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Agenda - Health, Social Care and Sport Committee

Meeting Venue:

Committee Room 1 - The Senedd

Meeting date: 27 June 2018

Meeting time: 09.15

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Informal pre-meeting (09.15 - 09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Inquiry into suicide prevention: Evidence from the Cabinet Secretary for Health and Social Services

(09:30 - 10.30) (Pages 1 - 11)

Vaughan Gething AM, Cabinet Secretary for Health and Social Services

Ainsley Bladon, Mental Health Strategy lead, Welsh Government

Liz Davies, Senior Medical Officer/ Deputy Director Mental Health and Vulnerable Groups, Welsh Government

Paper 1

3 Paper(s) to note

(10.30)

3.1 Inquiry into suicide Prevention: Paper from the National Confidential Inquiry into Suicide and Safety in Mental Health

(Pages 12 - 19)

Paper 2

3.2 Inquiry into suicide Prevention: Response from Universities Wales

(Pages 20 - 34)

Paper 3

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

3.3 Inquiry into suicide prevention – Additional information from HM Prison and Probation Service

(Pages 35 - 36)

Paper 4

3.4 Letter to Cabinet Secretary for Health and Social Services from the Chair: Adult Gender Identity Service and the National Obesity Plan for Wales - 14 May 2018

(Pages 37 - 38)

Paper 5

3.5 Reply from the Cabinet Secretary for Health and Social Services: Update on Adult Gender Identity Service and the National Obesity Plan for Wales – 11 June 2018

(Pages 39 - 41)

Paper 6

4 Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of this meeting

(10.30)

5 Inquiry into suicide prevention: Consideration of key issues

(10.30 - 11.00)

6 Letter from Business Committee - timetable for Autism (Wales) Bill – 14 June 2018

(11:00 - 11:15) (Pages 42 - 46)

Paper 7

By virtue of paragraph(s) vi of Standing Order 17.42

Agenda Item 2

Document is Restricted

NATIONAL ASSEMBLY FOR WALES: Health, Social Care and Sports Committee – Examine the extent of the problem of suicide in Wales and what can be done to address it.

Date: 27 June 2018
Venue: Senedd, National Assembly for Wales

Title: Examining the extent of the problem of suicide in Wales

Purpose: To provide supporting information in relation to the inquiry into examining the extent of the problem of suicide in Wales and what can be done to address it.

1. The extent of the problem of suicide in Wales and evidence for its causes including numbers of people dying by suicide, trends and patterns in the incidence of suicide; vulnerability of particular groups; risk factors influencing suicidal behaviour.

The extent of the problem of suicide in Wales

Each year in Wales around 300 to 350 people die by suicide, with fluctuations year on year.

There has been a general upward trend (although not statistically significant) in male suicide rates in the period 2005 to 2016 in Wales. This upward trend was less evident in females with rates remaining stable over this period. This change may reflect changes in coding and a reduction in the number of hard-to-code narrative verdicts. Comparisons across years should be interpreted with caution.

Evidence of its causes

Suicide usually occurs in response to a complex series of factors that are both personal and related to wider social and community influences. There is therefore no single reason why someone may try to take their own life. Suicide is best understood by looking at each individual, their life and circumstances.

Trends and patterns

The mid point review of the implementation of the Talk to Me 2 Suicide and Self-harm action plan states that suicide rates continue to be much higher for males than for females. The highest age-specific rates were seen for middle aged men, with a secondary smaller peak in elderly males of 90 years plus. In females, the highest age- specific rates are in those aged 30-34 years and 50-59 years.[1]

[1] https://www.samaritans.org/sites/default/files/kcfinder/files/Midpoint%20review%20of%20the%20implementation%20of%20Talk%20to%20me%202%20-%20FINAL%281%29.PDF

Vulnerability of particular groups

Among both males and females there is an association between suicide and area of residence. Rates are higher in our more deprived communities[2].

Tailored approaches to meet the needs of certain high risk groups of people and more specifically to improve their mental health will have an impact on suicide and self harm prevention and challenge inequalities where they exist.

Risk factors influencing suicidal behaviour

Suicide and self harm are preventable, if risk factors at the individual, group or population level are effectively addressed. This requires a public health approach which demands collective action by individuals, communities, services, organisations, government and society. Approximately 28% of people who die by suicide were known to mental health services. Many will have visited their GP in the weeks before their death.[3]

Risk factors indicate whether an individual, community or population is particularly vulnerable to suicide, and exist at various levels. Factors may relate to the individual, be social or contextual in nature, and can exist at multiple interaction points. Where risk factors are present there is a greater likelihood of suicidal behaviours, though there are also instances where no known risks were identified. Prevention efforts should focus on at risk groups while simultaneously focusing on the entire population in order to mitigate risk at the individual level.

However it is also known that many individuals do have contact with primary care or other services in the weeks before their suicide and it is important that such opportunities to intervene are not missed.

Certain factors are known to be associated with increased risk of suicide. These include:

- drug and alcohol misuse
- history of trauma or abuse
- adverse childhood experience's
- unemployment
- social isolation
- poverty
- poor social conditions
- imprisonment
- violence
- family breakdown.

[2] https://www.samaritans.org/sites/default/files/kcfinder/files/Midpoint%20review%20of%20the%20implementation%20of%20Talk%20to%20me%202%20-%20FINAL%281%29.PDF

[3] http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/2017-report.pdf

2. The social and economic impact of suicide.

There are marked differences in the suicide rates according to people's social and economic backgrounds. Improving the mental health of people who are vulnerable due to these circumstances supports suicide prevention.

Evidence shows:

- People in the lowest socio economic group and living in the most deprived areas are ten times[4] more at risk of suicide than those in the most affluent group living in the most affluent areas;
- Men of lower socio-economic position in their mid-years are excessively vulnerable to death by suicide compared to males in other age groups and compared to females of all ages;
- 46% of patients with mental illness who died by suicide between 2008-2012 were unemployed at the time of death;
- 18% of patients with mental illness who died by suicide between 2012 and 2013 had experienced serious financial difficulties in the three months before death[5].

3. The effectiveness of the Welsh Government's approach to suicide prevention - including the suicide prevention strategy Talk to me 2 and its impact at the local, regional and national levels; the effectiveness of multi-agency approaches to suicide prevention; public awareness campaigns; reducing access to the means of suicide.

The 'Talk to Me 2' strategy, sets out the aims and objectives to prevent and reduce suicide and self-harm in Wales over the period 2015-2020. It identifies **priority care providers** to deliver action in certain **priority places** to the benefit of key **priority people**, and confirms the national and local action required.

The suicide and self harm prevention activities in the delivery plan include:

- Delivering appropriate responses to personal crises, early intervention and management of suicide and self harm;
- Further improving awareness, knowledge and understanding of suicide and self harm among the public; people who frequently come into contact with those at risk of suicide and self harm and professionals in Wales;
- Providing information and support for people bereaved or affected by suicide and self harm;
- Supporting the media in the responsible reporting and portrayal of suicide and suicidal behaviour;
- Reducing access to the means of suicide;

[4] https://www.samaritans.org/sites/default/files/kcfinder/files/Local%20Suicide%20Prevention%20Planning.pdf

[5] https://www.samaritans.org/sites/default/files/kcfinder/files/Local%20Suicide%20Prevention%20Planning.pdf

- Continuing to promote and support learning, information and monitoring systems and research to improve understanding of suicide and self harm in Wales and guide action.

Talk to Me 2 Strategy

The implementation of *Talk to Me 2* and the action plan 2015-2020 (Link)[6] seeks to identify particular groups of people who are especially vulnerable and sets out expectations regarding the care they should receive, which should be provided in the right place, at the right time. The strategy identifies targeted actions to address the factors that can contribute to suicide, including strengthening social relationships and improving the recognition and management of mental health issues.

