



## **Cross Party Group on Suicide Prevention - sponsored by Jayne Bryant MS**

**Tuesday 26<sup>th</sup> September 2023**

### **Hybrid meeting**

**Attendees:** Neil Ingham (Samaritans), Emma Gooding (Samaritans), Briony Hunt (Samaritans), Jayne Bryant MS (Senedd), Lynne Neagle MS (Welsh Government), Olga Sullivan (Samaritans), Tara Robinson (Cardiff and Vale University HB), Christina Witney (Church Army - The Amber Project), Matt Downton (Welsh Government), Andrea Sullivan (Cardiff UHB), Ceri Lovell (Cardiff and Vale UHB), Dr Dave Williams (Aneurin Bevan UHB), David Heald (Papyrus), Lesley Rose (SOBS), Emma Kneebone (2 Wish), Deborah Job (Betsi Cadwaladr University Health Board), Rich Williams (Hywel Dda UHB), Briony Hunt (Samaritans), Vicki Keegans (North Wales Police), Caroline Currie (North Wales Police), Paula Timms (Kidscape), Maxine Johnson (Cruse Bereavement Support), Steve Siddall (RNLI), Jayne Bell (Cardiff and Vale UHB), Jackie Williams (Aneurin Bevan UHB), Paul Francis (South Wales Police), Jemma Rees (NHS Wales Executive), Chelsea Fraser (Member support staff), Charlotte Knight (Member Support staff), Ceri Fowler (NHS Wales Executive), Paul Allchurch (Diverse Cymru).

**Apologies:** Claire Cotter (NHS Wales Executive), Thomas Hollick (The Wallich), Rhun ap Iorweth MS (Senedd)

#### **1. Welcome and introductions**

Jayne Bryant MS welcomed everyone to the meeting and explained that some of what may be discussed at the meeting may be upsetting for some and advised attendees to step away and have a break from the meeting if needed and to reach out for support following the meeting if they need to.

#### **2. Minutes from previous meeting and matters arising**

There were no matters arising and the minutes were accepted.

#### **3. Lynne Neagle MS, Deputy Minister for Mental Health and Wellbeing – update on suicide and self-harm prevention strategy development**

Lynne explained how the 10-year strategy for mental health and suicide and self-harm prevention was coming to an end and that Welsh Government was working hard to develop the successor strategies. Lynne said she has been very keen for two separate strategies rather than wrapping them up into one, explaining that many people who die by suicide are not in contact with mental health services and it is clearly a public health issue. She added that the two strategies will be interlinked and aligned and that vision statements had been agreed on for both.

The suicide and self-harm prevention strategy will use evidence to embed a preventative approach across Wales. Lynne explained the timeframe for strategy development so far and the significant engagement work undertaken by officials; the mental health development survey, was launched on 16<sup>th</sup> June, which included suicide and self-harm. They received 254 responses with 207 respondents agreeing that the statements on suicide were clear. Lynne also added that they had received separate feedback

from the National Advisory Group to Welsh Government on suicide and self-harm prevention. Lynne outlined some of the key focus areas within the strategy which were gambling, domestic abuse, bullying, online safety and financial pressures. Lynne said they are committed to a strong focus on children and young people, particularly in line with the increase in self-harm by young girls. She said they had commissioned research to improve these outcomes.

Lynne talked about the strategy drafting group which included Professor Ann John, Ciara Rogers, (National Director, NHS Wales Executive) and Neil Ingham (Executive Director for Wales, Samaritans) and said she was grateful for the expertise. Lynne outlined some of the broader ongoing work within suicide prevention. She said the work conducted by the Real Time Suicide Surveillance System would improve suicide bereavement services and guidance across Wales. Lynne also talked about '111 press 2' and how this will provide wider available support to those in distress. She said the service is providing us with crucial information on location and callers which will help to shape and strengthen the support available. Lynne closed her update by saying the strategy consultation would likely be published towards the end of the year. Jayne thanked Lynne for her update and asked the group whether there were any questions.

Paula Timms (Kidscape) commented that she was pleased to see bullying as an issue for focus in new strategy. She said her background was rooted in CAMHs and the whole school approach and that her organisation would be happy to support in any way they could. Jayne commented that the CPG could support with development of the strategy and promotion. Lynne mentioned that Matt Downton from Welsh Government was on the call and could link in with the group to achieve this once it was out for consultation.

**Action: Matt Downton to speak to Jayne Bryant MS about how the CPG could support with development of the strategy and promotion when it is out for consultation.**

Neil Ingham asked whether there was any learning or aspects of the recently published England suicide prevention strategy that we in Wales could adapt or use? Lynne said he was happy to utilize this approach where appropriate. She mentioned how the mental health strategy hadn't gone ahead in England and the targets aren't clear. She said Welsh Government had conducted mental health impact assessments as a result of the committee report. She commented she was very interested in capacity which Professor Louis Appleby had recently been tweeting about. She said the work being undertaken in Scotland was also very interesting and that Prof. Rory O'Connor was very central to this and spoke at a conference in Wales earlier in the year.

