

Understanding suicide risk and behaviour amongst children and young people and the effectiveness of interventions report

Introduction

The Creating Hope Together year one delivery plan set out a key priority to build more of an understanding of suicide risk and behaviour amongst children and young people and use this to improve responses.

Three key areas of activity fed into this work:

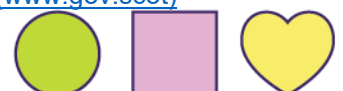
1. The Suicide Prevention Scotland Academic Advisory Group carried out a systematic review of effective interventions¹
2. A scoping exercise was undertaken to gather views from young people, practitioners, and parents/ carers
3. Continued engagement with the Youth Advisory Group (YAG) and Participation Network (PN) to gain further insight and sense check the findings

This report draws together the insights from the above and sets out themes and opportunities for action through the Creating Hope Together strategy² and action plan³. The evidence is set out as two sections. The first focusses on the evidence for actions which directly impact children and young people. The second section sets out actions that are likely to affect children and young people.

¹ Add in AAG report once published.

² [creating-hope-together-scotlands-suicide-prevention-action-plan-2022-2025.pdf \(www.gov.scot\)](https://www.gov.scot/creating-hope-together-scotlands-suicide-prevention-action-plan-2022-2025.pdf)

³ [creating-hope-together-scotlands-suicide-prevention-action-plan-2022-2025.pdf \(www.gov.scot\)](https://www.gov.scot/creating-hope-together-scotlands-suicide-prevention-action-plan-2022-2025.pdf)



Where to find help

If you're dealing with suicidal thoughts or thinking about self-harm, it's important to know that you're not alone. Help is available when you're feeling low – you do not have to hurt yourself or suffer in silence. If you're in crisis or struggling to cope, reach out to one of the services below.

In an emergency, dial 999.

Services available 24/7:

NHS 24 Mental Health Hub. The 111 service provides urgent mental health assessment and support 24/7.

Phone: 111

Samaritans. A helpline for anyone feeling low or considering suicide.

Phone: 116 123

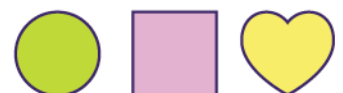
Childline. A service for young people under 19 struggling with mental health issues, or any other problem.

Phone: 0800 1111 Webchat: www.childline.org.uk/get-support/1-2-1-counsellor-chat/

YoungMinds Crisis Messenger. A 24/7 text messaging service for young people in crisis.

Text: Text YM to 85258

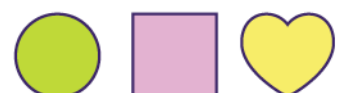
Services available at other times can be found at [NHS inform](#)



Key recommendations

1. In line with the guiding principles of Creating Hope Together, all work on suicide prevention relating to children and young people must include their voices in its design, development and delivery and uphold their rights
2. The evidence from this report should be used to shape the suicide prevention work for children and young people (CYP) of Suicide Prevention Scotland and the Joint Strategic Board for Child and Family Mental Health. This includes, but is not limited to, action on:
 - Addressing the gaps in service provision for CYP in crisis and distress
 - The development of work on prevention and early intervention for CYP
 - The development of campaigns, social movement and peer support for CYP
 - The development of resources for family settings, young people and carers
 - The development of bereavement by suicide support for CYP
 - The development of peer support for CYP, particularly in supporting transitions between services and post service support
3. The evidence in this report should be utilised to shape the work of relevant policy areas identified across Scottish Government and COSLA including, education, youth work, CAMHS, etc
4. Time, Space, Compassion and the One Good Adult work should be embedded across all health and social care settings
5. Staff working in services and settings who have contact with children and young people should have access to relevant learning opportunities to ensure they are skilled and equipped to support children and young people at risk of suicide. This includes schools, universities, third sector services, health and social care, youth work etc
6. The suicide prevention needs of young people as employees should be included as part of the work on Mentally Healthy Workplaces. This report should also be used to shape any relevant Youth Guarantee work
7. Suicide prevention resources for families, caregivers and young carers should be co-produced with people with lived and living experience. They should include information on prevention and early intervention as well as crisis support
8. The work to address stigma, discrimination and the inequalities associated with suicide risk should consider the needs of children and young people particularly in addressing the barriers to access services, children and young people face. Opportunities to partner with anti-stigma organisations such as See Me and Who Cares Scotland should be explored

To drive progress on implementation of these recommendations, Suicide Prevention Scotland should develop a delivery plan which utilises the evidence to address the issues identified in this report.



