

Island Communities Impact Assessment:

A New Suicide Prevention Strategy for Scotland

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A New Suicide Prevention Strategy for Scotland**

Title of policy/ practice/ strategy/ legislation etc.	Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032
Minister	Minister for Mental Wellbeing and Social Care - Kevin Stewart MSP
Directorate: Division: Team	Mental Health Directorate: Suicide Prevention Policy and Delivery Team
Is this new policy or revision to an existing policy?	New strategy and action plan, replacing current action plan – Every Life Matters 2018-2022

Introduction:

This strategy replaces the current Suicide Prevention Action Plan 'Every Life Matters' which was published in 2018.

This strategy is being published jointly between the Scottish Government and COSLA, and is a long-term strategy which covers a ten year period from September 2022. Alongside the launch of this strategy is an accompanying action plan which describes what will happen to help achieve the vision and outcomes for suicide prevention, outlined in the [strategy](#) document. The [action plan](#) document will be refreshed regularly over the lifetime of the strategy.

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.

The approach being taken in this strategy is one of a whole of Government and society approach. Suicide prevention work must be embedded across a range of policy areas to ensure a positive impact on our National Outcomes including; Human Rights, Poverty, Children and Young People, Health but also Economy and Fair Work and Business.

To deliver the strategy and action plan it is important to bring together individuals, groups and sectors in communities across Scotland, to achieve what needs to be achieved – a Scotland where fewer lives are lost to suicide and where communities are safe, compassionate, inclusive and free of stigma.

Good work on suicide prevention is already happening in Scotland but the introduction of a new strategy at this time will allow a better focus and action to be taken on addressing the structural and systemic issues that impact on our ability to reduce the number of deaths by suicide.

Who will it affect?

The strategy and associated action plan(s), seek to create a positive impact for everyone in Scotland, by preventing death by suicide and supporting anyone affected by suicide.

By doing so, the strategy and action plan seek to enable the creation of the conditions for people to receive the support they need, when and where they need it, building on what already works well and what needs improved. Throughout development of the strategy we have sought views from local communities and individuals who have been affected by suicide, and who can contribute to shape this work going forward.

This strategy will have a direct effect on individuals, groups and communities across Scotland both directly and indirectly which is why we are seeking to ensure that suicide prevention is also seen through the lens of other policy areas.

We are aware of the particular challenges that can be faced by those living in Scotland's rural and island communities when it comes to things such as distance to services, geographical location and isolation or the potential for increased stigma around poor mental health and suicide.

Whilst it is true that social isolation is an increased risk for suicide, this does not apply only to physical location that people are living in. We also need to consider wider risk and protective factors for suicide, which is a cornerstone of the approach set out in the strategy and considered in the Equalities Impact Assessment for this strategy and action plan.

The need for suicide prevention to be tailored to the needs of different communities – whether communities of place, interest or experience - has been a key theme throughout our engagement and the development of the final strategy and action plan.

In taking this theme into the development of the strategy and action plan we have ensured positive impacts will be made in Scotland's island communities – as well as other rural and remote communities - as the new suicide prevention strategy and action plan is implemented.

Specific data in relation to suicide in Scottish islands

NRS statistics published in August 2022¹ for island communities is described the following;

“The rate for probable suicide mortality was higher than the Scottish average in Highland, Tayside and Ayrshire and Arran at health board level between 2017 and 2021. The rates were also high in Western Isles and in Orkney, but the confidence intervals on these estimates are very wide due to the relatively smaller populations in these areas”

“At council level, Orkney Islands and Na h-Eileanan Siar also had high rates, but the confidence intervals on these estimates are very wide due to the relatively smaller populations in these areas. Both areas have been above the Scottish average going back through a few five year averages, so while it is not a statistically significant difference there is some consistency in the trend”

We recognised the need to gather evidence from those living in island communities about what they wanted to see in a new suicide prevention strategy and action plan. We sought to do this as a part of the extensive development and engagement phase which is outlined below.

