

Response ID ANON-9EKW-MQD4-P

Submitted to Suicide prevention strategy

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About you

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2 How your response will be published

I would like my response to be published in its entirety

3 What is your name?

Name:

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4 What is your email address?

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5 Are you responding as an individual or on behalf of an organisation?

Organisation

Organisation details

1 Name of organisation

Name of organisation:

Royal Pharmaceutical Society Scotland

2 Information about your organisation

Please add information about your organisation in the box below:

The Royal Pharmaceutical Society is the professional leadership body for pharmacists and pharmacy.

Key questions - page 1 of 2

1 In your view, what factors contribute to the rates of suicide in Scotland?

Please provide your response in the box provided.:

Suicide is a very complex issue. Some of the significant factors may include:

- Long waiting times for access to mental health support, in particular psychological therapies such as CBT.
- Economic and health inequalities factors such as economic insecurity, food and fuel poverty, and unemployment.
- Lived experience of trauma.
- Cultural issues and stigma negatively impacting on willingness to engage with health services in general and mental health support in particular. This is especially the case amongst young to middle aged men.
- Harmful substance use and misuse.

2 What actions could we take as a society to reduce suicide rates in Scotland?

Please provide your response in the box provided.:

As the professional body for pharmacists in Scotland, the below bullet points focus mainly on actions which could be taken from a pharmacy perspective, to reduce suicide rates in Scotland:

- We need to improve access to pharmacological therapies. This is critical to the effective and safe management of mental health conditions. This means providing quick and easy access to primary care for everyone who needs it.

- Timely access to non-pharmacological therapies needs to improve. For example, the Scottish Government's target of 90% of people starting their treatment within 18 weeks of referral to psychological therapies is not being met.
- The expertise, clinical knowledge and accessibility of pharmacists across the NHS should be better used within multidisciplinary teams to support people with mental health conditions.
- Early identification of suicidal crisis and quick access to advice and care is vitally important. Through vigilance and rapport with their patients and the public, pharmacists are well placed to identify changes in behaviour and early signs of crisis. Community pharmacists and their teams interact with 1.6 million people every day. Conveniently located on high streets and in the heart of communities they are particularly important in the early detection of mental health and wellbeing problems. There is a potential role for community pharmacy in preventing suicide and self-harm if properly integrated into the multidisciplinary team and included in suicide prevention strategies. However, Pharmacy is not mentioned in Scotland's Suicide Prevention Strategy.
- All pharmacists directly involved in patient care must have access to IT systems that are interoperable with other primary care IT systems. This would include read and write access to a full and integrated electronic patient record, to allow pharmacists to fully support patients with mental health conditions.
- All pharmacists and pharmacy teams should be offered suicide awareness training and have access to robust referral pathways into mental health services to help those who come to them in crisis. The community pharmacy network must be involved in any local planning to identify and support people in suicidal crisis. Formal systems must be in place to enable pharmacists to directly refer patients that require immediate mental health care to appropriate health professional colleagues.
- More generally, everyone in patient facing roles should be trained in mental health first aid and should be mandated to access the training now available to all staff working in health and social care to support Scotland's Suicide Prevention Strategy.

3 To what extent do you believe that the Scottish Government and COSLA's Suicide Prevention Strategy 2022 to 2032 and delivery plan will achieve its vision of reducing the number of suicide deaths in Scotland?

Please provide your response in the box provided.:

As Royal Pharmaceutical Society has not been involved in developing or implementing the plan, it is difficult to comment specifically on this.

Key questions - page 2 of 2

1 To what extent do you believe the Suicide Prevention Strategy 2022 to 2032 and delivery plan will reduce inequalities which contribute to differing suicide rates between groups?

Please provide your response in the box provided.:

As Royal Pharmaceutical Society has not been involved in developing or implementing the plan, it is difficult to comment specifically on this.

2 Do you think that sufficient funding is available to implement and support the Strategy and delivery plan?

Please provide your response in the box provided.:

It is important that the strategy is holistic and so funding reaches all parts of the system where required as laid out in the briefing document. Therefore we agree with the budget going towards housing, money advice, homelessness and alcohol and drug services.

In addition to this, Royal Pharmaceutical Society would add for example, that funding should be available to train everyone in patient safety roles on mental health first aid.

It is difficult to comment more broadly on whether there is sufficient funding, in particular for this year as the budget is not finalised, however, the fact the budget is ring-fenced is important and welcome.

3 To what degree have the voices of people with lived experience of suicide been meaningfully considered within the development of the Strategy and its implementation?

Please provide your response in the box provided.:

It is good to read that Scottish Government's suicide prevention work is led and designed with diverse lived experience insight, through the living and lived experience panels (LLEPs).

As Royal Pharmaceutical Society has not been involved in developing or implementing the plan, it is difficult to comment specifically on this.