December 2017

THE WELSH NHS CONFEDERATION
CONFFEDERASIWN GIG CYMRU

Key actions to increase the effectiveness of suicide prevention in Wales

Health and social care organisations have come together through the Welsh NHS Confederation Policy Forum to outline the key areas that the Health, Social Care and Sport Committee should consider when undertaking their consultation on Suicide Prevention.

Suicidal behaviours can be conceptualized as a complex process that can range from suicidal ideation, which can be communicated through verbal or non-verbal means, to planning of suicide, attempted suicide, and in the worst case, completed suicide.

Dying by suicide remains one of the leading causes of death in Wales. It is the biggest killer of men under 50, the leading cause of death for people aged under 35 and one in four deaths which are from external causes among those aged 12-17 are likely to have been through suicide. In 2016, there were 322 suicides in Wales. However, there is much we can do to prevent suicide. Suicide is everybody's business and is not a single task for any particular organisation. The breadth of complex factors involved in suicide risk highlights the need for cross-governmental, cross-sectoral and collaborative action.

The following actions should be considered by the Committee to increase the effectiveness of suicide prevention:

1. Local implementation of Talk to Me 2: An effective suicide prevention strategy at both a local and national level is crucial. Whilst Talk to Me 2 has placed an increased focus on suicide and self-harm in Wales, many of the top-level objectives are reliant on effective local partnership working through the creation of local suicide prevention plans and attendance of Regional Multi Agency Fora. All regions (Mid and West Wales; Cardiff and Vale and Cwm Taf; South East Wales; North Wales) have established multi agency suicide prevention forums which have agreed local reporting structures, which report to the National Advisory Group. It is vital that every Local Authority area in Wales works to a local and national plan because without one, suicide prevention work is much less effective than it could be. It is also positive to note that mental health is a cross cutting theme and a priority area under the Welsh Government's Programme for Government, "Prosperity For All".

2. Early intervention and prevention: Suicide is a major public health issue and as such, suicide prevention requires action by many different stakeholders. Suicidal behaviour is related to many variable and complex risk factors so it is vital that we invest in early intervention and support so we can reduce the risks that might lead to suicidal behaviour. Suicide prevention should not be addressed in isolation, but should be part of a national public health and well-being policy to promote and support a positive approach to mental health.

3. Encouraging people to seek help early and providing support: It is key that practical support is provided to people who have suicidal ideation and 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. Third sector organisations in Wales have the impression that they are seeing more people who are expressing suicidal ideation and we need more learning and sharing about best practice in response. In particular there must be an increased focus on providing support to the 'priority places' which have been identified in Talk to Me 2 (hospitals, workplaces, police custody suites etc) and training for 'gatekeepers' in settings such as schools to support children and young people.

4. 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. Stigma may prevent people from seeking help and can become a barrier to accessing suicide prevention services, including counselling and postvention support. While efforts to reduce the stigma of suicidal behaviours can benefit from being incorporated into the more general process of de-stigmatizing mental illness, typically, additional efforts to reduce stigma attached to suicidal behaviours are required. Promoting greater public awareness of positive mental health and well-being, suicidal behaviour, potential problems and risks amongst all age group is important. There is a need for a national conversation to challenge stigma and ensure that the public have the skills to talk and listen to support people who are in distress. It is vital that we increase awareness that talking about suicide does not increase the risk but reduces it.

5. Raising awareness of the risk factors and the support available: Risk factors for suicide include mental and physical illness, alcohol or drug abuse, chronic illness, acute emotional distress, loneliness and isolation, socio-economic deprivation, violence, a sudden and major change in an individual's life, such as loss of employment, separation from a partner, or other adverse events, or, in many cases, a combination of these factors. Bullying, abuse and self-harm have also been identified as risk factors in children and young people. The public requires an understanding of the issue and the vital need for an intervention. Through raising public awareness and building the skills and capacity within communities to recognise suicide risk, and improve knowledge of what works to prevent suicide, is important.

6. Reduce the risk of suicide in key high-risk groups: Although different areas will have different priorities, some groups of people are known to be at higher risk of suicide than the general population. These groups include; young and middle-aged men (the highest rate aged 35-54); people in the care of mental health services, including inpatients; Gypsy, Roma and Traveller community; asylum seekers and refugees; people living in areas of socio-economic deprivation; people with a history of self-harm; people in contact with the criminal justice system, including prisoners; specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers; and lesbian, gay, bisexual, transgender and questioning (LGBTQ). It is important that the public and voluntary sector are joined up to respond to particular issues, for example; recession –that people know the options for someone at risk of suicide because of economic difficulties, from debt counselling to psychological therapy; self-harm – ensure there are supports for young people in crisis who are at risk of self-harm; men – ensure information about depression and services is available in "male" settings. There should also be more targeting of high risk groups while maintaining an overall population approach.

7. Suicide prevention training: Agencies need to know how and why they should access good suicide prevention planning training. There needs to be greater awareness surrounding the benefits of a preventative approach to suicide, including training of this kind. Training should be provided to frontline workers both in the public sector but also key frontline sectors who are more likely to meet vulnerable groups. Increased awareness of specialist training provided by organisations, including Samaritans and Mind, should also be highlighted. Suicide Prevention Training is particularly important for those identified as 'Priority Care Providers' such as Job Centre Staff, Emergency Health Staff and teachers.

8. Provide better information and support to those bereaved or affected by suicide: The response provided to bereavement is key. 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. Family and friends bereaved by suicide are 1.7 times more likely to attempt suicide themselves. Support needs to be provided and awareness around the signs to be aware of and where to refer people to.

9. 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. Therefore, it is important to recognise the impact that participating in meaningful occupations or activities, such as the arts, physical and social activities, including via social-prescribing routes, can have on people's health and well-being. It is important that there are facilities and places for people to go to express themselves and connect with others.

10. 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. Local suicide audits are an effective way for public sector bodies to identify and respond to high risk groups in their areas, as well as reveal hot spots. It is best practice for public sector organisations, including Health Boards, Local Authorities and the coroner, to work to develop and undertake a suicide audit. Learning lessons from the response to a suicide to reduce the number of future suicides and better support bereaved families is key.

11. Reducing access to means: There is evidence to suggest that lives can be saved by the use of a variety of measures including: the installation of Samaritans signs; physical barriers; nets and telephone lines at high risk locations for suicide; and improved surveillance, such as CCTV, at possible, or known, high risk locations is crucial. High risk locations could include: bridges, viaducts, high-rise buildings, multi-story car parks, cliffs and level crossings.

This document is endorsed by:

abpi
Bringing medicines to life
Dod a meddyginiaeth i fywyd
Cymru | Wales

BASW CYMRU
BRITISH ASSOCIATION OF SOCIAL WORKERS CYMRU

British Red Cross

BDA The Association of UK Dietitians

carerstrust Wales
action · help · advice

cyngor ar bopeth citizens advice

Royal College of Occupational Therapists
Coleg Brenhinol y Therapyddion Galwedigaethol

RCPCH
Royal College of Paediatrics and Child Health
Wales
Coleg Brenhinol Pediatreg a Iechyd Plant Cymru

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

SAMARITANS CYMRU

THE WELSH NHS CONFEDERATION
CONFFEDERASIWN GIG CYMRU