Section 1 - Actions which directly impact Children and Young People

The Effectiveness of Interventions for Reducing Suicide Risk in Children and Young People in Clinical Settings

What the academic evidence tells us:

The academic evidence demonstrates that access to healthcare is a protective factor for young people. Within clinical settings, the evidence identified a range of support that is effective in reducing suicide related outcomes including:

- psychotherapy approaches, in particular, dialectical behaviour therapy, family-focused therapy, and multi-modal psychotherapy
- brief contact interventions especially to support continuity of care and follow-up care
- peer support and stress management particularly for young people who are LGBT+

Several factors were identified as being important when delivering these interventions to young people. These included the need to be culturally appropriate, the importance of informal settings with no administration barriers to access, and the importance of trust and relationships with the practitioners providing support.

What stakeholders said:

Engagement with stakeholders identified some challenges for children and young people and some opportunities to embed existing work on suicide prevention. Practitioners highlighted that there are gaps in the provision of crisis support in both clinical and community settings. There are also challenges with trust in the support available in clinical settings. It was felt that there was a real opportunity to embed approaches such as Time Space Compassion⁴ and One Good Adult⁵ across the system supporting children and young people to improve their outcomes.

Recommendations:

Based on the evidence gathered for clinical settings, the following recommendations are made: Findings should be shared with Suicide Prevention Scotland, the Joint Strategic Board for Child and Family Mental Health and other relevant policy leads e.g. in Child and Adolescent Mental Health Service in Scottish Government and COSLA to consider:

- Addressing the gaps in service provision to young people experiencing suicidal crisis
- Embedding Time Space and Compassion, a person-centred approach to improving suicidal crisis, and the one good adult work across clinical settings including mental health, primary care, and unscheduled care

⁴ [2. What is Time Space Compassion? - Time Space Compassion - supporting people experiencing suicidal crisis: introductory guide - gov.scot \(www.gov.scot\)](#)

⁵ [How to be a good adult | The Knowledge and Skills Framework \(nhs.scot\)](#)



The Effectiveness of Interventions for Reducing Suicide Risk in Children and Young People in Community Settings

What the academic evidence tells us:

The academic findings showed that having access to community support and feeling a sense of community connection was a protective factor for young people. Within community settings, the evidence highlighted that psychotherapeutic interventions, in particular dialectical behaviour therapy and cognitive behavioural therapy, were effective in reducing suicide-related outcomes.

What stakeholders said:

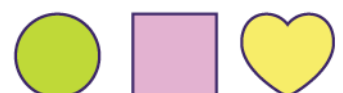
Engagement with stakeholders highlighted that preventative supports and services for children and young people's mental health in communities were valuable. These services indicated that when they have young people presenting with suicidal ideation, it is not always clear what their roles are and what pathways exist for young people to access crisis support.

Stakeholders shared that non-mental health services in communities had a role in preventing suicide by improving young people's sense of wellbeing. However, it is also clear that services such as youth work respond to suicidal ideation and behaviours by providing time, space, and compassion. We also heard about the opportunities and harms of online and peer support.

Recommendations:

Based on the evidence gathered for community settings, the following recommendations are made:

- Community Services should be aware of their vital role in suicide prevention and be skilled and equipped to respond to the needs of children and young people
- Findings should be shared with Suicide Prevention Scotland, the Joint Strategic Board for Child and Family Mental Health and other relevant policy leads e.g. in Social Isolation and Loneliness, Youth Work in SG and COSLA to consider:
 1. Addressing the gaps in service provision to young people experiencing suicidal crisis
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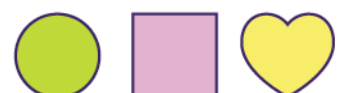
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 3. Addressing the gaps in service provision to young people experiencing suicidal crisis
 4. Embedding Time Space and Compassion, a person centred approach to improving suicidal crisis, and the one good adult work across community supports and services



The Effectiveness of Interventions for Reducing Suicide Risk in Children and Young People in School Settings

What the academic evidence tells us:

The academic evidence identifies that attending school is a protective factor for young people and that there are certain points within the school year students experience higher levels of stress. Within school settings, the evidence identified a range of support that is effective in reducing suicide related outcomes including:

- Psychoeducational interventions in educational settings
- Interventions which taught life skills (e.g., decision making, personal control)
- Training parents, school staff, or community representatives on how to identify individuals who are showing warning signs of suicide risk and how to help these individuals get the support they need, combined with routine mental health checks.