The six key objectives identified by the strategy are:

Objective 1: Further improve awareness, knowledge and understanding of suicide and self-harm amongst the public, individuals who frequently come in to contact with people at risk of suicide and self-harm and professionals in Wales;

Objective 2: To deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm;

Objective 3: Information and support for those bereaved or affected by suicide and self-harm;

Objective 4: Support the media in responsible reporting and portrayal of suicide and suicidal behaviour;

Objective 5: Reduce access to the means of suicide;

Objective 6: Continue to promote and support learning, information and monitoring systems and research to improve our understanding of suicide and self-harm in Wales and guide action.

The strategy is overseen by a National Advisory Group (NAG) on Suicide and Self-Harm, which brings together stakeholders from the third sector, Welsh Government, the police, NHS, Public Health Wales and experts in suicide prevention.

Effectiveness of multi-agency approaches

Implementation of Talk to me 2 follows a cross-governmental, cross-sectoral and collaborative approach, with shared responsibility at all levels of the community. At a national level, the Welsh Government has laid the groundwork for a concerted approach to suicide prevention. But action at a local level is vital to the prevention of suicide and self-harm.

Three regional fora (North Wales, Mid & South West Wales and South East Wales) have been created to support the local implementation of Talk to Me 2.

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[6] https://gov.wales/topics/health/publications/health/reports/talk2/?lang=en

The three regional fora are now active across Wales and have established multi agency memberships and agreed local report structures. Some statutory and voluntary organisations also have local plans.

Impact

The mid-point review of the implementation of Talk to Me 2 showed that progress has been made against all of the 6 key objectives. In particular:

- Excellent progress has been made in developing local suicide prevention action plans across Wales, following guidance issued by the National Advisory Group. All areas are active and covered in local plans at various geographical levels reflecting local arrangements and partnerships;
- The National Collaborating Centre for Mental Health is developing a series of Self-harm & Suicide Prevention Competence Frameworks, which is relevant for audiences within the private, public and third sectors;
- Her Majesty's Prison and Probation Service have developed a strategy for suicide and self-harm prevention across prisons and the community and have also provided Suicide and Self-harm training for all directly and non-directly employed staff in Welsh establishments;
- The four Welsh Police Forces are actively engaged in the implementation of delivering actions plans outlined in partnership with health boards and local authorities;
- Samaritans has developed revised media guidelines to support balanced and appropriate reporting of suicide and provided training to over 20 Media Wales journalists and editors.

Public awareness campaigns

The Welsh Government has continued to fund the Time to Change Cymru (TTCW) program, a national campaign to address stigma and discrimination. Earlier in the year the result of a national survey undertaken by TTCW confirmed a 4.7% increase in positive attitudes towards mental health in Wales since 2012 – representing nearly 120,000 people whose views are more positive.

TTCW have continued to support employers across Wales to tackle the stigma and discrimination associated with mental health problems in the workplace Over 70 organisations have signed up to the TTCW pledge to date.

Samaritans have recently launched their "Small Talk Saves Lives" campaign which aims to empower the public to act to prevent suicide on the railways. Suicide is preventable and suicidal thoughts are often temporary and can be interrupted. The campaign aims to give train travellers the confidence to start a conversation, which in turn could interrupt suicidal thoughts and start a person on a journey to recovery.

Each Police Force in Wales is currently rolling out Blue Light internal training for staff (delivered by MIND Cymru) to raise awareness of mental health, suicidal behaviours and self- harm within the workplace and to reduce the stigma (which also incorporates feelings of loneliness, suicidal thoughts etc).

Awareness activities promoting wellbeing and resilience take place across Wales during mental health awareness week, such as free mindfulness and stress management sessions. Increasingly, public drop in courses are available in local communities, and programs such as book prescription in public libraries also provide easy to access support.

In addition, the National Partnership Board is exploring stigma and discrimination themes in relation to mental health, with a working group established and led by service users and carers, to identify actions and advise on policy direction.

Reducing access to the means of suicide

Reducing access to the means of suicide, which, along with improving the opportunity for someone to intervene, is a proven way to prevent suicide. In addition to reducing access to the means for known locations and methods, local data surveillance may provide insights into emerging trends.

Included in the Local Suicide Prevention Planning guidance, issued by the National Advisory Group, are a number of resources to help local authority areas to reduce access to means of suicide which include the construction of physical barriers, signs and telephone help-lines, surveillance measures, access restriction, and training for staff working near or at locations of concern, and managing media reporting of suicides at locations of concern.

Wales has been recognised for the partnerships developed with railway and transport authorities to implement safeguards.

4. The contribution of the range of public services to suicide prevention, and mental health services in particular.

The regionals fora include representation from a wide range of public service stakeholders such as the Police, the Department for Work and Pensions and Transport, all of whom play a role in suicide prevention.

Community Partners have been employed in the Department for Work and Pensions to work with job centre staff to identify risk factors and signpost individuals to support.

A number of initiatives led by CAMHS services are underway to improve access to support for children and young people, such as recent investment by the Welsh Government in school pilots seeing clinicians working directly with schools.

5. The contribution of local communities and civil society to suicide prevention.

Local suicide and self-harm prevention strategic action plans should aim to make the issue ‘everybody’s business’. People with lived experience of mental health problems are vital to the contribution and commitment to improving our services.

As a Government we must ensure that we continue to invest in research into mental health interventions and reduce suicidal behaviours and deaths by suicide.

Whilst we have made some progress in tackling stigma and discrimination there is still considerable work to be done. Improved training and education in health, social care and educational settings are needed to understand better the barriers in asking for help.

Communities should encourage open conversations and work to tackle factors such as loneliness and isolation. Social prescription schemes, new roles such as community connectors, the recent investment in community hubs all help to improve access to a range of supports

6. Other relevant Welsh Government strategies and initiatives - for example Together for Mental Health, data collection, policies relating to community resilience and safety.

Together for Mental Health

Our 10 year Together for Mental Health strategy aims to improve mental health and wellbeing in Wales. This recognised that efforts to improve social, economic and environmental wellbeing in Wales are intertwined, and emphasised that improvements in mental health and wellbeing will only be achieved through concerted effort, the commitment of all Welsh Government departments and partner bodies.

Community Resilience and Safety

We recognise that mental ill-health can be distressing for anyone who encounters it and the Welsh Government continues to work with partners to deliver an appropriate response when people with acute mental crisis need support. All NHS organisations routinely report data for those detained under section 135 and 136 of the Mental Health Act, 1983 and since the implementation of the Mental Health Crisis Concordat, we have seen a significant reduction in the use of police custody for these individuals. Whilst overall we have seen an increase in detentions, there is significant variation across Wales and our priority now is to better understand the context of crisis presentations and we are developing the data to support this through our Mental Health Crisis Concordat Assurance Group.

This work is taking place in collaboration with Police Forces and all other organisations whose frontline services are most likely to be the first contact for people in mental health crisis. We will also be making the further development of crisis and out of hours services a priority for health boards as part of the Mental Health Innovation and Transformation Fund.

Substance Misuse

The Welsh Government recognises the importance of substance misuse services ensuring that there is collaboration with other relevant services i.e. mental health services, housing and social services in order to ensure that the full needs of service users are properly addressed and individuals do not fall between gaps in services.

Our 2016-18 Substance Misuse Delivery Plan sets out the detailed actions that the Welsh Government and our delivery partners will take to prevent and respond to substance misuse amongst individuals and in communities across Wales. This includes a number of actions relating specifically to improving access and appropriate referrals to services.

The substance misuse treatment framework also sees services working together to address the needs of individuals who have co-occuring substance and mental health issues.

Loneliness and Isolation

Tackling the causes of loneliness and social isolation is a national priority for the Welsh Government and Prosperity for All provides a vehicle for the whole public service to develop a coherent, holistic and long-term response to loneliness and isolation in Wales. This will build on initiatives that are already in place to help reduce loneliness.

One of the priority areas in the Together for Mental Health strategy is to improve quality of life for individuals, particularly through addressing loneliness and unwanted isolation. The section 64 mental health grant which covers the period 2018-21, includes eligibility criteria which focus on individuals from vulnerable groups – including those that are isolated and lonely in rural and urban communities.

