



Karen Adam MSP,  
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Committee

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20 March 2025

Dear Karen

## **EQUALITIES HUMAN RIGHTS AND SOCIAL JUSTICE COMMITTEE'S REPORT ON SUICIDE PREVENTION IN SCOTLAND**

Thank you for your letter of 24 February 2025, seeking an update from Scottish Government and COSLA on the progress of the delivery plan 2024-25, and the commitment to double investment in suicide prevention to £2.8m by 2026. We welcome the Committee's interest in this vital area of work, and we are happy to respond, with what we feel is a positive update. This letter outlines further progress in delivering our suicide prevention work, since our formal response of 9 September 2024, and describes how we are measuring the impact of our suicide prevention work. We are also providing some additional information on recent developments, which we anticipate the Committee will find useful.

**Our overall assessment – which we expect to be largely borne out by the upcoming annual report from Suicide Prevention Scotland (see below) - is that progress has been made against all the Committee's recommendations. We can also confirm that the provisional budget for suicide prevention in 2025-26 is £2.8m, meaning we will have met our commitment to double the suicide prevention budget by the end of the parliamentary term.**

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In addition, the Committee will have noted the recent announcement that community-led mental health and wellbeing projects are to benefit from a further £30 million Scottish Government funding over the next two years, through a continuation of [Communities Mental Health and Wellbeing Fund for Adults](#).

This funding – first launched in 2021 - provided around 4,800 grants to community organisations delivering mental health and wellbeing support in the first three years. It supports local groups to deliver programmes for adults which build resilience and tackle social isolation, loneliness and mental health inequalities, and as such, makes a direct contribution to suicide prevention.

We will now turn our attention to the Committee's key questions. Updates on other points raised by the Committee are provided in the Annex to this letter.

### Delivering our suicide prevention action plan – measuring impact (including evaluation and transparency)

As the Committee will be aware, Suicide Prevention Scotland produces an annual progress report, and this year's report draws firmly on the Outnav evaluation tool (details below). The 2024-5 report, which will be published shortly, will provide a comprehensive update on delivery of the actions under the four strategic outcomes, including many of the specific questions the Committee has asked. **We can share with you that at this point that a good level of progress has been made across all areas of our action plan, and key highlights are set out later in this letter.**

As set out in our response of 9 September, Suicide Prevention Scotland commissioned 'Matter of Focus' to measure and evaluate the impact of our action plan using its 'Outnav' platform. This evaluation approach is well suited to outcomes-focused approaches on complex issues such as suicide, by using a 'contribution analysis' methodology. This involves capturing a wide range of qualitative and quantitative evidence sources, and linking them to a series of 'theory of change pathways'; this in turn demonstrates how the activities delivered by Suicide Prevention Scotland are contributing to the Creating Hope Together strategy's strategic outcomes.

As highlighted, the evidence gathered from this evaluation will form the basis of Suicide Prevention Scotland's annual report, and will continue to build up over the course of strategy, to allow for robust (and ongoing) evaluation and learning as the work progresses.

We would be happy to advise the Committee when Suicide Prevention Scotland's 2024-25 annual report is published.

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## Wider update

We would like to take this opportunity to update the Committee on some other aspects of our suicide prevention work, which provide some context for your specific questions.

### National Suicide Prevention Advisory Group

We would also like to update the Committee on the work of the National Suicide Prevention Advisory Group (NSPAG). Rose Fitzpatrick retired from her position of Chair in October 2024 and we are pleased to inform you that after a competitive process, Christine Goodall, Professor of Oral Surgery and Violence at the University of Glasgow, has now taken up the role of Chair. Professor Goodall brings a wealth of knowledge and experience to NSPAG and we look forward to working with Christine to build on this important work, and shape the delivery of our 10-year strategy. NSPAG will carry out its own, independent, review of the progress in delivering the strategy, and publish a report over the summer. Again, we will advise the Committee when this is available.

### Current suicide prevention developments

Our experience to date – and the available evidence – tells us that campaigns can make a big difference, both in tackling stigma around suicide, and encouraging people to seek help. Suicide Prevention Scotland is working to finalise Scotland’s new public awareness campaign, to be launched in Spring of 2025, alongside a new suicide prevention portal.

The new campaign has been developed through intensive co-production, which involves our suicide prevention Lived & Living Experience Panel, United to Prevent Suicide social movement members, our Suicide Prevention Academic Advisory Group, and local suicide prevention delivery leads, as well as key suicide prevention organisations working at a national level. The group has used the framework for public awareness campaigns, which was co-created with the suicide prevention community, over summer 2024, as a guide. The process for shaping the campaign has used genuine co-production, where everyone has had an equal voice.

The 2023-26 action plan includes a commitment to create a portal to host suicide prevention resources and information and advice in one, accessible, digital space – which links to other relevant platforms. We see this as a key development, because feedback from stakeholders, and the evidence tells us that having a ‘one stop shop’ for information and advice can save lives.

