

Cross-Party Group on Suicide Prevention – sponsored by Lynne Neagle MS
Monday 19th October 2020 2.30pm – 4pm
Meeting held my video conference

Minutes

Attendees: Alys Cole King (4Mental Health), Ana Laing (Samaritans), Ana Reis-Rogers (Living in Suicides Shadow), Caryl Stock (Amber Project), Ceri Fowler (Cardiff & Vale UHB), Claire Cotter (NHS Wales Health Collaborative), Dafydd Llewellyn (Dyfed Powys Police), Dai Lloyd MS (Welsh Parliament), David Melding MS (Welsh Parliament), David Patel (Betsi Cadwaladr UHB), Debra Morgan (Hywel Dda UHB), Delyth Jewell MS (Welsh Parliament), Emma Kneebone (2 Wish Upon A Star), Eric Thwaites (SOBS), Ewan Hilton (Platfform), Frederick Hottinger (Men's Sheds), Glenn Page (Mind Cymru), Jayne Bell (Cardiff & Vale UHB), Judi Rhys (Tenovus), Kate Heneghan (Papyrus), Kirrin Davidson (Office of Children's Commissioner for Wales), Laura Tranter (ACE Support Hub), Lesley Rose (SOBS), Maggy Corkhill (Cwm Taf Morgannwg UHB Together for Mental Health Partnership Board) Nikki Jones (Manon Jones Foundation), Peter Thomas (South Wales Police), Philippa Watkins (Welsh Parliament), Professor Keith Lloyd (Royal College of Psychiatrists), Robert Visintainer (Men's Sheds), Sarah Moseley (Mind Cymru), Professor Ann John (Swansea University), Eleri Cubbage (Welsh Parliament), Sarah Stone (Samaritans), Laura Frayne (Samaritans), Liz Williams (Samaritans)

Apologies: Geraint Davies (RCT County Borough Council), Dr Nicole Burchett (Mental Health Foundation), Andrea Prett, Carys Lewis (Welsh Parliament), Andrea Gray (Public Health Wales), Jackie Williams (Aneurin Bevan University Health Board)

1. Welcome and introductions

Lynne Neagle MS welcomed everyone to the meeting and thanked Sara Moseley and Dr Alys Cole-King for attending today and presenting to the group on crisis services and safety planning.

2. Minutes from the previous meeting and matters arising

The minutes of the previous meeting were agreed and there were no matters arising.

3. Sara Moseley, Director, Mind Cymru - Crisis care services

Sara talked through her presentation slides with the group and explained that a fifth of people who die by suicide have been in contact with services in the year before their death. It is vital that we ensure mental health services are able to provide people with the urgent help they need when they need it. Sara added that improve crisis care services is a priority for Welsh Government and there are lots of opportunities for us to build on recent momentum around mental health in Wales and create change. A recent freedom of information data request shows a significant increase in referrals to crisis care teams. There is a clear link to suicide prevention and how it is so important that people get timely and effective support.

Mind Cymru carried out a survey early in lockdown and found that for the majority of people they did not know where to get help or did not feel they wanted to. There was also an increase in self-harm. The focus and concern of crisis care is not new, and the crisis care concordat made up of 23 organisations, want to prevent people reaching crisis point and want to focus on prevention and early intervention. The concordat set an action plan and a task and finish group was set up to work collaboratively which resulted in a significant decrease in use of cells for people with mental health issues being detained. Sara explained how a sea-change is needed and there is a need to work collaboratively and focus on the individual. One key challenge facing crisis care is access to community mental health teams and many people are not aware of how to contact their local team and what to do.

There has not been a direct response from Welsh Government on some points recommended in the suicide prevention inquiry carried out by the Health and Social Care committee. One challenge is the need for proper follow up support for those leaving inpatient care with some people reporting not having received any follow up contact at all. Mind Cymru have welcome the Health and Social Care committees' recommendations about follow up support being needed in the 48 hours after someone has been in contact. The committee are due to review the suicide prevention inquiry and Mind Cymru think it would be very helpful for this Cross-Party Group and the Cross-Party group on Mental Health to highlight the need for follow up support and how this could be taken forward.

Sara talked about Care and Treatment Plans (CTP's) and how everyone accessing secondary mental health services has a statutory right to a plan. The quality of CTP's is poor and they need to focus on crisis planning and early intervention. CTP's need to be a living document reflecting the individuals needs but they are currently not used as they could be. There is a real need for holistic focused support and Mind are calling for national CTP training to be rolled out.

Sara explained that Mind Cymru would like to discuss how as a CPG we can consider:

- How do we work with the concordat group to improve suicide prevention?
- What can we do as a CPG to take forward the outstanding actions from the suicide prevention inquiry
- How can we ensure that Care and Treatment Plans are used effectively to prevent crisis?

4. Dr Alys Cole King, MB, BCh, DGM, MSc, RCPsych Consultant Liaison Psychiatrist/Clinical Director 4 Mental Health - Safety planning

Alys explained that she was attending the meeting in her capacity as 4Mental Health Director and explained that she would be talking about work with colleagues which has been done outside of Wales.

Alys shared feedback from someone who had created a safety plan via the Staying Safe website of how creating it has helped them. Alys talked about how suicide is preventable and not just about specialist services. Self-harm is a high-risk factor for suicide with more than 50% of people who die by suicide have self-harmed. There is a huge unmet need for help as many people who self-harm do not seek any help. A therapeutic assessment after self-harm should be seen as an opportunity to intervene and try to help people. Some people report feeling on the receiving end of a check list when having an assessment instead of being properly supported.