In 2018, we will also undertake a formal consultation on the draft cross-government strategy on loneliness and isolation with a final strategy published in 2019.

Curriculum

One of the four purposes of the new curriculum is to support children to be healthy and confident, with a specific focus on well-being, resilience and empathy. The curriculum will be rolled out in September 2022.

Data collection

Welsh Government is leading on the development of a mental health core dataset, which will allow us to capture reliable, consistent information across Wales. The potential to link information to existing structures like the SAIL databank will help us to better understand the relationship between access to services and suicide, and to explore much richer detail on the causes and risk factors of suicide and self harm. This will also facilitate more accurate research, and open the possibilities to target support where it is most needed.

The dataset will be built into the Welsh Community Care Informatics System, which will improve the relationship between care providers and make transitions between services smoother for individuals accessing support. This will help to ensure that vital information is passed to those who need to know, further safeguarding wellbeing, and reducing missed opportunities.

7. Innovative approaches to suicide prevention.

Suicide prevention in Wales requires effective, integrated community approaches to address the diversity of populations, places and individuals, as well as ongoing work to address the inequalities that contribute to the burden of suicide and self harm.

Suicide prevention interventions however should be evidenced based or, where that evidence base is not yet available or the programme is developed locally, an evaluative framework should be developed from the onset to identify what works.

As part of the current Talk to Me 2 Suicide and Self-harm prevention action plan, we have taken forward a number of innovative approaches to suicide prevention which includes:

- Establishing a National Suicide Prevention Forum, which promotes the sharing of good practice, highlights current issues and supports collaborative working across the four UK Nations to ensure a co-ordinated pan-UK approach to suicide prevention;

- In collaboration with Samaritans, we have developed a good relationship with the media, and major providers are aware of and use the guidance produced by Samaritans for responsible reporting of suicide;

- The involvement of rail and transport providers is unique and innovative, and work in Wales has inspired UK wide changes to the way projects are developed, with more consideration into safety features that reduce access to means.

Adverse Childhood Experiences

We know that exposure to ACEs substantially increased risks of mental illness. 41% of adults in Wales who suffered four or more adverse experiences in childhood are now living with low mental well-being. This compares to 14% of those individuals who experienced no ACEs during their childhood.

Children and young people who experience ACEs are more likely to perform poorly in school, more likely to adopt health harming, risky behaviour and more likely to be involved in crime. Similarly, people who have experienced multiple ACEs are more likely to attempt suicide.

In recognition of the impact of ACEs on children's well-being, the Welsh Government, along with Public Health Wales, has funded an ACE Support Hub. This

is a centre of expertise to increase understanding of ACEs, and support and inspire individuals, communities and organisations to learn about ACEs and change their thinking and behaviour.

The Hub aims to support change and adoption of ACE informed practice amongst professions, including teachers, family liaison officers in schools, the education welfare service, youth workers and social workers.

Submission to the National Assembly for Wales' Health, Social Care and Sport Committee by the National Confidential Inquiry into Suicide and Safety in Mental Health

Executive summary

- Suicide prevention requires a joint approach by public health and mental health services, working with other agencies including primary care, social care, the justice system and the voluntary sector. Our work is primarily on suicide prevention in specialist mental health care but we also conduct studies in other clinical settings and in the general population including those not in contact with services.
- The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) holds a UK-wide dataset of people who have died by suicide who were current or recent mental health patients. The dataset for Wales currently stands at over 1,500 patient suicides.
- There are approximately 75 patient suicides per year in Wales. Current areas of concern include: rising suicides by middle-aged male patients; and services for alcohol and drug misuse.
- We have shown an association between specific clinical initiatives and decreased patient suicide rates - these should be adopted by all health boards. They are: removal of ward ligature points; early follow-up on hospital discharge; 24 hour crisis teams; services for patients with both mental illness and substance misuse; outreach teams for patients who may disengage; implementation of NICE guidance for depression.
- We have also shown lower patient suicide rates linked to organisational factors such as reduced staff turnover and, as a marker of a learning culture, case review involving the family following patient suicide.
- The time of highest risk is during and soon after in-patient care. Following discharge from hospital the peak risk of suicide occurs on day 3, showing the need for early follow-up and care planning at the time of discharge.
- The most common type of drug taken in fatal overdose by mental health patients is opiates. We support further measures to improve safe prescribing of these drugs and antidepressants.
- Our findings show us that there are few differences in suicide risk factors between Wales and England, specifically, and between Wales and the UK as a whole.
- However there are some differences in patient characteristics such as slightly higher levels of alcohol and drug misuse (but lower compared to Scotland and Northern Ireland), and fewer suicides by patients under crisis resolution/home treatment (CRHT) teams.

- Our recent study of suicide by children and young people has highlighted common themes including exam stress, bullying, and bereavement, especially by suicide. Suicide-related internet use was common. Around half have previously self-harmed. Our findings highlight the shared role in suicide prevention among front-line services and agencies, including mental health, social care, youth justice, and education.
- Our recent report on safer care for patients with personality disorder has shown that patients with personality who die by suicide are not receiving care consistent with NICE guidelines.

Introduction

1. The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) collects detailed clinical information on patients of mental health services who have died by suicide (and probable suicide) over a 20 year period. NCISH research is based on a UK-wide, comprehensive, internationally unique database; in Wales this currently consists of over 7,000 general population suicides and over 1,500 patient suicides. We provide definitive figures on suicide to clinical services and governments, produce data-driven safety recommendations, and demonstrate that these recommendations reduce suicide. We have addressed safety in:
   - in-patient care including patients under observation, and during post-discharge aftercare
   - specific patient groups, such as those with a diagnosis of personality disorder
   - service settings such as crisis teams, IAPT programmes and substance misuse services
   - patients experiencing particular problems of care such as loss of contact and non-adherence

2. NCISH has been based at the University of Manchester since 1996, and its work in England is currently commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS Wales and other UK funders. The senior academics overseeing NCISH are Professor Louis Appleby, who also chairs the National Suicide Prevention Strategy Advisory Group in England, and Professor Nav Kapur who has chaired the NICE clinical guideline development groups on self-harm and depression.

3. Our core work is therefore on suicide by people under mental health services - we publish annual reports highlighting current concerns. We have also conducted equivalent studies in specific patient groups, such as those with a diagnosis of personality disorder, and undertake studies into suicide prevention in the general population, such as suicide by children and young people. These studies and their implications for prevention are summarised below.

Summary of key NCISH findings

4. Based on data from our most recent annual report,[1] which provides findings relating to people who died by suicide in 2005-2015 across all UK countries – 2015 being the most recent year for which comprehensive data are available, there has been a rise in the number of patient suicides in Wales, specifically in 2012 and 2013. This rise is broadly in line with general population figures.

5. Around 23% of people who die by suicide in Wales are under current or recent specialist mental health care; this figure is the lowest of the four UK nations.

6. The rise in patient suicide appears to be driven by a rise in the number of suicides by male patients, particularly in 2012 and 2013.

7. Over half of the patients who die by suicide have a history of alcohol and/or drug misuse, around 43 deaths per year. However, only a minority (14%) are receiving treatment from drug or alcohol services. During 2005-2015, 59% of patient suicides have a history of either alcohol or drug misuse or both, although this figure is slightly lower in England (54%) and higher in Scotland (69%) and Northern Ireland (71%).

8. 70% of mental health patients have a history of previous self-harm. Our previous studies of self-harm have shown that the subsequent risk of suicide is high and that specialised psychosocial assessment is a key determinant of future risk.

9. The most common methods of suicide by mental health patients are hanging, followed by self-poisoning (overdose). The proportion of suicides by hanging is significantly higher in Wales than in England. The most common type of drug taken in deaths by self-poisoning is opiates.

10. There were 66 suicides by mental health in-patients in 2005-2015; the number fluctuates from 3 to 10 per year. The number of suicides by mental health in-patients is continuing to fall in the UK as a whole but the longstanding downward trend has slowed. Our research has shown an association between specific clinical initiatives, including the removal of ligature points, and fewer in-patient deaths and decreased in-patient suicides rates in implementing health boards.[2] There have been no patients in Wales who died on the ward by hanging reported in the last 3 years (2013-2015).