The new campaign will direct people to the portal, and so the intention is to launch both at the same time. The portal has been designed to support the needs of adults, and children and young people at risk of suicide or in crisis, as well as families and carers affected by suicide. It will also be a practical resource for professionals who support people at risk of suicide, and who lead suicide prevention in their communities. The portal will offer a range of information and resources in a way that conveys compassion and empathy. It aims to destigmatise suicide, encourage people and communities to play their part in addressing suicide, and

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promote the strong message that recovery and hope is possible for people living with suicidal thoughts.

Whilst the portal is a population wide resource, Suicide Prevention Scotland have designed the site to ensure that the experiences of groups disproportionately impacted by suicide are reflected. This will continue to be a core element of the portal's ongoing design, so that we can use it to improve our reach, and our response to people and communities at higher risk of suicide, including those highlighted by the Committee.

Using our 'Outnav' evaluation tool, we will monitor both the impact of the campaign, and use of the portal following the launch, and will use this to inform future activity.

We will notify the Committee when both the new campaign and the new suicide prevention portal are launched.

### Supporting children and young people in distress and crisis

Finally, we would like to take this opportunity to update the Committee on work underway which aims to ensure cohesive and effective support for children and young people in crisis and distress. This work is supported by Scottish Government and COSLA's [Joint Strategic Board on Child and Family Mental Health](#), which involves key partners working with children and young people. As it progresses, we will continue to seek synergies across the Board's priorities and Suicide Prevention Scotland's work. Within this we will also sharpen our focus on meeting the needs of children and young people who have experience of care, or who are on the edges of care. As with our wider work on suicide prevention, lived experience continues to shape our strategy and priorities, and will guide how we take forward this piece of work.

### Our next Suicide Prevention Action Plan (2026-29)

This coming financial year, 2025-26, is the third and final year of our current suicide prevention action plan (2023-2026). We are currently in the early stages of scoping out the next three year Action Plan, which will cover the period 2026-2029. This will build on the significant insights and learning we have captured in delivering the strategy to date. It will also include active engagement with our National Suicide Prevention Advisory Group (NSPAG), our Suicide Prevention Lived and Living Experience Panel & Youth Advisory Group, local suicide prevention leads, and organisations working with groups and communities at higher risk of suicide.

### Suicide Prevention Scotland's Annual Conference

Finally, Committee members may be interested to note that the next *Creating Hope Together* Annual National Conference will take place in Glasgow on 15 May 2025. We would welcome you joining us on the day, and invite you to register [here](#).

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We would like to end by assuring the Committee that the Scottish Government and COSLA remain fully committed to ensuring that any child, young person or adult who has thoughts of taking their own life – or are affected by suicide – gets the help they need and feels a sense of hope. We appreciate the Committee’s ongoing interest and look forward to updating you further in the coming months.

With best wishes

**Maree Todd MSP**  
**Minister for Social Care, Mental Wellbeing & Sport**

**Councillor Paul Kelly**  
**COSLA Health and Social Care**  
**Spokesperson**

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## ADDITIONAL INFORMATION, AS REQUESTED BY THE COMMITTEE

### Reaching groups and communities at higher risk of suicide

As the forthcoming annual report will show, Suicide Prevention Scotland has delivered a range of ongoing actions to address the Committee's key recommendation on translating the commitment to an inequalities approach to suicide prevention into practice. This is central to our work on reaching people at higher risk of suicide.

Specific work we are taking forward includes a programme of community-led action research to support our improved response to diverse communities. The four organisations participating include a focus on an area of high economic deprivation; asylum seekers and refugees; access to support in smaller, island communities; and young people.

The focus on putting our inequalities approach into practice was further strengthened at Suicide Prevention Scotland's second 'Gathering Hope' event, which brought together around 70 third sector organisations, to support learning around work underway to support suicide prevention in communities across Scotland. We will continue to build on this work to further improve our reach into communities which may be at higher risk of suicide, including those noted by the Committee.

More broadly, there is a range of work underway to support people who may be experiencing – or at risk of - distress or crisis which is also contributing to our suicide prevention work. One example of this is recent work around gambling harms, described below:

Scottish Government and Public Health Scotland have established a National Gambling Harms Working Group, to develop a National Gambling Harms Framework for Scotland. This takes a public health approach to gambling harms, through the broader lens of social, economic, commercial and environmental factors. This framework is due to be published shortly. Alongside this, Scottish Government officials have worked with Simon Community Scotland and Fast Forward's Gambling Education Hub to develop a toolkit for practitioners supporting people experiencing gambling harms through the Distress Brief Intervention Programme. The toolkit includes a definition of gambling harms, taken from Fast Forward's Gambling Education Hub resources, activities for facilitating support, and signposting to organisations offering gambling harms-specific and wider support. Learning from the creation of this resource has been used to inform Change Mental Health and Scottish Government's money worries advice pack.

