



Creating Hope Together

Scotland's Suicide Prevention Action Plan 2026-2029

“Being part of the Creating Hope Together: suicide prevention strategy work has taught me that preventing suicide isn’t just about saving lives, it’s about honouring the lives we’ve lost by making sure others don’t have to lose theirs.”

Lived and Living Experience Panel Member

“A simple conversation about suicide can save a life. A smile, a greeting, or a moment of kindness can make a difference, we never truly know what someone is going through, so let us choose to see them, acknowledge them, and be kind.”

Community-Led Action Research (CLAR) participant

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Foreword

In 2022 we published our highly ambitious joint 10 year suicide prevention strategy for Scotland, '[Creating Hope Together](#)'. In this, we set out our vision for suicide prevention in Scotland: to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities that contribute to suicide.

With a clear focus on prevention and early intervention, we are taking a collective, whole-system approach to achieve this vision. The progress that has been made over the first three years of the strategy, through our joint [Action Plan \(2022-2025\)](#), is testimony to the collaborative work of all our national, local and sector partners – including those working with some of our most marginalised communities – alongside our valued lived and living experience panels and Academic Advisory Group. Through this community we are harnessing our collective resources, insights and leadership to make the biggest difference possible in preventing suicide.

Through our joint strategies on Suicide Prevention, Mental Health and Wellbeing and Self-harm, Scotland's national and local government are committed to addressing the persistent inequalities that we know can be a driver of poor mental health and a risk factor for suicide, such as poverty, homelessness, unemployment and substance use. We are learning more about the protective factors that can reduce suicide risk and are deepening our understanding of how this can apply across different areas of policy and services and in our communities. Aligning priorities on suicide prevention with those aimed at addressing the underlying causes of poor mental health more broadly is a key priority. Through our actions we will continue to ensure our early intervention and prevention approaches are supporting positive outcomes for both decreasing suicide deaths in Scotland and improving mental health more broadly.

This work is also supported by Scotland's [Population Health Framework](#), which provides a long-term, cross-government vision for improving health and reducing health inequalities. The Framework emphasises prevention, shared accountability across sectors, and the importance of the wider social, economic and environmental determinants that shape both physical and mental health. By promoting coordinated action across national, local and community systems, the Framework strengthens our ability to address the root causes of poor mental health and suicide risk, thereby complementing and amplifying the actions set out in this plan.

We are pleased with the progress being made across our mental health landscape. For example, passing 100,000 referrals for the Distress Brief Intervention Programme and providing over 6,100 grants through our Communities Mental Health and Wellbeing Fund for Adults in its first four years.

But we are not complacent and know there is still much to do. This includes doing more to reach and support people at higher risk of suicide, such as prioritising action to meet the needs of those affected by stigma, discrimination, social inequalities and at key transition points in their lives.

We also need to do more, as politicians, policy makers and national and local organisations working across and beyond mental health, to challenge the negative rhetoric around minority and marginalised groups that we increasingly hear online, in the media and in wider society and which we know can have a direct impact on people's mental health and wellbeing and increase the risk of suicide.

This new action plan is informed by the learning from both national and local delivery and emerging practice. It builds on the ambition and achievements of the previous plan, accelerating progress towards our shared vision. This will be achieved by us working together to build a 'whole of government and society' approach to suicide prevention — one that is rooted in compassion, informed by evidence, and driven by collaboration across sectors, communities, and individuals. By aligning efforts, sharing responsibility and investing in prevention where we will have most impact, we will create the conditions where fewer lives are lost to suicide and more people are supported to live with hope and free from stigma.

We look forward to continuing to work side by side with all our partners – turning a shared ambition into lasting, transformative change.

Tom Arthur MSP

**Minister for Social Care and
Mental Wellbeing**

Councillor Paul Kelly

**COSLA Health and Social Care
Spokesperson**

Acknowledgements

While this action plan is jointly owned by the Scottish Government and COSLA, many people and organisations have been involved in its development. We would like to acknowledge all of their contributions as the basis for this plan and for the work that lies ahead to deliver.

We would first and foremost like to thank the members of Suicide Prevention Scotland and all the stakeholders, partners and panels who support their work – the National Suicide Prevention Advisory Group (NSPAG), the Academic Advisory Group (AAG), the Lived and Living Experience Panel (LLEP) and the Youth Advisory Group (YAG).

We would also like to thank those working locally, including NHS Boards and Local Authorities, as well as local Suicide Prevention Implementation Leads, for their continued engagement and sharing of invaluable insights, recognising the key role of local delivery in preventing and responding to those affected by suicide.

These collective efforts have significantly strengthened our response to suicide prevention and our work has already made a real difference in communities, providing firm foundations for our long-term strategy and first action plan, and for this new action plan to build on.

We are also grateful to the Scottish Parliament's Equalities, Human Rights and Civil Justice Committee who ran a short inquiry in 2024 into the Scottish Government and COSLA's Suicide Prevention Strategy 2022-2032. Their report brought welcome insights into several key areas including: funding and resources; inequalities in suicide rates; lived and living experience and engagement; strategic delivery and accountability; and cross-government collaboration. All of these have been considered as part of this new action plan.

Sources Of Support

We know that the content in this action plan may impact emotionally on those reading this document. Support is always available.

[Suicide Prevention Scotland's website](#) has been designed to provide support and information to anyone affected by suicide, including people at risk of suicide, including those who care for people at risk as professionals or as family/friends and those bereaved by suicide. The website provides access to a selection of high-quality resources, tools and contacts for anyone affected by suicide.

Support is also available from the following sources¹:

- Samaritans provide confidential non-judgemental emotional support, 24 hours a day, for people who are experiencing feelings of distress or despair. You can contact Samaritans free on 116 123. You can find our more information from the [Samaritans website](#)
- [Breathing Space](#) offers free and confidential advice for those aged over 16 experiencing low mood, depression or anxiety, whatever the cause. They can be contacted on 0800 83 85 87, 6pm to 2am Monday to Thursday and 6pm Friday through the weekend to 6am Monday. Calls to Breathing Space are free from landlines and from mobile networks. Their website provides a wide range of information and advice about coping with low mood, depression and anxiety
- Childline is a free service for children and young people, for whenever they need support or advice. It is open 24/7, and there are many ways to get support. You can call 0800 1111. Other ways to contact them are set out on the [Childline website](#)
- the 111 Mental Health Hub – a free, confidential, NHS service available 24 hours a day. The Hub is for anyone in Scotland who needs urgent support for mental health concerns including thoughts of self-harm and suicide. There is no age limit. Call 111
- if you feel like you are at risk of self-harming or have suicidal thoughts, we would strongly urge you to contact your GP to discuss your wellbeing. GPs are best placed to advise and guide people regarding appropriate treatment or management of symptoms. If support is required outside of GP opening hours, telephone advice and support on healthcare is available from NHS 24 111. This service is available 24 hours a day, 7 days a week
- if you are ever in immediate danger or have the means to cause yourself any harm, you should dial 999 and request an ambulance

¹ Information about additional sources of support (including for specific communities) is included as Annex A.

Creating Hope Together: Our Ten Year Suicide Prevention Strategy (2022-2032)

We published our ambitious ten year suicide prevention strategy [Creating Hope Together](#) in 2022. The vision, aims and outcomes remain in place and so continue to guide our second three year action plan.

