

	The Welsh NHS Confederation response to the Health, Social Care and Sport Committee's inquiry into suicide prevention in Wales.
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Introduction

1. The Welsh NHS Confederation welcomes this opportunity to respond to the Health, Social Care and Sport Committee's inquiry into suicide prevention in Wales. Our response addresses the key points raised by our members during the inquiry process.
2. The Welsh NHS Confederation represents the seven Local Health Boards and three NHS Trusts in Wales. We support our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

Overview

3. Between 300 and 350 people in Wales die from suicide each year. It is a major cause of death among adults across Wales, particularly in the 15-44 age group. In Wales and across the UK, about three-quarters of people who die by suicide are men. The most recent statistics on suicideⁱ (published 7th September 2017) show an improvement in Wales of the age-standardised suicide rate for males and females from 13.0 in 2015 to 11.8 per 100,000 people in 2016. The Welsh Government's suicide and self-harm prevention strategy - Talk to Me 2 - was launched in July 2015 and identifies suicide as a 'major public health challenge'.
4. Mental health services have an important role to play in suicide prevention. The Welsh Government's priorities for mental health services in Wales are set out in the Together for Mental Health strategy and the Together for Mental Health Delivery Plan 2016-2019. Mental health service provision is underpinned by the Mental Health (Wales) Measure 2010, which has a preventative ethos. Furthermore, all Local Health Boards have signed up to Time to Change Wales, a national campaign to end the stigma and discrimination faced by people living with mental health conditions.
5. In addition to this response, the Welsh NHS Confederation Policy Forum has submitted a response entitled 'Key Actions to Increase the Effectiveness of Suicide Prevention in Wales', which has been endorsed by twelve health and social care organisations.

a. The extent of the problem of suicide in Wales and evidence for its causes, including numbers of people dying by suicide, trends and patterns in the incidence of suicide, the vulnerability of particular groups, and risk factors influencing suicidal behaviour;

6. Statistics relating to rates of suicide per Local Health Board in Wales are held by Public Health Wales Observatory. However, the nature and extent of suicide ideation and behaviour (that is, thinking about or acting on suicidal thoughts) means that it is often extremely difficult to assess the true number of at-risk people given that only a small number of those at risk of suicide or thinking about suicide will seek support. Studies have revealed how patients avoid services for fear of being detained under the Mental Health Act (1983), as the person's actions may bring them to the attention of the police and to a place of safetyⁱⁱ. This suggests that efforts should be geared towards improving access to services and to do so in a supportive and non-discriminatory manner.
7. Evidence received from Local Health Boards reveal no significant differences in the rates of suicide across Wales. Notable progress has been made at Betsi Cadwaladr University Health Board (UHB), which achieved a significant reduction in suicide rates per 100,000 in the five-year period from 2010 to 2014 (the rate was above the Welsh average for the periods 2002-2006 and 2008-2012), and the rate of suicide at Aneurin Bevan UHB has remained consistently below the all-Wales average since 2002. While Local Health Boards do not hold information on the suicide risk of specific groups, there is strong evidence that services across Wales are designed to focus on the priority groups in line with the Talk to Me 2 Strategy. These are defined as middle-aged men; older people over 65 with depression and co-morbid physical illness; adult prisoners; children and young people with a background of vulnerability; people in the care of mental health services including inpatients; and people with a history of self-harm.
8. The Welsh Ambulance Services NHS Trust (WAST) has worked collaboratively to develop alternative ways of working in caring for people who self-harm or have suicidal thoughts. Despite this, significant challenges and variations exist in terms of availability of pathways, support for ambulance staff, clear and consistent approaches for people who present with suicidal thoughts while heavily intoxicated, as well as resources to develop, deliver and maintain new ways of working. Ambulance staff therefore need greater training, education and support to care for, and signpost, vulnerable people to the appropriate services.
9. It is important to emphasise also that there is limited consistency of audit and reporting processes across Wales to assess the impact of interventions. Greater consistency is required to establish the robust evidence base needed to up-scale best practice across Wales.

b. The effectiveness of the Welsh Government's approach to suicide prevention - Talk to me 2, the effectiveness of multi-agency approaches to suicide prevention, public awareness campaigns and reducing access to the means of suicide;

