

The Scottish Women's Convention's
response to the Scottish
Government's consultation on:

A New Suicide Prevention Strategy for Scotland



August 2022

Premise

The Scottish Government and the Convention of Scottish Local Authorities (COSLA) will publish a new Suicide Prevention Strategy and Action Plan in September 2022, which will replace the current Suicide Prevention Action Plan: Every Life Matters which was published in 2018. This was driven by the National Suicide Prevention Leadership Group (NSPLG), and the new plan hopes to build on the work already being carried out across Scotland to prevent suicide.

In order to assess the validity of this new plan, the Scottish Government are looking for responses on the policy intention behind the delivery of this new Suicide prevention Strategy and Action Plan. This consultation response aims to assess the approach being taken by the Scottish Government and which outcomes and actions should be prioritised, as dictated by the lived experiences of women across Scotland.

This consultation asks whether the 'Whole Government Policy' approach being proposed by the Scottish Government will best meet the needs of those it is intended to help. They have therefore asked to gather views to ensure they have identified the best possible approach in delivering this assistance before they draft the new Suicide Prevention Strategy and Action Plan.



The Scottish Women's Convention (SWC)

The SWC is funded to engage with women across Scotland to ensure that their views are represented in policy and decision-making processes. The SWC uses the views of women to respond to a variety of parliamentary, governmental, and organisational consultation papers at Scottish, UK and international levels.

The SWC gathers information using different methods, including roadshows, thematic conferences, surveys, and both in-person and online roundtable events. This submission presents the views of a range of women, reflecting their opinions, ideas and lived experience. Working together with many other equalities organisations and community groups, we use our broad network to ensure that women from a range of backgrounds are heard and acknowledged. We are continually reviewing innovative ways of engaging with women and developing our trauma-informed and culturally sensitive practice to support vital contributions from as many women as possible.

Consultation Questions: Strategy

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 Agree

Women told us about how important it is that cross-organisational support is to the maintenance of mental health services and suicide prevention. They have consistently found it allowed for a better transference of information surrounding their mental health as well as creating a more positive space where they could openly discuss their conditions. There is also a belief that this will minimise the impact of repeating potentially difficult stories on a person's mental wellbeing, and so a collaborative approach is welcomed. Women therefore believe that a combination of sectors is an appropriate response to reduce the impact mental health can have on an individual, with some proposing that a National Mental Health Service could contribute to this.

- "I spoke to a mental health advisor. It's not a nurse or a psychiatrist, but they can refer you on, so I find that is quite a helpful way of accessing mental health services... but that's maybe... because I'm already in the system. For somebody who's not in the system, it would probably be quite a different experience."
- "People are being passed around from one service to another and it may exacerbate someone's problem to keep having to tell their story again and again."
- "There should be a proper National Mental Health Service, like we have a National Health Service, and there should be a National Care Service."
- "There are fantastic services out there, but the majority of them are serviced by volunteers. These are stretched to capacity without any proper funding put in place, but there has to be a Mental Health Service. There has to be a system where GPs and mental health services are brought together and more people are brought in to deal with this properly."

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

Promote and provide effective, timely, compassionate support – that promotes recovery.

Strongly Agree

From speaking with women, compassionate support regularly arose as an integral element to the delivery of mental health services. Women have consistently stated that a key barrier to them seeking medical assistance is the lack of support they have generally experienced during interactions with GPs, doctors and nurses. This lack of support did result in a lower level of trust between women and healthcare professionals,

preventing women from accessing services that they needed. Therefore mending the bonds between the two groups is integral to supporting both the public, and healthcare workers.

- “Women experience medical gaslighting as a matter of course. So it is a fight to be believed – often for years, decades – to get the right diagnosis.”
- “When I sought help from my GP I was referred to guided self-help which did not help me at all. I didn't really know where to go for the support I really needed.”
- “Sometimes, going through gateways, like GPs with receptionists, then having to wait 3 or 4 weeks to see a doctor, then being given an appointment at a time that doesn't suit. These are all situations women have to deal with on a regular basis.”
- “I would never approach a doctor about it as I know there's nothing they can do just now, but I wouldn't have trusted them anyway because all they did in the past was feed me mountains of pills.”
- “I've had several friends who have sadly passed away because they have committed suicide because they couldn't live with the pain, and obviously no-one listened to them when they were complaining. For me it's the face we need to do much more to highlight that chronic conditions are real for many women and most women are tired of calling their GP's and not getting answers.”
- “I found it was difficult to access GP services which puts me off seeking mental health support from my GP because there were just too many hurdles to try and get over before you would actually get to speak to someone as they kept saying they were overwhelmed due to Covid.”

