

Cross Party Group on Suicide Prevention - sponsored by Julie Morgan MS

MINUTES

29 January 2025, 10.15am – 11.15am

In-Person Meeting – Conference Room C/D, Ty Hywel, Cardiff, CF99 1SN

Present: Julie Morgan MS (Chair), Altaf Hussain MS, Neil Ingham (Samaritans Cymru), Katrina Munro (Samaritans Cymru, Secretariat)
Amelia Cahill (Samaritans), Ana Rogers (Living in Suicide's Shadow/LISS), Prof. Ann John (Swansea University), Becky Twose (Dyfed Powys P&CC Policy Advisor), Bryn Morgan (Jacob Abraham Foundation), Ceri Fowler (Cardiff & Vale UHB, NHS Exec.), Claire Cotter (National Programme Lead for Suicide and Self harm prevention NHS Wales Exec.), Claire Thomas (South Wales Police),
Clare Sturman (Sammy-sized Gap), David Crews (South Wales Fire and Rescue Service), David Heald (Papyrus), David Tabor (Office for National Statistics), Det. Supt. Eve Davis (South Wales Police), Eleanor Lancaster, (Member Support Staff), Freya Liiv (UK SOBS), Gemma Moeller (South Wales Police), Kate Heneghan (Papyrus), Kate Miles (DPJ foundation), , Keith Bowen (Samaritans), Lisa Hammett (Living in Suicide's Shadow/LISS), Maggy Corkhill (Co-alc Alliance), Meryl James (Member Support Staff), Nikki Jones (Manon Jones Foundation), Olga Sullivan (Samaritans WNC), Peter Gallagher (Water Safety Development Manager), Rahila Hamid (Newport Cultural group), Rosalind Reilly (PHW), Sam Boon (British Assoc. of Social Workers), Sian Jones (Samaritans), Simon Jones (Mind Cymru), Vicky Case (DWP).

Apologies: Delyth Jewell MS, Sian Rees (Dyfed Powys Police), Dafydd Huw (RCPsych.), Chris Cousens (RNLI), Dr Alys Cole-King (4 Mental Health), Oliver Townsend (Platform), Vicki Keegans (North Wales Police), Dafydd Curry (North Wales Police), Andrea Gray (NHS Executive), Alice Davies (NHS), Lynn Rees (Hywel Dda UHB), Deborah Job (NHS Executive), David Patel (BCUHB), Simon Jones (BCUHB), Tom Lewis-White, (Senedd Commission Staff), Rhiannon Cobner (Aneurin Bevan UHB), Dave Williams (NHS Executive), Steve Siddall (RNLI), Children's Commissioner for Wales, Ceri Lovell (Cardiff and Vale UHB), Commissioner Mudd (Police and Crime Commissioner Gwent), Esyr Jones (South Wales Police), Robert Visintainer (Men's Sheds), Paula Timms (Kidscape), Heather Hughes (2Wish), Bethan Hodges (Samaritans).

1. Welcome and Nomination of Chair

Neil Ingham welcomed everyone to the meeting and warned attendees that there may be items discussed that may cause distress.

Minutes from the previous meeting in January 2024 had been circulated. One correction (to add Olga Sullivan to the list of attendees) was noted. No further matters raised.

AGM - Neil said that it was unfortunate that due to the loss of Jane Bryant as Chair when she moved to her Ministerial Role, then his own illness, no meeting had been held for some time.

Neil invited CPG member Altaf Hussain MS to nominate Julie Morgan MS as the new Chair. This nomination had been seconded via email by Delyth Jewell MS. Julie Morgan MS accepted and said she was pleased to see so many people had been able to attend the meeting.

The Chair then proposed Samaritans Cymru to continue as secretariat for the group.