As our original response to the Committee's report explained, all of this suicide prevention focused work is provided within a much broader context of the wider support and investment we provide, for example through our Communities Mental Health Fund for adults, which includes a specific focus on many of the groups highlighted by the Committee.

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## Longer-term support for vulnerable people who have been discharged from healthcare settings or prisons (and support within prisons including Talk to Me)

Both Government and Scottish Prison Service (SPS) are absolutely committed to providing safe treatment and mental health support for prisoners, recognising that many experience higher levels of risk and vulnerability – both while in custody, and on release.

Public Health Scotland (PHS) is a key delivery partner in Suicide Prevention Scotland, and over 2024-25, PHS have been developing a suicide prevention action framework for use in high risk settings, including prisons. They are now working with SPS to identify which prisons will test the framework in the coming months. This will be taken forward as part of SPS's wider work to support mental health and wellbeing in prisons, through which each prison will develop its own action plan. This work will sharpen the focus on specific suicide prevention activity, appropriate to that prison, with the impact of any new activity being monitored. Members of our Suicide Prevention Lived and Living Experience Panel are supporting this work.

### Review of Talk to Me (TTM)

The Scottish Prison Service (SPS) is prioritising robust and impactful suicide prevention measures, and has commenced a full-scale review of the TTM policy. This includes a range of evidence gathering including primary research with NHS staff and those in SPS care. SPS has appointed an independent expert to undertake the completion of the expert review, by the end of summer 2025. The output of that work will inform the next phase of the whole-scale review which will be completed by end of 2025. Following this, SPS will commence implementation and training in 2026. SPS will report to Scottish Ministers on progress and will publish regular updates regarding the progress of the review of the Talk to Me policy. While the review is ongoing, Talk to Me remains in place to support those at risk.

### Support on release from custody

Everyone leaving custody in Scotland is entitled to support on their release to help them resettle into their community. Most people leaving prison after a short sentence (less than four years) will not be subject to Justice Social Work supervision. However, they can request voluntary throughcare from their local authority Justice Social Work department for up to one year after release from custody. Additionally, the Scottish Government provides funding to the third sector to deliver a national voluntary throughcare service, which provides advice and support to individuals on a range of matters and can link them with specialist services delivering support in areas such as addiction, debt and mental health.

From April 2025, a new partnership of third sector organisations will take over delivery of the national voluntary throughcare service which will now offer support to men and women leaving short sentences and periods of remand. This is the first time that men leaving a period of remand will be able to access national voluntary throughcare support.

People leaving prison following a sentence of 4 years or more, or who are sentenced to post-release orders, are subject to statutory throughcare (supervision) by Justice Social Work for a

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period determined by their sentence. This engagement can also include advice and support to assist reintegration to the community, along with help to engage with mental health services.

### Sustainable funding to help tackle the increased stigma for some groups

Although no one is immune to mental health issues, we know that some groups are more likely to experience poorer mental health outcomes. We also know that for many people, there are additional cultural or societal stigmas which can add to existing pressures around mental health and stop people from asking for help.

We have focused our public mental health awareness raising campaign, Mind to Mind, towards those most at risk, including (but not limited to) men, people from lower socio-economic backgrounds and ethnic communities. This includes public awareness raising specifically aimed at reaching these target groups.

To inform our future work, we are working with See Me to improve our understanding of how mental health stigma is experienced by communities who have been marginalised and who may experience multiple forms of stigma.

Both the Changing Room and the Extra Time programmes support men to understand their mental health and wellbeing. The groups are active across Scotland, around 50% of participants are from lower socio-economic backgrounds and up to 60% are from the age groups most at risk of suicide (35 – 54 years old).

### Evaluation, transparency and a cohesive approach to collection of data

We are continuing to build our understanding of suicide through improved collection, analysis and use of data. Some recent developments are described below.

Public Health Scotland (PHS) has reviewed the monthly data on suicide deaths it provides to local areas and expanded the data fields so that local areas can make meaningful comparisons with the data they gather at local level. This is provided for management information purposes only and not publicly available. In between the release of these reports, increased support has been provided to local areas especially where there are data discrepancies and where appropriate develop solutions to minimise future gaps.

PHS is testing out further linkages between equality data held by PHS and the datasets that make up the PHS ScotSID (Scottish Suicide Information Database) reports on the characteristics of those who have died by suicide. The latter draws from datasets such as contacts with NHS 24, A&E departments and GP out of hours services. This will allow for more nuanced analysis of service contacts by specific equality groups. PHS is also scoping linkage with other datasets which focus on those groups we know who are at higher risk of suicide, such as data on maternal health, drugs related deaths, and homelessness. Complementing this work is the local rollout of the electronic recording and reporting system on deaths by probable suicide – there are currently seven local areas using this system. Once further areas are added, the intention is to analyse the more extensive data gathered by this process and add to the ScotSID report.

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