11. There are around 70 suicides by patients under crisis resolution/home treatment (CRHT) teams, since 2007 there are more patient suicides under CRHT than in in-patient care, reflecting both a change in the nature of care and the importance of reducing suicide in this setting. In Wales, there are proportionally fewer patient suicides under CRHT compared to England but similar proportions compared to Scotland and Northern Ireland.

12. Around 150 suicides occur in the three months after discharge from hospital and the time of highest risk is in the two weeks after leaving hospital. These deaths are linked to short preceding admissions of less than a week and to patient initiated discharge.

13. Almost half of mental health patients have been in contact with services in the week prior to their death, providing a valuable opportunity for prevention.

14. There are few differences in suicide risk factors between Wales and England, specifically, and with the UK as a whole.

Mental health service recommendations

15. Each report we publish carries recommendations to mental health and other services on improving safety. In a series of studies we have examined the features of front-line clinical care and the association with patient suicide rates, monitoring changes over time.[2] We found that NCISH safety recommendations implemented in mental health services were associated with a reduction in the patient suicide rate.

16. The key service features linked to suicide in our studies are listed in Table 1 as "10 ways to improve safety" – these largely reflect recommendations to clinical services but also include organisational characteristics, such as lower staff turnover and multidisciplinary case reviews after serious incidents (in our study, a marker for a learning culture).

Table 1: 10 ways to improve safety
Safer wards - removal of ligature points - reducing absconding - skilled in-patient observation Improved community services - community outreach teams to support patients who may lose contact with conventional services - 24 hour crisis resolution/home treatment teams - care planning and early follow-up on discharge from hospital to community No out of area admissions for acutely ill patients Specialist services for alcohol and drug misuse and patients with "dual diagnosis" Multi-disciplinary case reviews after serious incidents, with input from families Implementing NICE guidance on depression and self-harm Personalised risk management, without routine checklists Lower turnover of non-medical staff

Suicide by children and young people

17. In the general population we have adopted a different methodology to understand suicide prevention in children and young people aged under 25 in the UK, including access to health and other services.[3] In this study we collected data from official sources, including coroners' who take evidence from families, professionals and others, and identified possible sources of stress prior to suicide. The number of suicides at each age rises steadily in the late teens and early 20s and several factors appear to contribute to this (Table 2). There are also a number of groups of young people who die by suicide who have specific risks:
    - Young people who are bereaved, especially by suicide, who would benefit from bereavement support services being widely available;
    - Students in universities and colleges who would benefit from a greater focus on mental health;
    - Looked after children, who need stable accommodation on leaving care and access to mental health care; and
    - LGBT groups.

Table 2: Ten common themes in suicide by children and young people
Family factors such as mental illness and domestic violence
Abuse and neglect
Bereavement and experience of suicide in family or friends
Bullying, including on-line bullying
Suicide-related internet use, e.g. searching for suicide methods, postings on social media
Academic pressures, especially related to exams
Social isolation or withdrawal
Physical health conditions that may have social impact, especially acne and asthma
Alcohol and illicit drugs
Mental ill health, self-harm and suicidal ideas

18. The circumstances that lead to suicide in children and young people often appear to follow a pattern of cumulative risk, with traumatic experiences in early life (e.g. a background of family adversity,

abuse, bullying), a buildup of adversity and high risk behaviours (e.g. unemployment, substance misuse, a diagnosis of mental illness), and a "final straw" event, often a broken relationship or exam stress.

19. Around half of young people aged under 25 who die by suicide have previously self-harmed and self-harm in young people is often accompanied with excessive alcohol and illicit drug use. Self-harm is a crucial indicator of risk and should always be taken seriously, even when the physical harm is minor. Services which respond to self-harm are key to suicide prevention, and should work with services for alcohol and drug misuse, as both are linked to subsequent suicide.

20. The wide range of antecedents found in this study highlight the shared role in suicide prevention among front-line services and agencies, including mental health, social care, youth justice, and education.

Safer care for patients with a diagnosis of personality disorder

21. We have examined the characteristics of patients with a diagnosis of personality disorder prior to suicide.[4] This is a vulnerable group who are at high risk of suicide and self-harm but are sometimes offered little support by health and other services. There are around 150 patients with this diagnosis who die by suicide per year in the UK. The most common method of suicide is self-poisoning, and psychotropic medication is used in a fifth of these deaths; medication which has often been prescribed to the patient in the previous year. The majority of patients have previously self-harmed and alcohol and drug misuse, or both, is common. These findings highlight the importance of safe prescribing in mental health services and primary care, and that the risk in personality disorder is linked to coexisting alcohol and drug misuse, showing the need for substance misuse services to be available.

22. In this study we also asked patients and staff about their experiences of services, and how they thought services might be improved. The findings suggest: (i) patients with personality disorder who die by suicide are not receiving care consistent with NICE guidelines; (ii) there is no clear care pathway to meet the needs of patients with a diagnosis of personality disorder, and there is a lack of support and treatment for patients who do not meet the criteria for specialist services, and (iii) the practice of applying a diagnosis of personality disorder may be stigmatizing and obscure individual needs and working with patients to understand their experiences would be more beneficial.

Summary of key measures

23. There is a substantial amount of evidence on suicide and suicide prevention from our research and other academic units in the UK. On the basis of this evidence, we believe that local authorities and the NHS in every part of the country should develop a joint strategy for suicide prevention. This should include:
    - specific measures to reduce suicide risk in men, particularly in middle age, including services that are available on-line and in non-clinical settings
    - high quality services for self-harm, ensuring psychosocial assessment and follow-up
    - safer mental health care, as described above (Table 1), with an emphasis on crisis teams and care following hospital discharge
    - specialist services for people with drug or alcohol misuse and those with both mental illness and substance misuse
    - measures to reduce isolation for people at risk, including community-based supports and transport links
    - a multi-agency approach to young people's mental health, including self-harm care, CAMHS, primary care, social care, schools and youth justice
    - a system of reviewing and learning from suicide deaths, with input from the family of the person who has died.

References

1. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Annual Report: England, Northern Ireland, Scotland and Wales. October 2017. University of Manchester.
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3. Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2017.
4. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Safer Care for Patients with Personality Disorder. Manchester: University of Manchester, 2018.

Universities Wales response to the Health and Social Care committee's inquiry into suicide prevention.

Universities Wales represents the interests of universities in Wales and is a National Council of Universities UK (UUK). Universities Wales' Governing Council consists of the Vice-Chancellors of all the universities in Wales and the Director of the Open University in Wales.

1. Introduction

1.1 Shifting attitudes towards mental health is a challenge for society as a whole and universities can lead the way in this area. Universities have a duty of care to their populations. Good mental health has a positive impact on learning, the ability to concentrate, and overall performance levels.

1.2 The progression to university is an exciting time but for some it can be very challenging, especially where students are separated from familiar support mechanisms and services. Welsh universities are absolutely committed to understanding and responding to the pressures students face both during periods of transition and while at university. As part of this they strive to ensure that the right support, including mental health support, is provided for their needs, and that students are aware of the support available.

1.3 Universities are working on this issue with immense care and sensitivity, and each university has their own institutional policies and procedures for student support, examples of which are given in appendix 1. Universities see the pastoral care of their students as a central and core responsibility, and take it very seriously.

1.4 However universities cannot address these challenges alone and we will continue to work in partnership with parents, schools, employers and with NHS Wales and other statutory services to coordinate care for students.

1.5 This submission details existing and future work by institutions in Wales and Universities UK.

2 Universities Wales

2.1 Universities Wales is working with Universities UK to explore how best to support Welsh universities to engage with UUK's programme of work on Student mental health and wellbeing; particularly to ensure the recommendations of the Minding our future report can be adapted and applied within Wales.

2.2 There is a sector-wide commitment to working on this issue and it is being addressed at all levels by Universities in Wales. Unis Wales Pro Vice Chancellors for learning and teaching group have taken on this work at a senior level, with the group committing to working with Higher Education Funding Council for Wales to establish a sector-wide approach to this work.

