National Suicide Prevention Leadership Group
Every Life Matters Suicide Prevention Action Plan

Preventing Suicide in Scotland: Stakeholder Feedback Report
Comparisons Between Transgender and Non-Transgender Communities (Action 5 and 6)

Report developed by:
Heather McClelland (AAG, NSPLG)
9th September 2020

1. Introduction

The Suicide Prevention Action Plan (SPAP) aims to reduce suicide within Scotland by 20% by 2022. In order to reach this goal, SPAP includes ten composite action points to advance the current understanding of people who experience self-harm distress and to aid the development of new and existing suicide prevention strategies. These action points include evaluating and developing an evidence-based model of crisis support (Action 5) and, in collaboration with individuals with lived experience of suicidal distress), identify the advantages and barriers around a digitally-based suicide prevention approach (Action 6).

In order to address Actions 5 and 6, a survey was designed to gather experience and insight from key stakeholders with the following aims:

- Learn stakeholders understanding of suicidal crisis
- Understand stakeholders awareness of support services available
- Identify ways to improve services for people experiencing a suicidal crisis
- Identify best approaches for developing digital suicide prevention strategies

2. Methods

Survey content was designed collaboratively between members of the Action 5 and 6 National Suicide Prevention Leadership Group (NSPLG) and Academic Advisory Group (AAG, NSPLG). Survey items comprised of identifying the participants representative stakeholder group, five qualitative items for Action 5, seven qualitative items for Action 6 and participants demographic characteristics (see Appendix 1). Targeted populations included those with lived experience (LE) of suicide with subgroup analysis explored between Trans and non-Trans populations. The results between trans and non-trans populations need to be considered tentatively due to the small group sizes (n=25). During the data cleaning stage some comments were removed due to answers being irrelevant, off-topic or explicitly unanswered (e.g. 'I don't know').

3. Results

What does it mean to you when people are described as 'at the point of seriously considering taking their own lives'

All but one of the Trans Group identified psychological pain or hopelessness as a defining characteristic of those seriously considering suicide.

> "To me it means that the struggle they have been going through with their emotions has become so painful and powerful that the only way they can see of removing the pain from their lives is to die" (LE, Trans Group)

> Although this theme was also common in the Non-Trans Group, non-trans participants were more likely to comment on the need for supports from others and services.

"It means to me that someone has hit rock bottom and are in need of care and advice from professional bodies/charities, family and friends and also being encouraged to do some work on themselves." (LE, Non-Trans Group)

In your opinion, what help and support should be available for people seriously considering taking their own lives

Overall, responses from the trans and non-trans groups were similar to one another; advocating for the availability of 24-hour support services and faster access to mental health specialist supports.

"no 12 month wait for a Psychiatrist and 18 months for a Psychologist, recruit more now, particularly among retired GPs who will have seen a bit of life" (Trans group)

Local support groups. GP's removed from their gatekeeping role. More counselling. More Psychiatrists. No queues. Mental Health treated as an emergency like a broken leg at hospitals. Advocates located in emergency rooms." (Trans group)

However the non-trans group were more accepting of non-face-to-face services (e.g. online webchat, telephone calls) whereas the trans-group demonstrated a preference for a walk-in/ drop-in mental health service and the removal of gatekeepers to access such supports.

"Having someone to speak to when I need to speak. By phone, or in person. Just knowing someone who cares is there but won't tell me what to do." (Non-Trans group)

Currently, where do you think there are gaps in support for people seriously considering taking their own lives

Trans and Non-Trans Groups shared the same themes, with prevalence of each theme being similar across the two groups. Both groups commonly highlighted discontentment with long waiting lists, followed by the need for crisis/ 24-hour support availability including drop-in clinics or mental health hubs. Both participant groups expressed a want to see a professional and the difficulty in receiving treatment from one.