Our long-term vision

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.

Guiding Principles

All our work is driven by the following guiding principles which set out our intentions about how we will work to deliver the strategy and action plan/s:

1. We will consider inequalities and diversity to ensure we meet the suicide prevention needs of the whole population whilst taking into account key risk factors, such as poverty, and social isolation. We will ensure our work is relevant for urban, rural, remote and island communities.
2. We will co-develop our work alongside people with lived, and living, experience (ensuring that experience reflects the diversity of our communities and suicidal experiences). We will also ensure safeguarding measures are in place across our work.
3. We will ensure the principles of Time Space Compassion are central to our work to support people's wellbeing and recovery. This includes people at risk of suicide, their families/carers and the wider community, respectful of their human rights.
4. We will ensure the voices of children and young people² are central to work to address their needs, and co-develop solutions with them.
5. We will provide opportunities for people across different sectors at local and national levels to come together, learn and connect – inspiring them to play their part in preventing suicide.
6. We will take every opportunity to reduce the stigma of suicide through our work.
7. We will ensure our work is evidence-informed, and continue to build the evidence base through evaluation, data and research. We will also use quality improvement approaches, creativity and innovation to drive change – this includes using digital solutions.

² Children and young people are understood to be anyone up to the age of 26, in line with The Promise age range. Our focus is on any children or young people with thoughts of suicide, those bereaved by suicide and those supporting someone with thoughts of suicide.

Outcomes

The actions in this plan are designed to support delivery of the four long-term outcomes:

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

Outcome 2 – Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

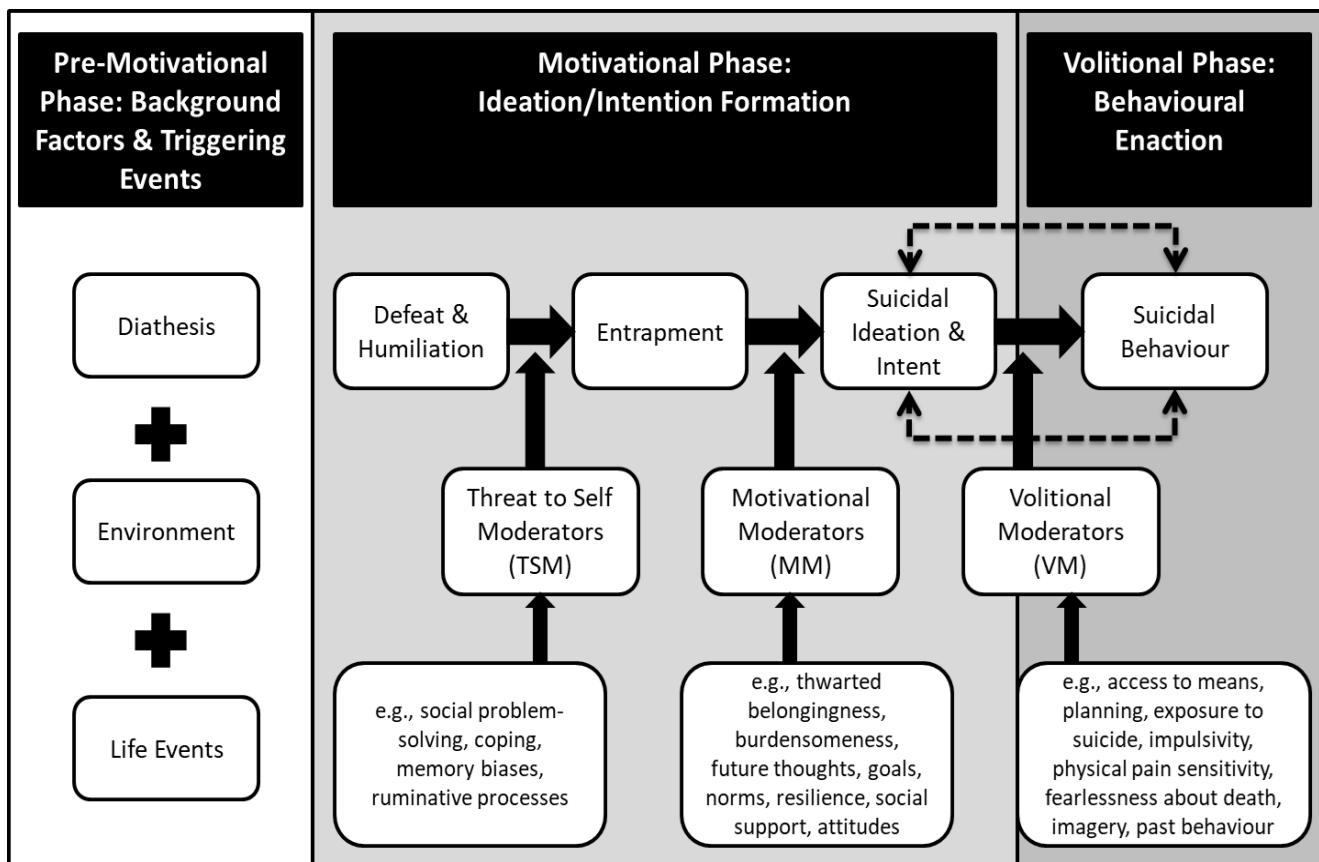
Outcome 3 – Everyone affected by suicide is able to access high-quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.

Outcome 4 – Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived and living experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

Wider Context For Scotland's Suicide Prevention Work In 2026-2029

Our understanding of suicide and how this informs our approach

This action plan takes an evidence-based approach to suicide prevention and covers a range of responses: prevention; early intervention; intervention; postvention; and recovery³. The pathways to poor mental health and suicide are complicated. To this end, our work is guided by the three phases of The Integrated Motivational Volitional (IMV) Model of Suicidal Behaviour,⁴ which provides a public health framework to understand and prevent suicide. According to the IMV model, suicide results from unbearable emotional pain which is influenced by social, psychological and biological factors.



³ Scotland's Suicide Prevention Strategy 2022-2032 (pp. 22-26)

⁴ O'Connor, R.C., Kirtley, O.J. (2018). The Integrated Motivational-Volitional Model of Suicidal Behaviour *Philosophical Transactions of the Royal Society B*. 373: 20170268

The first phase of the model recognises that suicide risk is influenced by a range of vulnerability factors and social determinants. These can include early life adversity, marginalisation, stigma, socioeconomic inequalities and disadvantage.

The second phase of the model describes the pathway to the emergence of suicidal thoughts, specifically, that people become suicidal when they feel trapped by feelings of defeat and humiliation. Shame, rejection and loss can also contribute to the emotional pain that drives suicide risk.

Finally, **the third phase** of the model posits that people are more likely to act on their thoughts of suicide when certain factors are present, such as when they have ready access to the means of suicide. In this action plan, to maximise our reach, we address each phase of the model by focusing on targeted clinical interventions as well as taking a wider public health approach. Each of these phases is further shaped by social, cultural, political and economic factors.

