

Midpoint review of the implementation of *Talk to me 2*: the Wales suicide and self-harm prevention action plan

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Date: 15th March 2018

Version: Final

Publication/ Distribution: Welsh Government

Review Date: Not applicable

Purpose and Summary of Document:

Welsh Government asked Public Health Wales and Swansea University to undertake a review of the implementation of *Talk to me 2* - the Wales suicide and self-harm prevention action plan, 2015-2020. This document provides a report of this review. It includes an update on the epidemiology of suicide and self-harm in Wales, a report on progress against the actions set out in *Talk to me 2*, a content analysis of currently available local plans and makes recommendations on the way forward with regard to suicide and self-harm prevention in Wales.

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Acknowledgements

This document has been compiled following a request from Welsh Government that Public Health Wales and Swansea University undertake a review of the implementation of *Talk to Me 2*, the Wales suicide and self-harm prevention action plan, 2015-2020. Public Health Wales Observatory, with particular thanks to Rhian Hughes, Holly Walsh, Victoria Middleton, Miriam Moules, Beth Patterson and Zoe Strawbridge, and Marcos Del Pozo Banos at Swansea University Data conducted the data analysis. Thanks also to the members of the National Advisory Group on Suicide and Self-harm who commented on the draft.

Professor Ann John

Chair of Wales National Advisory Group on Suicide and Self-harm Prevention

1. Executive summary

1.1 Background and purpose

In 2009 Welsh Government published *Talk to Me* a five year national action plan to reduce suicide and self-harm in Wales [1]. A review of progress undertaken in 2012 by Public Health Wales [2] found that, although there had been good progress in some of the commitments, the inclusion of a large number of supporting actions in the plan was felt to have reduced focus on delivering actions specific to suicide and self-harm prevention. The report of the review contained a series of recommendations. One was that action should be taken to enhance the involvement of health boards, local authorities and a broad range of other organisations named in *Talk to Me*. Following the review, the Minister for Health and Social Services asked The National Advisory Group to Welsh Government on suicide and self-harm prevention to redraft the plan. The finalised strategy and action plan *Talk to Me 2*, was launched in July 2015 and addresses the period of 2015 to 2020.

Public Health Wales and Swansea University were asked to undertake a review of the implementation of *Talk to Me 2* and provide a report to Welsh Government by the end of February 2018. This document sets out the report of this review.

1.2 Methodology

This review has four elements:

- An update on the epidemiology of suicide and self-harm in Wales.
- A report of progress on the actions set out in *Talk to me 2* including progress since the last review.
- A content analysis of currently available local suicide prevention action plans.
- Recommendations on taking forward action to prevent suicide and self-harm within Wales developed by Public Health Wales through discussion with its National Advisory Group on suicide and self-harm prevention.

1.3 Implementation of the action plan

Implementation of *Talk to Me 2* follows a '3Cs' approach, one that is **cross-governmental, cross-sectoral and collaborative**, with shared responsibility at all levels of the community.

Talk to Me 2 stated that:

- Welsh Government would provide national leadership and oversight of the implementation and evaluation of *Talk to Me 2*.
- High-level engagement would be facilitated at health board and local authority level through the Welsh Government.
- Where actions involve matters that are not devolved, the Welsh Government would engage with the relevant UK Government Departments to ensure a collaborative approach is taken.
- Public Health Wales would facilitate and co-ordinate implementation of the Suicide and Self-harm Prevention Action Plan for Wales.
- Public Health Wales would provide a Chair for the National Advisory Group on Suicide and Self-harm Prevention, a national multi agency group of stakeholders from across Wales.
- The National Advisory Group would report annually on progress to the Welsh Government.
- Three regional fora would support local implementation (North Wales; Mid & South West Wales; South East Wales). The Chairs of the Regional Fora would report on a quarterly basis to the National Advisory Group but would also develop formal local reporting structures.

1.4 Current epidemiology in Wales

Each year in Wales between 300 and 350 people die by suicide. There has been a general upward trend 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.

Suicide rates continue to be much higher for males than for females. The highest age-specific rates were seen for males between 30 and 49 years, 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. Local authority suicide rates show little significant variation

and numbers are small so need to be treated with caution. Rates are higher in more deprived communities, particularly in males.

The age and sex pattern for self-harm differs from that for suicides. There are higher age-specific rates for emergency hospital admission among females than males for almost all age bands. The age and pattern of self-harm shows that young women aged 15-19 have the highest rates of emergency hospital admission. Rates of emergency hospital admission for self-harm are increasing in children under 18 years of age. This may reflect a genuine increase in self-harm, improved awareness and help-seeking or better management in accordance with guidance.