However, the universal application of this has been questioned with suggestions that this would be most effective for selected groups.

Several factors were identified as being important when delivering these interventions to young people. These included the need for stigma reduction activities in schools to enable interventions to be delivered effectively and the importance of having support and services with the capacity to take referrals. There is also literature that cautioned working in schools with concerns that strategies in this setting may be unhelpful and/ or may actively cause harm. This was thought to be caused by the labelling of emotions as psychiatric terms, encouraging negative feelings through peer influence, and taking time away from other wellbeing activities.⁶

What stakeholders said:

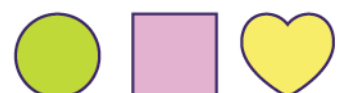
Stakeholders overwhelmingly acknowledged the current pressures faced by teachers and the need for schools to have a role in preventing suicide but that this cannot be seen as the sole setting for delivery. Staff well-being and support were highlighted, particularly the need for staff support and supervision, with emerging practice stories being shared.

Stakeholders identified there was already policy and practice work being delivered in schools, and it was important to ensure that suicide prevention is embedded in the existing workstreams. Current mental health initiatives in schools were commented upon such as school counselling, with barriers to access being raised such as stigma and waiting times. The support delivered to pupils and staff when someone has sadly died by suicide was commonly noted to be an area of interest.

It was also felt that a school's role in suicide prevention needed clarification and that there was a need to raise awareness within schools of where and how young people at risk of suicide could get support.

The above comments were also made in relation to higher and further education settings and young people found the transition period between school and further education a difficult period.

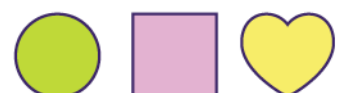
⁶ [Do no harm: can school mental health interventions cause iatrogenic harm? | BJPsych Bulletin | Cambridge Core](#)



Recommendations:

Based on the evidence gathered for school settings, the following recommendations are made:

- Schools, colleges, and universities should be aware of their vital role in suicide prevention and be skilled and equipped to provide support and signposting for students
- Findings should be shared with the Mental Health in Schools Working Group and Scottish Government Policy Leads working on the Mental Health Workforce Action Plan to consider work to:
 1. Support schools, colleges, and universities in their role in suicide prevention
 2. Embed Time, Space, and Compassion and the One Good Adult work across school settings



The Effectiveness of Interventions for Reducing Suicide Risk in Children and Young People in Workplace Settings

What the academic evidence tells us:

Very little research has taken place on workplace interventions, however, one brief contact intervention was found to be effective in reducing suicide-related outcomes in a military setting.

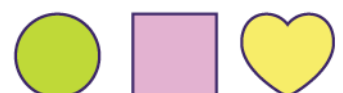
What stakeholders said:

We heard from young people the importance of working in a healthy environment and that the transition period between school and entering employment was a particularly difficult time.

Recommendations:

Based on the evidence gathered for work settings, the following recommendations are made:

- Findings should be shared Scottish Government policy leads working on the Mental Health Workforce Action Plan and Youth Guarantee to consider how they support workplaces in their role in suicide prevention
- Workplace settings should be aware of their vital role in suicide prevention and be skilled and equipped to support young people as employees
- Time, Space and Compassion and One Good Adult work should be embedded across work settings



The Effectiveness of Interventions for Reducing Suicide Risk in Children and Young People in Home Settings

What the academic evidence tells us:

The academic evidence found that families can have a role in suicide prevention interventions. Within home settings, the evidence identified family-focused therapy when combined with psychotherapy as an effective intervention.