One woman did state that she believed a more positive way with which mental health services could be delivered is through the inclusion of advocates:

- “We hear about interpreters and language barriers and all sorts of things, but we need mental and physical health advocates, because I know myself I find it difficult on my own when I'm going to see doctors, and my first language is English. I've been there supporting my dad at times, where doctors have spoken to my dad, they've spoken to me and I've advocated for him, so I think we really need to have advocates in GPs, advocates in hospitals, and whether that's from the voluntary sector, people need people to empower them so they don't feel disempowered, that's so important.”

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

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.

Women have highlighted to us that despite community engagement being key to the delivery of suicide prevention strategies, optimal effect will be made through increased resources given to health care providers. Women have consistently told us that they are 'worried' about the lack of funding the NHS currently receives and that essential services were severely limited by the Covid-19 pandemic. Therefore it is important that mental health services and community hubs obtain, not only increased information, but also increased funding, in order to effectively reduce the risk of suicide within Scotland. This includes an increase in staff to target the staffing crisis existent across the mental health sector, and improved services for staff. Some of the women consulted worked within the NHS and spoke of the high rates of burnout and lack of support for their own mental health.

- “We already had a crisis in our mental health system for young people. Referrals to CAMHS is the highest it's ever been. If you look at other agencies, we're all struggling to keep up with the demand, so funding has to be available for it.”
- “I know that Reach, one of the community hubs that was based in Govanhill in Glasgow, have shut down. They were dealing with mental health issues for women, so the organisation was most needed at that time but due to funding, they shut down at that time.”
- “There's not been enough funding for years and we're storing up huge problems with people's deteriorating health.”
- “My worry is that we're setting people up for failure because people are under this naïve impression that we're out of covid, we're fine, we're not on lockdown anymore. However, as we all know, it's the actual effects of covid that are causing us the most harm. People are really very ill mentally because of what has been going on and sadly most of that extra funding people had has been whipped back again and we can't put on that service anymore.”
- “We have workers who, despite having a really good internal and external support and supervision, are experiencing burnout”

Action Plan: Whole Government Policy

Provide your thoughts about the actions contained under Theme One: Whole Government Policy.

As an organisation which places women's voices at the centre, believing that by doing so Scottish women can engage in politics and decision-making at a higher level, we support the inclusion of lived experience. Therefore we are advocates for promoting the voices of marginalised groups, and as such welcome engagement with community

groups and targeted groups who experience suicide at higher rates than the general population (e.g. LGBTQ+, carers, those experiencing poverty and neurodiverse people).

However there has been a lack of consideration of rural communities within the Suicide Prevention Strategy and Action Plan for Scotland. Generally those who live in rural areas struggle to access the same level of services provided to urban communities, and one such area is health care provision. Rural communities also suffer from increased isolation, particularly during the pandemic, with lockdowns preventing people from meeting others socially. This was prominent across discussions with women living rurally, with reduced internet speeds and lower populations meaning that videocalls were not as regular and neighbours can be few and far between. It is therefore our recommendation that the Scottish Government consider the inclusion of different geographies in order to effectively tackle suicide prevention across the country.

- “I could bang on about rural healthcare in the Highlands for the rest of my life but that is something that definitely needs to be addressed as there are a lot of people who are suffering and waiting far too long. Endometriosis is such a common illness, it’s the same as diabetes or asthma if you look at the numbers, but so few people are aware of the condition or some of the symptoms.”
- “The isolation was just terrible, and it doesn’t go away because we’re still in a period where a lot of people aren’t getting out and we’re finding it’s affecting people’s mental health very badly.”
- “...the biggest gap in the NHS mental health service provision right across the region is retention of staff. Women who have experienced trauma often have fragile mental health and, unfortunately, are often bounced up and down the waiting lists for many months before they get triaged and then bounced back down the waiting list again.”

Action Plan: Access to Means

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 Agree

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 Agree

The attempts being made to reduce suicide rates through these methods are commendable, however we believe that there has been a missed opportunity to effectively incorporate suicide prevention techniques that target women. Studies have shown that women do not tend to use these suicide methods (e.g. falling/jumping from great height, railways), they instead are far more likely to go missing, self-harm or overdose on medication. As a result of these facts it would therefore be beneficial if the Scottish Government could commit to improved education surrounding women's experiences of suicide across all relevant settings.

Action Plan: Media Reporting

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 Agree

At the Scottish Women's Convention we support the inclusion of digital strategies to challenge media outlets in their current misrepresentation of mental health. However there must be a strong approach to social medias, with particular focus on how young women access these outlets. Young women have spoken with us about the detrimental impact social media can have on their mental health, stating that they feel that despite having a platform for open communication, men have made these spaces negative and potentially harmful. It was also brought to our attention that this issue was intersectional, with women from minority groups experiencing multiple levels of online hatred – ultimately effecting their mental health. In order to effectively combat this issue, improved education surrounding healthy and safe online usage for all children is recommended.