1.5 Progress against actions in *Talk to Me 2*

Excellent progress has been made in developing local suicide prevention action plans 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.

Good progress has been made in meeting objectives 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), 4 (Support the media in responsible reporting and portrayal of suicide and suicidal behaviour), and 5 (Reduce access to the means of suicide).

Some progress has been made in meeting objectives 2 (To deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm), 3 (Information and support for those bereaved or affected by suicide and self-harm), and 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).

1.6 Conclusions

The context in which this strategy and action plan was developed and has been implemented needs to be acknowledged. Very little specific funding was available to support it and its implementation has coincided with a period of significant health service financial constraint. Despite this progress has been made and guidance and outcomes have been delivered. The National Advisory Group has forged strong collaborative working relationships across different sectors and is a good example of effective multi-agency working.

Since the last mid-point review of Wales's national suicide and self-harm prevention strategy in 2012 much progress has been made. There are now active Regional Fora and local suicide prevention groups. All areas have developed or drafted local suicide prevention plans following the issue of guidance from the National Advisory Group. There is some exemplar work occurring in Wales with regards to means restriction. However for this progress to continue will require continued high level engagement and resources to be sustainable.

There will need to be some consideration of how suicide and self harm prevention will be progressed in Wales beyond 2020 and the life span of *Talk to me 2*. The existence of an overarching plan or strategy provides a focus for suicide and self harm prevention efforts and without it the over-arching agenda may be lost within other priorities.

1.7 Recommendations

Immediate

- 1. Adopt a cross agency wide Training Framework for Suicide and Self-harm Prevention Competence.**
- 2. Develop systems to improve information on suicide and self- harm.**
- 3. Support the development of a Wales-wide post-vention pathway.**
- 4. Implement current NICE Guidance on the management of self-harm and forthcoming NICE guidance on 'Preventing suicide in community and custodial settings' should be reviewed.**
- 5. Consideration should be given to resources being made available both centrally and locally for implementation of *Talk to Me 2*.**
- 6. Consideration should be given to providing resources for lay membership of the National Advisory Group.**

Longer term

- 7. The impact of socio- economic inequalities on suicide and self-harm should be acknowledged and addressed across strategies and initiatives.**
- 8. The prevention needs of age and sex specific vulnerable groups should be considered and addressed, with a particular focus on males.**
- 9. Consideration should be given to facilitating means restriction.**
- 10. Welsh Government should consider how action to prevent suicide and self-harm will be facilitated at a National level after 2020.**

2. Background and purpose

In 2009 Welsh Government published *Talk to Me* a five year national strategy and action plan to reduce suicide and self-harm in Wales [1]. A review of progress undertaken in 2012 by Public Health Wales [2] found that although there had been good progress in some of the objectives, the inclusion of a large number of supporting actions in the plan had reduced focus on delivering actions specific to suicide and self-harm prevention. The report of the review contained a number of recommendations one of which was that action should be taken to enhance the involvement of health boards, local authorities and a broad range of other organisations named in *Talk to Me*.

Following the review, the Minister for Health and Social Services asked the National Advisory Group to Welsh Government on suicide and self-harm prevention to draft a new strategy and plan. *Talk to Me 2*, was launched in July 2015 and builds on what had already been achieved in *Talk to Me*. It set out the strategic aims and objectives to prevent and reduce suicide and self-harm in Wales over the period 2015 to 2020.

The Ministers foreword to the strategy indicated that it would focus on a smaller number of achievable objectives and actions, all specific to suicide and self-harm prevention.

Public Health Wales and Swansea University were asked to undertake a review of the implementation of *Talk to Me 2* and provide a report to Welsh Government by the end of February 2018. This document sets out the report of this review.

2.1 Methodology

This report has three elements:

- An update on the epidemiology of suicide and self-harm in Wales.
- A report of progress on the objectives and actions set out in *Talk to me 2* including progress since the last review.
- A content analysis of currently available local suicide prevention action plans.

- Recommendations on taking forward action to prevent suicide and self-harm within Wales for the remainder of the term of the strategy.

Analysis of data for the update on the epidemiology of suicide and self-harm in Wales was conducted by the Public Health Wales Observatory and through the Suicide Information Database-Wales (SID-Cymru).

The progress report against the actions set out in *Talk to me 2* and progress since the last review is based on a document review, reports from the three regional suicide and self-harm prevention groups in Wales, feedback and reports from members of the National Advisory Group on suicide and self-harm prevention and from others with specific expert knowledge.