What stakeholders said:

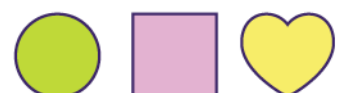
Stakeholder comments reflected the academic findings with the addition that family conflict can increase the risk of a young person experiencing suicidal ideation. The reactional effect of such conflict on young people and their engagement in suicidal behaviours was noted to be unique, with some clinical practitioners noting the role of brain development in this.

The role that young carers provide to adults experiencing suicidal distress was noted by those working in this sector, with particular emphasis on the need to ensure support is provided to young carers and that carers should be actively involved in decisions regarding the person they support.

Recommendations:

Based on the evidence gathered for family settings, the following recommendations are made:

- The insight gathered on young carers should be considered in the development and design of resources to support them
- Prevention and early intervention resources should be developed for family/ caregivers



The Effectiveness of Interventions for Reducing Suicide Risk in Children and Young People as Individuals

What the academic evidence tells us:

What stakeholders said:

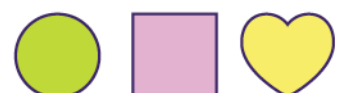
The interpersonal and individual skills a young person can hold were seen to be a form of intervention. These skills include; the ability to identify and convey feelings, a future thinking mindset, self-acceptance and ability to problem solve. The role of peer support was also noted, specifically that young people are having conversations on this topic and there is a desire to give them information and tools so they can have effective, safe conversations.

Recommendations:

Based on the evidence gathered for individual level, the following recommendations are made:

- Prevention and early intervention resources should be developed for young people

Such resources should be developed and connect in line with resources developed for carers, the community (including schools) and clinical setting work.



The Effectiveness of Interventions for Reducing Suicide Risk in Children and Young People Across Settings

What the academic evidence tells us:

The evidence noted that multi-modal approaches to preventing suicide in children and young people can be effective.

What stakeholders said:

The relationship between the prevention of suicide and the social determinants of health and wellbeing was commented to be multifaceted with the social determinants being considered a risk factor, as well as heightening the impact of suicide due to social barriers experienced in accessing supports and services. Stakeholders raised that there is a need for pathways across intervention settings so young people can access the support they need when and where they need it. Increasing awareness of the services and resources available to support young people was seen as a key step, with recognition given to the logistical barriers such as data sharing, and enablers such as the use of safety plans to support multiagency collaboration.

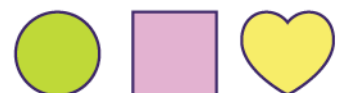
It was highlighted that leadership commitment and adequate resources were required to support this. It was also felt that organisations needed to be trauma-informed with staff who hold the skills, knowledge, and confidence to respond to young people affected by suicide.

A theme across settings was the need to ensure that children and young people's choices were being considered.

Recommendations:

Based on the evidence gathered across settings, the following recommendations are made:

- Findings should be shared with the Joint Strategic Board for Child and Family Mental Health and other relevant policy leads in Scottish Government and COSLA to consider:
 1. Supporting whole system approaches
 2. Addressing the access barriers created by the social determinants of health and wellbeing
- The impact of stigma should be considered in the development of intervention work
- Children's rights should be considered in the development of intervention work



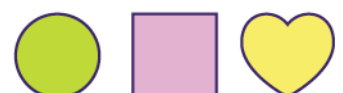
Emerging Themes Specific to Young People

Beyond the actions set out in the delivery plan, there were emerging themes from the evidence received on the importance of recovery/ support after leaving service, peer support, and the relationship with youth suicidality and self-harm.

Recommendations:

Based on the evidence gathered, the following recommendations are made:

- Action is required to ensure that young people and their families have effective support for recovery when ending service support
- The next phase of work on peer support should consider the needs of children and young people
- The work being undertaken by Scottish Government to identify opportunities with the self-harm strategy should consider the needs of children and young people affected by suicide



Section 2 - Actions which are likely to impact Children and Young People

Creating Hope Together action plan has a number of areas of work which will likely indirectly impact the lives of children and young people. The findings set out below relate to specific action areas in Creating Hope Together and set out the recommendations around children and young people which should be considered when progressing these areas of work.

