



**Item No. 7**

**Meeting Date Wednesday 20<sup>th</sup> May 2026**

**Glasgow City  
Integration Joint Board  
Public Engagement Committee**

**Report By:** Caroline Sinclair, Assistant Chief Officer, Older People’s Services and Primary Care

**Contact:** Dr Trevor Lakey, Health Improvement and Inequalities Manager – Mental Health, Alcohol and Drugs, in capacity of Glasgow City Suicide Prevention Coordinator

**Phone:** [trevor.lakey@nhs.scot](mailto:trevor.lakey@nhs.scot)

**A Partnership Approach to Preventing Suicide in Glasgow City**

<b>Purpose of Report:</b>	Purpose is to provide an overview of the collective work and progress of the Glasgow City Suicide Prevention Partnership, with a focus on public engagement aspects of this work.
---------------------------	---

<b>Background/Engagement:</b>	The paper is based on a comprehensive annual report finalised in Autumn of 2025 and presented both to the HSCP Senior Management Team (December 2025) and to the City Council’s Public Health Oversight Group (September 2025). The report’s production and finalization was fully participative of the Partnership’s membership, with content being provided by a wide range of partners. This includes voluntary sector input, coordinated by GCVS representatives as well as by the Greater Glasgow and Clyde Mental Health Network, the commissioned organisation responsible for mental health service user representation.
-------------------------------	--

<b>Governance Route:</b>	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team (officer group) <input checked="" type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input checked="" type="checkbox"/></p> <p>Council’s Public Health Oversight Group (officer group)</p>
--------------------------	--

## OFFICIAL

<b>Recommendations:</b>	The IJB Public Engagement Committee is asked to:  a) note the contents of the report as a progress update on multi-partner suicide prevention activity within the City; and  b) provide any reflection and feedback as to ways in which the public engagement dimensions of this work might be strengthened in the period ahead.
-------------------------	--

<b>Relevance to Integration Joint Board Strategic Plan:</b>
Links to actions within Partnership Priority 1 - Prevention, Early Intervention and Wellbeing and Partnership Priority 4 – Strengthening Communities to Reduce Harm including the activities described by Health Improvement and Loneliness activities on page 34.

### Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	The suicide prevention agenda is relevant to multiple dimensions of the national health and wellbeing outcomes, including outcomes 1, 3, 4, 5 and 7.
--	--

<b>Personnel:</b>	No direct personnel implications, though paper describes current coordination arrangements.
-------------------	---

<b>Carers:</b>	Suicide prevention agenda has significant interactions with the carers' agenda and also interfaces with the bereavement support agenda.
----------------	---

<b>Provider Organisations:</b>	Suicide prevention is an agenda for all, therefore provider organisations of many kinds can and do provide significant input to suicide prevention.
--------------------------------	---

<b>Equalities:</b>	There are extensive equalities dimensions to the suicide prevention agenda and a strand of development work to strengthen this area is underway.
--------------------	--

<b>Fairer Scotland Compliance:</b>	The suicide prevention agenda, nationally and locally is progressed within the context of the major impact that socio-economic factors play in suicide risk for our population and with collective effort geared to addressing these dimensions within the resources and capacities available.
------------------------------------	--

<b>Financial:</b>	There is no dedicated budget for the Suicide Prevention Partnership in Glasgow City.
-------------------	--

<b>Legal:</b>	No new legal implications are raised by this paper.
---------------	---

<b>Economic Impact:</b>	There is no budgetary request contained within the paper, but it includes brief acknowledgement that there is a significant social and economic impact of suicides within society.
-------------------------	--