The recommendations on taking forward action to prevent suicide and self-harm within Wales have been developed through discussion with members of the National Advisory Group on suicide and self-harm prevention, chaired by Public Health Wales.

2.2 Scope of the strategy and action plan

The strategy and action plan recognised the need for a broad approach to suicide prevention. They acknowledged, but did not duplicate, other strategies and action plans contributing to the prevention of suicide and self-harm (Annex 3 of strategy) [3], including *Together for Mental Health* [4]. It is for this reason, issues such as the development of individual and population resilience, were not covered by *Talk to Me 2*. This does not preclude other appropriate activity being undertaken at a regional or local level. The strategy identified 'priority care providers' to, along with others, deliver action in certain 'priority places' to the benefit of key 'priority people' and confirms the national and local action required to achieve this.

Priority people	Priority places	Priority care providers
Men in mid life Older people over 65 with depression and co-morbid physical illness	Hospitals Prisons Police custody suites Workplaces Schools, further and	People who are first point of contact or first responders, including: Police Fire fighters

Adult prisoners Children and young people with a background of vulnerability People in the care of mental health services including inpatients People with a history of self-harm	higher education establishments Primary care facilities Emergency departments Rural areas Deprived areas	Welsh Ambulance staff Primary care staff Emergency department staff Social care staff
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3. Implementation of the action plan

No single organisation in isolation can prevent suicide and self-harm. National strategies allow for the co-ordination of action but there must be shared responsibility at all levels of the community, if it is to have a chance of success. Suicide and self-harm prevention therefore requires joint working across and between government at all levels, involving health boards, the third sector, and service users and professionals drawn from multiple settings.

3.1 Role of Welsh Government

Talk to Me 2 included certain responsibilities for Welsh Government. These were: to provide national leadership and oversight of the implementation and evaluation of the strategy and action plan; to follow up the progress made by local agencies in implementing the six principal objectives; to facilitate high-level engagement at health board and local authority level; to engage with the relevant UK Government Departments to ensure a collaborative approach is taken where actions involve matters that are not devolved.

3.2 Role of Public Health Wales

In 2010 it was agreed with Welsh Government that Public Health Wales would facilitate and co-ordinate implementation of the Suicide and Self-harm Prevention Action Plan for Wales. In response, Public Health Wales set up and continues to chair the National Advisory Group on Suicide and Self-harm Prevention, a national multi agency group of stakeholders from across Wales.

3.3 Role of the National Advisory Group for Suicide and self-harm prevention

The terms of reference of the National Advisory Group for suicide and self-harm prevention are included in appendix I. A current membership list of the National Advisory Group is included in appendix II. While some members of the National Advisory Group have lived experience of self-harm or bereavement through suicide, there is currently no defined lay member. This reflects a lack of specific funding to reimburse a lay member.

The National Advisory Group will report annually on progress to the Welsh Government. The National Advisory Group produced guidance on developing local suicide prevention action plans [5]. The Local Suicide Prevention action plan guidance tasked public health with overseeing the development of local plans. Public Health Wales and Swansea University were charged with conducting a mid-point review of the implementation of the strategy.

3.4 Local implementation

Implementation of *Talk to Me 2* follows a '3Cs' approach, one that is **cross-governmental, cross-sectoral and collaborative**, 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. However, it is the work done at the local level which is vital to the prevention of suicide and self-harm. This in turn is dependent on effective partnerships across all sectors including health, social care, education, the environment, housing, employment, the police and the criminal justice system, transport and the Third sector.

Three regional fora (North Wales; Mid & South West Wales; South East Wales) were created to support the local implementation of *Talk to Me 2*. Regional fora have established multi agency memberships and agreed local reporting structures. Regional fora also report to and share minutes with the National Advisory Group, and chairs of the Regional fora attend National Advisory Group quarterly meetings. Some local authority areas also have local suicide prevention groups, for example Bridgend. A potential issue encountered with local configurations is that some health boards place the governance of suicide prevention under the umbrella of Mental Health. This may limit wider partnership engagement and planning.

It is worth noting that while approximately 28% of those who die by suicide are known to mental health services in the year before their death, the majority are known to other services. The increased risk amongst those known to mental health services is recognised in *Talk to Me 2* with those in the care of mental health services as 'priority people'. However *Talk to Me 2* clearly advocated a public health approach.

There have been some issues regarding the sustainability of the Regional Fora since 2010. The National Advisory Group has supported Regional Fora during these periods by providing interim chairs and advocating with high-level representatives of local structures. Regional Fora have often relied on committed individuals for leadership with little recognition or support within organisations or their job plans. Changes in individuals' circumstances have severely impacted on activity. High-level engagement from local structures is required to maintain sustainability. Welsh Government and NHS Wales have encouraged this at certain times over the duration of both strategies, for example through a letter from the Chief Executive of NHS Wales. Currently Regional Fora are meeting regularly. This has been enabled by the need to develop local prevention plans.

