



Response

SG Consultation: Suicide Prevention Strategy – CCA Response

August 2022

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Purpose of the paper	To update CCA - The Scottish Government and the Convention of Scottish Local Authorities (COSLA) will publish a new Suicide prevention Strategy and Action Plan in September 2022. This will replace the current Suicide Prevention Action Plan: Every Life Matters which was published in 2018.
Business plan reference	
Resource implications	None – For info only
Risk assessment	Low
Decision or action required	For comment ahead of closing date = 23 rd August 22
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Date prepared	8 TH August 2022

Overview - Every Life Matters sets out ten actions which are driven by the [National Suicide Prevention Leadership Group \(NSPLG\)](#). The Plan continues to deliver a wide range of actions, including: campaigns to reduce stigma and promote suicide awareness (with a focus on reaching groups with a higher risk of suicide), improving suicide prevention skills of the workforce; ensuring effective, compassionate support to anyone in crisis, supporting local suicide prevention planning and design and testing of new services for people in suicidal crisis and following a bereavement.

The final version of the Suicide Prevention Strategy and Action Plan will be published in September 2022.

Full details can be found at [A new Suicide Prevention Strategy for Scotland - Scottish Government - Citizen Space \(consult.gov.scot\)](#)

THE CONSULTATION DOCUMENT

This section relates to the **Strategy** document.

We want to hear your thoughts about the proposed vision, principles, outcomes and priorities. We have described what we mean by these terms below.

We then ask you to share your thoughts about proposals for how we will deliver suicide prevention work in the future.

WHAT WE MEAN BY 'VISION'

1.1. Do you agree with the proposed vision, described below, for the new Suicide Prevention Strategy:

"Our ambition is a Scotland where everyone works together to prevent suicide.

To achieve this we will work with communities to become safe, resilient and inclusive - where people who have thoughts of taking their own lives, or people affected by suicide, are offered effective, compassionate and timely support, and a sense of hope."

Yes No

1.2 If you answered no, what would you change about the vision and why? You may also wish to outline what you think the vision should be.

STRATEGY: PRINCIPLES

The following questions ask you to think about 'principles'

WHAT WE MEAN BY "PRINCIPLES"

1.3. To what extent do you agree with the following guiding principle:

Suicide prevention is everyone's business. We will provide opportunities for people across different sectors at local and national levels to come together to connect and play their part in preventing suicide.

Strongly disagree Disagree Neutral Agree Strongly agree

1.4. To what extent do you agree with the following guiding principle:

We will take action which addresses the suicide prevention needs of the whole population and where there are known risk factors such as poverty, marginalised and minority groups

Strongly disagree Disagree Neutral Agree Strongly agree

1.5. To what extent do you agree with the following guiding principle:

All developments and decisions will be informed by lived experience. We will also ensure safeguarding measures are in place across our work.

Strongly disagree Disagree Neutral Agree Strongly agree

1.6. To what extent do you agree with the following guiding principle:

Effective, timely and compassionate support will be available and accessible to everyone who needs it including people at risk of suicide, their families/carers and the wider community

Strongly disagree Disagree Neutral Agree Strongly agree

1.7. To what extent do you agree with the following guiding principle:

We will ensure the needs of children and young people are addressed and their voices will be central to any decisions or developments aimed at them

Strongly disagree Disagree Neutral Agree Strongly agree

1.8. To what extent do you agree with the following guiding principle:

To build the evidence base, quality improvement methodology and testing of new, creative and innovative practice will be embedded in our approach.

Strongly disagree Disagree Neutral Agree Strongly agree

1.9. Please use the box below to share any other comments you have in relation to the principles described above.

The Company Chemists' Association (CCA) is supportive of the principles outlined above. Community pharmacy is one of the few, if not the only, part of the healthcare service available in the community providing a range of walk-in services. With the majority of pharmacies only a short walk from a patient's home or homely setting, we are uniquely placed to support all patients. CCA would welcome support and funding to support this initiative.