Across national and local government, statutory and third sector services, further and higher education and in our communities, we are focused on addressing the key drivers and underlying causes of poor mental health and increased suicide risk. We have a particular focus on: poverty/child poverty; education; being care experienced; employment and employability; housing and homelessness; substance use; domestic abuse; and criminal justice. We recognise that, locally, these issues may impact individual people differently and that people could be experiencing more than one of these factors, compounding potential risks. We also hold in mind that factors such as gender, age, ethnicity, religion and sexual orientation can further shape the likelihood and nature of suicide risk, and how it is recognised and responded to.

Recognising the important role that different people, communities and sectors across Scotland have in supporting mental health and wellbeing, our efforts are focused on working collaboratively with partners and communities across the system to ensure a whole system approach is being taken to address the underlying causes of poor mental health and drivers of suicide.

Actions to tackle these are being delivered through a wide range of cross-cutting strategies and policies, such as:

- Scotland's Population Health Framework
- The Mental Health and Wellbeing Strategy
- The Self-Harm Strategy and Action Plan
- The Tackling Child Poverty Delivery Plan
- The Promise
- Ending Destitution Together Strategy
- The Student Mental Health Action Plan
- No One Left Behind - Employability Strategic Plan
- The Fair Work Action Plan

Wider Context For Scotland's Suicide Prevention Work In 2026-2029 (continued)

This includes a range of preventative approaches in non-clinical settings/frontline services. One example of this is our joint work with Scottish Prison Service (SPS) to support the development of their approach to suicide prevention in prisons, ensuring that this is consistent with the broader vision and approach set out in our national suicide prevention strategy. Another example is our work with employability partnerships and employers to create and promote mentally healthy workplaces, ensuring more people are able to access and remain in work.

It also includes work to develop an understanding of mental health and suicide prevention in local communities, ensuring there is a range of provision and capacity at that level. For example, the grass-roots community projects supported through the Communities Mental Health and Wellbeing Fund for Adults are supporting individuals and groups disproportionately at risk of poor mental health, ensuring that support is available in local communities across Scotland.

Wider action to support people in distress and crisis, who may also be suicidal, is also underway and contributes to our collective efforts to prevent suicide. As well as our Distress Brief Intervention (DBI) programme, we are also undertaking collaborative work with a range of national partners, including our emergency services, to improve unscheduled care. Together this has made a significant contribution to improving mental wellbeing and reducing suicide risk. This action plan will build on and strengthen that work to maximise opportunities to connect this work across our policies, services and communities and prevent suicide.

“Suicidal thoughts should be taken seriously, people are reaching out for help at this point to try to prevent suicidal acts, there should be help available at that point to prevent people dying.”

Workshop participant

Building On Our First Action Plan

The [Action Plan](#) for 2022-2025, published in September 2022, set out the actions to implement the first stage of the Scottish Government and COSLA's long-term suicide prevention strategy.

More information⁵ about work under the first action plan includes:

- Suicide Prevention Scotland's annual delivery plans which provide further detail of the work taken forward in each of the three years
- annual reports set out progress against these delivery plans
- annual reports from our independent National Suicide Prevention Advisory Group

⁵ [Suicide prevention – Mental health – gov.scot](#)

High Level Actions For 2026-29

Introduction

There has been considerable progress since we published our long-term strategy and much has been achieved. This includes the creation of a delivery collective approach known as 'Suicide Prevention Scotland', which brings together national and local delivery partners to influence practice and increase supports across many communities in Scotland. This has laid strong foundations for our programme of activity over the next three years to achieve positive impact across all four long-term outcomes set out in the strategy.

How our work has been informed

This action plan is built on wide and varied learning from the work of Suicide Prevention Scotland over the last three years. This includes learning from: academia; those providing support; people with lived and living experience; and the wider communities with whom we work. These voices, alongside data, evidence and wider feedback, have been vital in shaping the development of all our approaches to suicide prevention and recovery support.

Our approach to planning

This action plan provides the direction of travel for this second stage of delivery. We have deliberately set out a more focused set of higher-level actions than we did in the first action plan. This responds to feedback from a range of delivery partners about the importance of retaining flexibility for innovation, which will enable us to adapt our approaches and respond to opportunities as well as challenges over the next three years. This approach will also allow us to build on the significant insights and learning we continue to capture as work progresses.

Our work has a life course approach and, while we have included some actions specifically focused on children and young people across the plan, many of other the other actions will also support children and young people. We will ensure that these are developed and delivered to meet their needs.

Our approach to delivery

Annual delivery plans will be published setting out the detail of work that will be delivered during each year. These will align directly with the high-level actions in this plan and will have the guiding principles woven throughout them.

Whilst the four long-term outcomes of the Creating Hope Together strategy will continue to guide this work, experience over the last three years has told us that we need to be better at working across the outcomes, to ensure our work is fully joined up, that we make the most of our collective resources and so maximise opportunities for collaboration. The outcomes are interconnected and many of the actions contribute to more than one outcome. As such, a key aim of this action plan and subsequent annual delivery plans will be to support greater coherence, alignment and oversight across them.

Throughout this action plan we make reference to people facing inequalities, and marginalised communities who face stigma, discrimination, as well as the socio-economic factors which can contribute to a higher risk of suicide. Through the delivery of the previous action plan, this has meant we have worked with a wide range of organisations and communities for whom this is a reality. This has included (but is not limited to), people who are LGBTQI+, Gypsy/Travellers, minority ethnic communities, women experiencing domestic abuse, those with caring responsibilities, people seeking asylum and refugees, people who are care experienced, people who are experiencing homelessness, people experiencing substance use, people with mental illness, people in the criminal justice system, people experiencing poverty, neurodivergent people, as well as organisations focused on men.

This action plan includes population-level actions. It also includes actions focused on people or groups, settings or occupations where evidence tells us there is an increased risk of suicide. While we do not name specific groups or communities within each action, we will continue to work alongside these communities and the organisations that support them, taking every opportunity to build relationships with others, to ensure we progress our vision of addressing the inequalities which contribute to suicide.

Outcome 1

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

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

Why is this important?

We know that there are a range of social, economic and environment factors that impact on mental health and suicide risk and, evidence tells us that action is needed across a range of policy areas in order to reduce inequalities and prevent suicide deaths, in particular policies that affect structural determinants of suicide risk. As well as taking action to influence the development of these policies nationally and locally, we also need to work collaboratively with organisations who can help mitigate their impact on individuals and communities. Creating environments which protect against suicide risk also means that we need to take steps to improve safety specific places (which we call ‘Locations of Concern’) and limit access to lethal means of suicide.

What do we need to do?

We need to work across government – national and local – and with our communities to address the complex factors involved in creating conditions that can increase suicide risk or – conversely – promote wellbeing and ‘liveable lives⁶’. We will do this through collaborative action with a wide range of partners, including public bodies, businesses and social enterprises, third sector, academia, people with lived and living experience and community organisations. This is part of Scotland’s broader approach to prevention and early intervention as promoted through our Population Health Framework. It builds on wider work to address inequalities and promote mental wellbeing and recognises that we all have a part to play in creating an environment that protects against suicide risk.

Building on our work since 2022

We have already made solid progress in better understanding how government and society can work together to tackle the inequalities that contribute to suicide risk, reduce risk at locations of concern, and promote more responsible reporting of suicide in the media.