2. Samaritans scene setting and presentation of ONS and RTSSS data for Wales - Neil Ingham and Dr Rosalind Reilly (ONS).

Neil presented a range of slides showing 2023-24 data published by ONS and Public Health Wales Real Time Suicide Surveillance. He explained that it is always necessary to remember that registration delays must be taken into consideration when looking at numbers of suicides, giving the example that in the 2023 ONS data only 39% of the deaths reported for Wales had occurred in 2023. The delays in registration in Wales (median 293 days delay) are higher than in England. He also expressed concern that not only did these delays impact our understanding of the data but importantly such delays can cause more distress for grieving families. Samaritans calls for improvement, but it is largely a matter for UK government.

Of note, Neil drew particular attention to 14 deaths per 100,000 people in Wales, with figures across England and Wales at their highest in over ten years. He said broadly speaking Samaritans accepted that at best the suicide figures for Wales were stagnant rather than rising but also acknowledged that there had been no decrease in annual suicide rates in many years. Slides showing male suicides making up $\frac{3}{4}$ of the total numbers. Neil said there is a strong link between suicide and poverty and that in Wales the figures showed a slightly lower age range (30-34 age bracket) as being the most at-risk when compared to the age ranges for the UK (45-64 years). Neil said there is a similar trend for females. This lower age range is something that needs exploring further to discover what the reasons may be for this. Neil also commented that Wales suicide figures were just below those of North East and North West of England – where the connection is likely to reflect socio-economic factors and unemployment and inequality, both driving factors in suicides rates.

Slides were shared showing Real Time Surveillance Suicide Systems (RTSSS) statistics published by Public Health Wales (PHW). Neil and Dr Rosalind Reilly (PHW) reminded the group that these figures relate to deaths by suspected suicide so need to be considered differently than ONS data which is coroner-informed data.

RTSSS show 350 suspected suicides in 2023/4, 12.4% per 100k and the same broad trends as the ONS with male deaths accounting for 76% and most male and female deaths occurring in the 35-44 age range. Neil said this is an issue that needs to be explored further and drew attention to the following: Within the unemployed, the figures rise to 126.7% per 100k with 15.8% in the most deprived areas and 8.6% in the least deprived areas and 63% of people had mental health conditions, 29% known to mental health services, 53% had a history of previous self-harm and 65% were in the category of 'known to police' (for any reason).

Rosalind Reilly (PHW) explained that more work is being done by PHW to understand the figures such as more details of the unemployed status of those that had died, the breakdown of why those people are known to the police, and to gain more complete data and improve the quality of the data.

Neil recapped that Samaritans recognise the higher risk of males and the unemployed stating that suicide is a major public health and inequality issue, and Samaritans are determined to challenge the stagnancy in suicide rates and challenge any willingness to ignore this crisis.

Ramila Hamid asked about breakdown of stats by ethnicity. Rosalind Reilly explained that it was not currently possible to obtain adequate quality data on ethnicity, sexual orientation and gender. She

added that although some data is collected it is not of sufficient quality for publication. In future it is hoped that primary care data may be made available to them. Prof Ann John added ethnicity data across England and Wales is very poorly recorded and when asked what the challenge is said that there are what limited data is available is usually out of date and also due to permissions and different systems and GP surgeries being independent entities, and often it's too complex to acquire. Prof Ann John added that research showed that the highest rates were among mixed race and gypsy roma communities.

Eve Davis (South Wales Police) said in recognition of the high rates amount younger males and the unemployed and thinks there's a huge piece of prevention work with DWP that has been overlooked and needs addressing. Vicky Case (DWP) said they were looking at this issue and are keen to understand more about what benefits people were on and when and how best they can reach out and offer more support.

3. Minister's update on progress of new Welsh Government Suicide Prevention and Self Harm Strategy

Sarah Murphy MS, Minister for Mental Health and Wellbeing, joined the meeting online and apologised for joining online due to illness. The Minister also introduced **Jon Lane** (online) from Welsh government who is working on the final draft of the strategy and delivery plan and later said that the Delivery Plan is a work in progress with a 3-year time frame. It will establish a baseline and new actions with partners.