STRATEGY: OUTCOMES

The following questions ask you to think about 'outcomes'

WHAT WE MEAN BY 'OUTCOMES'

1.10. To what extent do you agree with the following outcome:

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

Strongly disagree Disagree Neutral Agree Strongly agree

1.11. To what extent do you agree with the following outcome:

Outcome 2: Everyone has a clear understanding of suicide, its prevention, and associated risk and protective factors. Everyone is able to respond confidently and appropriately when they, or others, need support.

Strongly disagree Disagree Neutral Agree Strongly agree

1.12. To what extent do you agree with the following outcome:

Outcome 3: Everyone affected by suicide is able to access appropriate, high quality, compassionate, and timely support - that promotes recovery. This includes people of all ages who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.

Strongly disagree Disagree Neutral Agree Strongly agree

1.13. To what extent do you agree with the following outcome:

Outcome 4: All suicide prevention activity is designed with lived experience insight. Action will be informed by up-to-date practice, research, intelligence, and improved by regular monitoring, evaluation and review.

Strongly disagree Disagree Neutral Agree Strongly agree

1.14. Please use the box below to share any other comments you have in relation to the outcomes described.

CCA is supportive of the above outcomes. Community pharmacists and their teams are well trusted by local patients and customers. This trust often means that there are the first 'go-to' healthcare professional.

Knowing the best place to sign-post individuals to bespoke immediate and longer term care would ensure community pharmacy had a place in the wider healthcare team. Additional available training, supported with additional funding, would result in better patient outcomes.

Community pharmacy teams in England have all received suicide awareness training online, which has increased awareness – enabling supportive conversations to happen in the pharmacy. Where training is made available pharmacy teams are able to incorporate this into practice, and provide additional avenues of access to care to the public.

The current workforce pressures across all areas of the health service, including community pharmacy, must be recognised alongside the building of new strategies.

STRATEGY: PRIORITY AREAS

The following questions as you to think about 'priority areas'

WHAT WE MEAN BY PRIORITY AREAS

1.15. Do you agree that the Suicide Prevention Strategy and action plan should have this as a priority area:

Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk.

Strongly disagree Disagree Neutral Agree Strongly agree

1.16. Do you agree that the Suicide Prevention Strategy and action plan should have this as a priority area:

Strengthen Scotland's awareness and responsiveness to suicide and suicidal behaviour.

Strongly disagree Disagree Neutral Agree Strongly agree

1.17. Do you agree that the Suicide Prevention Strategy and action plan should have this as a priority area:

Promote & provide effective, timely, compassionate support - that promotes recovery.

Strongly disagree Disagree Neutral Agree Strongly agree

1.18. Do you agree that the Suicide Prevention Strategy and action plan should have this as a priority area:

Promote a coordinated, collaborative and integrated approach.

Strongly disagree Disagree Neutral Agree Strongly agree

1.19. Please use the box below to share any other comments you have in relation to the priority areas described.

Your text here

CCA are supportive of the priorities outlined above.

STRATEGY: DELIVERY AND GOVERNANCE

The following questions are asking you to think about 'delivery and governance'

1.20. Do you agree with the proposed approach to delivery and the new Scottish Delivery Collaborative.

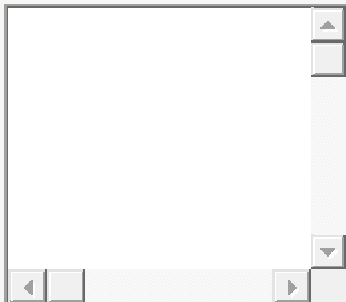
To help us deliver the strategy and achieve the actions in our Action Plan we are proposing a new *Scottish Delivery Collaborative*. A description of this collaborative can be found below:

Scottish Delivery Collaborative: a Scotland wide delivery team on suicide prevention. It will bring together local practitioners with the national implementation team and harness insights from the Academic Advisory Group (AAG), Lived Experience Panel (LEP) and Youth Advisory Group (YAG).