- “My eldest daughter is a therapist with Bernado's, and she's had quite a few referrals for young people where they've been sharing intimate image. She's now faced with children who are suicidal because they've shared intimate images, and this one boy shared it with the whole of his year.”
- “Social media gives men a platform to talk negatively about women, whereas previously it would have only been from people you were friends with or around at school. Now online you could see random strangers showing hatred for women and bringing them down to a really disgusting level. To see the nasty comments and how they do not want women to have the same basic rights that they have. Social media gives them this platform to express this.”
- “We have to realise that young men are not just the problem, they're part of the solution as well, and we have to do a lot of work with young men about education, expectations, and how we can move forward to be a more positive society for everybody in terms of equality and diversity.”

- “With gypsy travellers, shame pages are a big thing just now. For those of you who aren't aware of gypsy travellers or their traditions, it's not tolerated for women to have sex outside of marriage. There are a lot of shame pages just now on Facebook, and a lot of women commit suicide or attempt suicide on the back of these shaming pages which are photos of young women maybe undressed or have split up with partners. It is another way of perpetuating the abuse, so we have seen a vast amount of that since lockdown.”

Action Plan: Learning and Building Capacity

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

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 Agree

The Scottish Women's Convention support the creation of improved digital services to improve accessibility to mental health information, as well as reduce the strain on GPs and mental health services. Some women have discussed with us previously, about an integrated digital health system, proposing that “options” for treatment would be increased.

- “Person-centred care based on an individual's needs, increased coordination across community-based, GP and hospital services, broadening options, including digital where appropriate, establish networks to share best practice at local and national levels and increase national reporting of patient experience data.”

However we are also acutely aware that this will not necessarily help to address older people's mental health needs, with some older women making it clear that they found the increased movement to purely online forms and forums incredibly stressful. In order to combat this hurdle it is recommended that digital literacy be a priority, aligning with the core principles of the Suicide Prevention Strategy for creating a Scotland whereby every individual has access to the same level of good quality service.

- “Banks and post offices closing down mean that older people are being almost forced to do things digitally - loss of control has a huge impact on mental health.”
- “The Dr surgery in Shotts will only accept communication via email. Think how many elderly people do not have this option.”
- “You get referred round the circle, back into the web and if you don't have the digital skills, you have a problem.”

Action Plan: Support

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

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

Strongly Agree

Women also spoke to us about how valuable telephone services can be in times of distress, including mental health struggles. The women who had accessed these facilities had contacted voluntary helplines and found them incredibly valuable. They also stated that more information should be given, so that those suffering from poor mental health are aware of the services available. This also linked to more information regarding economic options, with women discussing how stressful the current cost of living crisis has been – ultimately impacting their mental health. Therefore a Scottish specific telephone number which provides access to existing telephone support and resources would be of benefit to the women of Scotland.

- “I’ve called a few voluntary helplines and they’ve been very helpful. I rang the Samaritans once and got through almost instantly... I think people should be given more notice and there should be more general information available for what these helplines are and how people contact them.”
- “A phone number should be available to ask what’s needed. Websites are hard to negotiate.”
- “[The Scottish Government] could look at how people have to ask for help, and not have to fill in multiple pages on a form both paper and online. It would be good to have a helpline service that is free to call. You could also have help desks with info in places like health centres.”

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

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 Agree

Women welcome the inclusion of community groups, with many women stating that they feel that a collaborative approach is key – particularly one which includes local peoples. They have stated that consistent good levels of support from the people around them, when government-led help has been lacking or unavailable to them. This has been particularly important for ethnic minority women, who have turned to third sector organisations or their religious community in order to receive the help that they need.

- “In the Sikh community, it is very much part of our religion and part of our culture to offer that support to one another”
- “...the place I did get support from was Sikh Sanjog. My boss was always checking in on me and my workplace gave me a huge amount of support which I’m very grateful for. So where I had been offering other women counselling, they offered my counselling and I thought, do you know what, I need to take this. You put all these things inside you, you put on this face and you get on with things, but I actually needed that help so I took the counselling which really benefitted me.”

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

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 Agree

We welcome improved awareness training for primary care service-providers, such as GPs, however women have reiterated that throughout the Covid-19 pandemic GP services were difficult to access and that the backlog for appointments is still currently being cleared. Therefore, in order to effectively incorporate effective suicide prevention measures the Scottish Government must ensure that primary care services are staffed and funded properly.

- “I found it was difficult to access GP services which put me off seeking mental health support from my GP because there were just too many hurdles to try and get over before you would actually get to speak to someone as they kept saying they were overwhelmed due to Covid.”
- “I’m wary about phoning [the doctor] again because I know they’re overloaded and I know the services aren’t there.”