Alys explained how the reality is we cannot accurately predict suicide at an individual level and we need universal low-level interventions to be applied to everyone. It is important to remember that suicide is not about numbers but about real people. Safety planning can help people in their help seeking which can often feel like an impossible task when in distress. The Staying Safe website allows users to create safety plans and set up individuals coping strategies.

Alys added that one thing alone may not make a difference to someone and there is a need for a systemic multi-level approach where many things happen in tandem. Alys explained how distraction techniques and coping mechanisms can really help people in distress and help with overwhelming urges to end your life. Alys talked through the Staying Safe website and how it can be used the create your own safety plan which can be saved and emailed to a friend, family member etc. The site has been developed in collaboration with a reference group of over 200 people with lived experiences of mental health issues and academics. Alys added that she has found that a supportive community around safety planning has also been created online with many people sharing their safety plans online.

The website has been accessed over 200,000 times with over 50,000 safety plans completed. Alys explained that 30% of people who are using the website are on an NHS waiting list for support services. The site has also supported many trans people who have struggled to access services. The Staying Safe training module has had over 1200 downloads including by NHS professionals and various organisations and sectors.

5. Questions and next steps

Sara Moseley asked Alys whether safety plans are something that can be used as part of developing a good care and treatment plan. Alys said that a clinician could ask to see someone's safety plan and that early intervention is vital and there is a need to help people develop a coping strategy early. Alys explained that everyone should have a safety plan as we do not know when we may need it and do not know what life may bring and said it was the equivalent to wearing a seat belt. Alys added there should be age-appropriate safety planning for young people which adults could be part of helping with.

Jayne Bell explained how she and colleagues are aware of how unhelpful current therapeutic assessments can be and that they have received funding for some training and health boards are currently looking at addressing this Wales-wide to create a statement of intent, so everyone receives the same consistent response across Wales. This work is being supported by the Chief Nursing Officer and Jayne will feed back on progress to this group. Sarah Stone asked about the thresholds for support and people having to wait until they reach a certain crisis point and what can be done about this. Alys commented that this is often due to lack of capacity within services and lack of awareness.

Professor Ann John added how safety plans were very important and not just about the services people can access it is about who would you speak to for support around you. Ann explained that she did apply for funding to do some work on safety planning to collect evidence on this but the funding was not granted. Ann also highlighted work being done into safety planning being available on apps that people can then carry with them. Alys added that there is lots of demand for 4Mental Health to make an app and this is something they have been exploring.

David Patel asked about how safety planning could be linked in with low-level interventions within communities and in community groups etc. Sara M added that a structure is needed behind this way of thinking and learning from what is available and there is a need to embed holistic approaches. Alys added that there are safety planning leaflets available which can be distributed in communities. Kate Heneghan explained that Papyrus have safety plans available online as part of their work and are able to see that many people are revisiting their electronic plans recently.

Caryl Stock commented that she really liked the emphasis on compassion in the work around safety planning and the issue the Amber project is seeing is that many young people who seek help are getting turned away from services and can then feel there is no point in trying to get support. This also raises feelings of rejection and frustration. Alys added that there is an issue in asking people to reach out as the potential for difficulty in being able to access services is high as demand outweighs capacity available. Alys explained we need to democratise suicide prevention. There needs to be a whole-scale change and promoting safety planning is a quick win.

Sara M added that we need to be unstoppable and that we need to work together to make the outcomes of the suicide prevention inquiry happen. We need to understand what we can build on and make happen and all come together to support the implementation of that work.

Dai Lloyd MS explained that there is a follow up report being done to the committee's suicide prevention inquiry report and the committee are working to get Welsh Government to commit to the points raised in the report.

Action: It was agreed that Lynne will write to Dai Lloyd MS as Chair of the Health and Social Care committee to ask what the current progress is with follow up to the report.

Lynne added that Eluned Morgan MS has recently been announced as Minister for Mental Health and that we could invite her to attend a future meeting. Suicide prevention has not been mentioned in the Ministers portfolio, so Lynne is looking for opportunities to challenge this with Welsh Government as needing to be part of the role. Lynne asked whether the group should look at how there is not a clear pathway for people struggling to cope. Sara Moseley added it would be helpful to

write to Welsh Government about this and also that Covid briefings do not include reference to mental health and wellbeing.

Alys explained that the Government need to think about how we stop doing things that we know are unhelpful to people in crisis. There needs to be a consistent universal approach taken and explained that evidence of best practice is GP's who embrace safety planning.

Action: It was agreed that Lynne will write to Welsh Government to ask about their plans for a crisis care pathway and whether they are considering the use of safety planning to support people

6. Topic for next meeting

Lynne confirmed that the next meeting will take place on Monday 25th January and asked the group what they would like to topic of the meeting to be and if we should invite the Minister for Mental Health to attend.

Sara M added that there has been an increase of self-harm in young women and that this would be good to explore. SS added that Samaritans Cymru are currently writing a report on self-harm which could also be discussed. Sara added that by then there should also be more information on how Covid has impacted self-harm. Caryl asked whether we should include service users in these discussions too. Ann explained that she has been doing some work on this and can share more about it at the next meeting.

Lynne thanked everyone for attending and closed the meeting.