreventsuicide.org.uk unitedtopreventsuicide.org.uk

Change Mental Health

Change Mental Health is a national mental health charity delivering non-clinical, person-centred support to people affected by mental illness in communities across the country. As part of the suicide prevention strategy, Change Mental Health deliver the National Suicide Bereavement Support Service in partnership with Penumbra, and also run the ational Rural and Islands Mental Health Forum. Change Mental Health along with Penumbra are also the Outcome Leads for outcome 3 in Creating Hope Together.

Find out more about Change Mental Health

Penumbra

Penumbra provide dedicated services for people with mild to serious and enduring mental ill health. This includes being there for people in distress through provision of Distress Brief Intervention (DBI) and the Self-harm Network Scotland, alongside community-based wellbeing services and Supported Living Services. As part of the suicide prevention strategy Penumbra co-lead on Outcome 3 with Change Mental Health, and both organisations lead on the delivery of the pilot suicide bereavement support service.

Find out more about Penumbra and the Self-Harm Network

Scottish Recovery Network

The Scottish Recovery Network are hosting Creating Hope with Peer Support project to boost peer support groups in communities in Scotland. This will help to build capacity so that people and families affected by suicide can receive help at the earliest opportunity. The project has developed and delivered bespoke training for peer groups supporting people affected by suicide, developed suicide prevention resources to support practice, brought together organisations for participative network events to share experiences and develop practice, and raised awareness of the benefits of peer support

Scottish Recovery Network	info@scottishrecovery.net

Cruse Scotland

Cruse Scotland are highly trained and experienced in dealing with grief following a suicide. They are currently funded by Scottish Government to deliver bereavement support to organisations following a suicide among their workforce.

Suicide Bereavement Support for Workplaces

Cruse Scotland	info@crusescotland.org.uk

4.3 Support and self-care

Being a suicide prevention coordinator can be an incredibly rewarding job, working with lots of people who are passionate to make a difference. The role offers you the chance to get involved in a variety of different strands of work and no two days are the same. Although this can be a great role to be in, at times there's the potential for it to have a negative impact. Very often, people drawn to this kind of work do so because of their own experiences of suicide or mental health and a desire to make a difference to other people. This means that it's even more important to take steps to protect your own mental health and wellbeing.

You are also likely in this role to have people disclose their lived experience or connection to suicide prevention and might end up having informal listening and supportive conversations with these people.

> **"Many people get involved in suicide prevention for personal reasons and they want to change the world. People do so because they care – but be careful we don't give away pieces of ourselves. Be honest and mindful of that."**

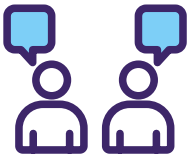
> **"Don't work past your hours and make sure you take your lunch breaks – practice what you preach!"**

> **"It's one thing to suggest supervision or further support for suicide prevention coordinators but it should be compulsory so that it can easily be accessed without any fear that concerns will be raised about your ability to do your job!**

We have included some suggestions and tips below and some further links to support resources in Appendix 1.

Be mindful of your own physical and mental health

- Take plenty of breaks and schedule pleasurable activities and plenty of self care.
- Adopt an approach of Time Space Compassion for yourself (see appendix 3)
- Take time to process your work, establish daily and weekly routines.
- Build in time to reflect on the work that you have done and the impact it is making, but also check in with how it is making you feel.



Ask for help or insight

Do not be afraid to ask for help or insight from your colleagues, line manager or peers – this work can be challenging and can feel quite daunting at first. You will soon find your feet and build your confidence, but even people who have been in the job for many years still look to others for advice and support around the best approach. Use the opportunities available to connect with others in the workforce.