2.3 It is timely that the Welsh Government has remitted HEFCW to develop further work into Well-being, particularly student mental health, which we welcome. Universities in Wales are committed to working with HEFCW and the National Union of Students in Wales on this vitally important agenda to ensure students can access the care they need.

HEFCW remit letter

***"Well-Being 14.1** Through our new action plan for schools, 'Education in Wales: Our National Mission', I have committed our system to excellence, equity and well-being. I expect the Council and higher education sector to also recognise this emphasis on learner outcomes and wellbeing. I am keen to see you work with partners in Wales and beyond, on strengthening the approach to enhancing safeguarding practices and resilience, supporting employee and student initiatives that tackle violence against women, harassment and address other adverse factors affecting mental health in particular."*

2.4 Universities are already working with Public Health Wales and the Welsh Government through the '*Healthy and Sustainable Higher Education / Further Education Framework'*, to ensure all aspects of university life are designed to provide the greatest level of support to students.

Healthy and Sustainable Higher Education / Further Education Framework'

- Launched in 2015 the Healthy and Sustainable Higher Education/Further Education Framework was developed as an extension of the Welsh Network of Healthy School Schemes (WNHSS) into Higher Education and Further Education settings.
- The framework is split into six health topics and four aspects of college and university life. The health topics cover mental and emotional health and wellbeing, physical activity, healthy and sustainable food,

substance use and misuse, personal and sexual health and relationships, sustainable environment.

- The aspects of college and university life cover; governance, leadership and management; facilities, environment and service provision; community and communication; and academic, personal, social and professional development.

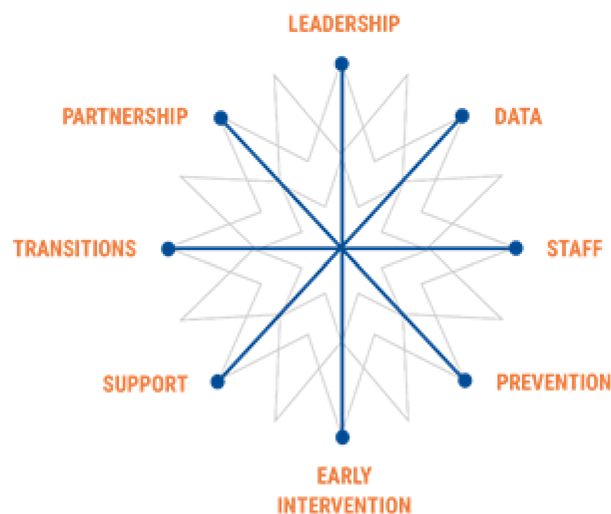
3. Work by Universities UK.

3.1 As the representative body of universities across the UK, Universities UK leads on developing policy and supporting institutions in this area. They have been leading a programme of work on student mental health and wellbeing since 2016.

3.2 One outcome of this programme of work is to develop a mental health framework for universities to embed mental health and wellbeing across all university activities.

UUK StepChange framework

- In September 2017, UUK launched the StepChange framework encouraging university leaders to adopt a strategic approach to the issue. Aligned with similar approaches developed for schools and colleges, the whole university approach looks to embed mental health across all university functions and aspects of student and staff experience.
- The framework sets out eight domains and proposes a continuous improvement process driven by sustained leadership focus, engagement with students and staff and comprehensive audit (see below).



Universities Wales
Prifysgolion Cymru

- StepChange is being formally piloted at Cardiff University, University of the West of England, Bristol (UWE), and University of York with support from HEFCE. The evaluations of these pilots will be published in March 2019. A launch of the framework is planned for Autumn 2018 for Wales, at Cardiff University.
- Wider dissemination of the framework continues with events planned in Cardiff, London, Bristol, York and other cities and regions. The event in Cardiff is due to take place in Autumn 2018. At the same time, UUK is developing a mental health audit for universities to assess and benchmark progress as well as a What Works good practice exchange platform for mental health in higher and further education.
- UUK convened a Services Task Group, chaired by Paul Jenkins, Chief Executive of the Tavistock and Portman NHS Foundation Trust, to develop a framework for effective partnership between universities and the NHS in England and to improve how services are designed and delivered to students.
- The Services Task Group is working in England with a small number of exemplar sites where health and care services and local authorities are already starting to work in partnership with universities and third sector to model better join up of care. These sites currently include Greater Manchester and Bristol with discussions under way with other cities and regions. Their designation will be shaped by local contexts, needs and assets.
- In May 2018, Universities UK published new guidance to improve the coordination of care between the NHS and universities in England, so that all students can access the care they need. Minding our future: starting a conversation about the support of student mental health aims to improve the coordination of care between the NHS and universities in England, so that all students can access the care they need.
- Work is underway to explore whether this work can be replicated with universities in Wales and the Welsh NHS.

3.3 Historically, data for student suicide rates has been difficult to accurately capture and track. The Office for National Statistics -ONS- are publishing a new student suicide analysis on the 25th June, which has been announced on the ONS website .

3.4 Universities UK are working with the University of Worcester on two research projects which will help inform sector-wide work on suicide prevention, and are also in the process of developing a toolkit for prevention/postvention. More information can be found by contacting

Appendix 1. Examples of institutional policies and practices.

Please note institutions are happy to be contacted on the details provided in their submissions for further information on anything mentioned.

Health, Social Care and Sport Committee inquiry into suicide prevention: a response from the Open University in Wales

The Open University is a world leader in modern distance learning, the pioneer of teaching and learning methods which enable people to achieve their career and life goals studying at times and in places to suit them. Our students do not attend a campus; they live in their own homes throughout Wales and the rest of the UK. There is no typical OU student. People of all ages and backgrounds study with us. In light of this, our students use support networks and mental health services in their own communities across Wales.
However, we take our responsibility for student welfare very seriously and have developed a number of policies and procedures for supporting our students. These include:

Online resources

We offer information and advice for students managing mental health conditions and signpost students to sources of support. Our Studying and staying mentally healthy booklet is available in hard copy and electronic format and recognises Students who experience periods of mental health difficulty can face particular challenges in their studies and their everyday lives. It offers opportunities for students to reflect on how best to respond to the demands of their course and the study pressure points they will encounter. The booklet makes suggestions for developing techniques to enhance the learning experience and for seeking further support to help students maintain mental well-being.
In addition, the Open University Students Association (OUSA) promote Nightline Services, a confidential listening and information service run by students for students between the hours of 6pm to 8am. Recognising that we all have mental health whether or not we consider it a problem, they highlight the particular stresses faced by OU students (studying hard; working full or part-time, have caring responsibilities and coping with a range of other anxieties) and encourage students to talk. Any students who call outside of the operational hours are signposted to the Samaritans.
In addition, OUSA take part in the national campaign University Mental Health Day and provide a range of resources and opportunities to engage.

Student Recruitment & Support Services

Staff in Student Recruitment Support Services based in Cardiff offer information, advice and guidance to students with mental health difficulties. This support is mostly offered by phone and email, but occasionally we do see students face to face. The focus is on overcoming barriers and identifying adjustments we can make to enable students with mental health difficulties to

achieve their study goals. We signpost to external agencies for specialist mental health support.

This year the University has invested heavily in Mental Health First Aid training which includes a section on suicide prevention. Half of our specialist Educational Adviser team in Cardiff have benefitted from this training this academic year and it is anticipated that all these staff will be fully trained during the 18/19 academic year.

In addition, the university provides in-house training for frontline staff on how to work with distressed and suicidal students. This includes an exploration of 'myths and facts' around suicide and detailed guidelines for staff on how to respond to a student who expresses suicidal thoughts or intentions at a distance. There are also detailed Health, wellbeing and fitness to study guidelines which staff employ to support students.

The University also employs a specialist Mental Health Adviser who works full time based in Milton Keynes to support staff to support students with mental health and well-being issues across the whole of the UK. The role involves planning and delivering training to student-facing staff as well as offering one to one advice and guidance to those staff if they need specialist input with student case work.

