

	Briefing for Assembly Members for the Suicide Prevention in Wales debate.
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Introduction

This briefing has been produced for Assembly Members in preparation for the debate on the Health, Social Care and Sport Committee report on suicide prevention in Wales taking place in Plenary on Wednesday the 20th February.

Key points to consider:

- **Welcoming the report:** We welcomed the opportunity to respond to the Committees inquiry and their report, *Everybody’s Business A report on suicide prevention in Wales*. Our Policy Forum submitted a written response to the Committee’s inquiry in December 2017, *Key actions to increase the effectiveness of suicide prevention in Wales* which was endorsed by 12 organisations, including the Samaritans Cymru.
- **Registered deaths in Wales from suicide:** Suicide remains one of the leading causes of death in Wales. It’s the biggest killer of men under 50, the leading cause of death for people aged under 35 and one in four deaths from external causes among those aged 12-17 are likely to have been through suicide. In 2017, there were 360 suicides in Wales, an increase of 11.9% between 2016 and 2017.
- **Talk to Me 2:** The NHS in Wales has welcomed the Welsh Government Strategy, *Talk to Me 2* and Health Boards are adopting local approaches to increase the effectiveness of suicide prevention measures. The National Guidance on the Strategy has strong support at a local level. Health Boards recognise the challenges associated with obtaining high quality data around the most at-risk groups, however there is strong evidence that local action plans, particularly those targeted at improving access to primary care services have had positive results.
- **Focusing on priority groups:** While Health Boards do not hold information on the suicide risk of specific groups, there is strong evidence services across Wales are designed to focus on the priority groups in line with the *Talk to Me 2* Strategy. These are defined as; middle-aged men, older people over 65 with depression and co-morbid physical illness, adult prisoners, children and young people with a background of vulnerability, people in the care of mental health services including inpatients and people with a history of self-harm.

- **Suicide is everybody's business:** Suicide is not a single task for any organisation. There are many complex factors involved in suicide risk and this emphasises the need for a collaborative approach across various sectors, specialists and Government.
- **Encouraging people to seek help early and providing support:** It's important that practical support is provided to people who are suicidal, and the appropriate response is provided to people in distress. More should be done to encourage people to seek help early and there needs to be greater awareness of what support is available.
- **The need for a national conversation and ending stigma:** Stigma related to suicide remains a major obstacle to suicide prevention efforts. Those who have lost someone to suicide, as well as those who have a history of suicide attempts, often face considerable stigma within their communities.
- **Raising awareness of the risk factors and the support available:** The public requires an understanding of the risk factors for suicide and the need for intervention. Raising public awareness, building the skills and capacity within communities to recognise when there is a risk and improving knowledge of what works to prevent suicide is important.
- **Provide better information and support to those bereaved or affected by suicide:** The response provided to bereavement is important. The impact of suicide on the survivors such as; spouses, parents, children, family, carers, friends, co-workers, and peers who are left behind, is significant both immediately and in the long-term.
- **Community infrastructure:** Improving the mental health of a local community can impact strongly on reducing suicide rates. Loneliness and isolation is a risk factor for suicide whilst socialisation and participation is a protective factor. It's important to recognise the impact participating in meaningful occupations or activities, such as the arts, physical and social activities, including social-prescribing routes can have on people's health and wellbeing. It is important there are facilities and places for people to go to express themselves and connect with others.
- **Health Board data:** Statistics relating to rates of suicide per Health Board in Wales are held by Public Health Wales Observatory. However, the nature and extent of suicide ideation and behaviour (thinking about or acting on suicidal thoughts) means it is often extremely difficult to assess the true number of people at risk given that only a small number of those at risk of suicide or thinking about suicide will seek support.

- **Support research, data collection and monitoring:** Ascertaining and recording numbers of attempted and completed suicides, and monitoring them, is an integral component in the development of suicide prevention.
- **Reducing access to means:** There is evidence to suggest that lives can be saved using a variety of measures including; the installation of Samaritans signs, physical barriers, nets and telephone lines at high risk locations for suicide. Improved surveillance such as CCTV at high risk locations is crucial. High risk locations could include; bridges, viaducts, high-rise buildings, multi-story car parks, cliffs and level crossings.
- **Mental health services:** It is positive to note mental health is a cross cutting theme and a priority area under the Welsh Government's Programme for Government, *Prosperity for All*. 1 in 8 adults in Wales report being treated for a mental illness in the 2018 Health Statistics Wales. The mental health workforce is estimated to comprise of approximately 22,000 individuals; over 10,000 NHS/Social Service employees, 10,000 third sector workers (including 4,000 paid employees and 6,000 volunteers) and 2,000 workers in the independent sector.
- **The mental health and wellbeing of the NHS workforce:** We welcomed recommendation 17 within the Committee's report, ensuring all NHS employers who have dealt with cases of suicide/attempted suicide are able to access appropriate support. Health Boards and NHS Trusts have developed several initiatives which are preventive in nature and are an aid to help build emotional and psychological resilience to reduce anxiety/stress of staff and wellbeing services offering a range of support.
- **Time to Change Wales:** All Health Boards and NHS Trusts in Wales have signed the *Time to Change* organisational pledge. This is a public declaration that NHS organisations will take positive steps to tackle mental health stigma and discrimination.

The Welsh NHS Confederation

The Welsh NHS Confederation is the only national membership body that represents the leadership of all the statutory NHS organisations in Wales: the seven Local Health Boards, three NHS Trusts and Health Education and Improvement Wales.