The collaborative will use an agile planning approach and constantly develop and evaluate effective strategies to improve our reach and support for people who are at risk of suicide, including using technology. Public Health Scotland will play a key role in supporting the Collaborative to put knowledge into action and building an active learning approach.

Yes No

1.21 If you answered no, what would you change about the proposed delivery approach and why? You may also want to provide suggestions for an alternative approach.

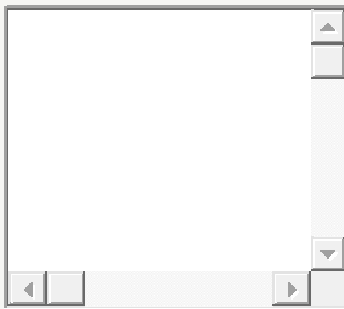


1.22. Do you agree with the proposed approach to national oversight the adjustments to the role of the National Suicide Prevention Leadership Group?

At a national level, we propose to adjust our existing National Suicide Prevention Leadership Group so that it can champion and drive suicide prevention through a partnership approach; advise SG & COSLA on progress on the strategy and changes needed to direction/ priorities; and, advise the Delivery Collaborative on delivery. We will include new members to ensure our leadership group offers a wider representation of the lived experience of people who are suicidal, organisations focused on poverty and minority groups, and organisations working in key settings, such as justice and education.

Yes No

1.23 If you answered no, what would you change about the proposed national oversight approach and why? You may also want to provide suggestions for an alternative approach.



1.24. Please use the box below to share any other comments you have in relation to the delivery and governance proposals described.

The the National Suicide Prevention Leadership Group and Delivery Collaborative will be connected into wider Scottish Government governance structures to ensure strategic connections are made, including those addressing the wider determinants of mental health which we know are similar to those impacting on suicide.

Local leadership & accountability for suicide prevention will sit with Chief Officers in line with public protection guidance. As part of this role Chief Officers will connect into Community Planning Partnerships (CCPs) which will help ensure suicide prevention is considered as a priority in the wider strategic context, and that all local partners are engaged and supportive.

We have no further comment to add.

STRATEGY: ANYTHING ELSE

You can access the full draft Strategy and Action Plan here: [by pressing here.](#)

1.25. Is there anything else you want to tell us about the proposed strategy document?

Your text here:

We have no further comment to add.

ACTION PLAN: WHOLE GOVERNMENT POLICY

This section relates to the **Action Plan** document.

The new actions which make up this Action Plan, are built around 7 themes which sit under the overarching 'Outcomes'.

THEME ONE

Theme One relates to 'Whole Government Policy' and we are seeking your views on the proposed actions contained on pages 6 – 11 of the accompanying action plan document. You can access the document here: [Action Plan and Strategy Documents for Consultation.](#)

We know that a number of factors can lead to someone having suicidal thoughts and often these factors cannot be addressed by health and social care services alone.

We want to make sure that suicide prevention is embedded across government policy, in recognition that suicide prevention is everyone's business.

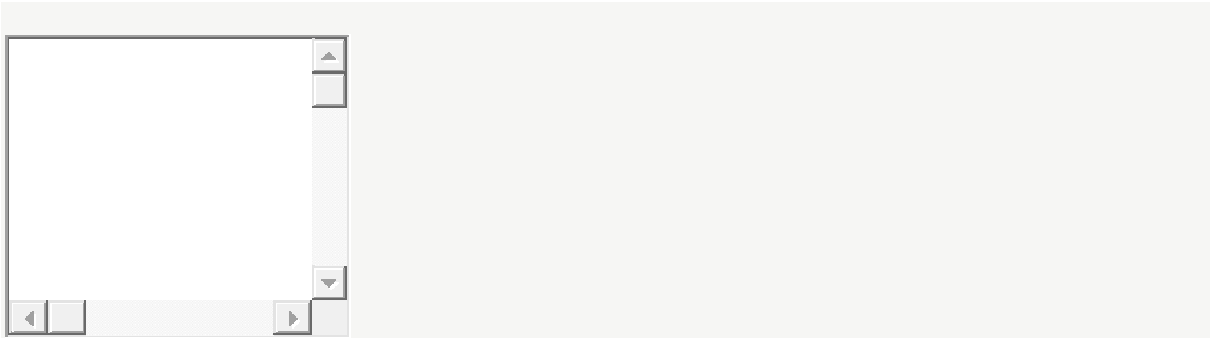
This will help ensure suicide prevention activity is better embedded in all services working with people, on the ground.