The Mental Health Adviser also contributes to the formulation and implementation of university guidelines and procedures in this area e.g. Health, wellbeing and a fitness to a study procedures, Distressed and Suicidal Student Guidelines.

Tutor Support

OU students are supported academically by tutors who often act as a first point of contact for queries or concerns. Our tutors are supported to support students in a range of ways and will often refer students with complex problems to our Student Recruitment & Support Team in Cardiff.

Support for Staff

Senior Managers are acutely aware of the emotional impact supporting students can have on staff. All staff who speak with a student expressing suicidal thoughts are offered an opportunity to 'de-brief' with their line manager and we also offer an Employee Assistance Programme. This is a free and confidential service available to OU employees and their immediate family members. It offers expert advice, information, counselling and support to help with life's challenges and is available 24 hours a day, 7 days a week online or via a Freephone number.

Research & Curriculum

Health and Wellbeing is one of the 5 key research themes at The Open University. Within the context of an ageing demographic, and a corresponding focus on evidence-based interventions to reduce the disease burden, prevent ill-health and promote wellbeing, The Open University has set up the Health and Wellbeing research area. This includes Special Interest Groups on *Mental Health*, *Digital Health and Wellbeing*, *Health Discourses* (which includes a strand on how stigma around mental health can be understood and reduced) and *Death & Dying*.

These research interests have filtered through into our curriculum and we offer a range of modules which examine how biological, social, environmental, economic and political factors shape and constrain our understandings and experiences of mental health and distress. Examples include:
D240: Counselling: exploring fear and sadness
K240: Mental health and community
SDK228: The science of the mind: investigating mental health
K314: Approaches to mental health

More information
Please contact: [redacted] Acting Assistant Director for Student Experience, Teaching & Learning
[redacted]

Cardiff Metropolitan university.

- Emergency referral/self-referral form available 24 hours a day for all students/concerned staff. The form triggers an immediate alert to relevant staff who will respond the same working day, ensuring that a student is safe and referring them to appropriate external support services if required.
- 24/7 access for Cardiff Met students to Big White Wall bigwhitewall.com an online, fully-moderated peer support site where our students can share feelings, chat with peers and undertake practical training on coping mechanisms. Since its launch in December 2017 over 5% of the student population have used the system, on average logging in 2-3 times per week and staying on the site for 20-30 minutes. We believe that this forms a useful part of our multi-channel approach to supporting students. Moderators ('wall guides') will intervene if they see any disturbing or concerning language from any user.

This work sits on top of the usual work of supporting students with mental health issues with academic adjustments, mentoring and regular contact to ensure that they are well and succeeding in their studies. Those students who are struggling the most, especially if there are concerns for their immediate welfare, are supported through our Fitness to Study procedure which puts in place an action plan, regular scheduled contact points and measurements of how they are progressing. The aim is always to ensure that students are physically and mentally well enough to thrive in the university environment, or to support them to return home if this becomes untenable.

Contact: [redacted] [redacted]

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Health, Social Care and Sport Committee inquiry into the extent of the problem of suicide in Wales: Cardiff University response

The following provides details of current and planned activity at Cardiff University to (i) support staff and students experiencing suicidal thoughts or otherwise affected by suicide and train staff in identifying and supporting colleagues and students who may be at risk of suicide.

1. Current support arrangements

Students

- As part of our commitment to helping students look after themselves at university, the Student Support and Wellbeing Division provides a wide range of services, information and events to help support emotional, mental and physical health. Services include: face-to-face counselling and wellbeing appointments; daily walk-in sessions; a new Residence Life Team; mental health advice and reasonable adjustments; therapeutic courses, workshops and groups, online workshops and self-help materials; a peer-to-peer support network and promotional programme; and peer-mentoring.
- More recently the University has participated in a sector-leading OfS-funded project with York, UWE, Student Minds and Universities UK to launch a new mental health strategy based on a Whole University Approach. This will include a longitudinal research project, initiated in partnership with the National Centre for Mental Health, looking at measuring and monitoring the mental wellbeing of all new students. We are also currently piloting Emotional Resilience training for students.
- We have a thorough suicide postvention response that includes: specific support groups/ pastoral care for communities / individuals impacted (house mates for example); internal communications and advice; and liaison with family (where appropriate).
- A series of online workshops for students about coping with suicidal thoughts has been created and will be rolled out in September 2018.

Staff

- The University's Employee Assistance Programme, currently provided by 'Care First', is a free and confidential health and wellbeing 24/7 service that offers support to all University staff. This includes counselling, management, crisis and post-incident support.
- Online (Staff Intranet) 'Dealing with Suicide' guidance for University staff, with sections on: 'If you're feeling suicidal' and 'If you're concerned about someone'.

- The University's internal Health, Safety and Environment audit process includes 'Wellbeing'. The aim is to continue to raise awareness within Schools/Departments of internal support available to University staff including the University's Employee Assistance Programme as well as stress management training, for example the 'Managing Stress in Others' workshop.

Staff training and development

- Suicide Alertness Workshops (SafeTALK) have been attended by 289 staff fulfilling a variety of different roles across the University, with a further 129 booked to attend before the end of June 2018. The Workshops provide people with the skills, confidence and competence to identify signs that somebody may be considering suicide, take action to help and connect the person to specialist support. A programme of further SafeTALK Workshops has been scheduled to run over the summer, specifically for all staff in the School of Medicine. Expressions of interest to attend more intensive Suicide Prevention Skills training have been recorded at every SafeTALK Workshop and will feed into the development of a more sophisticated training plan during 2018/19.
- Mental Health First Aid Workshops are delivered to help University staff to recognise the warning signs and symptoms of suicidal thinking and behaviours and to engage such persons in conversation, primarily focussing on sign-posting to specialist support.
- We also run 'Managing Stress', 'Managing Stress in Others' and 'Resilience' workshops which includes advice on avoiding and responding to a crisis (including suicide prevention) and how to access further specialist support.

2. In development

General provision

- A Suicide Safer Strategy focussing on prevention and postvention is currently in draft format.
- New 'Suicide Safety Skills' training workshops to be available for students and staff to raise awareness and provide skills and information to support themselves and others if they are thinking of suicide.
- More intensive training workshops will be available incorporating enhanced skills and information to work with individuals at risk of suicide to create plans that support their immediate safety and to connect them to further specialist support. This more intensive training will also be available to additional interested staff members (and/or students) on a nominated basis, as a 'next level up' training.
- There will be a targeted intranet page relating to Suicide Safety on both the Student and Staff intranet, linking to a range of internal and external support and information.

- A social media campaign will be launched in September 2018, focussing on mental health and stigma and will include ways to talk about suicide.
- A designated 'Safe Place' will be created in every school, in collaboration with the Residence Life Team, Wellbeing Champions and the whole-University approach to Mental Health Project.
- The University will engage with the Public Health Wales Regional Suicide Prevention Strategy Group to foster ongoing liaison and collaboration.

For students

- A series of online workshops will be available at the Counselling, Health and Wellbeing Service.

For staff

- New 'Mental Health for Managers' training recently piloted will be available to raise awareness of mental health in general, including how to respond to staff who are thinking of suicide, including offering support and signposting to other specialist services.

University of South Wales

Introduction

The Wellbeing Service has been at the forefront of USW's mental health agenda for many years. It has developed and evolved its services quite considerably over the last 2-3 years to reflect the changes to the wider population's experiences and needs regarding mental health; this has brought about a 'whole organisation' approach to supporting the mental health of USW students.

The UUK's recent '#Stepchange MH in HE' initiative clearly provides a framework that USW can work towards in supporting its students with their mental health concerns.

Below is a list of what is currently taking place at USW to support the mental health of its students as well as what is planned for the coming academic year (2018/19).

Embedded in USW's Student Experience Plan is the university's vision regarding supporting the mental health of its students; the PAC initiative and the existence of Student Services is representative of this. However, USW funding resources may need consideration, in order to reflect and adhere to the UUK's proposed #Stepchange framework.