"12 month wait for a Psychiatrist and 18 months for a Psychologist" (LE, Trans Group)
"drop ins in the community are needed" (LE, Trans Group)

"I want to see a counsellor, but the waiting lists are so long and it's hard to get into town and take time off work.." (LE, Non-Trans Group)

What would encourage people to ask for help if they were seriously considering taking their own lives

Responses from Trans participants often referred to hope. These comments often suggested support from people from lived experience would demonstrate that things could get better.

"Peers who know what they are talking about and have lived experience of a suicidal ideation" (LE, Trans Group)

"If they can see hope of some kind outside their emotional pain. Almost like an AA type of thing

where they can communicate with pier groups who have went through similar feelings and came out the other side. Need to know that although things are really bad at the moment they can change for the better." (LE, Trans Group)

"Speaking to people with similar experiences. Knowing they are not alone." (LE, Trans Group)

Although Non-Trans participants also advocated for having someone to talk to, this was more often referred to in the context of professional help and dedicated helplines. No Non-Trans participants expressly suggested supports from lived experience, however one participant commented on the need for compassion and to normalise their experiences as a way to cope.

Other themes were observed across both groups, especially knowledge of existing services.

"Knowing exactly where to go." (LE, Non-Trans Group)

"Knowing that support is there and there are people to talk to. " (LE, Non-Trans Group)

People need to know where to go, which services are available to them. " (LE, Trans Group)

What would prevent people from asking for help if they were seriously considering taking their own lives?

The leading theme within the Trans Group was stigma, followed by thoughts of burdensomeness or negative response from others

"A feeling that they won't be taken seriously, or may even face discrimination. People don't ask for help from people that they feel are against them." (Trans Group)

"The stigma attached to it (perceived or real) and also that it is something difficult to talk about for a lot of people."

Although stigma and apprehension of a negative response from others were both themes present in the Non-Trans group, isolation lack of contact with support services were the leading barriers reported by this group.

"Connections with others; no one to talk to. Isolation" (Non-Trans Group)

"No one to talk to. No trust in a service. " (Non-Trans Group)

"Access to help, not knowing exactly where to go - GP, Hospital etc." (Non-Trans Group)

Action 6 questions

What digital resources in the context of suicide   prevention do you feel is the most effective way for people to access support

Responses by these groups were eclectic with no digital methods being distinctively dominant in either group. Suggestions of websites, blogs (including vlogs and 'talking heads'), messenger chat (including WhatsApp, Facebook) or chatrooms and websites were suggested across the groups. The

only two participants to state that they did not feel experienced enough to offer a suggestion both belonged to the Non-Trans Group whereas only one person stated that digital suicide preventions would not be helpful, representing the Trans-Group while another member of the Trans Group suggested that search engines were not streamlined enough to be helpful.

"Generally, seeking help via search engines brings up so many resources. I really wouldn't know which one to pick." (Trans Group)

What would be the most helpful thing that you would like to see happen developed around online suicide prevention support

Trans participants responses to this question were vague and unsure what features could be included. Trans participant responses were more oriented around promoting and advertising the digital resource instead of what features or developments they would like to see in digital resources. However one suggestion by this sub-group was to tailor the digital resource to the demographics of the user, one mentioned improved signposting and a third recommended a communication platform with someone to support the individual.

"Video or voice chat to speak to someone needing help. This could pop up depending on search words." (LE Trans Group)

"better targeting. E.g are you 16. Female/male, living alone, can you take a call, have you attempted before then redirect appropriately. " (LE Trans Group)

"give them information of where help is available. " (LE Trans Group)

Responses by Non-Trans Participants were similar, in that most responses were vague and were more oriented towards how to promote the digital resource rather than what the digital resource might look like, recommendations for video conferencing features and direct contact with a professional. Unlike the Trans Group however, Non-Trans participants included suggestions of using the digital resource to provide courses on CBT and mindfulness.

"a free course (or donation based, at the end of the course) over 20 to 30 days with guided meditations and/or self therapy [exercices] to do everyday for 20 to 30 minutes." (LE, Non-Trans Group)

"Free online CBT group or individual sessions where the vulnerable clients learn about their emotions and behaviours and also practice their own self help."