We would also like to state that from speaking to ethnic minority women, they have consistently felt that their access to health services are generally less than their white counter-parts. Many ethnic minority women have felt that they lacked access to interpreters and that currently information was not always accessible due to a lack of language-provision.

- “White is the default privilege setting in Western society and white people hate admitting that. Take all the issues women have to deal with and multiply trauma and gaslighting for women of colour.”
- “Knowing what to say and understanding the process would be difficult if they needed an interpreter as the system is difficult for those where English is their first language, never mind if it's not their first language.”

Action Plan: Planning

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 Agree

Women spoke to us about how an unsafe domestic situation impacts upon mental health. They told us that being in a dangerous environment creates incredible stress, lessening their quality of life and unfortunately pushes some women to breaking point. This also has an inevitable impact on their children, with children's mental health also being worsened. Women also brought to our attention that not only will this impact children's mental health, it can also alter their behaviours – creating a cycle of abuse that will continue on to the next generation. It is therefore of great importance that the Scottish Government take into account that some individuals may be in settings where suicide rates are higher but are unknown to the relevant authorities.

- “For my PTSD effects afterwards, I've been on a waiting list for EMDR for a long time and they're still saying it'll be a minimum of a year and a half before I'll get seen for that. So many more people were struggling with mental health after the pandemic so it's just made everything a lot slower and harder to access.”
- “You're basically starting from the beginning again rather than building on something. That's on top of dealing with trauma, and the fact your mental health is suffering. It's a lot for you really.”
- “One thing I realise is that, if this is happening to women, it will have an effect on the children. This can then push them into an abusive relationship, either because they feel they want to run away from home, or because they think that it is ok to put up with situations like that.”
- “There's been no real psychological work done, so you've got one that's left with all this hatred and anger, now where's that going to go? Into his relationships and into women. It's a vicious circle.”

Action Plan: Data and Evidence

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

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 Agree

Women have begun to highlight that the cost of living crisis, combined with the Covid-19 pandemic, is increasingly worrying. They are scared that their general standard of living will begin to drop, resulting in higher rates of poverty, impacting their own, and their children's lives. It is a well-known fact that women experience poverty more commonly than men and providing for their families can create great stress and impact women's mental health. Therefore it is of vital importance that the Scottish Government incorporate economic fears into any mental health planning, with the hope being that this will reduce impacts and ultimately save lives. It is also apparent that benefit claimants and those experiencing poverty, are more likely to be depressed or have suicide ideation. In order to effectively reduce the risk of suicide, the Scottish Government should provide training and resources to benefit providers on signs of suicidal thoughts, as well as support for claimants.

- "I worked two jobs to pay my bills but this had a detrimental effect on my health, I had to give up work and wasn't entitled to this benefit or that benefit till nobody was keeping me and I didn't have any money coming in... This was embarrassing and made me depressed and certainly put me off claiming any benefits."
- "I have found it very hard to get any help that I desperately needed... so I have been stuck fending for myself and watching all my money go, my health decline and being unable to rest, wash my own hair or clean my house. Which has made me feel more depressed, more exhausted and more shame."
- "If we have another bad winter then I won't be paying my rent. The money will go towards my gas and electricity instead. I can't cope with my kids being cold again."

Action Plan: Anything Else

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?

Fundamentally women across Scotland believe that the key to improving mental health services and reduce suicide is increased funding. Women identified that local facilities had been severely limited by the Covid-19 pandemic, with there being a major withdrawal of available funds. The assurance of increased funding would also limit fears surrounding further loss of services due to the cost of living crisis. Currently women across the country are acutely aware that the observable crisis will have an inevitable impact on much-needed mental health services. Therefore it is the recommendation of

the Scottish Women's Convention that the Scottish Government pledge to invest further in mental health services and suicide prevention schemes in order to prevent unnecessary deaths of women in Scotland.

Conclusion

Having listened to women, our three key recommendations on this topic are:

- A collaborative approach between government bodies and communities is integral to the development of suicide prevention strategies and all minority groups affected by suicide should be properly considered: including rural communities.
- Health care providers be given improved training and knowledge surrounding women-centred health problems, helping to mend the eroded trust between the two groups.
- In the aftermath of the Covid-19 pandemic the Scottish Government must commit to increased funding across services to tackle the rising cost of living, as well as consider economic strains as a potential stressor towards suicidal ideation.

The SWC is grateful for the opportunity to respond to the Scottish Government's consultation on a new Suicide Prevention Strategy for Scotland. As an organisation, we will continue to work with women from across Scotland to gather voices and experiences relating to this topic and its effects on women's equality.

For further information or to share your views, please contact:

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