⁶ [Make Life More Liveable](#)

For example, we have:

- produced a framework for prioritising areas for initial focus for the ‘whole of government and society’ approach to suicide prevention, and undertaken a review of grey literature to add to the academic evidence, practitioner insights and lived and living experience insights which inform our approach
- carried out good practice studies, by identifying where work is taking place locally on key issues, and potentially having an impact on suicide prevention, or mitigating against suicide risk, and using this to determine where early intervention measures could have biggest impact
- engaged with people working on suicide prevention in their community on ‘Locations of Concern’, focusing on identifying local issues and barriers to making these locations safer, understanding what has worked well and what improvements would look like. This resulted in refreshed national guidance on locations of concern
- delivered media and communications training to journalists, elected politicians, communications professionals, community workers, and Sheriffs, resulting in positive feedback and frequent requests from more varied audiences

What impact do we want to have?

Going forward, we will take focused, evidence-led action to address the unequal suicide risk across Scotland’s population. Building on the evidence we have already gathered on social factors that can lead to higher risk of suicide, we will work with communities and across national and local government to ensure this evidence is understood, tested and applied.

We will also expand our understanding of effective prevention and early intervention in these areas, identifying the conditions that protect against and help reduce suicide risk. This will support work to scale up and embed effective community-based approaches. Through this work, we aim to strengthen the protective factors that can make the greatest difference across Scotland’s diverse communities.

In this action plan we will:

- strengthen connections and agree shared actions with key policy areas across national and local government which will have the greatest impact to reducing suicide risk and build protective factors and that promote wellbeing
- protect against suicide by creating safer environments and practices
- promote safe and responsible communication about suicide in the media and online
- help to raise awareness of how media and public narrative about wider issues can impact on mental health and suicidality

Outcome 1 (continued)

How Will We Do This?

Address the inequalities of suicide by embedding suicide prevention in our wider policies, services and communities

In [Annex A](#) of our first action plan, we listed a range of policy areas across government which had committed to taking forward actions to contribute to suicide prevention. This has helped create a broad base for our suicide prevention work and has enabled us to demonstrate how wider policies and services can play a part in our ‘whole of government and society’ approach to suicide prevention.

Over this action plan, we will focus efforts on specific policy areas – those whose work has the greatest potential to tackle the inequalities of suicide by taking focused, evidence-led action to address the unequal suicide risk across Scotland’s population. In doing so, we will seek to address the conditions that can make people’s lives more ‘liveable’ as a vital part of our suicide prevention work⁷.

We will work with a range of partners to ensure that the evidence we have already gathered on the social factors that can lead to higher risk of suicide is widely understood and tested. We will also expand our understanding of effective prevention and early intervention in these areas, identifying conditions that help reduce suicide risk. This will support work to scale up and embed effective and supportive community-based approaches. Through this work, we aim to strengthen the protective factors that can make the greatest difference across Scotland’s diverse communities.

Over the next three years we will take forward this work in the following ways:

Address the wider factors that impact on suicide risk

1.1 Strengthen connections and agree shared actions with key policy areas in government (national and local) which evidence (academic and grey literature) tells us will have the greatest impact on reducing suicide risk and improving liveability particularly among more disadvantaged communities. This is likely to include key areas such as: poverty/child poverty; education; being care experienced; employment and employability; housing and homelessness; substance use; domestic abuse; and criminal justice.

1.2 Give particular consideration to the needs of people who may be at higher risk of suicide. This could be because they are living and/or working in higher risk circumstances or settings, or because they belong to a population group that places them at higher risk. We will also sharpen

⁷ This approach is informed by emerging global evidence that suggests suicide prevention should be complemented by collaborative work with communities to promote ‘liveability’ – addressing the social, cultural, and economic contexts that can make life feel more ‘liveable’ for diverse groups, and especially those who are more disadvantaged [Discovering Liveability](#).

our focus on occupations which have higher rates of suicide. Our work will include a specific focus on people experiencing Severe and Multiple Disadvantage (SMD⁸). This will include working with a range of partners at national and local level involved in joint work on Public Protection.

1.3 Work collaboratively with national partners and local communities to explore and expand the evidence on conditions that reduce suicide risk and enhance liveability and to promote this. We will also identify and maximise opportunities to strengthen factors which have the biggest impact in protecting against suicide across communities. This work will include identifying successful early intervention measures, such as strengthening community responses for people facing hardship/disadvantage. We will build best practice studies of where this is already happening locally, and work to embed this practice across more settings.

Create safer environments that protect against suicide

1.4 Support implementation of the latest guidance on 'Locations of Concern', suicide clusters and memorials, including sharing learning and strengthening connections across partners.

1.5 Support implementation of recommendations from the Academic Advisory Group's report on evidence-based actions to prevent suicide by specific methods, which includes recommendations on safe prescribing.

1.6 Work collaboratively at a national and a local level, to inform and strengthen policies and services relating to the built and natural environments, embedding suicide prevention measures wherever possible.

Promote safe and responsible communication about suicide

1.7 Improve reporting and public discussion of suicide to reduce suicide risk and promote positive and hopeful messaging. We will do this through awareness raising, targeted training and providing advice and resources about responsible and safe communication. This will be delivered to a wide range of audiences from journalists and politicians to social media users.

1.8 Raise awareness about access to harmful online content about suicide, exploring technological opportunities to prevent access and connecting people to support, including through continued collaboration to support implementation of the Online Safety Act. We will also be alert to new and emerging risks – as well as seeking to act on positive opportunities – presented by technological and digital developments (such as Artificial Intelligence).

⁸ [Hard Edges Scotland full report – Lankelly Chase](#)

Outcome 2

Outcome 2: Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

Priority: Strengthen Scotland's awareness and responsiveness to suicide and people who are suicidal.

Why is this important?

Academic research and stakeholder feedback tells us that stigma and discrimination around poor mental health and suicide continue to prevent people from speaking out or seeking the help they need.

We also know that, because mental health and suicide risk are closely linked to wider social factors, staff in a range of settings need support to be able to have conversations about suicide and to help people get the support they need. This can be through trusted community networks as well as formal healthcare settings. Further information and resources can be found on Suicide Prevention Scotland's webpage.

We need to take a range of approaches: from targeted, timely, accessible and person-centred support for people who are having suicidal thoughts or engaging in suicidal behaviours to more universal, public health approaches that are aimed at raising awareness of suicide or providing early intervention support for people in the general population. It is also vital that systems, policies and processes in institutions that may contribute to stigma and discrimination are addressed.

Our 'What if....?' campaign has been successful in raising awareness of suicide and supporting people to have more conversations. But our engagement around the campaign tells us it needs to have a greater focus on children and young people as well as on people and communities at greatest risk of suicide.

What do we need to do?

We will build confidence, strengthen capabilities and increase knowledge and awareness of suicide, so that people in a range of organisations are more able to respond in helpful and informed ways when they, or others, need support. We will do this by delivering a long-term national and targeted awareness and behaviour change campaign, and by motivating and enabling people and communities to play a role in preventing suicide. We will partner with public sector and community organisations and people with lived and living experience to ensure our approaches are relevant, accessible, and culturally sensitive and that our resources are used effectively.

Building on our work since 2022

We have made a significant contribution to increasing awareness of suicide prevention. Our campaign has engaged new audiences and increased confidence to talk about suicide. Access to information and resources has been made easier, and we have been able to signpost people to suicide prevention support in their local areas. The profile of Suicide Prevention Scotland has been raised as a result, and community organisations see the value of collaborating and being part of our collective efforts. We will continue to build on this positive momentum.

