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Inquiry into Suicide Prevention

Ymchwiliad i Atal Hunanladdiad

Ymateb gan Gymdeithas Cwnsela a Seicotherapi Prydain

Response from the British Association for Counselling and Psychotherapy

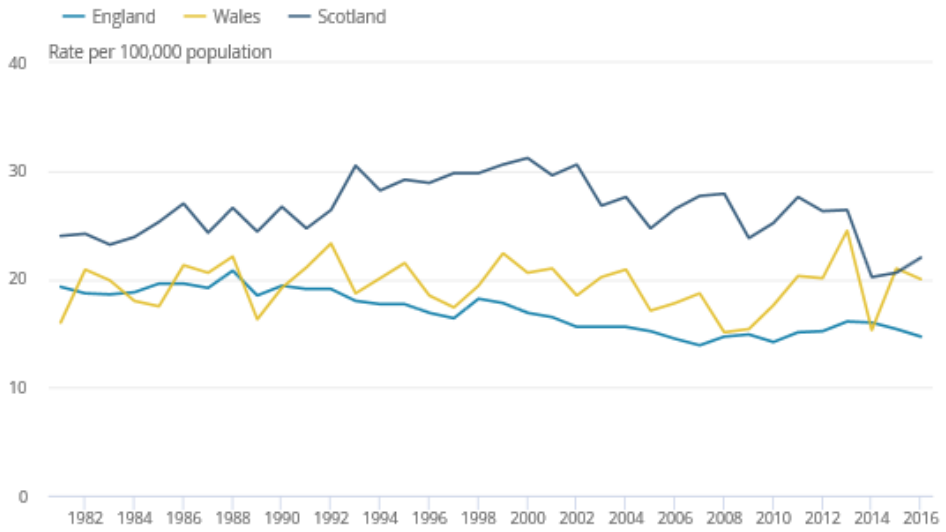
BACP Response to the Health, Social Care and Sport Committee Inquiry on Suicide Prevention

The British Association for Counselling and Psychotherapy (BACP) is pleased to respond to this important inquiry on suicide prevention in Wales. BACP is the UK's leading body for counselling and psychotherapy, we have over 45,000 members in the UK, of which 1,900 are based in Wales working across a range of settings. Evidence clearly demonstrates the important role that talking therapies play in helping to alleviate symptoms which lead to suicide and self-harm.

A significant public health challenge

Suicide remains a significant social and public health problem. Each year in Wales between 300 and 350 people die from suicide, about three times the number killed in road accidents[1]. According to the latest data from the Office of National Statistics, the suicide rate in Wales is the second highest in the UK, with a rate of 11.8 per 100,000 people, compared to Scotland's rate of 15 per 100,000 people[2]. This has fallen from a high of 13.0 in 2015. There are also concerns around the erratic suicide rate for Wales, particularly for males, as clearly demonstrated in the Figure 1. A number of commentators have theorised that this is due to rurality impacting on the accuracy of data collection, placing doubt over the accuracy of the picture. BACP would welcome an examination of this issue by the committee.

Figure 1: Age-standardised suicide rates by country, for males, 1981 to 2016



Source: Office for National Statistics, National Records of Scotland, Crown Copyright, 2017

[1] Welsh Government, Talk to me 2, Suicide and Self Harm Prevention Strategy for Wales 2015-2020

[2] Office for National Statistics, National Records of Scotland, Crown Copyright, 2017

Analysis shows that men are around three times more likely to die by suicide than women. Women are more likely to engage in non-fatal suicidal behaviours that require hospital admission. It is thought that up to 19 people in every 100 will have thoughts of suicide at some point in their life[3]. These thoughts are distressing and can further isolate an individual, creating additional barriers to seeking help.

Whilst this inquiry is focused on suicide prevention, there is a strong relationship with self-harming behaviour which cannot be ignored. A 2015 study found that self-harm patients had a 49 times higher risk of suicide than the general population (Hawton, 2015). Self-harm behaviour regardless of intent is also a serious public health problem in its own right. It is one of the top five reasons for medical admission in the United Kingdom and results in significant social and economic burden due to the utilisation of health services, particularly with respect to unscheduled hospital care, to treat the injury/ overdose. It also has a big psychological impact on the individual, friends, family and professionals who treat them.

Which groups are at more risk?

Earlier this year, Samaritans UK published 'Dying from Inequality[4]', which evidenced the critical relationship between higher individual deprivation and increased suicidal behaviour. This showed that suicide rates are two to three times higher in the most deprived areas. This also identified five groups most likely to be impacted by suicide.

1. Those living in areas of **higher socioeconomic deprivation**
2. **Men** are more vulnerable to the adverse effects of economic recession, including suicide risk, than women.
3. People who are **unemployed** are two to three times more likely to die by suicide than those in employment.
4. Those in **least skilled** occupations (e.g. construction workers) have higher rates of suicide.
5. A **low level of educational attainment** and no home ownership increase an individual's risk of suicide.

