

Inquiry into Suicide Prevention

Ymchwiliad i Atal Hunanladdiad

Ymateb gan Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Response from Cardiff and Vale University Health Board



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Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

## HEALTH, SOCIAL CARE AND SPORT COMMITTEE CONSULTATION: INQUIRY INTO SUICIDE PREVENTION

### EVIDENCE FROM CARDIFF AND VALE UHB

1. Cardiff and Vale University Health Board is one of the largest NHS organisations in Europe. We employ approximately 14,500 staff, and spend around £1.4 billion every year on providing health and wellbeing services to a population of around 0.5 million people living in Cardiff and the Vale of Glamorgan. We also serve a wider population across South and Mid Wales for a range of specialties.

#### The extent of the problem of suicide in Wales and evidence of its causes

2. Current data from 35 OECD countries, based on the WHO mortality database, ranks the UK average suicide rate (7.5/100,000) as tenth lowest and below the OECD average of 12.1/100,000<sup>1</sup>. More up to date data from the Office of National Statistics shows that in Great Britain, Wales has the second highest suicide rate at 11.8/100,000 in 2016<sup>2</sup>. In comparison, England has the lowest at 9.5/100,000 in 2016. Males in Wales have over 4 times the suicide rate of females<sup>3</sup>. The incidence of suicide in middle age (age 45-64 years) is also highest for Welsh persons across the age groups. Compared to other Health Boards in Wales, Cardiff and Vale UHB has the fourth highest suicide rate at 12.9/100,000 (2011-2015). The highest rate is in Cwm Taf (15.3/100,000), and the lowest is in Betsi Cadwaladr (10.7/100,000). The total number of suicides in Wales between 2011 and 2015 was 1,665. Therefore, as Cardiff and Vale UHB had 257 suicides during this period, this contributed to 15.4 per cent of the total in Wales.

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<sup>1</sup> OECD (2017), *Health at a Glance 2017: OECD Indicators*, OECD Publishing, Paris.  
[http://dx.doi.org/10.1787/health\\_glance-2017-en](http://dx.doi.org/10.1787/health_glance-2017-en) [accessed 29 November 2017].

<sup>2</sup> ONS (2017), *Suicides in Great Britain: 2016 registrations*,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicideintheunitedkingdom/2016registration#great-britain> [accessed 6 November 2017].

<sup>3</sup> PHWO (2017), *Public Health Outcomes Framework*,  
<https://public.tableau.com/profile/publichealthwalesobservatory#!/vizhome/PHOF2017Characteristics-Individual/Individual?iid&:tabs=no>, [accessed 6 November 2017].

3. Suicides are highest in middle aged men in Wales and the causal factors for this are complex, but certainly material disadvantage has a role to play. The report researched and written by the Samaritans: *Men, Suicide and Society*, explains the key causes for suicides in this population<sup>4</sup>. Explanations include: personality traits, masculinity, relationship breakdowns, challenges of mid-life, emotional illiteracy and socio-economic factors. The Welsh Government Strategy, *Talk to me 2*, also highlights the high risk groups for suicide, which include: male sex, low socio-economic status, low educational attainment, previous suicide attempts, mental disorder, chronic illness and alcohol/substance misuse amongst others<sup>5</sup>.

### **The social and economic impact of suicide**

4. Suicide is a tragedy for all concerned and has both social and economic impacts. The social impact of suicide is outlined in the relatively recently published guide to suicide bereavement: 'Help is at Hand' <sup>6</sup>. The guide highlights that not only will the grief reaction be present, but more in-depth feelings of guilt; questioning as to why it happened; and whether it could have been prevented. Particular mention goes to close family and friends of the deceased plus health and social care professionals who may have been supporting the individual concerned.
5. *Talk to Me 2* highlights the economic impact of suicide in that it most often occurs in the productive ages of the population: it is in the top three causes of death in the 15-44 year old age group within Wales <sup>5</sup>. Studies suggest that the cost per completed suicide is around £1.5 million <sup>7</sup>.

### **The effectiveness of the Welsh Government's approach to suicide prevention**

6. Welsh Government launched their suicide and self-harm prevention strategy *Talk to Me 2* in 2015. Locally this has provided a useful framework by which to prioritise suicide prevention activities across Cardiff and the Vale of Glamorgan. Across Cardiff and the Vale of Glamorgan we have formed a Suicide and Self-harm Prevention Steering Group, with a multi-agency membership. Based on audit findings of where the partnership was against the action plan of *Talk to Me 2*, we created a local Suicide and Self-harm Prevention Strategy and action plan. There are three priority workstreams falling out from this work: training and development (focusing on the development of a local database and sharing of good practice); prisons (learning from other areas as to how best to prevent suicide a

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<sup>4</sup> Samaritans (2012), *Men, Suicide and Society*, <https://www.samaritans.org/sites/default/files/kcfinder/files/press/Men%20Suicide%20and%20Society%20Research%20Report%20151112.pdf> [accessed 6 November 2017].

