

NATIONAL ASSEMBLY FOR WALES: Health, Social Care and Sports Committee – Examine the extent of the problem of suicide in Wales and what can be done to address it.

Date: 27 June 2018

Venue: Senedd, National Assembly for Wales

Title: Examining the extent of the problem of suicide in Wales

Purpose: To provide supporting information in relation to the inquiry into examining the extent of the problem of suicide in Wales and what can be done to address it.

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| 1. 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; vulnerability of particular groups; risk factors influencing suicidal behaviour. |
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The extent of the problem of suicide in Wales

Each year in Wales around 300 to 350 people die by suicide, with fluctuations year on year.

There has been a general upward trend (although not statistically significant) in male suicide rates in the period 2005 to 2016 in Wales. This upward trend was less evident in females with rates remaining stable over this period. This change may reflect changes in coding and a reduction in the number of hard-to-code narrative verdicts. Comparisons across years should be interpreted with caution.

Evidence of its causes

Suicide usually occurs in response to a complex series of factors that are both personal and related to wider social and community influences. There is therefore no single reason why someone may try to take their own life. Suicide is best understood by looking at each individual, their life and circumstances.

Trends and patterns

The mid point review of the implementation of the Talk to Me 2 Suicide and Self-harm action plan states that suicide rates continue to be much higher for males than for females. The highest age-specific rates were seen for middle aged men, with a secondary smaller peak in elderly males of 90 years plus. In females, the highest age- specific rates are in those aged 30-34 years and 50-59 years.¹

¹<https://www.samaritans.org/sites/default/files/kcfinder/files/Midpoint%20review%20of%20the%20impleme ntation%20of%20Talk%20to%20me%202%20-%20FINAL%281%29.PDF>

Vulnerability of particular groups

Among both males and females there is an association between suicide and area of residence. Rates are higher in our more deprived communities².

Tailored approaches to meet the needs of certain high risk groups of people and more specifically to improve their mental health will have an impact on suicide and self harm prevention and challenge inequalities where they exist.

Risk factors influencing suicidal behaviour

Suicide and self harm are preventable, if risk factors at the individual, group or population level are effectively addressed. This requires a public health approach which demands collective action by individuals, communities, services, organisations, government and society. Approximately 28% of people who die by suicide were known to mental health services. Many will have visited their GP in the weeks before their death.³

Risk factors indicate whether an individual, community or population is particularly vulnerable to suicide, and exist at various levels. Factors may relate to the individual, be social or contextual in nature, and can exist at multiple interaction points. Where risk factors are present there is a greater likelihood of suicidal behaviours, though there are also instances where no known risks were identified. Prevention efforts should focus on at risk groups while simultaneously focusing on the entire population in order to mitigate risk at the individual level.

However it is also known that many individuals do have contact with primary care or other services in the weeks before their suicide and it is important that such opportunities to intervene are not missed.

Certain factors are known to be associated with increased risk of suicide. These include:

- drug and alcohol misuse
- history of trauma or abuse
- adverse childhood experience's
- unemployment
- social isolation
- poverty
- poor social conditions
- imprisonment
- violence
- family breakdown.

²<https://www.samaritans.org/sites/default/files/kcfinder/files/Midpoint%20review%20of%20the%20Implementation%20of%20Talk%20to%20me%20%20-%20FINAL%281%29.PDF>

³ <http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/2017-report.pdf>

2. The social and economic impact of suicide.

There are marked differences in the suicide rates according to people's social and economic backgrounds. Improving the mental health of people who are vulnerable due to these circumstances supports suicide prevention.

Evidence shows:

- People in the lowest socio economic group and living in the most deprived areas are ten times⁴ more at risk of suicide than those in the most affluent group living in the most affluent areas;
- Men of lower socio-economic position in their mid-years are excessively vulnerable to death by suicide compared to males in other age groups and compared to females of all ages;
- 46% of patients with mental illness who died by suicide between 2008-2012 were unemployed at the time of death;
- 18% of patients with mental illness who died by suicide between 2012 and 2013 had experienced serious financial difficulties in the three months before death⁵.

3. The effectiveness of the Welsh Government's approach to suicide prevention - including the suicide prevention strategy Talk to me 2 and its impact at the local, regional and national levels; the effectiveness of multi-agency approaches to suicide prevention; public awareness campaigns; reducing access to the means of suicide.