2.1. Please use the box below to provide your thoughts about the actions contained under Theme One: Whole Government policy.

In answering this question you may want to consider:

- If you agree with the proposed actions outlined.
- If there are any proposed actions you disagree with and why.
- If there are any actions you think we should consider that haven't been included in the document.

Your text here



CCA are supportive of Theme One as outlined above. Many community pharmacists and their teams already have a proven record in supporting victims of domestic violence as a first interaction with a healthcare professional. This indicates the level of trust and how people see pharmacy as a safe place in their community. During COVID the Home Office began a trial where members of the public were encouraged to go to pharmacies and “Ask for ANI”. This code word allowed pharmacy teams to identify people suffering domestic abuse, find them a safe space, and confidentiality support them to access the help needed. There are numerous examples of people viewing pharmacy as a safe space and pro-actively going there for help. The same attitude would undoubtedly apply to suicide.

2.2. To what extent do you agree with the following proposed actions.

Actions under this theme consider how access to lethal means of self-harm for a person at risk of suicide can be reduced.

Develop a comprehensive, cross sector action plan to address locations of concern with an initial focus on falling/jumping from height (and which complements the national guidance).

Strongly Disagree Disagree Neutral Agree Strongly Agree – no answer

Consider priority actions on access to means following the Delphi study – including wider work on locations of concern which includes waterways, railways and retail outlets.

Strongly Disagree Disagree Neutral Agree Strongly Agree - no answer

2.3 Please use the box below for any other comments you have in relation to theme one

Community pharmacy teams support at-risk or vulnerable patients with medicines optimization and monitoring. This can include patients with a history of compliance issues with psychotropic medication, or those at risk of deliberate and inappropriate ingestion of prescribed or non-prescribed medication. Pharmacies offer a less medicalized environment for structured conversations on medication management and for flagging at-risk patients.

Specialist training and better data sharing infrastructure between providers and care settings, such as upon discharge from secondary care mental health services, will also further enable this.

ACTION PLAN: ACCESS TO MEANS

'Access to means' refers to the method someone may use to attempt suicide.

2.2. To what extent do you agree with the following proposed actions.

Develop a comprehensive, cross sector action plan to address locations of concern with an initial focus on falling/jumping from height (and which complements the national guidance).

Strongly Disagree Disagree Neutral Agree Strongly Agree **no answer**

Consider priority actions on access to means following the Delphi study – including wider work on locations of concern which includes waterways, railways and retail outlets.

Strongly Disagree Disagree Neutral Agree Strongly Agree **no answer**

2.3 Please use the box below for any other comments you have in relation to theme two

Any comment on the above is not within the remit or expertise of CCA.

ACTION PLAN: MEDIA REPORTING

Media reporting relates to how suicide is portrayed in the media (including in television, print/newspapers and social media). We want to ensure appropriate language is being used as part of any news reporting to prevent distress to readers.

2.4. To what extent do you agree with the following proposed actions.

Hold a series of awareness raising events about responsible media reporting (including social media) which begins to support change in media reporting of suicide. Scope to draw on lived experience insight.

Strongly Disagree Disagree Neutral Agree Strongly Agree - **no answer**

2.5 Please use the box below for any other comments you have in relation to theme three.

Any comment on the above is not within the remit or expertise of CCA.

ACTION PLAN: LEARNING AND BUILDING CAPACITY

The actions that sit under this theme relate to how people can learn about and understand suicide and suicide prevention. We want to make sure people have the skills and are confident to talk about suicide and know what to do if they think someone is at risk.