The framework's 8 key themes (Leadership, Data, Staff, Prevention, Early Intervention, Support, Transitions and Partnerships) are considered/addressed in the list below, but there is obviously room for further growth and development.

Student-focused – at present

- Self-help material – a wealth of this is on the Wellbeing Service website
- Help Out of Hours information is on the Wellbeing Service website
- Mental Health Service - 50min appointments with a MH Adviser. Advisers liaise with CMHTs and GPs to support students with more severe mental health concerns
- MH Mentoring Scheme – DSA/USW-funded MH Mentor – hourly appointments
- Counselling Service – 50min appointments – up to 6 consecutive sessions
- Wellbeing Service Advice 20min appointments – relevant MH advice/referral
- Health Service – Nurse Adviser appointments, GP surgery (Treforest campus only)
- Anxiety Awareness workshops
- Mindfulness Awareness workshops
- Resident Tutor Service – often FPOC for referral/signposting to support services (Wellbeing Service Manager also manages this service)
- Unilife Promos – often coinciding with national MH campaigns such as University Mental Health Day and World Suicide Prevention Day
- Wellbeing Service stands – promoting services and self-care/raising awareness re MH and support
- 'Don't bottle it up….' campaign across all campuses – promoting services and self-care/raising awareness re MH support
- Liaising with external partners such as Valley Steps and Stepiau (training arm of CMHT) to provide Groups/workshops Mindfulness and Stress Control – and to promote their courses that take place in the community
- Liaised with Cameron Grant Memorial Trust to obtain 2000 free beer coasters that raise awareness of mental health and support
- Student Services promoted during Academic Induction for new students and also during Halls of Residence Induction Talks
- Worked collaboratively with SU to reinstate the Nightline Service
- Worked collaboratively with SU in discussions with Student MIND, with the view to the SU starting a Student Peer Support Group during 2018-19 – this would be external to USW Professional Services

Student-focused – *planned* for 2018-19

- To continue present initiatives, services, events and campaigns
- Programme of Groups/Workshops/Courses to include:
    - Anxiety Awareness
    - Stress Control
    - Mindfulness
    - Live Life to the Full
    - Colour therapy

- Drama therapy
- Look After Your Mate – 2 MH Mentors are now trained to deliver this

- Events:
  - Student Services Rocks – painting rocks activity to raise awareness of mental health/support services
  - Welcome Weekend – Wellbeing Service presence at Treforest campus to raise awareness of support for new students (their parents)
- Student of Concern Group – to start during 2018-19. This would be a 'multi-disciplinary' group that would lead to early intervention, support and possible Fitness to Study/Fitness to Practice processes

Staff-focused at present and planned for 2018-19

- Mental Health website page on staff intranet (The Hub) – advice/referral/support services
- 'What to do with a Student of Concern regarding Mental or Physical Health – Guidelines for staff' document – including advice, protocol (emergency/no immediate risk) and appropriate signposting
- ASIST training – frontline staff/academic staff
- MHFA training – frontline/academic staff
- Mental Health Awareness training (2hrs) – academic staff (in collaboration with PAC initiative). Includes: Referral, Signposting, Boundary-setting, Self-care and awareness of Student Services
- Staff Health & Wellbeing Group – Wellbeing Service staff are part of this group and offer guidance, resources and support regarding USW's Time to Change Pledge
- Participate in staff 'wellbeing' events – Wellbeing Service stand promoting awareness of mental health, services for students, Self-care and delivering a Talk on Stress
- Student of Concern Group – to start during 2018-19. This would be a 'multi-disciplinary' group that would lead to early intervention, support and possible Fitness to Study/Fitness to Practice processes

[redacted] – Wellbeing Service Manager

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UWTSD Briefing / Information paper: suicide prevention

- This brief paper provides further information on suicide prevention at UWTSD and provides further details on a range of relevant initiatives;

- UWTSD acknowledges the issue of suicide amongst young people and its impact on families, friends and colleagues concerned. At UWTSD, there have been 3 instances of student suicide in the last 6 years, including a female first-year residential student at our Lampeter campus (17.11.12), a male second year, non-residential student studying at Swansea (26.4.16) and a male, first year, non-residential student studying at Swansea (12.2.18);

- UWTSD has developed a range of initiatives to try and address this issue. These include:

- A team of professionally qualified (BACP accredited) counsellors at each of our main campuses. Currently there are 7 part-time counsellors available to see students (and staff) for confidential appointments. This provision is advertised to students via our Student Services department, with students being made aware at welcome / induction events and confidential appointments are made via Student Services receptionists;

- Number of students accessing the Counselling Service at UWTSD is as follows:
  2013/14 419
  2014/15 574
  2015/16 528
  2016/17 593
  2017/18 final figures not yet available but anticipated increase on those for 2016/17

- UWTSD has a team of 3 professionally qualified, fractional, Mental Health Advisers (MHA's)– one each at the Carmarthen, Lampeter and Swansea campuses. These MHA's focus specifically on those students with mental health issues, including those with a mental health diagnosis. The MHA's supervise a team of 20+ externally-funded Specialist Mentors (Mental Health) and also provide interim support to those students with mental health issues who have not yet had their externally-funded support confirmed. Currently there are

c225 students in receipt of funded 1:1 mental health support via the Disabled Students Allowance (DSA);

- Number of UWTSD students accessing 1:1 mental health support is as follows:

  2013/14 103
  2014/15 182
  2015/16 213
  2016/17 225
  2017/18 final figures not yet available but anticipated increase on those for 2016/17

- Weekly drop-in well-being sessions at each of our main campuses staffed by a Specialist Mentor (Mental Health);

- In November 2016, a new Fitness to Study policy was implemented as part of a range of new student-facing policies. This policy has proved very useful in enabling the University to intervene in situations where there is a significant cause for concern e.g. a student who may have taken an overdose, self-harmed or who has suicidal ideation. The policy enables the University to implement a precautionary suspension of studies but with a focus on investigation and case review so that students can be supported. There are several instances where this policy has proved useful in providing an opportunity for students to access relevant support prior to returning to study;

- There has been significant investment in staff training including: promotion of an online mental health awareness module by the Charlie Waller Memorial Trust for HE staff – http://learning.cwmt.org.uk . This is now available on UWTSD's online Staff Development Hub and has been promoted through e.g. staff bulletins. Other developments include the provision of an in-house "Supporting Students in Distress" workshop, the provision of a 2-day external Mental Health First Aid (MHFA) course to staff at the Faculty of Art and Design, and several front-line staff who have attended ASIST (Suicide Intervention) training or other mental health training programmes e.g. SURE for Mental Health;

- UWTSD is currently arranging the roll-out of the "Supporting Students in Distress" workshop to all Faculties;

Universities Wales
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- UWTSD has a comprehensive and well-regarded personal / year tutor system which provides each student with pastoral support from a member of academic staff;

- UWTSD Student Services has a Senior International Student Support Officer whose role includes the provision of pastoral support to international students. The Senior International Student Support Officer is able to refer students to other professionals within the wider Student Services team e.g. financial support, counselling, mental health advisory service, disability support as required;

- The University's Chaplaincy provides an additional source of support for students. The Chaplaincy offers a confidential, bilingual ministry, available to all students and staff, regardless of religious background and affiliation.

[redacted]
Director of Student Services
[redacted]

Agenda Item 3.3

Gwasanaeth Carchardai a Phrawf EM yng Nghymru

HM Prison & Probation Service in Wales

Her Majesty's Prison and Probation Service
Prison Group Director
Churchill House
17 Churchill Way
Cardiff
CF10 2HH

To: SeneddHealth@assembly.wales
Dai Lloyd AM, Chair
Health and Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Date: 20th June 2018

Dear Dai Lloyd,

Thank you for inviting us to provide evidence to the Health, Social Care & Sport Committee on the 7th of June in relation to the inquiry into suicide prevention in Wales. We welcomed the opportunity to discuss suicide prevention from a HMPPS perspective and discuss some of the methods we have introduced at our establishments and in the Community.

