



## **National Carer Organisations response to: A new Suicide Prevention Strategy for Scotland**

### **Introduction**

The National Carer Organisations welcome the opportunity to submit a response to Scottish Government's A new Suicide Prevention Strategy for Scotland.

The National Carer Organisations are Carers Scotland, Carers Trust Scotland, the Coalition of Carers in Scotland, MECOPP, Shared Care Scotland, and the Scottish Young Carers Services Alliance.

Together we have a shared vision that all Scotland's unpaid carers will feel valued, included and supported as equal partners in the provision of care. The National Carer Organisations aim to achieve this through the representation of unpaid carers and giving them a voice at a national level.

We believe we can deliver more for unpaid carers by working together to share our knowledge and experience, and by focusing our collective efforts on achieving improvements in areas of policy and practice that are of greatest concern to unpaid carers.

### **Consultation questions and response**

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

Yes. A poll taken with Mental Health Carer Support Workers also indicated 100% agreement with the vision.

#### **1.3. Do you agree with the following 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.	<b>Strongly agree.</b>
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#### 1.4. Do you agree with the following guiding principle?

<p>We will take action which addresses the suicide prevention needs of the whole population and where there are known risk factors such as poverty, marginalised and minority groups.</p>	<p><b>Strongly agree.</b> Unpaid carers can be viewed as a marginalised group due to isolation, poverty, impact of caring role, unemployment, amongst other factors. This group must not be overlooked. Minority ethnic unpaid carers and young carers can be easily overlooked when thinking about marginalised groups. Cultural sensitivities need to be adhered to and respect given to how differing cultures and faiths deal with death, attempted suicide or surviving suicide and the family left behind or affected by a suicide attempt.</p>
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#### 1.5. Do you agree with the following guiding principle?

<p>All developments and decisions will be informed by lived experience. We will also ensure safeguarding measures are in place across our work.</p>	<p><b>Strongly agree.</b> We would also note that lived experience must include the views of unpaid carers of people who have attempted or completed suicide, including young carers. Safeguarding is essential in this with respect to the guilt often experienced by surviving unpaid carer/family and support needs to be in place to reduce impact of this.</p> <p>We also note that learning from unpaid carers who have been bereaved by suicide must be given priority. Especially in the immediate post bereavement phase. Very often services do not get in touch with unpaid carers to offer support and this increases the risk to the unpaid carers own mental health.</p>
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#### 1.6. Do you agree with the following guiding principle?

Effective, timely and compassionate support – that promotes recovery - should be available and accessible to everyone who needs it including people at risk of suicide, their families/carers and the wider community.	<b>Strongly agree.</b> This support needs to be age appropriate and culturally sensitive and informed by voices of unpaid carers of all ages, genders, race and faiths.
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**1.7. Do you agree with the following guiding principle?**

We will ensure the needs of children and young people are addressed and their voices will be central to any decisions or developments aimed at them.	<b>Strongly agree.</b> In particular young carers affected by either parental or sibling suicide, or attempted suicide, must be involved in decisions or developments aimed at them. Increased support for young carer services to enable them to provide specialist support at such times is essential.
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**1.8. Do you agree with the following guiding principle?**

To build the evidence base, quality improvement methodology and testing of new, creative and innovative practice will be embedded in our approach.	<b>Strongly agree.</b> The evidence base must include the views of unpaid carers of all ages. Suicide prevention and exploring suicide ideation in minority ethnic and diverse communities is incomplete without an understanding of the perceptions of mental health by these groups and individuals. Research in this area is needed to provide a robust and effective evidence base for interventions which will work with diverse communities and faiths. <sup>1</sup> This research also must take views from minority ethnic groups and diverse unpaid carers including LGBTI+ unpaid carers.
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**1.10 Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?**

Outcome 1: The environment we live in	<b>Strongly agree.</b>
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<sup>1</sup> Suicide Ideation: experiences of racialised people. Research commissioned by Scottish Government published 2022. <https://www.gov.scot/publications/experiences-adversely-racialised-people-scotland-related-suicide-ideation/pages/2/>

<p>promotes the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.</p>	
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**1.11 Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?**