10. Health Boards have implemented a number of mechanisms in partnership with agencies to reduce the impact of social and economic factors and emotional disorders on a local level.
11. Cwm Taf UHB, for example, have established a Crisis Resolution Home Treatment (CRHT) service which is open to self-referrals to ensure timely access for people who may be experiencing suicidal thoughts. The crisis practitioners also provide an assessment service at Emergency Department (ED) units for patients who present following self-harm and offer follow up and signposting as appropriate for the most vulnerable patient groups, as well as an Outreach and Recovery Community Service, which is operational seven days a week, to provide care and treatment for those with complex needs and communication difficulties. The Health Board also conducts meetings between CRHT staff and ED staff to review patients who may have multiple presentations to ED in crisis states to review their overall care plan and seek ways of achieving greater stability and support.
12. Local Public Health Teams at Cwm Taf UHB, Aneurin Bevan UHB and Cardiff and Vale UHB, are also members of the South-East Wales Regional Suicide Prevention Forum, which shares information and engages national and regional-level agencies such as Network Rail and South Wales Fire & Rescue Service to address some of the key challenges around suicidal ideation.
13. Representatives of the Forum attend the National Advisory Group on Suicide and Self-harm (NAG), which seeks to inform national action and policy. On a local level, the NAG plays an important role in providing specialist advice, guidance and 'once for Wales' resources to support local action. An example of a recent success has been in training and influencing Welsh media outlets to improve reporting of suicide, and co-ordinating the production of 'Help is at Hand' – a Public Health Wales NHS Trust-led resource for bereaved families.
14. However, a lack of resources sometimes limits the capacity of the NAG to progress planned work areas, and this has hindered the progress of the local action plan and a national dedicated website which would allow timely access to information and resources (e.g. an up-to-date list of quality-assured training courses to support the national training framework).
15. Effective implementation of Talk to Me 2 at a local level is dependent on a multi-agency partnership. In South Wales, the Aneurin Bevan UHB Gwent Public Health Team have been leading on implementation of a local response to Talk to Me 2, alongside partners. The Gwent action plan is implemented by a multi-agency Suicide and Self-Harm Prevention Group, accountable to the Gwent Mental Health & Learning Disabilities Partnership Board. The group includes representation directly from the Local Health Board (via Mental Health & Learning Disabilities Division, Unscheduled Care Division, Primary Care and Community Division), Gwent Police, South Wales Fire & Rescue Service, the Welsh Ambulance Service, Communities First, Samaritans, Mind, Social Services, the National Offender Management Service, the Prison Healthcare Team and the Community Health Council.

16. In North Wales, the Suicide and Self-Harm Prevention Group has an active multi-sector and multi-disciplinary membership who also work collaboratively towards designing and implementing measures designed to reduce incidents of suicide and suicide ideations. The group recently led a number of public awareness campaigns in collaboration with Betsi Cadwaladr UHB, working with the Head of Communications on a campaign targeted at educating the public about the Netflix series '13 Reasons Why'. In July 2017, the Health Board published a one-minute YouTube clip that featured '13 Reasons Why' and explored how concerned adults should safely respond in cases where they feel their children may be showing signs of suicidal ideation, and how young people can access support services. The video and related information was shared on the Health Board website, a Community Advice and Listening Line (CALL) Facebook page, their respective Twitter feeds and was featured in major North Wales news outlets including Wales Online and The Daily Post. The articles also included public awareness messages around suicide prevention and included a link to an online resource written for people in distress.
17. The North Wales Suicide and Self-harm prevention group has also worked to reduce access to the means of suicide, particularly the Menai Bridge. Fourteen Samaritans signs have been erected on the bridge, as well as work to install four phones connected directly to Samaritans helplines on both sides of the carriageway and at each end of the bridge. There have also been early discussions around the installation of thermal imaging cameras which will send an alert to police control centres if someone lingers for too long, especially at dusk/dark. A feasibility study is underway regarding the installation of higher barriers on the bridge. There have also been discussions with the operators of the Pontcysyllte Aqueduct, another high frequency location for suicide in North Wales.
18. Betsi Cadwaladr UHB recently ran a successful suicide awareness and suicide response training day for 100 cross-sector, multi-disciplinary professionals. The training programme supports the development of a common language and approach, promoting a consistent assessment and documentation of the process, and a more integrated response across statutory services, third sector providers and communities. The training included a suite of clinical frameworks, some of which have been adapted for non-mental health settings, including primary care, third sector, education, and the police.
19. In developing the North Wales Suicide and Self-harm Prevention strategic plan, the Health Board also worked closely with Caniad - the combined voice for mental health and substance misuse involvement in North Wales. The Health Board's Self-Care Team have been delivering emotional resilience training across North Wales to members of the community, patients, carers and staff.
20. Elsewhere in Wales, Bridgend Public Service Board has set up a suicide prevention sub-group which has been tasked to produce a suicide prevention action plan and to set up a data working group. This work is being led by Abertawe Bro Morgannwg UHB, and is chaired by a