At the time we were requested to provide evidence in relation to those self-inflicted deaths among offenders in Wales who had been subject to Assessment, Care in Custody and Teamwork (ACCT) procedures. Following consultation with the HMPPS Safer Custody Casework Team and MOJ Prison and Probation Analytical Services we have been able to provide the following information:

	2013	2014	2015	2016	2017	2018 (to March)
Self-inflicted death	1	4	2	7	1	1
Of which with ACCT		1		4		

We recognise there is always more to be done to support offenders in our care and to help them value their lives and improve their mental health and wellbeing. We are rolling out new training for staff on suicide and self-harm prevention and the additional prison officers we are recruiting will give staff more time to provide dedicated support to individual prisoners. This is an ongoing and clear priority for HMPPS.

I hope this information has been helpful and we look forward to seeing the full report of the Inquiry. If you require anything further please do not hesitate to get in touch.

Yours sincerely,

Kenny Brown
Director of Public Sector Prisons in South Wales

Vaughan Gething AM
Cabinet Secretary for Health and Social Services

10 May 2018

Dear Vaughan

During this morning's meeting, the Health, Social Care and Sport Committee considered its forward work programme for the next twelve months. In the context of this, Members have asked me to write to you seeking updates on the following policy areas:

Adult Gender Identity Services

In August 2017, the Welsh Government announced that a new adult gender identity service was to be established in Wales to enable transgender people to access the care they need closer home. At that time, you committed to ensuring new arrangements would in place for a new interim care pathway by autumn 2017 and that a new multidisciplinary service, known as the Welsh Gender Team (WGT) would be in place by the end of March 2018 to support a network of GPs across Wales with a specialist interest in all areas of gender care, including hormone replacement therapy. The Committee is aware of concerns regarding lack of progress towards the opening of a specialist clinic in Wales.

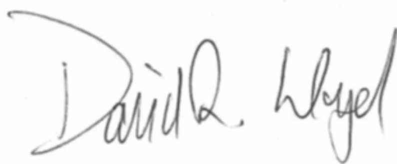
Can you please provide an update on the establishment of the Welsh Gender Team and care pathway; the timescales for the opening of the new specialist clinic and progress being made by Local Health Boards in delivering community-based services?

National Obesity Plan for Wales

Can you please provide an update on the work of the Obesity Strategy Development Board and progress on the development of the Plan, including details of when you anticipate the strategy will be published?

I look forward to receiving your response in due course.

Kind regards



Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee

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Cabinet Secretary for Health and Social Services

Ein cyf/Our ref MA-P-VG-2063-18

Dr Dai Lloyd
Chair
Health, Social Care and Sport Committee
National Assembly for Wales
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11 June 2018

Dear Dai,

Thank you for your letter regarding the Health, Social Care and Sport Committee's forward priorities for the next 12 months. An update on Adult Gender Identity Service and the National Obesity Plan for Wales is outlined below.

Adult Gender Identity Service

I feel strongly that transgender people should be able to have their healthcare needs met as close to home as possible and I remain committed to improving transgender care in Wales, both through primary and secondary care.

The statements I made outlining our plans to improve gender identity services in Wales build upon our previous investment in this area. In 2016, the Welsh Government provided non-recurrent funding to the Welsh Health Specialised Services Committee (WHSSC) to support the development of a gender variance pathway, led by the all Wales Gender Identity Partnership Group (AWGIPG). This work was precipitated by an increasing demand for specialist gender identity services in Wales and increasing waiting times to access services provided by the Gender Identity Clinic in London.

Following my announcement, detailed work commenced with all partners including NHS Wales, WHSSC, GPC Wales, the RCGP and the Gender Identity Partnership Group. Whilst all partners are committed to making the improvements, the work was more complex than anticipated and we provided additional funding to establish a project lead within WHSSC to support this process. The project manager took up post in September.

Whilst we are making progress towards the interim improvements outlined in my written statement, we have also focused on planning for the longer term arrangements to ensure a full care pathway is in place. Following detailed discussions and exploring a number of options, all parties agree that the favoured approach is to develop a service that

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

encompasses both the specialist provision and a bespoke primary care network of prescribing GPs.

On that basis, Dr Andrew Goodall, Chief Executive of NHS Wales, issued a letter in May, directing health boards to commission an integrated gender identity service in Wales from 1 April 2019. The integrated model aims to put in place arrangements to ensure the delivery of a full care pathway and will build upon the preparatory work already done to date in the development of the interim arrangements. Existing pathways with the Gender Identity Clinic in London for individuals with complex needs or those requesting gender reassignment surgery will remain open as part of the new integrated model.

I was clear in my written statement that our intention for the Wales Gender Team (WGT) to start seeing patients in the Spring was subject to the recruitment of staff with the appropriate skills and managing the impact of their recruitment on other essential services. In terms of progress, we agreed the business case for the WGT in April and the Senior Clinician Lead took up post on 1 June. He will take a lead role in the implementation of the service. Job Descriptions for other post in the WGT have now been agreed and an implementation group, reporting directly into to the all Wales Gender Identity Partnership, has been established to oversee the developments.

I have made it clear that I expect the WGT to start seeing patients as soon as possible and I will write to the Committee with a further update next month.

Alongside the implementation of the WGT, work is well progressed with establishing working arrangements with the London Gender Identity Clinic (GIC). This includes arrangements to support the training and ongoing clinical supervision of the WGT, which have now been agreed. Work continues to agree clinical criteria for the repatriation of eligible Welsh patients once the WGT is fully established.

To develop NHS capacity to meet patient needs more broadly, an education and training task and finish group has also been established. The group has developed a training pyramid identifying four levels of training required for providing gender identity care for individuals. This ranges from induction for all staff groups through to specialist training for the Welsh Gender Team. To support this, the group are mapping current provision, identifying gaps and collating a resource directory which will be available on line for staff to access.

Funding has also been agreed to develop an e-learning package for health professionals and specialist training for two Speech and Language Therapists, focusing on voice and communication therapy for transgender patients, which will take place in July.

In terms of primary care, and to respond to the immediate prescribing needs for patients, we also agreed additional funding for Cardiff and Vale University Health Board to employ a GP on an interim basis. A GP with a special interest in gender identity has been identified to see patients who have been seen and assessed by the London GIC and I will include more details on this in my update next month. Ultimately though, our aim is that the prescribing of hormone therapy for transgender patients will become part of normal prescribing – but this will take time and we are starting the process by providing training for GPs. Training events have now been developed and plans for the roll out being finalised.

It is important that our stakeholders, including the trans community are kept informed about our progress. Regular updates from the AWGIPG are circulated to members, stakeholders and to the wider community on the All Wales Gender Dysphoria website. Members of the AWGIPG recently attended (24 May) a South Wales stakeholder support group to provide an update on progress and to discuss some of the complexities regarding the primary care and prescribing elements of the pathway.

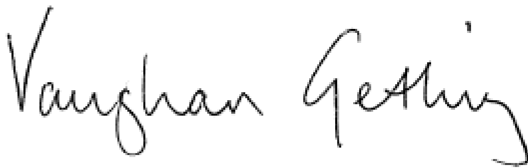
This work has been more complex than anticipated and also needed to be balanced with work running in parallel to ensure a robust integrated pathway for patients in the longer term. However, I hope this letter reassures you that we are not only making progress towards the improvements that I announced, but that we are also taking forward a broader set of actions to increase capacity in the NHS to respond to the health needs of the trans gender community.

National Obesity Plan for Wales

The Obesity Strategy Development Board has been meeting since October 2017 and is chaired by the Chief Medical Officer. The board is advising upon priority areas for the strategy. My officials are continuing to engage with external stakeholders, where workshops were held earlier this year and further engagement is planned over the summer period. Public Health Wales has been supporting the board through the development of international evidence, systematic reviews and a case for change. These will be published in the summer, ahead of the launch of the consultation.

I will then be launching a public consultation in the autumn, which will be subject to a 12-week consultation period. I will be writing out to the Committee in advance and would welcome your views.

Yours sincerely,



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Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services

Agenda Item 6

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