¹ [National Records of Scotland - Probable Suicides Report, 2021](#)

Informing development and content

The Suicide Prevention Policy and Delivery Team have led the work, within Scottish Government, on development of the new strategy and action plan. However, this work has been a collaborative exercise with COSLA and with support from Public Health Scotland.

As the strategy and action plan is being published jointly by the Scottish Government and COSLA, a strategy development team was established with a lead from each organisation. This team also included a lead from Public Health Scotland who has significant experience of delivering suicide prevention in Scotland, and wider public mental health approaches.

In recognition that this strategy and action plan will have a significant impact on different individuals, groups and communities across Scotland there has been extensive engagement throughout the development of the work. The views, evidence and comments submitted throughout the development process have been very valuable and insightful. They have informed both this ICIA and the approach of the strategy and action plan.

A multi-stage approach to engagement was undertaken to develop this strategy and action plan. Each stage has helped inform this impact assessment which has resulted in a richer, more meaningful and considered approach to suicide prevention.

A summary of engagement/development stages and activities is detailed below:

Development Phase and Aim	Description
<p>1. Early Engagement Phase</p> <p><u>Aim:</u> Undertake extensive information and evidence gathering exercise to shape ideas on what should be included in a new strategy and action plan – and inform where more intensive engagement required in following phase, for those identified at higher risk.</p>	<p><u>Actions:</u></p> <ul style="list-style-type: none"> ▪ 41 online engagement event – split into regional and national events to allow communities the opportunity to comment on thoughts from their local perspective as well as national perspective. <ul style="list-style-type: none"> ○ 684 people registered to attend these events ○ 264 people registering self-identified as having lived experience of suicide. ▪ Online questionnaire <ul style="list-style-type: none"> ○ 189 responses – 32 of which were from organisations. ▪ Individuals and professionals who were living and working in island communities attended online events – anonymised feedback was gathered in the form of notes and used to inform next steps in

	<p>developing the strategy and action plan.</p> <p><u>Outputs:</u></p> <ul style="list-style-type: none"> ▪ Publication of an ‘Early Engagement Summary Report’ following independent analysis of data gathered from events and questionnaire.
<p>2. Targeted Engagement Phase</p> <p><u>Aims:</u> Build on the extensive early engagement phase to further inform what should be contained in the new strategy and action plan.</p> <p>Undertake in depth engagement with at risk groups and communities to inform drafting.</p> <p>Undertake engagement with specialist organisations and professionals to test thinking around content for draft strategy and action plan.</p>	<p><u>Actions:</u></p> <ul style="list-style-type: none"> ▪ Roundtable discussions with at risk groups and communities/organisations representing at risk groups and communities. ▪ Discussions with Mental Health Leads in each NHS Board – including island boards to gather unique perspective and insight on challenges faced operating health services in the islands. ▪ Cross-government engagement to ensure ‘whole-Government/society approach’ reflected in preparation for draft. <p><u>Outputs:</u></p> <ul style="list-style-type: none"> ▪ Draft strategy and action plan produced – informed by phase one and two engagement.
<p>3. Public Consultation Phase</p> <p><u>Aim:</u> To seek public feedback on draft versions of the strategy and action plan document.</p>	<p><u>Actions:</u></p> <ul style="list-style-type: none"> ▪ Six week public consultation on draft strategy and action plan. <p><u>Outputs:</u></p> <ul style="list-style-type: none"> ▪ A consultation summary document will be published for this suicide prevention strategy and action plan on the Scottish Government website. The document will lay out the reasons decisions were taken to include particular content as part of the final version of the strategy and action plan. It is intended to show the development of thinking based on the feedback received at consultation phase.

Summary of information gathered throughout engagement which is relevant to island communities:

Generally, during the early engagement phase, the people we spoke to did not tend to make a distinction about the challenges living on an island specifically, but it was often discussed in the context of living in a 'rural' or sometimes 'isolated' community where there might be a lack of services close by. This was consistent with feedback we heard from those living in rural areas of mainland Scotland, so the impact is shared rather than unique to island communities.

There were some comments picked up during engagement that it was difficult, at times, if someone needed to access specialist mental health services and lived on an island, that they would have to travel to the mainland to receive treatment - which would likely involve staying away from home.