Tara Robinson (Deputy Director of Nursing, Cardiff and Vale University Health Board) said that she works with local bereavement services and asked what does developing Wales-wide support look like. Lynne said that Claire Cotter has developed fantastic draft guidance which and the Task and Finish Group are currently looking at responses and will publish guidance that's more sensitive and identifies the unique grief associated with suicide. She said they were working on commissioning a suicide bereavement liaison service that will come along side people and will be there at any stage in that journey for people. She said they were in a difficult financial position in Welsh Government but was committed to this project. She said that support is crucial and commented that suicide bereavement is in itself a risk factor for suicide. Tara commented that her organisation see the impact that inquests can have, particularly when there can be a 2 year wait. She said it will be good to see how the project develops.

#### **4. Shane Mills, Clinical Director, National Collaborative Commissioning Unit – NHS 111 Press 2 Mental health support service**

*The main content of Shane's presentation, which contains the data he discussed, has been circulated with the group and therefore not duplicated here.*

Shane provided a brief history of the line and described it is a very new service which got switched on in May. He outlined this to emphasise the way in which we need to be careful when analyzing data that is less than a year old. Shane described the huge ambition of Welsh Government to bring in a single phonenumber across the NHS to minimize complexity in the middle of the pandemic. The core principles of this ambition were based on the 'no wrong door' approach, with all callers having access to a mental health professional. The service means there is no need for multiple assessments.

Shane outlined the training process for call staff, which included brief intervention, cultural and unconscious bias training. They are all trained in suicide and self-harm safety planning and can help callers to develop a safety plan. Shane said they use the UK Mental Health triage scale universally and use it across the crisis service to assess how responsive they need to be. He said they always default to A&E but appreciate that's not necessarily the best place to default to. He said it was based on current assessments of where's best to be and crisis sanctuaries as a new model are at the forefront of this.

Shane said that suicide was the joint third reason for calling. He said that their aim was to answer all calls within two minutes and 7/10 calls achieve this. He said the team were making sure 111 had a very robust data set and is currently able to map the calls according to a number of factors including age and geographical locations including levels of deprivation. He said they are significantly higher numbers of callers from areas of deprivation and that they are younger in age. He also commented that 43% of calls on suicide are from 24% most deprived areas.

In terms of next steps, Shane said they were working at pace to make sure the line is stable over Winter and to make sure it's the go-to line for those needing an urgent response. He added it's primarily focused on timely access and a reduction in pathway variation. Shane said they were exploring 'follow-up' calls which would be made 72 hours after the initial call. Shane finished his presentation and asked whether there were any questions.

Paul Allchurch (Mental Health Recovery Practitioner, Diverse Cymru) said he welcomed the inclusion of ethnic minorities in developing the service. Jayne commented that she had recently been to a constituency event in Newport West and was pleased to see publicity material on 111. She added that within ethnic minority communities she was engaged with in Newport West, she understands that WhatsApp is integral for disseminating information and that any means of achieving this would be important. Shane agreed with this and said they were currently working with Diverse Cymru to work out who they're not reaching.

He added that the number of calls they were receiving was what they expected and that a TV advert could be developed as part of the timeframe, but they need to have full confidence in this system. He said they would wait to see how Winter played out and whether they're delivering at the right pace. Shane added he'd be happy to come back and update on the data set and the service. Jayne mentioned a recently released report from Building Communities Trust on 'Resilient Communities' which focuses on community assets and said a focus on less resilient communities would be useful within the work Shane is undertaking.

Tarah Robinson asked how services are achieving referrals within 4 weeks, from a healthboard perspective. Shane said that every call has a pathway and they work with health boards to work out what the best pathway for callers is based on their needs. He said they are aware that A&E is not the best outcome despite it being used. Neil Ingham commented that his main reflection was the lack of correlation between suicide statistics and this data. People calling are predominantly younger but middle-aged men are at the highest risk of suicide. He then commented how in terms of A&E referrals, we need to think about what that experience is like. Shane alluded to conveyance policy in the Mental Health Act and said there were 2.5k journeys which were an alternative to emergency services.

Paula Timms said it was great to see this data and asked whether the data could show if the calls from young people were also from parents or carers on their behalf? She also asked whether there's repeat calls. Shane said they need to run the line for a year before they have this data. He added that they have achieved this line over 2 years with significant financial concerns. He said that call handlers always include band 5 professionals and one of their first asks is whether they have an interest in mental health and compassion. there was a strong focus on compassion and that they are already focuses on peer support work and lived experience.

Lynne said she was very excited by this type of workforce, adding that it was a very good model and one that hasn't destabilized other services. Jayne Bell (Consultant Nurse for Complex Clinical Risk, Cardiff and Vale University Health Board) asked whether calls were always answered and Shane said if it can't be answered, it always defaults back to 111 or 999. He added that there's always a band 5 worker and a band 6 nurse on every shift. Jayne thanked both Shane and Lynne for their time and said that this wider perspective had been very useful.

## **5. Topic for next meeting and close**

Jayne said the next meeting would be 22<sup>nd</sup> November and would be hybrid again. She added there would be an update on the ONS suicide statistics for 2022.