OFFICIAL

## OFFICIAL

<b>Sustainability:</b>	No specific feature of sustainability issues in this paper.
<b>Sustainable Procurement and Article 19:</b>	Not applicable.
<b>Risk Implications:</b>	The collective suicide prevention effort addresses a significant risk agenda which can be characterised in part as a public protection challenge. This requires ongoing surveillance, engagement followed by devising and implementation of appropriate responses.
<b>Implications for Glasgow City Council:</b>	The national suicide prevention strategy, <a href="#">Creating Hope Together</a> is jointly approved by the Scottish Government and by COSLA. There is therefore a substantial local authority dimension and contribution to make to this agenda (not scope to discuss in detail in this paper).
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Important to sustain a clear interface with NHS Greater Glasgow and Clyde on the suicide prevention agenda – this is progressed in part via Glasgow City representation on the Greater Glasgow and Clyde Suicide Prevention Planning Group, supplemented by a number of additional liaison mechanisms, such as on mental health services planning.

### 1. Purpose

- 1.1. Purpose is to provide an overview of the collective work and progress of the Glasgow City Suicide Prevention Partnership, with a focus on the public engagement aspects of this work.

### 2. Background

- 2.1. Suicide represents a complex challenge for society and one that demands a multi-partner response. Whilst progress has been made in reducing rates within the City, it is still the case that approximately two people die from suicide every week in Glasgow. Every one of these deaths is a tragedy, with its own onward consequences for health and wellbeing for those touched by suicide. It is therefore necessary to continue to build on efforts with partners across the city to further reduce deaths by suicide.
- 2.2. There has been an organised multi-partner response to the challenge of suicide in Glasgow since the creation of the 2003 Scottish Choose Life Strategy, one of the first national suicide prevention strategies in the world. While this has evolved in terms of resources, approaches and partners involved, the core principle has remained the same – to create a partnership approach to tackle the complex factors that need to be addressed to reduce suicide risk.
- 2.3. The breadth of the response developed was recognised in 2020, when Glasgow became the first local authority in Scotland and the second in the UK to be awarded Suicide Safer Community status by the international organisation Living Works.

OFFICIAL

## OFFICIAL

- 2.4 Summarising a complex situation, Glasgow's suicide rate has substantially declined over the last twenty five years, from being one of the highest population rates in Scotland (if not Western Europe) to being only slightly above the Scottish average, with the country's overall rates also declining since the onset of the Choose Life strategy (though considerable caution is always required in claiming attribution for any observed changes).
- 2.5 Taking absolute numbers for persons of suspected suicides, the number of deaths for Glasgow in 2002 was 157, declining to 105 in 2011 and to 83 in 2023 and again in 2024 to 80 (but with significant fluctuation around rates on an annual basis). For this reason, there is a preference to consider average rates over 3 to 5 years. Thus, the population rate for the City in 2000-2004 was 22.1 persons (per 100,000), declining to 16.6 for 2009 – 2013 and further to 15.6 for 2019-2023 then to 14.5 for 2020-2024. Detailed statistical analysis available via this link: [Probable Suicides, 2024 - National Records of Scotland \(NRS\)](#).
- 2.6 Deprivation plays a major role in increasing suicide rates, but many other factors and risk dimensions are at play, with a long-standing bias of approximately 3 to 1 of male to female suicides. Other risk factors including LGBT+ status<sup>1</sup>, being either a victim or perpetrator of violence<sup>2 3</sup>, social isolation, substance use problems, mental illness diagnosis, long-term health conditions and disability, suffering stigma and discrimination as a result of minority status, such as being a refugee or asylum seeker. While a comprehensive equalities analysis is beyond the scope of this paper, there is a significant published evidence base to guide further development in this field, including an [Equalities Impact Analysis](#) published as an accompaniment to the 2022 Creating Hope Together Strategy. See also the comprehensive [Mental Health Equality Evidence Report](#), published by Scottish Government in 2023. Thus, the inequalities and equalities dimensions need to be prominent in progressing suicide prevention actions: the contributions of committee members and HSCP officers in forging links to opportunities for this work across our diverse communities would be welcomed in progressing this work
- 2.7 The main structure for overseeing the multi-partner approach is a broadly based Glasgow City Suicide Prevention Partnership Group, which meets bimonthly. It is complemented by a number of active sub-groups, drawing in the contributions of a still wider range of partners to progress specific aspects of the work. These consist of a Training Sub-Group, a Locations of Concern Sub-Group and a Communications Sub-Group. The overall group is chaired by Dr Trevor Lakey, Health Improvement and Inequalities Manger for Mental Health, Alcohol and Drugs from NHS GGC, who is also undertaking the role of Suicide Prevention Coordinator for Glasgow City. The partnership has close links with the national suicide prevention programme under the auspices of the [Creating Hope Together Strategy](#) and reports to the Flourish Glasgow Group and to the overall HSCP management structure for governance. See Figure 1 for a summary of some of the key partners and structures.