senior manager from the Health Board's mental health team. The intention is that the working group will produce a rapid reporting system to ensure faster access to the right services and a clearer, more current picture of the current situation in the Bridgend locality.

c. Other relevant Welsh Government strategies and initiatives and methods of data collection;

21. The recently-issued local suicide prevention planning guidance advocates more detailed analysis of suicide data to build a picture of the highest risk groups and enable effective suicide prevention work on a local level. However, due to issues associated with access to data and interpretation of small numbers locally, it is our view that real-time suicide surveillance and building of a suicide prevention database would be most effectively co-ordinated at a national level. Co-ordination of data collection nationally will improve the quality of evidence available and ensure most efficient use of resources given the plurality of organisations that would likely be involved. Staff at Abertawe Bro Morgannwg UHB have established longstanding relationships with Public Health Wales NHS Trust, the third sector, Public Health academia and Local Authority colleagues for sharing information, a practice which has been supported further by the Welsh Mental Health Crisis Care Concordat. The Concordat demonstrates a clear commitment from public sector partners, including all Local Health Boards, all Wales police forces, ADSS Cymru and the Home Office, to work together and to intervene early, if possible, to reduce the likelihood of people presenting a risk of harm to themselves or others because of a mental health condition deteriorating to such a crisis point.
22. Welsh Government strategies and initiatives such as the Well-being of Future Generations (Wales) Act 2015, the Social Services and Well-being (Wales) Act 2014 and Prosperity For All are inextricably linked to suicide and self-harm prevention. However, the contribution that each work programme makes to the suicide and self-harm prevention agenda, and the extent to which these mechanisms are adequately addressing the requirements of the national strategy, is unclear. Data relating to the effectiveness of local suicide prevention measures must be used to produce a more coherent picture of how each element of the national strategy is geared towards achieving its overall objective, namely to increase the effectiveness of suicide prevention in Wales.

d. Innovative approaches to suicide prevention;

23. Various approaches to preventing suicide have been trialled around the world, but given that the majority of people experiencing suicidal thoughts are either unable to, or decide against, accessing their local support services, there is little in the way of reliable data to assess their true effectiveness. One of the best examples however is the Police and Clinical Early Response (PACER) model, which was trialled in Victoria, Australia from 2007 until late 2011.

24. PACER was a joint crisis response from police and mental health clinicians to people experiencing serious mental health conditions – people experiencing suicidal ideations accounted for the largest patient group at 33%. The PACER model centres on a dedicated team comprising a mental health clinician and a local police officer, targeted to times of greatest demand and offering on-site and telephone mental health assistance. PACER differs from usual service provision in that it is a mobile emergency mental health response acting as a secondary police response, informed by ‘real-time’ police and mental health background information, and attending to the person as quickly as possible at times of crisis.
25. In 2011, the Australian Department of Health evaluated the effectiveness and efficiency of the PACER pilot and found that the intervention provided more timely access to appropriate services; established a more streamlined approach to emergency responses thanks to the collaborative work of police and ambulance teams; resulted in a reduction in the number of admissions to hospital; reduced the risk of behavioural escalation; and reduced the average length of stay of patients referred to hospital.ⁱⁱⁱ The project serves to demonstrate that real improvements in addressing suicide ideation are possible, providing dedicated teams are willing to work collaboratively for the benefit of vulnerable people.

Conclusion

26. The NHS in Wales has welcomed the Welsh Government Strategy Talk to Me 2 and Local Health Boards are adopting a variety of local approaches to increase the effectiveness of suicide prevention measures within their localities. The National Guidance on the Strategy has been supported well at a local level, and while Health Boards recognise the significant challenges associated with obtaining high quality data around the most at-risk groups, there is strong evidence that local action plans, particularly those targeted at improving access to primary care services, are yielding positive results.
27. We will continue to support our members in rolling out their individual plans to address the challenges associated with suicide in their areas, with revised plans of each Local Partnership Board, being submitted to Welsh Government in February 2018.