For example, we have:

- launched the Suicide Prevention Scotland website in April 2025, which had 29,000 individual visitors in the first six months after launch. The website has signposted 124 listed services where people can find support locally and nationally and provides a wide range of information, tools and resources to support people working in suicide prevention
- started a long-term awareness campaign which has, by the conclusion of its second phase, reached over 75% of the adult population of Scotland. Post-campaign surveys have demonstrated that more people are having conversations about suicide and people are more confident to talk about suicide with family

“A beautiful piece of work showing hope and light is possible in the dark. It is hugely relatable and I feel less alone.”

From participants in the market research on the campaign

In addition to ensuring wider work across the programme reflects the needs of children and young people, we have developed a specific range of work to support children and young people affected by suicide.

For example, we have:

- launched an ‘Enabling Conversations’ toolkit (supporting parents and carers to talk to young people about suicide)
- produced guidance which identifies approaches taken in schools in relation to suicide prevention
- created ‘practice stories’ demonstrating how the principles of Time Space Compassion can be embedded into services supporting children and young people

Outcome 2 (continued)

What impact do we want to have?

In this action plan we will:

- strengthen suicide prevention awareness and understanding across Scotland's communities
- develop and improve access to information and advice for anyone affected by suicide
- improve access to training and learning on suicide prevention and suicide bereavement
- ensure there is a range of supports in place for children and young people

How will we do this?

Strengthen suicide prevention awareness and understanding across Scotland's communities, which includes addressing suicide-related stigma

2.1. Deliver co-produced national and targeted public awareness campaigns. These will be informed by lived and living experience as well as professional and academic advice, and will build on our current campaign 'What if a conversation about suicide could save a life?'. By doing so we will encourage and equip people to ask about suicide, respond with compassion and know where to go for help, targeted at specific audiences. This will include campaigns which recognise the diverse characteristics, circumstances and experiences of the people in Scotland and a new campaign focused on children and young people. This work will contribute to the evidence base on national and targeted campaigns.

2.2. Strengthen and grow Scotland's social movement, United to Prevent Suicide, by embedding a community organising and capacity building approach that empowers members to take action in their own lives, their communities, and at a national level.

Develop and share information and advice for anyone affected by suicide

“Sometimes you want someone to listen.”

Youth Advisory Group Member

2.3 Partner with community-based groups and organisations to co-develop suicide prevention resources that support their suicide prevention efforts and meet the particular needs of groups and communities most impacted by stigma, discrimination and inequalities. These resources will promote better help-seeking and help-giving behaviours and experiences at both national and local levels.

2.4 Provide reliable and accessible information on suicide prevention to meet a range of needs. This includes information for people at risk of suicide, people impacted by suicidality, and people bereaved by suicide. It will also be a source of support for the workforce, providing information for anyone who may need to support people at risk of suicide in the course of their work. While our new Suicide Prevention Scotland website is the main source, other resources will also be available.

2.5 Work with children and young people, and the sectors/settings that support them, to build understanding, confidence and capacity. This learning will not be limited to a single action but will inform activity across the whole action plan. As part of this, we will co-develop and disseminate age-appropriate information and resources. We will also undertake specific work with care experienced children and young people and the organisations that support them. In addition, we will work with colleges, universities and training providers including the Suicide Prevention Network for Colleges and Universities in Scotland, to strengthen integration of suicide prevention in undergraduate and other courses.

Improve access to learning and development on suicide prevention and suicide bereavement

2.6 Broaden and facilitate easier access to suicide prevention learning and development for the general population and workforce. This will include developing and promoting resources to help people and organisations identify and meet their learning needs, with a specific focus on suicide prevention, the role of peer support practice and its connection to inequalities and rights-based practice.

“Very informative and offers simple and realistic ways of supporting people with suicidal intentions.”

‘Ask Tell Respond’ learner

2.7 Further develop resources and information which support workforce wellbeing. This includes staff in both frontline and supporting roles who may come into contact with suicidality in the course of their work (which could include emergency services, welfare, money and debt advice and housing services). We will also ensure that the package of support for employers to support mentally healthy workplaces, which includes the ‘Supporting A Mentally Healthy Workplace’ employer platform and network, includes a focus on suicide prevention as well as supporting mental health and wellbeing. Where required, we will look to develop further resources and information to address any gaps in current provision.

Outcome 3

Outcome 3: Everyone affected by suicide is able to access high-quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.

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

Why is this important?

Evidence tells us that access to timely, compassionate and high-quality support is essential to reducing suicide risk and promoting recovery.

It is important to embed consistent, equitable support across services and communities that ensures people receive the right help at the right time, and in ways that reduces the barriers often felt by marginalised communities that can increase their risk of suicide.

It is also important to work with service providers so they can adapt to the needs of individuals and communities in ways that prevent distress and suicide.

What do we need to do?

Ensuring access to effective, timely and compassionate support for adults, children and young people requires collaboration and commitment across all sectors. We will do this by working collaboratively across local areas to embed Time Space Compassion. We will also strengthen our work with marginalised communities and organisations that support them, to understand how inequalities, stigma and discrimination experienced by people and communities can increase risk of suicide and make it more difficult for people to get the support they need.

Using a range of approaches including community-led action research, we will continue to build on good practice that improves the links between statutory and third sector services, and communities to increase accessibility. We will continue to consider how to embed suicide prevention in ongoing improvement work nationally and locally, for example through the Mental Health Quality Standards, the Scottish Patient Safety Programme, and the Population Health and Health and Social Care Services Renewal Frameworks.

Across all of this work, we will continue to maintain good connections with our work on self-harm, recognising that self-harm can be a risk factor for suicide and the importance of cohesive, joined up approaches in this area.

Building on our work since 2022

We have made progress towards improving access to compassionate and effective support for people affected by suicide, and working with a range of marginalised communities, and with organisations to explore how adults, children and young people can be supported to prevent suicide.

For example, we have:

- collaborated with national and local partners in statutory services and in community settings, to strengthen the consistency and quality of support available, with growing emphasis on person-centred approaches such as Time Space Compassion
- worked with local areas to encourage the development of suicide bereavement support in parts of Scotland
- delivered support to workplaces and communities who have been impacted by a suicide throughout Scotland
- supported a new Community-Led Action Research (CLAR) Programme deepening our understanding of how different communities experience and respond to suicidality
- boosted community-based peer support groups and services for people affected by suicide
- worked with NHS Boards to embed the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) recommendations on safer mental health services

What impact do we want to have?

In this action plan we will:

- continue to build on this strong foundation to ensure support is timely, accessible and rooted in compassion
- embed the principles of Time Space Compassion across a range of services and settings, including Primary Care
- use community-led learning (including from our CLAR programme) to help shape more equitable, inclusive and locally responsive approaches rooted in an understanding of the context in which people are living
- contribute to wider work to ensure crisis support is accessible and effective for children and young people affected by suicide, including those from marginalised groups
- continue to grow suicide bereavement support
- continue to develop and grow suicide prevention peer support, including in clinical settings
- continue our work to embed the NCISH recommendations in our mental health services

Outcome 3 (continued)

How will we do this?