The 'Talk to Me 2' strategy, sets out the aims and objectives to prevent and reduce suicide and self-harm in Wales over the period 2015-2020. It identifies **priority care providers** to deliver action in certain **priority places** to the benefit of key **priority people**, and confirms the national and local action required.

The suicide and self harm prevention activities in the delivery plan include:

- Delivering appropriate responses to personal crises, early intervention and management of suicide and self harm;
- Further improving awareness, knowledge and understanding of suicide and self harm among the public; people who frequently come into contact with those at risk of suicide and self harm and professionals in Wales;
- Providing information and support for people bereaved or affected by suicide and self harm;
- Supporting the media in the responsible reporting and portrayal of suicide and suicidal behaviour;
- Reducing access to the means of suicide;

⁴<https://www.samaritans.org/sites/default/files/kcfinder/files/Local%20Suicide%20Prevention%20Planning.pdf>

⁵<https://www.samaritans.org/sites/default/files/kcfinder/files/Local%20Suicide%20Prevention%20Planning.pdf>

- Continuing to promote and support learning, information and monitoring systems and research to improve understanding of suicide and self harm in Wales and guide action.

Talk to Me 2 Strategy

The implementation of *Talk to Me 2* and the action plan 2015-2020 ([Link](#))⁶ seeks to identify particular groups of people who are especially vulnerable and sets out expectations regarding the care they should receive, which should be provided in the right place, at the right time. The strategy identifies targeted actions to address the factors that can contribute to suicide, including strengthening social relationships and improving the recognition and management of mental health issues.

The six key objectives identified by the strategy are:

Objective 1: Further improve awareness, knowledge and understanding of suicide and self-harm amongst the public, individuals who frequently come in to contact with people at risk of suicide and self-harm and professionals in Wales;

Objective 2: To deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm;

Objective 3: Information and support for those bereaved or affected by suicide and self-harm;

Objective 4: Support the media in responsible reporting and portrayal of suicide and suicidal behaviour;

Objective 5: Reduce access to the means of suicide;

Objective 6: Continue to promote and support learning, information and monitoring systems and research to improve our understanding of suicide and self-harm in Wales and guide action.

The strategy is overseen by a National Advisory Group (NAG) on Suicide and Self-Harm, which brings together stakeholders from the third sector, Welsh Government, the police, NHS, Public Health Wales and experts in suicide prevention.

Effectiveness of multi-agency approaches

Implementation of Talk to me 2 follows a cross-governmental, cross-sectoral and collaborative approach, with shared responsibility at all levels of the community. At a national level, the Welsh Government has laid the groundwork for a concerted approach to suicide prevention. But action at a local level is vital to the prevention of suicide and self-harm.

Three regional fora (North Wales, Mid & South West Wales and South East Wales) have been created to support the local implementation of Talk to Me 2.

⁶ <https://gov.wales/topics/health/publications/health/reports/talk2/?lang=en>

The three regional fora are now active across Wales and have established multi agency memberships and agreed local report structures. Some statutory and voluntary organisations also have local plans.

Impact

The mid-point review of the implementation of Talk to Me 2 showed that progress has been made against all of the 6 key objectives. In particular:

- Excellent progress has been made in developing local suicide prevention action plans across Wales, following guidance issued by the National Advisory Group. All areas are active and covered in local plans at various geographical levels reflecting local arrangements and partnerships;
- The National Collaborating Centre for Mental Health is developing a series of Self-harm & Suicide Prevention Competence Frameworks, which is relevant for audiences within the private, public and third sectors;
- Her Majesty's Prison and Probation Service have developed a strategy for suicide and self-harm prevention across prisons and the community and have also provided Suicide and Self-harm training for all directly and non-directly employed staff in Welsh establishments;
- The four Welsh Police Forces are actively engaged in the implementation of delivering actions plans outlined in partnership with health boards and local authorities;
- Samaritans has developed revised media guidelines to support balanced and appropriate reporting of suicide and provided training to over 20 Media Wales journalists and editors.

Public awareness campaigns

The Welsh Government has continued to fund the Time to Change Cymru (TTCW) program, a national campaign to address stigma and discrimination. Earlier in the year the result of a national survey undertaken by TTCW confirmed a 4.7% increase in positive attitudes towards mental health in Wales since 2012 – representing nearly 120,000 people whose views are more positive.