ⁱ Office for National Statistics (2017),

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicideintheunitedkingdom/2016registration#by-country-and-region>

ⁱⁱ National Collaborating Centre for Mental Health, ‘Self-Harm: The Short-Term Physical and Psychological Management and Secondary Prevention of Self-Harm in Primary and Secondary Care’ (2004).

ⁱⁱⁱ A full evaluation of the study was undertaken by the Allen Consulting Group, available here:

http://www.acilallen.com.au/cms_files/acgpacerevaluation2012.pdf.

Key actions to increase the effectiveness of suicide prevention in Wales

Health and social care organisations have come together through the Welsh NHS Confederation Policy Forum to outline the key areas that the Health, Social Care and Sport Committee should consider when undertaking their consultation on Suicide Prevention.

Suicidal behaviours can be conceptualized as a complex process that can range from suicidal ideation, which can be communicated through verbal or non-verbal means, to planning of suicide, attempted suicide, and in the worst case, completed suicide.

Dying by suicide remains one of the leading causes of death in Wales. It is the biggest killer of men under 50, the leading cause of death for people aged under 35 and one in four deaths which are from external causes among those aged 12-17 are likely to have been through suicide. In 2016, there were 322 suicides in Wales. However, there is much we can do to prevent suicide. Suicide is everybody's business and is not a single task for any particular organisation. The breadth of complex factors involved in suicide risk highlights the need for cross-governmental, cross-sectoral and collaborative action.

The following actions should be considered by the Committee to increase the effectiveness of suicide prevention:

1. Local implementation of Talk to Me 2: An effective suicide prevention strategy at both a local and national level is crucial. Whilst Talk to Me 2 has placed an increased focus on suicide and self-harm in Wales, many of the top-level objectives are reliant on effective local partnership working through the creation of local suicide prevention plans and attendance of Regional Multi Agency Fora. All regions (Mid and West Wales; Cardiff and Vale and Cwm Taf; South East Wales; North Wales) have established multi agency suicide prevention forums which have agreed local reporting structures, which report to the National Advisory Group. It is vital that every Local Authority area in Wales works to a local and national plan because without one, suicide prevention work is much less effective than it could be. It is also positive to note that mental health is a cross cutting theme and a priority area under the Welsh Government's Programme for Government, "Prosperity For All".



2. Early intervention and prevention: Suicide is a major public health issue and as such, suicide prevention requires action by many different stakeholders. Suicidal behaviour is related to many variable and complex risk factors so it is vital that we invest in early intervention and support so we can reduce the risks that might lead to suicidal behaviour. Suicide prevention should not be addressed in isolation, but should be part of a national public health and well-being policy to promote and support a positive approach to mental health.

3. Encouraging people to seek help early and providing support: It is key that practical support is provided to people who have suicidal ideation and appropriate response is provided to people in distress. More should be done to encourage people to seek help early and there needs to be greater awareness of what support is available. Third sector organisations in Wales have the impression that they are seeing more people who are expressing suicidal ideation and we need more learning and sharing about best practice in response. In particular there must be an increased focus on providing support to the 'priority places' which have been identified in Talk to Me 2 (hospitals, workplaces, police custody suites etc) and training for 'gatekeepers' in settings such as schools to support children and young people.

4. The need for a national conversation and ending stigma: Stigma related to suicide remains a major obstacle to suicide prevention efforts. Those who have lost someone to suicide, as well as those who have a history of suicide attempts, often face considerable stigma within their communities. Stigma may prevent people from seeking help and can become a barrier to accessing suicide prevention services, including counselling and postvention support. While efforts to reduce the stigma of suicidal behaviours can benefit from being incorporated into the more general process of de-stigmatizing mental illness, typically, additional efforts to reduce stigma attached to suicidal behaviours are required. Promoting greater public awareness of positive mental health and well-being, suicidal behaviour, potential problems and risks amongst all age group is important. There is a need for a national conversation to challenge stigma and ensure that the public have the skills to talk and listen to support people who are in distress. It is vital that we increase awareness that talking about suicide does not increase the risk but reduces it.