2.6. To what extent do you agree with the following proposed actions.

Continue to evaluate our social movement and campaigns to ensure they reflect emerging good practice and are having the desired reach and impact, and draw on wider learning, for example from See Me.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Implement actions from review of learning approach to suicide prevention to ensure it is fit for purpose and meets the different needs of the workforce and communities alike. This will likely lead to a tailored and targeted learning approach and resources – including to focus on areas where our learning approach can achieve the greatest system-wide impact

Strongly Disagree Disagree Neutral Agree Strongly Agree

Support the embedding of the Whole School Approach to Mental Health and the Children and Young People’s Mental Health and Wellbeing professional learning resource, which includes suicide prevention, and share good practice

Strongly Disagree Disagree Neutral Agree Strongly Agree **no answer**

Develop material for inclusion in the school curriculum which builds understanding on mental health, self-harm and suicide prevention

Strongly Disagree Disagree Neutral Agree Strongly Agree **no answer**

Create a portal to host our suicide prevention resources and information in one, accessible digital space - and which links to other platforms. Ensure that workforce policies and supports include specific actions to respond to the needs of those who have been affected by suicide among the groups they are caring for. Initial focus on health and social care employers (statutory and third sector), then widen out to other employers. This links to the forthcoming mental health and wellbeing platform for employers.

Strongly Disagree Disagree Neutral Agree Strongly Agree

2.7 Please use the box below for any other comments you have in relation to theme four

Community pharmacy is ideally placed within communities and often accessible at times when other healthcare professional are not. We would welcome an opportunity to be involved in any discussions relating to building knowledge and developing the skills of our pharmacy teams.

ACTION PLAN: SUPPORT

The actions that sit under this theme look at how people can be better supported if they are at risk of suicide, are in a crisis, or where they are supporting others.

2.8. To what extent do you agree with the following proposed actions.

Increase our understanding and practice around help seeking and help giving (potentially through test of change and sharing of good practice.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Consider value and impact of a Single Scottish specific telephone number which will provide access to existing telephone support and resources

Strongly Disagree Disagree Neutral Agree Strongly Agree

Consider ways to adapt Distress Brief Interventions to ensure it supports people at the earliest opportunity, and to ensure it is considered for everyone who has thoughts of suicide or has made an attempt, where appropriate. Potential for new referral pathways, and ways to re-engage with support after discharge.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Respond to the diverse needs of communities – we propose at least two tests of change, e.g. to reach particular groups and community setting by working with representative organisations

(1) review the design and delivery of learning approaches to ensure they reflect the communities' experience of suicide, and

(2) test new approaches to supporting people in those communities who are at risk of suicide. As part of this we will seek to understand help seeking behaviours and tailored support for cultural and diversity groups, by working with trusted organisations to develop approaches / interventions that work for groups who are at heightened risk of suicide. We will use the learning to inform our overall approach to supporting communities and groups where suicide risk is high.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Continue to support embedding of counsellors in education settings, and ensure they are skilled and responsive to signs of suicidal concerns, whilst ensuring proactive approach to supporting CYP at key transitional stages, as part of a continuum of care.

Strongly Disagree Disagree Neutral Agree Strongly Agree **no answer**

Develop resources to support families, friends and carers, or anyone else, affected by suicidal behaviour – building on existing resources.

Strongly Disagree Disagree Neutral Agree Strongly Agree **no answer**

Build new peer support capability to enable further use of peer support models for suicide prevention

Strongly Disagree Disagree Neutral Agree Strongly Agree **no answer**

Embed suicide prevention in perinatal care.

Strongly Disagree Disagree Neutral Agree Strongly Agree **no answer**

Ensure suicide prevention is prioritised in the student mental health action plan

Strongly Disagree Disagree Neutral Agree Strongly Agree **no answer**

Consider how primary care settings - including GPs, nurses, and mental health teams - can identify and support people who are at risk of suicide, who may present with low mood or anxiety or self-harm. This could include: safety planning, referrals to DBI, community support (social prescribing), and proactive case management, especially for high risk individuals.