Be aware of the risks relating to work around this topic

- You may be exposed to potentially upsetting data, information or experiences. Be alert to vicarious trauma, desensitisation, or intrusive thoughts and dreams, particularly if you are undertaking this work on your own or in your own home. Reflect on what the early warning signs might be that you're starting to struggle.
- Highlight any potential for distress with line managers or supervisors and discuss appropriate safeguarding, supervision or support measures which may help you.
- You might consider sharing tasks between you, and discuss issues or details which may be upsetting.
- If you are working with upsetting data, extracting only the essential data that you need can help. Using a specific proforma can support this.
- Avoid discussing details and cases with family members and people outside the working environment and instead identify others through your workplace that you can connect with.

Consider the boundaries of your role and what you can and can't do

This will help with your own mindset around your work and help to keep you and other people safe. You might want to consider things like if you want your name and details in the public domain or if you would prefer a generic email.

Further resources

Supporting a Mentally Healthy Workplace provides up to date information on the best steps employers can take to support the mental health of staff.

The You First podcast series and accompanying resource explores experiences of people working in potentially stressful and emotionally demanding roles and insight into how they look after their own wellbeing.

Reflections

- What is already in place to support your wellbeing in the workplace?
- What practices can you as an individual and your team adopt that can support your wellbeing?
- What are the signs for you that something isn't right?
- Is there any employee assistance or workplace support if you find yourself struggling?

Notes

5. Appendices

Appendix 1: Support information

Support is always available, and you may find the below information useful.

Breathing Space

Breathing Space is Scotland's mental health helpline for individuals experiencing symptoms of low mood, depression, or anxiety, and offers free and confidential advice for individuals over the age of 16. They can be contacted on 0800 83 85 87, 6pm to 2am Monday to Thursday; and from 6pm Friday throughout the weekend to 6am Monday.

Samaritans

Samaritans provide confidential non-judgemental emotional support 24 hours a day for people who are experiencing feelings of distress or despair. You can contact Samaritans free by phoning 116 123 or via email on jo@samaritans.org

NHS24 Mental Health Hub

Telephone advice and support on healthcare can be obtained from NHS24 by phoning 111; the Mental Health Hub is open 24/7.

Childline

Childline is a free service for children and young people, for whenever they need support or advice. It is open 24/7, and there are many ways to get support. You can call 0800 1111. Other ways are set out on their website: www.childline.org.uk

Further support information can also be found on NHS Inform:

https://www.nhsinform.scot/suicide

https://www.nhsinform.scot/surviving-suicidal-thoughts

Suicide bereavement support

Survivors of Bereavement by Suicide (SoBS) exist to meet the needs and overcome the isolation experienced by people over 18 who have been bereaved by suicide. They operate a national support line which people can call on 0300 111 5065 and is open every day 9am – 7pm. There are also a number of local suicide bereavement peer support groups that SoBS run.

SAMH After A Suicide booklet will help you with the practical issues that need to be faced after a suicide. It also discusses some of the emotions you might be experiencing and suggests some places where you can get help.

Local support

You can search for local services on the **Suicide Prevention Scotland website**

You may have local services which you wish to also list for your own reference, space is provided below for you to note these:

Appendix 2: Useful links and resources

Creating Hope Together, Scotland's Suicide Prevention Strategy

Creating Hope Together, Scotland's Suicide Prevention Action Plan

Creating Hope Together - suicide prevention strategy and action plan: outcomes framework

Suicide Prevention Scotland Website **(includes service directory)**

Local Area Suicide Prevention Planning and Implementation Toolkit

Guidance on action to reduce suicides at locations of concern in Scotland

National guidance for identifying and responding to a suicide cluster

Managing the risks of Public Memorials after a Probable Suicide

United to Prevent Suicide

United to Prevent Suicide is a social movement of people from all across Scotland.

Information for individuals, communities and organisations to get involved and hosts specific campaign resources around FC United and Better Tomorrow, which are suicide prevention campaigns with a football and young person's lens.

Time, Space, Compassion Framework and Guide for supporting people experiencing suicidal crisis

Samaritans Media Guidelines

Support After A Suicide Partnership

has a number of resources including a collection of support resources for individuals and organisations

World Health Organization (WHO)