5. Raising awareness of the risk factors and the support available: Risk factors for suicide include mental and physical illness, alcohol or drug abuse, chronic illness, acute emotional distress, loneliness and isolation, socio-economic deprivation, violence, a sudden and major change in an individual's life, such as loss of employment, separation from a partner, or other adverse events, or, in many cases, a combination of these factors. Bullying, abuse and self-harm have also been identified as risk factors in children and young people. The public requires an understanding of the issue and the vital need for an intervention. Through raising public awareness and building the skills and capacity within communities to recognise suicide risk, and improve knowledge of what works to prevent suicide, is important.

6. Reduce the risk of suicide in key high-risk groups: Although different areas will have different priorities, some groups of people are known to be at higher risk of suicide than the general population. These groups include; young and middle-aged men (the highest rate aged 35-54); people in the care of mental health services, including inpatients; Gypsy, Roma and Traveller community; asylum seekers and refugees; people living in areas of socio-economic deprivation; people with a history of self-harm; people in contact with the criminal justice system, including prisoners; specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers; and lesbian, gay, bisexual, transgender and questioning (LGBTQ). It is important that the public and voluntary sector are joined up to respond to particular issues, for example; recession – that people know the options for someone at risk of suicide because of economic difficulties, from debt counselling to psychological therapy; self-harm – ensure there are supports for young people in crisis who are at risk of self-harm; men – ensure information about depression and services is available in “male” settings. There should also be more targeting of high risk groups while maintaining an overall population approach.

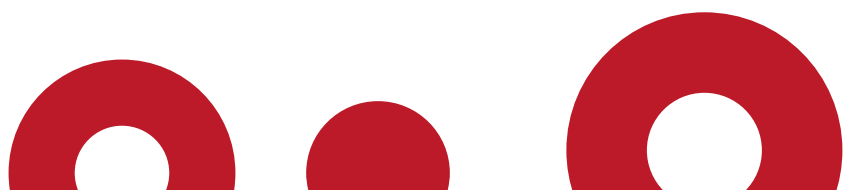
7. Suicide prevention training: Agencies need to know how and why they should access good suicide prevention planning training. There needs to be greater awareness surrounding the benefits of a preventative approach to suicide, including training of this kind. Training should be provided to frontline workers both in the public sector but also key frontline sectors who are more likely to meet vulnerable groups. Increased awareness of specialist training provided by organisations, including Samaritans and Mind, should also be highlighted. Suicide Prevention Training is particularly important for those identified as ‘Priority Care Providers’ such as Job Centre Staff, Emergency Health Staff and teachers.

8. Provide better information and support to those bereaved or affected by suicide: The response provided to bereavement is key. The impact of suicide on the survivors, such as spouses, parents, children, family, carers, friends, co-workers, and peers who are left behind, is significant, both immediately and in the long-term. Family and friends bereaved by suicide are 1.7 times more likely to attempt suicide themselves. Support needs to be provided and awareness around the signs to be aware of and where to refer people to.

9. Community infrastructure: Improving the mental health of a local community can impact strongly on reducing suicide rates. Loneliness and isolation is a risk factor for suicide whilst socialisation and participation is a protective factor. Therefore, it is important to recognise the impact that participating in meaningful occupations or activities, such as the arts, physical and social activities, including via social-prescribing routes, can have on people’s health and well-being. It is important that there are facilities and places for people to go to express themselves and connect with others.

10. Support research, data collection and monitoring: Ascertaining and recording numbers of attempted and completed suicides, and monitoring them, is an integral component in the development of suicide prevention. Local suicide audits are an effective way for public sector bodies to identify and respond to high risk groups in their areas, as well as reveal hot spots. It is best practice for public sector organisations, including Health Boards, Local Authorities and the coroner, to work to develop and undertake a suicide audit. Learning lessons from the response to a suicide to reduce the number of future suicides and better support bereaved families is key.

11. Reducing access to means: There is evidence to suggest that lives can be saved by the use of a variety of measures including: the installation of Samaritans signs; physical barriers; nets and telephone lines at high risk locations for suicide; and improved surveillance, such as CCTV, at possible, or known, high risk locations is crucial. High risk locations could include: bridges, viaducts, high-rise buildings, multi-story car parks, cliffs and level crossings.



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