Create opportunities for everyone affected by suicide to receive safe and timely compassionate support.

3.1 Improve consistency and quality of suicide prevention in Primary Care, Mental Health, and Unscheduled Care settings. This will include actively considering how best to support people affected by suicide within our mental health system service renewal work, drawing on evidence and best practice on risk management, models of care, and recovery. Our continued work with NHS Boards to support implementation of National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) will focus on embedding relational, evidence-based practice that reflects the principles of Time Space Compassion, and linking with third sector services, to improve access to support, and reduce risk. This will also include working with wider programmes such as Distress Brief Intervention.

“Having time is not enough. The quality of that time, and the ability to be flexible with that time is key. It is essential that the space is appropriate for the needs of the person using it and that they feel safe and welcome to use it. Compassion underpins both aforementioned, and much more.”

CLAR participant

3.2 Continue to raise awareness of and sharing learning and practice on Time Space Compassion with national and local partners working across peer, community and statutory settings. This links to specific work to embed these principles into practice in clinical settings. This is likely to include supporting partners to promote and embed effective use of the Time Space Compassion resources, for example by facilitating workshops in local areas.

Support the development and delivery of tailored and targeted support to those most at risk of suicide

3.3 This means utilising the learning from previous engagement (including through the CLAR programme) to improve the way we respond to the needs of diverse and often marginalised communities, particularly where there is a heightened risk of suicide. This will include communities of place and interest who experience stigma, discrimination, minority stress and socioeconomic inequalities. We will do this in a variety of ways, including through: continuation and expansion of the Community-Led Action Research Programme, which aims to deepen our understanding of suicidality and effective suicide prevention in different communities; new work – for example, to deepen our understanding of how problem gambling can drive poor mental health and suicidality in marginalised communities; and incorporating learning from wider work

- for example, about the distinct challenges and barriers neurodivergent people can face when seeking support.

“We need to feel safe and connected with those who are supporting us before we can recover.”

Youth Advisory Group member

3.4 Strengthen suicide prevention and support for children and young people, including those who may be at higher risk of suicide. This is likely to include neurodivergent children and young people, and – in line with our commitments in The Promise – those who are care experienced. We will work with relevant stakeholders to focus on targeted work in areas and settings where we can have the greatest impact, such as education (schools, colleges and universities) and youth work settings, ensuring approaches reflect their distinct risks, needs and life experiences, including at key transition points. Our work to develop the Framework for Supporting Children and Young People in Crisis will support this action.

3.5 Ensure that people bereaved by suicide can easily access high-quality, timely, compassionate support wherever they live in Scotland. We also want to widen understanding across a variety of different sectors and services, of the impact of being bereaved by suicide, through learning and capacity building. This could include (for example) money and advice agencies, registrars and housing providers.

Peer Support

3.6 Expand and develop peer-led approaches which support early intervention and foster hope, connection and recovery for people affected by suicide, including in statutory and clinical services. We will use our learning from these approaches to inform policy development and service delivery.

“Talking to people who have lived through it can let them know that they can get through.”

Youth Advisory Group member

“(My highlight was) connecting and hearing from peer groups, experiences and thinking about local opportunities to support and embed peer support.”

Creating Hope with Peer Support – Learning and networking participant

Outcome 4

Outcome 4: Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived and living experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

Priority: Embed a coordinated, collaborative and integrated approach.

Why is this important?

To tackle the inequalities which contribute to suicide and reduce deaths, a multi-agency partnership approach is required. Our work must be planned collaboratively, recognising that a range of national and local partners, across a range of sectors, all play a vital role in creating healthy and protective environments for people living in Scotland.

We have had a focus on data and evaluation from the outset, but feedback tells us that we need to do more to collate and disseminate this evidence, and be clear what it is telling us in relation to specific groups, and the interventions and support that meet their needs.

What do we need to do?

We need to collect and share data, evidence and the lived and living experience of people affected by suicide and to ensure the intelligence gathered is used to develop appropriate policies, interventions, support, and services. Our academic and practice evidence will support the identification of emerging issues, to enable an agile approach to reduce suicides. We will continue to monitor and evaluate the delivery of this action plan to review whether our work is having the intended impact.

Building on our work since 2022

We have made progress in generating evidence and collecting data to enhance national and local understanding of the factors which contribute to suicide in Scotland, in order to inform our work to tackle the inequalities that contribute to suicide.

What impact do we want to have?

We will continue to enhance the data available and build the evidence base by collaborating across sectors at local and national levels, to provide actionable intelligence to inform the planning and implementation of suicide prevention programmes aimed at addressing the inequalities that contribute to suicide and reducing suicides in Scotland.

In this action plan we will:

- continue to improve data on suicide deaths and attempts and contributory factors
- gather and share actionable evidence, experience, evaluation and horizon-scanning
- support planning and implementation of local suicide prevention programmes
- facilitate collaborative learning events and effective communications within and across the whole action plan

How will we do this?

Improve data on suicide deaths, attempts and contributory factors

4.1 Continue to enhance data collection on suicide deaths to increase our understanding of the factors which contribute to suicide in Scotland. We will work with partners in local areas and national organisations to make effective use of the existing data and intelligence and explore new sources of data, to inform suicide prevention activity at local and national level. We will explore/collect and review use of 'attempted suicide' data. This will include gathering timely information about suspected suicides to inform response and preventative approaches.

4.2 Continue to support the development and use of ScotSID reports. We will continue to explore ways to improve our data on suicide risk factors, including whether our routinely collected data can be linked to other national datasets, such as homelessness and the newly developed race and ethnicity index, which may provide additional analysis.

4.3 Continue to support the development and implementation of the multi-agency suicide review system at a local level. The approach should support collaboration across other death review processes, facilitate shared learning and support action locally. It should also work towards information and learning being available at a national level to enhance the existing available data.

Actionable evidence, experience, evaluation and horizon-scanning

4.4 Continue to build the evidence base to increase our understanding of suicide risk and prevention at a population level. This will include gathering and sharing actionable evidence through continued work with the Academic Advisory Group, engagement with the Lived and Living Experience Panel and the Youth Advisory Group, as well as learning from emerging practice, to address risk and support delivery of whole of government and whole of society approach. We will develop approaches to ensure that this wide range of evidence is shared in ways which are easy to understand and supports local and national action.

Outcome 4 (continued)

“The principle of these briefing papers is very helpful. The format of a brief summary of key points from the evidence-base is particularly useful given the breadth of scope of the role of suicide prevention leads.”

Suicide Prevention Scotland Network member

4.5 Use our academic and practice-based partnerships to identify emerging issues – including risks and opportunities presented by technology, such as increasing use of Artificial Intelligence (AI) – and as far as possible adapt our approach so that our responses can meet changing needs.

Share information and learning to support implementation

4.6 Provide national guidance and practical support to local suicide prevention implementation leads. This will include opportunities for networking, sharing learning, creating guidance and resources, and supporting local partners to measure impact of suicide prevention developments. We will also utilise learning, data and lived experience voice from local developments to help inform national policy and delivery. As part of this we will continue to deliver a range of national and regional opportunities for people to come together to share learning and network, to expand the reach of Suicide Prevention Scotland, and we will continue to deliver and explore effective methods of sharing information and updates through our communication channels and networks.