TTCW have continued to support employers across Wales to tackle the stigma and discrimination associated with mental health problems in the workplace. Over 70 organisations have signed up to the TTCW pledge to date.

Samaritans have recently launched their “Small Talk Saves Lives” campaign which aims to empower the public to act to prevent suicide on the railways. Suicide is preventable and suicidal thoughts are often temporary and can be interrupted. The campaign aims to give train travellers the confidence to start a conversation, which in turn could interrupt suicidal thoughts and start a person on a journey to recovery.

Each Police Force in Wales is currently rolling out Blue Light internal training for staff (delivered by MIND Cymru) to raise awareness of mental health, suicidal behaviours and self-harm within the workplace and to reduce the stigma (which also incorporates feelings of loneliness, suicidal thoughts etc).

Awareness activities promoting wellbeing and resilience take place across Wales during mental health awareness week, such as free mindfulness and stress management sessions. Increasingly, public drop in courses are available in local communities, and programs such as book prescription in public libraries also provide easy to access support.

In addition, the National Partnership Board is exploring stigma and discrimination themes in relation to mental health, with a working group established and led by service users and carers, to identify actions and advise on policy direction.

Reducing access to the means of suicide

Reducing access to the means of suicide, which, along with improving the opportunity for someone to intervene, is a proven way to prevent suicide. In addition to reducing access to the means for known locations and methods, local data surveillance may provide insights into emerging trends.

Included in the Local Suicide Prevention Planning guidance, issued by the National Advisory Group, are a number of resources to help local authority areas to reduce access to means of suicide which include the construction of physical barriers, signs and telephone help-lines, surveillance measures, access restriction, and training for staff working near or at locations of concern, and managing media reporting of suicides at locations of concern.

Wales has been recognised for the partnerships developed with railway and transport authorities to implement safeguards.

4. The contribution of the range of public services to suicide prevention, and mental health services in particular.
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The regionals fora include representation from a wide range of public service stakeholders such as the Police, the Department for Work and Pensions and Transport, all of whom play a role in suicide prevention.

Community Partners have been employed in the Department for Work and Pensions to work with job centre staff to identify risk factors and signpost individuals to support.

A number of initiatives led by CAMHS services are underway to improve access to support for children and young people, such as recent investment by the Welsh Government in school pilots seeing clinicians working directly with schools.

5. The contribution of local communities and civil society to suicide prevention.

Local suicide and self-harm prevention strategic action plans should aim to make the issue 'everybody's business'. People with lived experience of mental health problems are vital to the contribution and commitment to improving our services.

As a Government we must ensure that we continue to invest in research into mental health interventions and reduce suicidal behaviours and deaths by suicide.

Whilst we have made some progress in tackling stigma and discrimination there is still considerable work to be done. Improved training and education in health, social care and educational settings are needed to understand better the barriers in asking for help.

Communities should encourage open conversations and work to tackle factors such as loneliness and isolation. Social prescription schemes, new roles such as community connectors, the recent investment in community hubs all help to improve access to a range of supports

6. Other relevant Welsh Government strategies and initiatives - for example Together for Mental Health, data collection, policies relating to community resilience and safety.

Together for Mental Health

Our 10 year Together for Mental Health strategy aims to improve mental health and wellbeing in Wales. This recognised that efforts to improve social, economic and environmental wellbeing in Wales are intertwined, and emphasised that improvements in mental health and wellbeing will only be achieved through concerted effort, the commitment of all Welsh Government departments and partner bodies.

Community Resilience and Safety

We recognise that mental ill-health can be distressing for anyone who encounters it and the Welsh Government continues to work with partners to deliver an appropriate response when people with acute mental crisis need support. All NHS organisations routinely report data for those detained under section 135 and 136 of the Mental Health Act, 1983 and since the implementation of the Mental Health Crisis Concordat, we have seen a significant reduction in the use of police custody for these individuals. Whilst overall we have seen an increase in detentions, there is significant variation across Wales and our priority now is to better understand the context of crisis presentations and we are developing the data to support this through our Mental Health Crisis Concordat Assurance Group.