We share Samaritans UK's view that suicide prevention strategies should recognise the strong association between suicidal behaviour and area-level socioeconomic deprivation, targeting efforts on both people and places. BACP believes that more should be done to target interventions at these vulnerable groups and to more effectively measure outcomes by these groups.

Psychological therapies for suicide and self-harm

Though both suicidal intent and self-harm usually result from severe psychological distress, BACP believes that neither are in themselves mental illnesses. However, given the link between mental health disorders and an increased risk of suicide it is clear that psychological therapies are an effective intervention for those with an intent to commit suicide or self-harm.

The evidence base demonstrates that a range of psychological therapies can be used to treat the mental distress underlying suicidal tendencies and self-harm, and dialectical behaviour therapy has proven particularly effective in reducing self-harm (Feigenbaum, 2010). Research has shown that Dialectical Behaviour Therapy (DBT), Cognitive Behavioural Therapy (CBT) and problem solving therapy are effective interventions for

[3] Thematic Review of Deaths of Children and Young People through Probable Suicide, 2006-2012. Amended version published 21 March 2014

[4] Samaritans UK, Dying from Inequality, September 2017

people at risk of suicide (Winter, 2013). Evidence has also shown that psychosocial assessment forms an important aspect of the management of self-harm in hospitals, and is associated with a decreased risk of repeat self-harm (Gunnell, 2013). Problem solving therapy (Bannann, 2010) and DBT (Hawton, 1999) has been shown to reduce repetition and further self-harm. Patients receiving counselling and psychotherapy after deliberate self poisoning showed greater improvement, including a reduction in suicidal thoughts. The positive impact of counselling and psychotherapy was also maintained at six-month follow-up, with nine per cent of those receiving counselling and psychotherapy repeating self-harm compared with 28 per cent of those receiving usual treatment (Guthrie, 2001).

NICE clinical guidelines regarding the use of psychological interventions for the longer-term management of self-harm suggest interventions could include cognitive-behavioural, psychodynamic or problem-solving elements (NICE, 2011). A report by the Royal College of Psychiatrists (2010) has also outlined research evidence which suggests that CBT is effective in reducing levels of depression and incidents of self-harm, and that problem solving therapy can lead to improvements in mood and social adjustment. Research evidence suggests that psychological therapies can also be effective in the prevention of suicide, along with a range of approaches to psychotherapy and counselling (Winter et al, 2013).

We are fully supportive of efforts being made in Wales to improve access to psychological therapies, as this will have a positive impact on tackling suicide and instances of self-harm. Timely access is critical, and BACP, as a member of the ***We Need to Talk Wales*** coalition[5], are calling on Welsh Government to commit to parity of access so that people of all ages to access psychological therapies within 28 days, in primary and secondary care. Dignity and choice are also critical and we support the We Need to Talk Wales call for people to have a choice of therapy, where they want it and when they want it, underpinned by effective information.

Strategic opportunities and challenges

BACP welcomes the Welsh Governments' strategic approach as set out within *Talk to Me 2*[6]*,* and its aim to reduce suicide and self-harm in Wales. This recognises that efforts to tackle this issue are intertwined, and emphasised that improvements will only be achieved through concerted effort, the commitment of all Welsh Government departments and partner bodies. Together for Mental Health and the Mental Health (Wales) Measure 2010 (the Measure) also play a critical role in addressing the treatment and management of mental health disorders, and the rights, responsibilities and duties assigned to individuals and to services.

A key area of concern is the sustainability of the ***Time to Change Wales*** programme, which is a critical component in helping to tackle stigma. Funding for the programme runs out in December 2017 and no communication has been made on what will happen to the programme going forward or plans to replace it. We would welcome an examination by the committee into this matter.

[5] We Need to Talk Wales, Improving Access to Psychological Therapies, 2016
[6] Welsh Government, Talk to me 2, Suicide and Self Harm Prevention Strategy for Wales 2015-2020

Summary of recommendations

This section highlights the recommendations we have proposed throughput our written evidence.

1) We call upon the committee to urgently examine concerns with the accuracy of suicide data collection and reporting, ultimately to help secure improvements and confidence in the data.

2) There is a strong association between suicidal behaviour and area-level socioeconomic deprivation, targeting efforts on both people and places BACP believes that more should be done to target interventions at vulnerable groups and to more to effectively measure outcomes by these groups to measure success.

3) Tackling Stigma is central to tackling suicide, however, BACP is concerned that funding for Wales' flagship programme, *Time to Change*, runs out this month, and no communication has been made on what will happen to the programme going forward or plans to replace it.

4) We call on Welsh Government to commit to parity of access so that people of all ages can access psychological therapies within 28 days, in both primary and secondary care. Dignity and choice are also critical and we support the call for people to have a choice of therapy, where they want it and when they want it, underpinned by effective information.

Annex A: References

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