---

<sup>1</sup> [Health needs assessment of LGBT .pdf](#)

<sup>2</sup> [The impact of domestic abuse on suicide - The Lancet Regional Health – Europe](#)

<sup>3</sup> [Suicide rates in high-risk high-harm perpetrators of domestic abuse in England and Wales: a cohort study - University of Bristol](#)

**Figure 1 – Summary of key partners and structures involved in suicide prevention activity**



2.8 In addition, each of the three sectors of the City (North East, North West and South) have local community-based networks focused on progressing suicide prevention and allied activity – overseen in each case by the local Health Improvement Team. The Partnership is actively exploring ways to expand the range of ways to connect with and learn from our diverse communities, including with lived and living experience across the full range of work. The GG&C Mental Health Network plays a key part of this, with an agreement to link in some of their lived experience members in a supported way to take part in Partnership group activities in the period ahead. Similarly, there has been joint work with the Scottish Recovery Network to strengthen approaches to peer working for suicide prevention.

2.9 Training represents one of the major delivery areas for the partnership, overseen by a multi-agency training sub-group. Prevention programmes delivered include LivingWorks START course, suicideTALK, safeTALK and ASIST (applied suicide intervention skills training). There is also a programme of work focused on post-vention (responding to the aftermath of suicides in order to prevent further harm). The training to support this is entitled Wave after Wave: A Compassionate Response to Suicide Bereavement – created via the Suicide Prevention Partnership in Glasgow. The aim of the course is to ensure that all staff, supporters and volunteers coming into contact with those bereaved by suicide have an understanding of the complex nature and impact of a suicide bereavement, designed in conjunction with the lived experience of local community members.

2.10 All of the training described above is delivered via the Glasgow City Suicide Prevention Partnership Training Calendar. In 2024, 81 courses were delivered with 1333 participants attending the training. During 2025 to date each of the above courses have again been provided with dates planned for the period until June 2026, to be followed by a refreshed calendar thereafter. Additionally, some local training courses have been delivered within various organisations including the Citizen’s Advice Bureau, Crown Office and Procurator Fiscal Service, Neighbourhoods, Regeneration and Sustainability Service amongst others. The course participants are deliberately diverse, including colleagues from health and social care services, local authorities, primary care, blue-light services, voluntary and private sectors.