How this supports other outcomes

The actions that sit under outcome 4 will continue to act as an enabler across outcomes 1 to 3, ensuring that data, evidence and the lived and living experience of people affected by suicide is collected and shared to inform decisions at policy, service planning and delivery levels. Our work to support local areas enables local learning to inform national policies and practice. It also complements work under the other outcomes to build capacity and support local delivery to help achieve our ambitions within the action plan and to support our understanding of effective suicide prevention in different communities.

How We Will Work

Through Suicide Prevention Scotland – our partnership delivery model – we have created a strengthened Scotland-wide suicide prevention community that recognises the role we can all play in suicide prevention, bringing together key national, local and sector partners alongside our valued Lived and Living Experience Panels and Academic Advisory Group. Through this community we are harnessing our collective resources, insights and leadership to make the biggest difference possible in preventing suicide.

As we continue to deliver our programme of actions through Suicide Prevention Scotland we will review and refine our approaches to ensure our work is effective in driving meaningful change.

Crucially, we will ensure that the way our delivery mechanism is set up and how it works in practice enables partners to work flexibly across outcomes so that our activity can have maximum impact. It is also recognised that this action plan will require collaborative work and action across and beyond Suicide Prevention Scotland, to ensure that everyone is equipped to play their part in supporting the delivery of this action plan and able to maximise their contribution to suicide prevention.

As we deliver this action plan, we will:

- draw on the expertise of our National Suicide Prevention Advisory Group (NSPAG), which brings together leaders in a range of sectors and communities, in which we want to deepen our understanding of suicide risk and interventions in order to improve our responses to those sectors and communities. NSPAG's insights will be particularly helpful in informing the whole of government and society approach to suicide prevention during the lifetime of this action plan
- work closely with the Academic Advisory Group, the Lived and Living Experience Panel and Youth Advisory Group. We will also engage with practitioners including local suicide prevention implementation leads, and organisations working with groups and communities at higher risk of suicide
- continue to take an outcome-focused approach to our work recognising the importance of measuring the impact the work is having, and not just the delivery of the actions. The Outcomes Framework which we published to support our long-term strategy has provided a theory of change which helps to demonstrate the contribution the actions have to achieving the outcomes
- continue to work closely with a wide range of policies and strategies across national and local government that impact on the life circumstances that can increase the risk of suicide, recognising that our suicide prevention action plan sits in a broader context
- adopt an approach that recognises the flexibility required to meet local need. This will require continued active and ongoing engagement and collaboration with policy makers and delivery partners

How We Will Work (continued)

Evaluation

We will continue to monitor and evaluate the delivery of this action plan to review whether our work is having the intended impact.

We have worked to fully embed OutNav, an online tool which is used to capture the evidence to help demonstrate the contribution the activity is making to the outcomes. This approach is enabling robust monitoring and evaluation of the work across outcome pathways. This is clearly demonstrated in the [annual reports](#) published by Suicide Prevention Scotland.

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 continue to form the basis of Suicide Prevention Scotland's annual reports and will continue to build up over the course of the strategy, allowing for robust (and ongoing) evaluation and learning as the work progresses throughout the lifetime of the strategy.

This information is critical to understanding if our work is having the intended effects in making progress towards the four long-term outcomes in our strategy, achieving our vision and aim, and informing future priorities.

The evaluation approach is supporting a process of continual learning and improvement through:

- providing a structured way for Delivery Collective members to reflect on progress within each action and identify opportunities for improvement
- providing the Strategic Outcome Leads with timely information about how the work across the actions is progressing as a whole, where there are areas of good progress or emerging obstacles to delivery
- providing a cross programme view of progress, challenges and opportunities for improvement

Bringing people together at regular intervals has been really helpful in identifying cross-cutting learning and opportunities for improvement.

We will continue to monitor and evaluate the delivery of this action plan to review whether our work is having the intended impact.

Resourcing

A great deal has already been achieved through the dedicated suicide prevention budget which doubled over the course of the first Action Plan to £2.8 million per annum. As well as at least maintaining that, we will continue to build suicide prevention into broader funding programmes and priorities, seeking to maximise the suicide prevention benefits of national and local government budgets.

Governance

To deliver this plan we will build on and seek to strengthen links between our existing delivery and advisory arrangements and new governance structures established since the strategy and action plan were published in 2022, notably the Mental Health and Wellbeing Strategy Leadership Board.

We will continue to work closely with the NSPAG to support delivery and address any barriers to progress. NSPAG will continue to offer advice and guidance to the Scottish Government and COSLA on progress on the strategy and any changes needed to direction/priorities, including through its annual progress report/s.

Annex A – Additional sources of support

[Mind to Mind](#) has lived-experience advice to help people with their mental wellbeing and is complemented by a range of other wellbeing resources available on NHS Inform.

[Papyrus UK Suicide Prevention | Prevention of Young Suicide](#) is a UK charity dedicated to the prevention of suicide and the promotion of positive mental health and emotional wellbeing in young people. Their website provides a range of resources for children, young people and their supporting adults. They also operate Hopeline247, a free 24/7 telephone helpline on 0800 068 4141 and online chat service.

[Shout](#) – a free and confidential 24/7 UK text messaging support service for anyone, including children and young people, who is struggling to cope. Text 85258.

Further information about these and other services is also available on the NHS Inform website at <https://www.nhsinform.scot/campaigns/suicide>

[Children 1st](#) – Parentline website and webchat is available for advice and support. If you live in Scotland you can call seven days a week Monday to Friday, 9am to 9pm and Saturday and Sunday 9am to midday. Call 08000 28 22 33.

[YoungMinds](#) helps young people to get the mental health support they need, when they need it. There are a range of supports on their website for professionals working with children and young people, and parents and carers.

[Aye Mind](#) provides a range of digital tools that can be used to support children and young people's mental health and wellbeing.

[LGBT Health and Wellbeing](#) – provides emotional support and information to the entire diversity of the lesbian, gay, bisexual and transgender (LGBT) community across Scotland. Available Tuesday, Wednesday and Thursday midday to 9pm and Sundays 1pm to 6pm. Call 0800 464 7000 or email helpline@lgbthealth.org.uk

[Scottish Autism Advice Line](#) – provides emotional support and guidance when autistic people, their parents and carers, and professionals need it most. The advice line is open Tuesday to Friday, 10am to 4pm (both phone line and LiveChat) and is closed at weekends. Call 01259 222022 or e-mail advice@scottishautism.org

[Self-harm Network Scotland](#) – a website that offers support and information to people considering self-harm. An immediate chat service operates 7 days a week from 6pm to 10pm or you can leave a message, and someone will get back to you. The site also provides support and information for loved ones and professionals.