This work is taking place in collaboration with Police Forces and all other organisations whose frontline services are most likely to be the first contact for people in mental health crisis. We will also be making the further development of crisis and out of hours services a priority for health boards as part of the Mental Health Innovation and Transformation Fund.

Substance Misuse

The Welsh Government recognises the importance of substance misuse services ensuring that there is collaboration with other relevant services i.e. mental health services, housing and social services in order to ensure that the full needs of service users are properly addressed and individuals do not fall between gaps in services.

Our 2016-18 Substance Misuse Delivery Plan sets out the detailed actions that the Welsh Government and our delivery partners will take to prevent and respond to substance misuse amongst individuals and in communities across Wales. This includes a number of actions relating specifically to improving access and appropriate referrals to services.

The substance misuse treatment framework also sees services working together to address the needs of individuals who have co-occurring substance and mental health issues.

Loneliness and Isolation

Tackling the causes of loneliness and social isolation is a national priority for the Welsh Government and Prosperity for All provides a vehicle for the whole public service to develop a coherent, holistic and long-term response to loneliness and isolation in Wales. This will build on initiatives that are already in place to help reduce loneliness.

One of the priority areas in the Together for Mental Health strategy is to improve quality of life for individuals, particularly through addressing loneliness and unwanted isolation. The section 64 mental health grant which covers the period 2018-21, includes eligibility criteria which focus on individuals from vulnerable groups – including those that are isolated and lonely in rural and urban communities.

In 2018, we will also undertake a formal consultation on the draft cross-government strategy on loneliness and isolation with a final strategy published in 2019.

Curriculum

One of the four purposes of the new curriculum is to support children to be healthy and confident, with a specific focus on well-being, resilience and empathy. The curriculum will be rolled out in September 2022.

Data collection

Welsh Government is leading on the development of a mental health core dataset, which will allow us to capture reliable, consistent information across Wales. The potential to link information to existing structures like the SAIL databank will help us to better understand the relationship between access to services and suicide, and to explore much richer detail on the causes and risk factors of suicide and self harm. This will also facilitate more accurate research, and open the possibilities to target support where it is most needed.

The dataset will be built into the Welsh Community Care Informatics System, which will improve the relationship between care providers and make transitions between services smoother for individuals accessing support. This will help to ensure that vital information is passed to those who need to know, further safeguarding wellbeing, and reducing missed opportunities.

7. Innovative approaches to suicide prevention.

Suicide prevention in Wales requires effective, integrated community approaches to address the diversity of populations, places and individuals, as well as ongoing work to address the inequalities that contribute to the burden of suicide and self harm.

Suicide prevention interventions however should be evidenced based or, where that evidence base is not yet available or the programme is developed locally, an evaluative framework should be developed from the onset to identify what works.

As part of the current Talk to Me 2 Suicide and Self-harm prevention action plan, we have taken forward a number of innovative approaches to suicide prevention which includes:

- Establishing a National Suicide Prevention Forum, which promotes the sharing of good practice, highlights current issues and supports collaborative working across the four UK Nations to ensure a co-ordinated pan-UK approach to suicide prevention;
- In collaboration with Samaritans, we have developed a good relationship with the media, and major providers are aware of and use the guidance produced by Samaritans for responsible reporting of suicide;
- The involvement of rail and transport providers is unique and innovative, and work in Wales has inspired UK wide changes to the way projects are developed, with more consideration into safety features that reduce access to means.

Adverse Childhood Experiences

We know that exposure to ACEs substantially increased risks of mental illness. 41% of adults in Wales who suffered four or more adverse experiences in childhood are now living with low mental well-being. This compares to 14% of those individuals who experienced no ACEs during their childhood.

Children and young people who experience ACEs are more likely to perform poorly in school, more likely to adopt health harming, risky behaviour and more likely to be involved in crime. Similarly, people who have experienced multiple ACEs are more likely to attempt suicide.

In recognition of the impact of ACEs on children's well-being, the Welsh Government, along with Public Health Wales, has funded an ACE Support Hub. This

is a centre of expertise to increase understanding of ACEs, and support and inspire individuals, communities and organisations to learn about ACEs and change their thinking and behaviour.

The Hub aims to support change and adoption of ACE informed practice amongst professions, including teachers, family liaison officers in schools, the education welfare service, youth workers and social workers.