## OFFICIAL

- 2.11 Communications represents another major strand of activity, overseen by a multi-agency sub-group, which has created its own action plan in order to prioritise and maximise communications outputs and impact, linking closely with Communications staff at the Health and Social Care Partnership and via other partners' outlets. One action has been to devise a range of communications about good news stories for recent suicide prevention work as well as ensuring a range of communications around activities for World Suicide Prevention Week. To illustrate the approach in 2025, details of some of the key activities can be found via this online resource - [Suicide Prevention Week 2025: What's on - Glasgow City](#). Planning is now getting underway for Suicide Prevention Week activities during 2026.
- 2.12 Addressing issues around locations of concern and reducing the risk of contagion remain major features of the partnership's work. This is progressed through a regular, monthly meeting of a 'locations of concern' sub-group bringing a wide range of partners together to share intelligence and insights and to jointly problem-solve in creating preventative solutions. Examples of partners involved include Samaritans (and a strong link from them to the rail industry), Police Scotland and British Transport Police, health and care partners, road infrastructure and housing organisations and links to water safety organisations and structures. Preventing suicides at specific locations often requires infrastructure changes, staff training, and public awareness campaigns. Collaborative working allows for statutory, third sector and private bodies to collectively contribute and comment on financial and human resources, ensuring that interventions can be developed and delivered, funded where possible, and staff appropriately trained.
- 2.13 Complementing this locations-focused work, there has also been innovative work to develop and deliver training and awareness raising on contagion and how to minimise this, to a wide range of partners.
- 2.14 Prevention activity focused on children, young people and young adults is one of the priority areas of action both at City and Board level, as well as a key part of the national strategy and action plan. Young people across Glasgow are experiencing complex issues that impact their health and wellbeing. These include experiences of violence, poverty and difficulty in accessing timely support. Youth providers report on challenges around supporting young people and staff with their mental health, substance use and experiences of poverty, the impact of funding cuts, increased demand for support and services and, time and capacity of staff and organisations to respond. Staff have reported experiences of vicarious trauma and emotional strain impacting on their health and wellbeing. To this end a dedicated suicide prevention resource was created with and for Youth Workers in the City by the City Health Improvement Team and launched in late 2025, and there is a need to continue to build momentum in this area.
- 2.15 There is considerable prevention activity underway in the schools setting as well, including active prevention policies, training for staff and senior pupils and a wide range of support services and counselling supports – both face-to-face and through contracts with digital service providers. Most recently, Glasgow City Education has launched an innovative initiative to address the mental wellbeing of young men, with most of the City's secondary schools taking part in a year-long research initiative. There is also significant activity in the further and higher education sectors, with most notably Strathclyde

## OFFICIAL

## OFFICIAL

University having a major body of work centred around its own Suicide Prevention Strategy - aiding both students and staff.

- 2.16 There is also a significant body of work underway, under the auspices of the Health Board's Aye Mind programme ([Aye Mind](#)) to address the mental health needs of young people in relation to the "digital world", including web and social media. This includes production of extensively used guidance material on a range of allied issues such as online misogyny, sleep, positive digital resources online bullying.
- 2.17 In terms of challenges and opportunities, the following key points are offered.
- (i) As there is currently no dedicated financial resource or dedicated coordinator post for suicide prevention in the city, it is necessary to draw on the widest possible of mainstream resource across multiple partners to sustain this work. Ideas and recommendations for growing and sustaining this agenda are always welcome;
  - (ii) The role of the community and voluntary sectors is absolutely vital. Despite experiencing constrained budgets themselves, many of our community partners report experiencing a more acute level of distress and need amongst their clients, and yet provide a significant input to the prevention agenda;
  - (iii) Workforce wellbeing is another significant challenge area – it being important not to neglect the emotional burden that working in the suicide prevention sphere brings. Thus, it is vital that support systems, debriefing arrangements, analysis of impact of budget reductions and service pressures have on the collective workforces of partners involved in this work. The same is true for community volunteers and peer workers engaged in this work;
  - (iv) There is evidence that youth providers face significant challenges in supporting young people and staff with their mental health, substance use, and experiences of poverty. The impact of funding cuts, increased demand for support and services, and the time and capacity of staff and organisations to respond are significant concerns.
- 2.18 Equalities dimensions and diverse needs and communities – through the city-wide and locality connections in place, partners active within the work are striving to make as many connections as possible to the complex and evolving needs of our diverse communities. To this end, a development session is planned for later in the year to consider means of strengthening the equalities dimensions of the work, in the context of the capacities and resources available. Any suggestions for such an engagement effort from PEC members will be received for active consideration.

### 3. Recommendations

- 3.1. The IJB Public Engagement Committee is asked to:
- a) note the contents of the report as a progress update on multi-partner suicide prevention activity within the City; and
  - b) provide any reflection and feedback as to ways in which the public engagement dimensions of this work might be strengthened in the period ahead.

OFFICIAL