<p>Outcome 2: Everyone has a clear understanding of suicide, its prevention, and associated risk and protective factors. Everyone is able to respond confidently and appropriately when they, or others, need support.</p>	<p><b>Agree.</b> This will need effective resourcing to ensure that understanding and responding appropriately are age specific as well as meeting the needs of minority ethnic communities, and diverse groups. It is essential that any developments are lead by those with lived experience, including unpaid carers of all ages.</p>
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**1.12 Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?**

<p>Outcome 3: Everyone affected by suicide is able to access appropriate, high quality, compassionate, and timely support - that promotes recovery. This includes people of all ages who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.</p>	<p><b>Strongly agree.</b> Again this must be informed by the voices of unpaid carers of all ages and based on an understanding of how mental health, mental illness and suicide is perceived in different cultures, faiths and races. Attention must be paid to marginalised groups such as LGBTI+ and unpaid carers who identify as LGBTI+. A recent UK study found that 58% of LGBT young people had planned or attempted suicide<sup>2</sup>. Add to that the pressures that many may experience due to a caring role the impact onto mental health and possible suicidal ideation may increase. For many in the LGBTI+ community the lack of specific support can lead to feelings of isolation. Traditional family supports may not be available and there is evidence that LGBTI+ people find it harder to access relevant mental health</p>
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<sup>2</sup> McDermott, E, Hughes, E, Rawlings, V. Queer Futures: Understanding Lesbian, Gay, Bisexual and Trans (LGBT) Adolescents' Suicide, Self-Harm, and Help-Seeking Behaviour. Lancaster University, 2016 (<http://www.queerfutures.co.uk/wp-content/uploads/2016/06/Queer-Futures-Final-Report.pdf>)

	<p>services for fear of discrimination or stigma.<sup>3</sup></p> <p>Unpaid carers need to be listened to as very often they are the people left with the person who has attempted suicide. Too many instances of people being discharged from hospital following an attempted suicide with no support in place except for the unpaid carer. This is not acceptable as it places a great strain on the unpaid carer's mental health and also the relationship between the unpaid carer and cared for person in this immediate period.</p>
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**1.13 Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?**

<p>Outcome 4: All suicide prevention activity is designed with lived experience insight. Action will be informed by up-to-date practice, research, intelligence, and improved by regular monitoring, evaluation and review.</p>	<p><b>Strongly agree.</b> Lived experience must include those of unpaid carers of all ages and across all populations and communities.</p>
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**1.15 Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?**

<p>Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk.</p>	<p><b>Strongly agree.</b> This has to link into policy areas such as Social Security; Unpaid Carers Policy; Education; Housing; Environmental; Employment as well as Health and Social Care.</p>
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**1.16 Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?**

<p>Strengthen Scotland's awareness and responsiveness to suicide and suicidal behaviour.</p>	<p><b>Strongly agree</b></p>
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<sup>3</sup> Meyer, I. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychol Bull 2003; 129: 674–97.

**1.17 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.	<b>Strongly agree.</b> This must not be a one size fits all approach but tailored to needs of individuals and families taking age, culture, faith and understanding of concept of mental health, illness and suicide into account.
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**1.18 Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?**

Promote a co-ordinated, collaborative and integrated approach.	<b>Strongly agree.</b> This must include unpaid carers of all ages who need to have their views and concerns listened to and acted upon if they suspect the person they care for is planning or attempted suicide.
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**1.20. Do you agree with the proposed approach to delivery and the new Scottish Delivery Collaborative?**

Yes.

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

No.

**1.23. If you answered no, please provide details why. You may also want to provide suggestions for an alternative approach.**

The National Carer Organisations would like specific mention of involvement of unpaid carers (or their representatives) as part of this National Suicide Prevention Leadership Group. The representation of unpaid carers must also extend to young carers.

**Is there anything else you want to tell us about the proposed Strategy document?**

To ensure this strategy is as successful as it can be, it is vital that there is a joined up approach with wider Scottish Government policy and strategies; including Mental Health and Wellbeing Strategy, National Strategy for Unpaid Carers and the development work of the National Care Service. This will ensure these policy developments complement each other, making it more straightforward for stakeholders who lives are impacted by these.