What barriers, either now or in the past, prevent you, or the people that you support, from accessing or using digital resources for suicide prevention?

In addition to the themes highlighted between the ORP and LE groups for this survey item, Trans participants highlighted the issue of making the public aware or signposting that the digital resource exists was a key factor. Similar to the LE group overall, the Trans Group appeared to be most representative of distrust with regard towards which services are most appropriate.

"Not knowing where to look. Not knowing what's available." (Trans Group)

"Lack of knowledge as to the best ones to use - there are too many out there." (Trans Group)

One participant of the Trans Group highlighted that the development of an App could lead to shame

"Shame of having app on phone" (Trans Group)

In contrast to Trans participants, Non-Trans participants expressed that the utility of a digitally based intervention would be less effective than direct, in-person support from another individual. This theme was present in addition to concerns around signposting and affordability to access the internet.

"I tried Beating the Blues, it was awful. It just made me feel more alone." (Non-Trans Group)

"Lack of real person to speak to" (Non-Trans Group)

"it doesn't feel human enough, i guess? " (Non-Trans Group)

How can we encourage children & young people to use online digital suicide prevention services when they need them?

Both groups indicated that promotion and advertising would be the best way to get children and young people to use digital suicide prevention resources, however Trans participants were more likely to recommend adverts on social media, whereas Non-Trans were more encouraging of word of mouth through school faculty or within educational settings.

"Speak to children in schools/college" (Non-Trans Group)

"Maybe the school nurse or guidance staff?" (Non-Trans Group)

"You would need to show how accessible the service was. This could be done with adverts on social media." (Trans Group)

"Advertising – tv" (Trans Group)

How can we improve access to online digital suicide prevention services in rural areas

Between the Trans and Non-Trans Groups, three of the responses which were remove for unsuitability belonged to the Non-Trans Group. Despite the, responses by both groups reflected those by the LE and ORP groups; the need for improved internet connection and availability of digital equipment.

"get BT to put in decent lines" (Trans Group)

"Better broadband services or better 4G/5G phone coverage so rural communities have better/faster access to online services. " (Trans Group)

"Free internet access for all." (Non-Trans Group)

"Getting a laptop or tablet. They are really expensive. So is broadband." (Non-Trans Group)

If you were having suicidal thoughts, what digital support would you access, if anything?

Figure 1   Between group comparisons investigating what digital resources Trans and Non-Trans individuals would engage with if experiencing a suicidal crisis
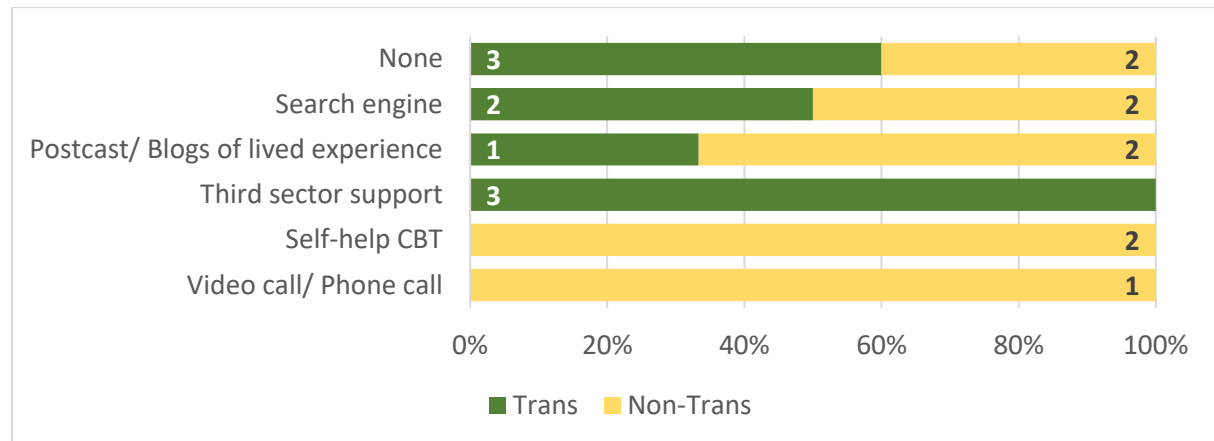
Themes within the Trans and Non-Trans Groups were relatively evenly distributed with few distinctive preferences throughout due to the small number of responses.