Strongly Disagree Disagree Neutral Agree **Strongly Agree**

Undertake work to ensure clinicians in unscheduled care settings are alert to suicide risk - particularly those who have self harmed - and respond effectively through the provision of psychosocial / psychiatric assessment and ensure care pathways and support are put in place, including in the community. DBI should also be offered, where appropriate.

Strongly Disagree Disagree Neutral Agree **Strongly Agree**

Statutory services to continuously improve the quality of clinical care and support for people who are suicidal, and share good practice and learning, both individually and by working together across services. To achieve this a first step is for mental health services to adopt the NCISH guidelines into their operating practices, and the relevant Medication Assisted Treatment standards.

Strongly Disagree Disagree Neutral Agree Strongly Agree

2.9 Please use the box below for any other comments you have in relation to theme five.

Community pharmacist and their teams are often the first healthcare professionals to spot signs of OTC medicine misuse eg codeine containing medicines or laxatives. The teams are already trained and experienced in dealing with difficult conversations. Often the most difficult conversations are with the most vulnerable patients who are accessing multiple services – drug abuse, mental health services, and alcohol abuse services. Community pharmacy teams can help support messaging by knowing how to appropriately signpost for best patient outcomes.

ACTION PLAN: PLANNING

Actions under this theme consider how planning can be better used to ensure people are better supported to prevent suicide.

2.10. To what extent do you agree with the following proposed actions.

Ensure all key settings with a higher risk of suicide have a suicide prevention action plan, which connects to local suicide prevention plans (to ensure smooth transition at discharge). Plans should include actions for the people they support as well as their workforce. Key settings include: schools, further & higher education, criminal justice, secure accommodation, and residential care.

Strongly Disagree Disagree Neutral Agree Strongly Agree no answer

Guidance: guidelines for communities to respond effectively to suicide clusters and contagion within their local context.

Strongly Disagree Disagree Neutral Agree Strongly Agree no answer

2.11 Please use the box below for any other comments you have in relation to theme six

Any comment on the above is not within the remit or expertise of CCA.

ACTION PLAN: DATA AND EVIDENCE

Actions under this theme relate to how we can better use data and evidence to improve what we do to prevent suicide in Scotland.

2.12. To what extent do you agree with the following proposed actions.

Continue to embed and enhance our lived experience model, and ensure it is representative of groups experiencing suicidal behaviour. Enhancing the model could include developing resources/toolkit to support people with lived experience sharing their personal stories in safe, meaningful and impactful ways [links to peer support].

Strongly Disagree Disagree Neutral Agree Strongly Agree **no answer**

Introduce a horizon scanning function to produce a 6 monthly digest of new evidence, which connections to the mental health Research Advisory Group. Priority areas may include: COVID and cost of living impacts. This insights and evidence will form a core part of our suicide prevention planning, delivery and evaluation, both at a national and local level.

Strongly Disagree Disagree Neutral Agree Strongly Agree **no answer**

Roll out multi-agency suicide reviews and learning system (aligning with the serious adverse event reviews process within mental health services).

Strongly Disagree Disagree Neutral Agree **Strongly Agree**

Host learning events to disseminate information and share learning and good practice between and across sectors on suicide prevention. This will build on the Suicide Information Research Evidence Network (SIREN) model.

Strongly Disagree Disagree Neutral Agree **Strongly Agree**

2.13 Please use the box below for any other comments you have in relation to theme seven.

CCA would be keen to be involved in learning from good practice.

ACTION PLAN: ANYTHING ELSE

You can access the full draft Strategy and Action Plan here: [by pressing here.](#)

2.14. Is there anything else you want to tell us about the proposed Action Plan document?

Your text here,

No additional comment at this time.

FINAL THOUGHTS

This section gives you the opportunity to provide any final thoughts about the Suicide Prevention Strategy and Action Plan that you feel you haven't been able to describe as part of this consultation already.

3.1. Is there anything else you feel you want to tell us about the Strategy and Action Plan that you feel you haven't had the chance to as part of this consultation?

Your text here

No additional comment at this time.