This was considered during the second phase of engagement which included discussions with mental health leads in each of the NHS boards across Scotland. They explained that it is not always possible for specialist services to be available in the close vicinity to someone's home, due to the geography of Scotland. This issue is shared by people in island and rural / remote mainland communities.

There are close working relationships between island and mainland NHS boards in Scotland who work to deliver both physical and mental health services to patients.

We did receive specific feedback in relation to people working with children and young people who were away from home for periods of time to attend school. These were instances where their usual home was in a community or a smaller island not served by a local school. There were concerns about training, learning and support for those staff working with children who may be at higher risk. We considered this as part of the action plan and have made commitments to provide learning on suicide prevention to staff working in education settings. This will also address concerns expressed in relation to those who are not teachers but who work with children in an educational or care setting.

As described above, rural issues more widely were described in early engagement activity, and included comments such as:

“Rural communities are a difficult place to hide - if you talk about [it] then others will know and that puts people off talking about it in these communities.”

“Consider implications of rurality on prevention (limited access to social support networks) – also farming/fishing as at-risk occupations”

These comments, and others which can be found in the early engagement activity summary report, could also relate to island communities so have been considered in the widest sense when considering the actions contained in the action plan.

Decision on the extent of an ‘Island Communities Impact Assessment’ (ICIA)

Whilst it is recognised that those living in Scotland’s island communities may face challenges in relation to the issues described above, these are not distinct to island communities. It is therefore reasonable that a full ICIA will not be carried out.

However, as a result of undertaking this scoping and lighter touch ICIA we have considered the impacts on island communities in drafting actions as part of the action plan. We will continue to consider island community impacts on the activities we undertake.

What we will do going forward, to ensure the needs of island communities are met:

- Use our guiding principles to ensure that we impact assess our future work in relation to island communities.
- Better engage with teams in mental health directorate to keep suicide prevention integrated into routine engagement with Health Boards – including island Boards.
- Consider potential for islands to be part of specific actions contained within the action plan.
- See how learning can be applied to island communities, from current work being undertaken in isolated communities in the West Highlands to understand help seeking and giving.

Step Six – Making adjustments to your work:

Questions	Responses
Should delivery mechanisms/mitigations vary in different communities?	The specific needs of different island communities may be different, just as the needs of different communities on the mainland can be different. It is important that decisions about what is needed in local communities are driven by those living and working in them. We do recognise however that there may be particular challenges for island communities due to their physical geography and potential distance from specialist services – this should be considered in future work planning.
Do you need to consult with island communities in respect of mechanisms or mitigations?	No – actions will be locally led so this is for local leads/structures to lead on.

<p>Have island circumstances been factored into the evaluation process?</p>	<p>No – this should however be considered as part of the work plan that will be developed for ‘how’ the actions outlined in the action plan will be delivered.</p>
<p>Have any island-specific indicators/targets been identified that require monitoring?</p>	<p>No</p>
<p>How will outcomes be measured on the islands?</p>	<p>The strategy as a whole adopts an outcomes approach to describe the changes we need to achieve in order to deliver our vision. Outcomes are changes as a result of this strategy, which include changes in: knowledge, awareness, skills, practice, behaviour, social action, and decision making. Outcomes fall along a continuum from short term, through intermediate, to long term.</p> <p>To achieve the vision we must deliver across these long term outcomes. Together these outcomes will affect change across our society, services, communities, and individual experiences. We also consider that the suicide prevention long term outcomes will also bring about a positive impact on our National Outcomes, under Scotland’s National Performance Framework - specifically: Human Rights, Poverty, Children and Young People, Health but also Economy and Fair Work and Business.</p> <p>Throughout the development of the strategy we asked people what should be prioritised in a new strategy and action plan. The priority areas contained in the strategy were identified by people with lived experience and stakeholders. These have therefore shaped the focus of the first action plan, alongside evidence and the outcomes approach.</p>

ICIA Sign-off**ICIA approved by:****Angela Davidson****Position:****Interim Deputy Director****Signature:****Angela Davidson****Date approved:****27 September 2022**



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