<sup>5</sup> WG (2015), *Talk to me 2*, <https://www.samaritans.org/sites/default/files/kcfinder/files/press/Men%20Suicide%20and%20Society%20Research%20Report%20151112.pdf> [accessed 6 November 2017].

<sup>6</sup> PHW (2016), *Help is at hand*, <http://www.wales.nhs.uk/sitesplus/documents/888/HelpIsAtHand%20English%20web.pdf> [accessed 29 November 2017].

<sup>7</sup> Centre for Mental Health (2015), *Aiming for 'zero suicides'*, <https://www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=e423419a-f86b-48c7-9c83-7e3d33df4fc9> [accessed 29 November 2017].

7. and self-harm in prisons); and geographical suicide hotspots (collecting data to inform us where hotspots might be, and to prevent any future suicides at these sites). Therefore, the national strategy has provided structure and function to suicide prevention on a local level. There was also a regional network for South East Wales, comprising of Cardiff and Vale, Cwm Taf and Aneurin Bevan Health Boards which progressed some shared learning; however, this has not met for a while.
8. More Welsh Government support could be realised through targeted resources being made available for suicide prevention training for frontline multi-agency staff. This would include the cost of the training and for the respective backfill of staff. Additionally, mental health services for both children and young people and for adults are currently at capacity. Whilst service redesign is one way of responding to this issue, enhancing capacity of mental health teams through additional capacity and resource could help to alleviate current pinch points and waiting times.

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

9. Across Cardiff and the Vale of Glamorgan a range of public services prevent and provide support to people at risk of suicide. Within Cardiff and Vale UHB, mental health services in particular provide support to people at risk of suicide across the life course. All ages are managed by workers from within the Primary Mental Health Support Service – this is part of the service delivery of Part 1 of the Mental Health Measure (Wales) Act.
10. Under 18s with a more severe presentation are managed by Child and Adolescent Mental Health Services (CAMHS) in the community, or in the inpatient setting if required. Within CAMHS, based at St David's hospital in Cardiff, there is a Community Intensive Therapy Team (CITT) which provides support to young people and families who are at high risk and they provide support and therapeutic interventions, such as Dialectical Behavioural Therapy, and young people and families can access Tier 4 Services (Ty Llidiard inpatient unit). The majority of crisis / intervention / prevention work is managed by the Crisis Liaison Team which provides a service from 9.00 am to 9.30 pm Monday to Friday but will be covering 7 days a week in the New Year. They assess young people who present in Crisis in a number of settings, including Emergency Department, Paediatric Ward and Police Custody Suite. They also interface with several third sector agencies including the Early Psychosis Team. All assessments that are carried out have a Wales Applied Risk Research Network (WARRN) Risk Assessment completed and generally follow-ups are offered and on occasion can be referred into generic CAMHS for further ongoing support. Cardiff and Vale UHB also commissions a young person's Emotional Wellbeing Service through Change, Grow, Live.
11. People aged 18 and over are managed by appropriately trained specialists in Community Mental Health Teams for Adults and for Older People. Other options include Crisis Resolution Home Treatment teams and the inpatient setting. Mental Health workers are trained in WARRN risk assessment. Mental health workers also

provide a limited level of training for school teachers, third sector and other agencies.

12. Other public sector services support children and young people through: youth services; educational psychology; school anti-bullying campaigns; and school counselling services. These services also help to contribute to the wellbeing of children and young people and help to prevent suicide.

### **The contribution of local communities and civil society to suicide prevention**

13. Local communities and civil society make a significant contribution to suicide prevention both nationally and locally. The Samaritans have made some headway regarding signage/phone lines at known local hotspot areas in order to encourage help-seeking. They also provide support to people in distress through a variety of communication methods. Children and young people are supported by: Barnado's; Change, Grow, Live; Head above the Waves; and the Amber project to name but a few local third sector agencies.

### **Other relevant Welsh Government strategies and initiatives**

14. The Welsh Government Strategy: 'Together for Mental Health' is currently overseen by the Cardiff and Vale Mental Health Partnership Board. This strategy initially kick-started the audit locally as to where we were with the 'Talk to Me' national and local actions. It also provided a framework for action on many issues which affect the potential for suicide risk in our population.

### **Innovative approaches to suicide prevention**

15. In terms of innovative approaches being undertaken within Cardiff and Vale UHB, there are several projects which are showing promise. There is an in-patient project using a manualised Cognitive Behavioural Therapy (CBT) approach for hospital in-patients, whereby mental health staff are trained to have difficult conversations with patients who are expressing suicidal and self-harming ideas. There is also a project in planning phase currently, amongst the Advanced Nurse Practitioners in Mental Health with a focus on community services. It is looking at developing clinical assessment in order to predict more accurately when individuals are building capability to commit suicide, based on recognised behaviours.
16. As part of the planning process for future developments within Cardiff, developers will need to consider suicide prevention. This is because this is noted as a part of the Health Supplementary Planning Guidance of the Local Development Plan. This will ensure that future housing developments have considered suicide risk and therefore suicide prevention strategies such as barriers and nets.