[The Royal Scottish Agricultural Benevolent Institution](#) (RSABI) provide practical, emotional and financial support to those working within the Scottish agricultural industry. Available 24 hours a day on 0808 1234 555 or email helpline@rsabi.org.uk

Annex B – Glossary

Term	Definition
Care Experienced	<p>The term 'Care Experienced' (used by Who Cares? Scotland) refers to anyone who is currently in care or has been for any length of time regardless of their age. This care may have been provided in many different settings, such as:</p> <ul style="list-style-type: none"> • Kinship Care – living with a relative who is not your mum or dad. This includes both formal and informal • Looked After at Home – with the help of social work • Residential Care – living in a residential home or school • Foster Care – living with foster carers • Secure Care – living in a secure accommodation • Adoption – living with adoptive parents
Communities Mental Health and Wellbeing Fund for Adults	<p>This Fund was established in 2021 to support prevention and early intervention in local communities, addressing a number of mental health and wellbeing concerns, with a focus on at-risk groups. Since 2021 £81 million has been provided, through 6,100 grants to grass roots projects across Scotland.</p> <p>A further £3 million in funding will be provided for Year 5 of the fund covering 2025/26.</p>
Community-Led Action Research (CLAR)	<p>A process where the community decides on an issue to be researched, designs and carries out the research, and makes use of the results.</p>
COSLA (Convention of Scottish Local Authorities)	<p>A councillor-led, cross-party organisation who champions councils' vital work to secure the resources and powers they need. They work on councils' behalf to focus on the challenges and opportunities they face, and to engage positively with governments and others on policy, funding and legislation.</p>
Delivery Collective	<p>A group of delivery partners which will deliver the Suicide Prevention Action Plan.</p>
Distress Brief Intervention (DBI)	<p>DBI is a non-clinical, timely intervention which provides one to one emotional and practical support to people who present in distress to frontline services.</p>
Health and Social Care Partnership	<p>Scotland has 31 health and social care partnerships (HSCPs) that integrate health and social care services to improve community health outcomes and provide comprehensive support.</p>

Annex B – Glossary (continued)

Term	Definition
Horizon-Scanning	Analysis of the future which will consider how emerging trends and developments might potentially affect current policy and practice.
Integrated Motivational Volitional (IMV) Model of Suicidal Behaviour	The IMV is a tripartite model that proposes that suicidal behaviour results from a complex interplay of factors.
Lived and living experience of suicide	The personal experience of suicide, suicidal thoughts or suicide attempt, caring for someone during a suicidal crisis, bereavement by suicide or being affected by suicide in any other way.
Local Suicide Prevention Implementation Lead	Someone working with a remit around suicide prevention in a local area who has a role in coordinating, implementing and reporting on local suicide prevention work.
Local Suicide Prevention Lead/Coordinator	Generally, the title means someone working with a remit around suicide prevention in a local area or region who has a role in coordinating, implementing and reporting on local suicide prevention work. In some areas there may be more than one coordinator or it might be one portfolio as part of a wider role.
Locations of Concern	A specific, and often public, site which is frequently used as a location for suicide.
Memorial	Any act of remembrance following the death of a loved one. This could include placing flowers, scarves, teddy bears, cards or other tokens at a site of special meaning, holding vigils, installing benches, an organised event such as a walk, run or cycle or the creation of a book of condolence.
Multi-agency reviews (of deaths by suicide)	An approach where a range of different organisations who have expertise and/or an interest in suicide prevention, come together to consider the learning from the circumstances which may have contributed to someone dying by suicide and then turn this learning into appropriate action.
National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	A project based within the University of Manchester which has collected in-depth information on all suicides in the UK since 1996 and uses this information to make recommendations which aim to improve patient safety in mental health settings and help to prevent suicide.

Term	Definition
OutNav	A cloud-based software package utilised by Suicide Prevention Scotland for outcome and impact evaluation.
Peer Support	Peer support offers an intentional way for people to connect with others who have walked similar paths, creating environments where experiences can be shared, voices can be heard, and pathways to hope can be explored together. Peer support takes many forms, from community led groups to paid peer worker roles within statutory services.
Postvention	The response to, and the care and support offered to those affected by, a suicide-related incident. Postvention helps to support recovery and reduce the risk of suicide in those affected or exposed and is a key part of suicide prevention activity.
Protective Factors (for suicide)	Skills, strengths or resources that help people deal more effectively with stressful events.
Risk Factors (for suicide)	Risk factors are characteristics that make it more likely that individuals will consider, attempt, or die by suicide.
ScotSID	ScotSID is a database linking information on individuals who died from probable suicide from multiple sources.
Self-Harm	Self-harm is any non-accidental behaviour which causes, or has the potential to cause, harm to a person. Self-harm is often where someone harms themselves as a way of coping with difficult, distressing or overwhelming feelings or experiences. Sometimes referred to as Non-Suicidal Self Injury (NSSI).
Severe and Multiple Disadvantage (SMD)	People with experience of two or more of the following issues: poor mental health, homelessness, involvement with criminal justice systems, substance use and domestic abuse.
Social Determinants	The conditions in which people are born, grow, live, work and age. These circumstances such as income, education, employment, housing and social connectedness – significantly affect health and wellbeing, including mental health.

Annex B – Glossary (continued)

Term	Definition
Strategic Outcome Lead(s)	Strategic Outcome Leads (SOLs) are key partner organisations responsible for leading the delivery of each of the four long-term outcomes in Scotland's national suicide prevention strategy, 'Creating Hope Together' (2022–2032). These leads are part of the Suicide Prevention Scotland delivery model and work closely with the National Delivery Lead and other partners to implement the strategy's action plan.
Suicide	Death resulting from an intentional, self-inflicted act.
Suicidality	An umbrella term for suicide ideation, plans, behaviour, attempts and suicide.
Suicide attempt/suicidal act	Acting on the suicidal thoughts through a non-fatal self-injurious behaviour with an intention to die because of it. It may or may not result in injury.
Suicide Clusters	A situation in which more suicides than expected occur in terms of time, place, or both.
Suicide prevention	A strategy or approach that reduces the likelihood or delays the risk of suicidality.
Suicide Prevention Scotland	Suicide Prevention Scotland is the community of people and organisations working together to deliver Creating Hope Together, Scotland's suicide prevention strategy.
Suicide Prevention Scotland – Academic Advisory Group (AAG)	A group of academic researchers who use their expert knowledge in suicide to support the development and implementation of actions to help prevent people taking their own lives. They also undertake new research to help fill any gaps in knowledge.
Suicide Prevention Scotland – Lived and Living Experience Panel (LLEP)	A group of people who have been personally affected by suicide, and who use their experience to support the development and implementation of strategy and actions which will help to prevent people taking their own lives.
Suicide Prevention Scotland – National Suicide Prevention Advisory Group (NSPAG)	The National Suicide Prevention Advisory Group advises the Scottish Government, COSLA and Suicide Prevention Scotland: on the progress, direction and priorities of Creating Hope Together, Scotland's Suicide Prevention Strategy 2022-2032); on strategic issues affecting delivery; and on any broader issues connected with suicide prevention.

Term	Definition
Suicide Prevention Scotland – Youth Advisory Group (YAG)	A panel of young people aged 16 to 25 set up to share views and inform future policy around suicide prevention in Scotland.
The Promise	The Promise is the programme of change demanded by the findings of the Independent Care Review, to ensure that every child in Scotland grows up loved, safe and respected, able to realise their full potential.
Theory of Change	A document or diagram that shows how an initiative is expected to lead to the desired outcomes and makes clear what the change process is.
Time Space Compassion	A relational approach to improving responses to people and communities impacted by suicide, emphasising the importance of human connection, understanding, and support.
United To Prevent Suicide	A social movement of people from all across Scotland. We are united in a shared belief that each and every one of us has a role to play in preventing suicide.



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