**2.1. Please provide your thoughts about the actions contained under Theme One: Whole of Government and Society Policy.**

The National Carer Organisations are disappointed that nowhere in the themes mentioned under Whole Government and Society Policy is there specific mention of unpaid carers. There is mention of Whole Family Wellbeing Support, but nothing under this heading relates specifically to upcoming National Strategy for Unpaid Carers.

Many unpaid carers experience serious physical and mental health problems, are socially isolated, and tend to have more financial hardship. An emerging body of evidence suggests they might also be a high-risk group for suicide and homicide<sup>4</sup> yet this is an area which is under-researched and not addressed at policy or service development level.

**2.4 Theme Three: Media Reporting.**

<p>Work with national and local media sector to 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.</p>	<p><b>Strongly agree.</b> This work must also hear the voices of those unpaid carers and families affected by suicide and the impact media reporting can have on the recovery of these people, including unpaid carers who have attempted suicide.</p>
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**2.5 Theme Four: Learning and Building Capacity**

<p>Consider how suicide prevention can be embedded in preregistration training curricula e.g. for health &amp; social care, youth work, and teaching staff.</p>	<p><b>Strongly agree.</b> This should also be extended to wider third sector organisations/staff who support, in particular unpaid carers.</p> <p>Provision should be made for unpaid carers to participate in such training around suicide (as relevant). To do this local carer services need to be funded to provide this and any training must be accessible and affordable.</p>
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**2.8 Theme Five: Support**

<p>Increase our understanding and practice around help seeking and help giving (potentially through test of change), and share good practice.</p>	<p><b>Strongly agree.</b> However it is more than understanding help seeking and help giving but of identifying a group that is often overlooked as being at potential risk of suicide or homicide and</p>
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<sup>4</sup> Supporting Carers at risk of suicide. Siobhan O'Dwyer. 2021

	<p>that is unpaid carers. The National Carer Organisations want to see health professionals, and other workers, trained to identify at risk unpaid carers and intervene appropriately.</p> <p>Screen for pre-existing mental illness and suicidal ideation at the onset of the caregiving role.</p> <p>Consider cultural traditions and family dynamics related to caregiving that might heighten or mask suicide risk.</p> <p>Create safe spaces for unpaid carers to discuss thoughts of suicide (and homicide) without fear of repercussions, such as criminal prosecution or removal of the cared for person.</p>
<p>Consider ways to adapt Distress and Brief Interventions to ensure it supports people at the earliest opportunity, and to ensure it is considered for everyone who has thoughts of suicide or has made an attempt, where appropriate. Potential for new referral pathways, and ways to reengage with support after discharge.</p>	<p><b>Strongly agree.</b> As above, the need of unpaid carers and the possibility of suicidal ideation amongst this group need to be considered when looking at early intervention.</p>
<p>Respond to the diverse needs of communities. To support this we propose at least two tests of change to reach particular groups / communities where there is a heightened risk of suicide. We plan to work with trusted organisations to (1) review the design and delivery of learning approaches to ensure they reflect the communities' experience of suicide, and (2) test new approaches to reaching and supporting people in those communities who are at risk of suicide. As part of this we</p>	<p><b>Strongly agree.</b> The National Carer Organisations want to see:</p> <ul style="list-style-type: none"> <li>- Inclusion of unpaid carers in the prioritisation of research questions, the development of research methods, and the interpretation of research findings.</li> <li>- Examination, via qualitative studies, the lived experience of unpaid carers who have contemplated and/or attempted suicide (and homicide).</li> <li>- Collection of quantitative data on suicide attempts, deaths by</li> </ul>