The Minister explained that the very successful consultation in 2024, and feedback on the summary report published in October, had comprehensively shaped the new strategy. She mentioned that the term 'understanding' had been introduced recognising that understanding and compassion is needed early on to help reduce the fear of judgement and sharing by those experiencing suicidal thoughts or self-harming. Also, stakeholders had stressed that self-harm should not be an afterthought and recognising that for many it is a coping mechanism. Understanding will help to reduce the barriers to accessing support. Services need to be person centred and individual, reflecting input from those with lived experience. The new strategy recognises that people are individuals and can often present with multiple problems, a wholistic approach to services is needed to avoid people being passed from pillar to post.

The strategy includes greater governance and accountability and along with the delivery plan will name specific departments and agencies as leads for each action.

The Minister added that they have established a Suicide Prevention and Self Harm Strategy Board to monitor progress and report to a ministerial oversight board which the Minister will chair. Work with Suicide and Self Harm teams with NHS Executive with national/regional leads will continue across Wales. The Minister said the government is continuing to develop the RTSSS data and whilst the focus is on preventing suicide, she is also aware that we need to provide timely and a more compassionate response and support for those affected by suicide and will build on the guidance published in the last year. She said they have commissioned a National Advisory Liaison Service with a single point of contact for those impacted by suicide. The Minister said she recognises that more needs to be done and that behind the data there are people suffering often in silence, people suffering after a loss.

Julie Morgan MS invited questions/comments for the Minister;

Claire Sturman from Sammy-sized Gap questioned what the **National Advisory Liaison Service** is actually delivering. Jon Lane said that foremost, the service should be providing a single point of contact with an agency for anyone needing support and for the contact to help decide what will be the best support at

whatever stage they are at. Secondly, he said the service would be seeking to ensure a consistency of bereavement support across Wales.

Bryn Morgan from the Jacob Abraham Foundation later added that NALS is a good concept but has a big reliance on support services being provided by organisations such as theirs but there is no money being made available to them, highlighting that one of their services will be stopping in March leaving people in Gwent suffering bereavement by suicide, without support.

Maggie Corkhill from Co-Alc Alliance said there had been no mention of **alcohol and drugs** and asked if it is considered in the new strategy.

The Minister said she is aware of increase in cocaine and substance misuse and also a large increase in schools and exclusions being linked to substance misuse and the increased use and links to deaths and suicides. She says that all the work will be joined up and the new Suicide Prevention and Self-Harm strategy will be followed shortly by a new Mental Health and Wellbeing strategy that will work well together.

David Heald from Papyrus asked if the Minister was going to be linking in with **education** as a cross-government approach is needed.

The Minister replied that she is working with the Cabinet Secretary for Education and Co-Chairing a joint group about mental health, children and schools. One change is that CAHMS Schools In Reach service has come back under CAMHS rather than PHW and this is making a difference in schools. Also, the Whole School Approach (WSA) will help, and Lynne Neagle MS, Cabinet Secretary for Education was very supportive.

Jon Lane added that guidance on dealing with suicide and self-harm had been issued for teaching professional and last year the NHS Executive had held a workshop to measure the effectiveness of the guidance. Another attendee later added that more young people are not attending school so are losing the safety net the schools provide.

Simon Jones from Mind Cymru added that the new education curriculum legislation had been amended to have due regard to mental health in the development of the curriculum and this should be a driver to ensuring the normalisation of conversations around mental health, suicide prevention and self-harm within the curriculum. He said that whilst there is a lot of work going on within schools, he questions if the 'due regard' is being fully understood and enacted. Neil Ingham added that although Samaritans had been involved in meetings of the Whole School Approach group, he feels that work has slowed down and curriculum work and needs new impetus. The Minister said she would update the group on what is really happening in education and the Whole School Approach.