Trans Group participants were as likely to report digital resources being unhelpful as they were to contact Samaritans.

"Maybe Samaritans....but the problem is the follow up. There isn't anything out there that has direct access to a mental health professional." (LE, Trans Group)

"I would probably access Samaritans if anything, because I remain in control of my decision." (LE, Trans Group)

"It would be my last resort and unlikely." (LE, Trans Group)

"It would be my last resort and unlikely." (LE, Trans Group)

In contrast, no one in the Non-Trans Group reported that they would use Samaritans and were more likely to use online self-help CBT, read or learn about others lived experiences or no digitally based interventions.

"online cbt" (LE, Non-Trans Group)

"videos/audio recordings if it's for a guided meditation or instructions for something to do (self therapy [exercice] for instance)." (LE, Non-Trans Group)

"I've looked at some website, can sometimes find people writing about ways I've felt and that makes me less alone. Helps to know others have come through it." (LE, Non-Trans Group)

"Me, personally, probably none as I feel they are all a one size fits all model which seems far too impersonal to me." (LE, Non-Trans Group)

Appendix 1. Survey items

1. Stakeholder group

Do you live in Scotland?

Are you aged 16 or older?
This survey is designed to be answered by both those people with lived experience and by organisations and professionals which provide support or services relating to suicide prevention in Scotland. From which perspective are you answering questions?
Options
- Individual with lived experience
- Representative of an organisation or a professional

Do you work for a
Options:
- Public Sector Organisation
- Private Sector Organisation
- Third Sector Organisation

Which of the following sectors do you work in? Please tick all that apply. - Selected Choice

Which of the following sectors do you work in? Please tick all that apply. - Other (please specify) – Text

Who do you, or does your organisation, mainly work with?

2. Action 5 questions

What does it mean to you when people are described as 'at the point of seriously considering taking their own lives'?
In your opinion, what help and support should be available for people seriously considering taking their own lives?

Currently, where do you think there are gaps in support for people seriously considering taking their own lives?

What would encourage people to ask for help if they were seriously considering taking their own lives?

What would prevent people from asking for help if they were seriously considering taking their own lives?

3. Action 6 questions

What digital resource/s in the context of suicide prevention do you feel is the most effective way for people to access support?

What would be the most helpful thing that you would like to see happen/developed around online suicide prevention support?

What barriers, either now or in the past, prevent you, or the people that you support, from accessing or using digital resources for suicide prevention?

How can we encourage children & young people to use online/digital suicide prevention services when they need them?

How can we improve access to online/digital suicide prevention services in rural areas?

If you were having suicidal thoughts, what digital support would you access, if anything?

What do you consider as effective ways to manage online harmful content - such as pro-suicide platforms/websites?

4. Demographics (LE only)

What is your sex?

Do you consider yourself to be trans, or have a trans history?
(Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth) - Selected Choice
Do you consider yourself to be trans, or have a trans history?

(Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth) - Yes - (Pease describe your trans status, for example, non-binary, trans man, trans woman) - Text

Please tell us how old you are in years

Which of the following best describes your sexual orientation? - Selected Choice

Which of the following best describes your sexual orientation? - Other (Please provide the term you prefer) - Text

Do you have a physical or mental health condition or disability that has a substantial effect on your ability to carry out day to day activities? AND/OR has lasted or is expected to last 12 months or more?

What is your current nationality?

What was your nationality at birth?

What is the first part of your postcode in Scotland?

What is your ethnic group? - Selected Choice

What is your ethnic group? - Other (please specify) - Text

To which religion, religious denomination or body do you actively belong? - Selected Choice

To which religion, religious denomination or body do you actively belong? - Other faith/belief (please specify) - Text

What is your employment status? - Selected Choice

What is your employment status? - Other (please specify) - Text