Whole of Government and Society

What the academic evidence tells us:

The suggested approach to understanding at-risk groups was to view any of those exposed to experiences that lead to perceptions of defeat and entrapment as being at risk.⁷ These risk factors include:

- Having a mental health disorder
- Living in poverty
- Traumatic event – particular events such as parental suicide attempts being shown to increase the risk of later suicidal ideation and attempt
- Alcohol and substance use - shown to particular risk factor for young adults in comparison to adults
- Family factors such as parental mental health disorders
- Self-harm
- Cluster of suicides - young people are more prone to be affected by this than the general adult population

The research also emphasised the need to take a life course approach.

What stakeholders said:

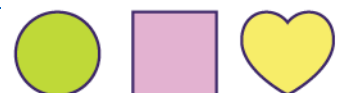
Many of the experiences above were raised in the non-academic data received especially the role of poverty. In addition, having a chronic physical health condition, experiencing bullying, having been in the children's care system, and experiencing stigma and discrimination as a member of a marginalised community were noted to increase a person's risk.

What we heard about the needs of specific communities:

Young people who identify as LGBTQ+

Stakeholders provided insight into the negative media reporting on LGBTQ+ issues and the effect this was felt to have on members of this community. This group reported issues in accessing clinical services, both regarding their physical and mental health, and that members have experienced stigmatising approaches when using clinical services.

⁷ [The IMV Model – Suicidal Behaviour Research Laboratory \(suicidresearch.info\)](http://suicidresearch.info)



Young Carers

Those working with young carers noted that young carers have a different role in suicide prevention than their peers and that there is a misconception that young carers are unlikely to support persons who experience poor mental health.

Practitioners noted that young carers are more likely to be negatively impacted by the social determinants of health. It was also noted that young carers who are supporting someone who is experiencing suicidal ideation may be reluctant to identify as a young carer and seek support due to fears about what may happen if they do so.

Young People with Care Experience

Those working with young people with care experience noted the importance of consistent relationships with both staff and a young person's family members. Another barrier raised was the inability of those in care to access health and community services, including those specific to mental health and suicide prevention.

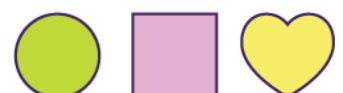
Intercultural Youth

Research from Intercultural Youth Scotland highlighted the significant but hidden, impact of race and racism on youth mental health placed on black and people of colour. Within this, the negative impact on mental health of encountering and hearing racism was highlighted as was the stigma and lack of acknowledgment of mental health difficulties within some communities, challenges of negotiating identity, and cultural expectations (especially gendered expectations). The young people consulted did not feel they could discuss race and racism nor the effect this had on their mental health with adults and barriers to engaging with mental health services were noted.

Recommendations:

Based on the evidence gathered, the following recommendations are made:

- Findings should be shared with the Joint Strategic Board for Child and Family Mental Health and partners across Suicide Prevention Scotland to consider:
 1. Opportunities to address the social determinants of health and wellbeing
 2. Opportunities to embed Time, Space and Compassion and One Good Adult work across the workstreams
 3. How to effectively ensure the needs of persons belonging to the communities identified are considered
- The resources developed for young carers should take account of these findings



Social Movement and Campaigns

What the academic evidence tells us:

The evidence highlighted the role of educational approaches in reducing the risk of suicide.

What stakeholders said:

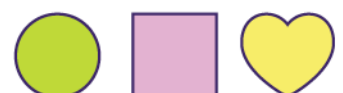
It was highlighted by stakeholders that adults across settings can be fearful of talking to children and young people, it was felt that building more understanding and the actions required to address this were needed. A request was also made by stakeholders that the power imbalance and stigma associated with being a young person be considered in future work and that such stigma may be heightened for particular communities.

Social contact based approaches such as peer to peer learning, activities to address stigmatised language, and raising awareness of warning signs and sources of support were seen to be effective. Examples of effective campaign work from anti-stigma campaign organisations was shared.

Recommendations:

Based on the evidence gathered, the following recommendations are made:

- Findings should be shared with the Joint Strategic Board for Child and Family Mental Health and partners across Suicide Prevention Scotland to consider:
 1. The development of the social movement and campaign framework
 2. The development of resources for family settings, young people and carers
- Opportunities for partnership working with anti-stigma agencies such as See Me and Who Cares Scotland should be considered



Learning and Capacity Building

What the academic evidence tells us:

The academic evidence noted the effectiveness of training parents, school staff, or community representatives on how to identify individuals who are showing warning signs of suicide risk and how to help these individuals get the support they need.