Ana Rogers from LiSS said their group is supporting people who are asking their GPs for help, but the GPs are sending them home and feels there is an assumption that if people have partners or are not planning a suicide, they do not need support. Clare from Sammy-sized Gap reported that **access to services** in Pembrokeshire is an issue and when people call the GP and are asked what it is for, and they say mental health issues they are being told to call **111 press 2**, and when people call 111press2 they are told to phone their GP. The system needs drastic change.

Maggie Corkhill from Co-Alc Alliance said there is good practise in some areas and some good websites, but a national resource is needed.

The Minister thanked everyone for sharing their concerns, mentioning plans for improvements to the 111 press 2 system. She added that currently most of the £820 million that goes into mental health goes

directly to Health Boards and this was being reviewed so that in future more money can be used in prevention.

The Chair thanked the Minister for joining the meeting and responding to the points raised.

4. Open discussion on Lived Experience and how the CPG can better use their expertise

The Chair and Neil Ingham explained that we had several groups within the group with lived experience and questioned how we can better use their expertise and give them more space.

Anna from LiSS and others present agreed that those with Lived Experience are contributing to meetings and forums but do not feel listened to and their input is not influencing things. There are also missed opportunities and organisations should be very mindful of the emotional effort and difficulty experienced by those who were willing to share their story.

5. Other

Others asked for more opportunities to join meetings, obtain data, share experiences and learning and reach more people who need help. Dates for future CPG meetings were requested.

Kate Miles from DPJ Foundation said that a lot of good work is going on in the voluntary sector, but these groups often feel dismissed and ignored by public sector. She wants the sector to recognise the expertise of these voluntary groups and the difference they are making.

Neil said that he recognises the knowledge and expertise within the CPG and will investigate opportunities for more regular meetings perhaps in a less formal manner.

Altaf Hussain MS said he recognised there were issues and loopholes and would welcome contact from Lived Experience groups.

Julie said she would raise the concerns about the GP and 111 press 2 issues in the chamber and is keen to meet representatives from some of the groups in attendance at the meeting.

Maggie from Co-Alc requested that a minute's silence should be introduced for all CPG meetings in recognition of the loss and pain experienced by many of those attending. Julie agreed to this.

6. Next steps and topics for next meeting

Time had run out for further discussion.

NOTE: The next CPG meeting will be held on [Wednesday 30th April 2025 10am to 12pm](#) and will be Hybrid with a Teams link shared closer to the time.

For those able to attend in person the location will be:

Pierhead Building, Cardiff Bay, CF99 1SN.

Actions – see page 6

Actions

Agenda Item	Action	Lead/s
2	Explore suicide data to seek to explain why younger age range in Wales. Also compare Wales stats in more detail with North England.	Samaritans Cymru (Secretariat)
2	Unemployment is a high-risk factor. Arrange meeting of Samaritans and DWP for partnership working.	
3	Check-in and report update on Education position – Whole School Approach.	
4	Katrina to send list of organisations represented to Chair’s office.	
4	Altaf Hussain invited contacts to his office from Lived Experience groups. Extend Altaf’s office contact to CPG members.	
4/5	Better engage/give platform to Lived Experience. Samaritans and CPG Chair keen to create opportunity for CPG members to network with each other and with Senedd members – most likely in the form of an in-person event in Cardiff in 2025. Details to be shared with CPG members.	
5	Agree Meeting dates for next 3 CPG meetings and share.	
5	Share suicide data upon release. Share slides from meeting.	
5	A one-minute silence to be included in all future CPG meetings.	
	Clarify role of CPG for members. Share Terms of Reference, also where and how matters outside of the CPG should be addressed.	
	Sharing of contact list and email addresses to be agreed (GDPR compliant) to aid networking.	
	NHS Exec – Q&A session with Claire Cotter and team as Agenda Item for next meeting.	
	Request for Samaritans presence at Muslim events for young people within Newport. Shared with BH (Samaritans) to contact and Neil to raise with Newport branch.	
	Several actions agreed by Julie Morgan to take forward	