<p>will seek to understand help seeking behaviours and tailor support for cultural and diverse groups. We will use the learning to inform our overall approach to supporting communities and groups where suicide risk is high.</p>	<p>suicide, homicidal ideation, and deaths by homicide-suicide.</p> <ul style="list-style-type: none"> <li>- Examination of the impact of social, cultural, and political risk and protective factors (not just individual and/or psychological ones).</li> </ul>
<p>Develop resources to support families, friends, carers (including children and young people), and anyone else affected by suicidal behaviour – building on existing resources.</p>	<p><b>Strongly agree.</b> These resources need to also allow for open discussions around suicidal ideation amongst unpaid carers, as well as those unpaid carers affected by cared for person's suicidal behaviour/attempts.</p>
<p>Consider how those working in primary care settings - including GPs, nurses, mental health teams and the broader primary care workforce - can identify and support people who are at risk of suicide, who may present in distress or with low mood, anxiety or self-harm. This could include: safety planning, referrals to 24 DBI, community support (social prescribing), and proactive case management, especially for people with a high risk of suicide</p>	<p><b>Strongly agree.</b> The National Carer Organisations want primary care settings and those who work in them to:</p> <ul style="list-style-type: none"> <li>- Assess unpaid carers for suicide risk, not just mental illness.</li> <li>- Assess unpaid carers for suicide risk and homicide risk.</li> <li>- Refer at-risk unpaid carers to appropriate suicide prevention, support, and treatment.</li> </ul>
<p>Statutory services to continuously improve the quality of clinical care and support for people who are suicidal, and share good practice and learning, both individually and by working together across services. To achieve this a first step is for mental health services to adopt the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) guidelines into their operating practices, and the relevant</p>	<p><b>Strongly agree.</b> One way of achieving this for unpaid carers is to recognise the significance of the caregiving role for public health and the economy, not just for individuals.</p>

Medication Assisted Treatment (MAT) standards.	
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### 2.10 Theme Six: Planning

In settings where people are at higher risk of suicide, ensure there is a suicide prevention action plan in place which takes account of risk and protective factors, and connects to statutory partners (where appropriate) and local suicide prevention plans - to ensure smooth transition at discharge. Plans should include actions for the people they support as well as for their workforce, and the development of plans should include input from both groups. Key settings include: criminal justice settings, secure accommodation, residential care, and schools/ higher education (as appropriate).	
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<b>Strongly agree.</b> The settings identified are essential for inclusion here but the National Carer Organisations would also want to see more investment into specific services for unpaid carers at risk of suicide. Assuming that existent local carer services can provide this type of intervention and support is naïve and risky. Services need to be in place where unpaid carers can feel safe to discuss their suicidal thoughts with staff who have an understanding of the impact of caregiving. Discharge plans for the person who is suicidal or attempted suicide must involve the views of unpaid carers. Very often it is the unpaid carer who knows the person well and what they are like, and the views of unpaid carer must be considered.
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### 2.12 Theme Seven: Data and Evidence

Continue to embed and enhance our lived experience model, and ensure it is representative of groups experiencing suicidal behaviour. Enhancing the model could include developing resources/toolkit to support people with lived experience sharing their personal stories in safe, meaningful ways.	
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<b>Strongly agree.</b> There should also be the development of evidence-based, culturally appropriate intervention and prevention strategies for suicide risk in unpaid carers, and evaluate these using feasibility studies and randomised controlled trials.
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### 3.1. Is there anything else you feel you want to tell us about the Strategy and Action Plan that you feel you haven't had the chance to as part of this consultation?

Given the sizeable contribution to health and social care by unpaid carers, suicidality in this group is a significant public health issue, but it has been paid little attention in

policy and practice<sup>5</sup>. The National Carer Organisations want to see unpaid carers listed as an at risk group. Barriers such as limited knowledge, skills and resources can make it difficult for professionals to respond effectively, and there is a clear need to improve training and support for health and social care professionals to help identify and support unpaid carers at risk of suicide.

Similarly investment must go to local carer services to help them recruit and train staff to work and support at risk unpaid carers, either through being at risk of attempting suicide or who have been affected by the person they care for attempting or completing suicide.

On 18 August 2022 we ran an online focus group with ten Mental Health Carer Support Workers and undertook a poll. The questions and results of these polls are detailed below:

1. Our ambition is a Scotland where everyone works together to prevent suicide.” Do you agree with this?  
Yes – 100%.
2. Should unpaid carers of all ages be identified as a group which could be at risk of suicide or suicidal behaviour?  
Yes – 100%.
3. Should the suicide strategy reflect any risk for unpaid carers around suicide and suicidal behaviour, either their own or person they care for?  
Yes – 100%.
4. Should carer services, including young carer services, be included in the workforce for suicide prevention training initiatives?  
Yes – 100%.

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<sup>5</sup> Prevalence and factors associated with suicidal ideation among family caregivers of people with mental disorders

CA dos Santos Treichel et al- Journal of clinical nursing, 2019 - Wiley Online Library