What stakeholders said:

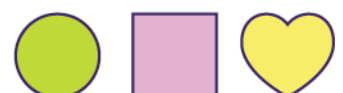
It was felt that the learning and capacity building resources should not stand alone but sit alongside supportive policies, delivery of effective interventions, and staff support. Practitioners noted the need to ensure staff outwith clinical settings were aware of the resources and that consideration be given to the barriers of such staff accessing the resources.

The logistical barriers to attending and implementing training were also raised and opportunities to align with national learning approaches such as the trauma-informed framework were suggested.

Recommendations:

Based on the evidence gathered, the following recommendations are made:

- Implementation of the current learning resources across priority settings should be a key priority. Alignment with trauma-informed practice resources should be considered
- Connections should be made between learning opportunities and other areas of work, such as the education resources being developed with young carers



Improving our Understanding of Help Seeking and Responding (including the development of the online portal)

What stakeholders said:

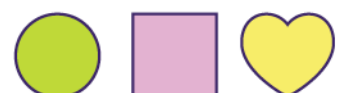
Pathways to accessing support that enable self-referral to occur were seen to be attractive for those seeking help. This was linked to what young people raised on the perceptions and or effects of disclosing suicidal ideation. Additionally, practitioners noted that help seeking predominately started in the family and /or peer setting. The importance of taking a Time Space and Compassion approach was reiterated as well as a desire from young people to have face to face support prioritised as well as the option of digital information and support. Shout's evaluation noted that young people engage with online services at certain points in their experience of suicidality.

Online help services highlighted that having their service contact number highlighted in the Google box when distressing terms were used in a Google search was seen to be beneficial.

Recommendations:

Based on the evidence gathered, the following recommendations are made:

- Findings should be shared with the Joint Strategic Board for Child and Family Mental Health and Suicide Prevention Scotland to:
 1. Support work on help seeking and help giving
 2. Support the implementation and communication work of the Joint Strategic Board
 3. Support work to embed Time Space and Compassion and the One Good Adult work across settings including mental health, primary care, and unscheduled care



Bereavement Support for Children and Young People

What stakeholders said:

Although there were few response on this topic, opportunities within childhood bereavement training, the Wave by Wave training programme and the learning from current service provision (Samaritans Step by Step⁸ and Barnardo's bereavement service in Northern Ireland⁹) were noted. It was also highlighted that locally, some areas provide bereavement support services and have resources in place for staff.

Recommendations:

Based on the evidence gathered, the following recommendations are made:

- Findings should be shared with Suicide Prevention Scotland to consider the next steps in the suicide bereavement support work

⁸ [Step by Step | Samaritans](#)

⁹ [Child Bereavement Service - Suicide work | Barnardo's \(barnardos.org.uk\)](#)

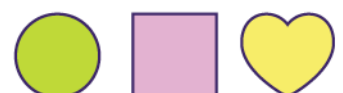


Conclusion

Suicide is a leading cause of death in young people in Scotland and remains a significant and complex public health challenge. There is no single cause for suicide and the evidence gathered in this report indicates that cross-sectoral collaboration and a whole systems approach are required to address the suicide prevention needs of children and young people.

The findings of this report will be used to shape a programme of work for Suicide Prevention Scotland which addresses the needs of children and young people. The findings will also support suicide prevention work across the workstreams of the Joint Strategic Board for Child and Family Mental Health.

Woven through this report are the insights provided by practitioners and young people, one key ask from these stakeholders is that actions be taken to deliver this work and that we seek advice from these stakeholders in the designing of solutions and provide feedback on progress.



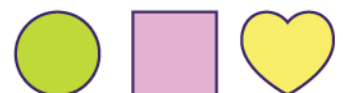
Appendix A: Further insight on views on Time, Space and Compassion



Time, Space,
Compassion - Youth /



Time, Space,
Compassion - Particip



Appendix B: Further insight on views on the One Good Adult Resource



One Good Adult-
YAG Summary pdf



One Good Adult PN
Summary pdf