The National Advisory Group produced guidance aimed at helping all areas in Wales develop their local suicide prevention strategies [5]. Plans could be developed at regional, health board or local authority level according to local preference (Appendix III). All local authority areas now have a draft or finalised local strategy at one of these levels. It is expected that local authority and health board area groups will still participate in Regional Fora to support shared learning and practice. The contents of each local prevention strategy have been mapped against the requirements contained in the National Advisory Group Guidance for inclusion in local suicide prevention strategies. This is included at appendix IV.

4. Current epidemiology in Wales

Although the factors that contribute to a suicide are many and complex, suicide is potentially preventable. Knowing who dies by suicide and when is essential to suicide prevention efforts, since it allows us to identify changes over time, enabling responsive priorities to be set to inform policy and practice and document the impact of any interventions. In Wales there are a number of sources of information on suicide but two

important ones are data from the Office of National Statistics provided by Public Health Wales and the Suicide Information Database- Wales (SID-Cymru), based at Swansea University and part funded by Health and Care Research Wales through the National Centre for Mental Health (<http://www.ncmh.info>).

Understanding suicide data

However there are a number of issues to consider when thinking about what suicide statistics mean:

- Definitions

Data analysed in this document refers to the Office for National Statistics (ONS) classification of suicide where the underlying cause of death was:

- 1) Intentional self-harm (ICD-10 code X60-X84).
- 2) Event of undetermined intent (Y10-Y34), but excluding Y33.9 before 2007.

In 2016, the National Statistics definition of suicide was modified to include deaths from intentional self-harm in 10 to 14 year old children in addition to deaths from intentional self-harm and events of undetermined intent in people aged 15 and over.

The definition for suicides has also changed slightly from 2007 onwards because of changes in coding processes by the ONS. From 2007 onwards deaths with code Y33.9 are included in the analysis. Previously those with Y33.9 included those with 'coroner's verdict pending' as well as 'open verdict'. As in the past they could not be distinguished in our data, all deaths with Y33.9 needed to be excluded. ONS are now coding those with 'verdict pending' to U509 for England & Wales, and we are therefore able to include those with 'open verdict' coded as Y33.9. The numbers of deaths for this code are very small (around 1 per year).

- Under-reporting of suicide

It is widely acknowledged that official statistics may underestimate the 'true' numbers of suicide in the United Kingdom and across the world. Deaths may be misclassified where a coroner cannot establish that the intent of the individual was to take their own life. Where such a death is recorded as 'undetermined intent' it will be included in suicide statistics but where it is coded as accidental it will not. The latter occurs, for example, in single vehicle road traffic accidents.

Coroners record a conclusion of suicide based on the principle of 'beyond doubt' rather than 'balance of probabilities'. This may be difficult to determine. Stigma may also play a role when assigning a cause of death as suicide.

- Narrative conclusions

It should be noted that following a coroner's inquest into a death, the coroner may decide to use a narrative verdict to report their conclusions as to the cause of death. Some narrative verdicts do not specify whether the fatal injury was accidental or involved intent to self-harm. The ONS call these verdicts 'hard-to-code'. There has been concern about an upward trend in 'hard-to-code' narrative verdicts, with numbers increasing in Wales from 52 in 2006 to 147 in 2010. Since such verdicts force ONS to code some probable suicides as accidents, e.g. accidental hanging (ICD-10 W75-76) or accidental poisoning (X40-49), it was thought that official suicide figures could be underestimating the true picture. As a result of these concerns, ONS took action by providing both their own coding staff (in January 2011) and also coroners (in October 2011) with additional guidance on narrative verdicts. These actions appear to be having a positive impact, with ONS reporting a 49% drop in hard-to-code narrative verdicts in Wales between 2010 and 2011 registrations. Therefore, it should be noted that:

- i) a reduction in the number of hard-to-code narrative verdicts could lead to an apparent rise in the numbers of suicides from 2011 onwards, when in fact the rise could be partly due to improved reporting from coroners and improved coding by ONS.
- ii) reported numbers of suicides are likely to be underestimated, particularly between 2006 and 2010.

- Delays in registration

Official data are subject to delay in availability. Before a suicide death can be registered an inquest must be completed (England and Wales); the length of time for this from death is variable. For this reason the information provided by Public Health Wales is presented by year of registration rather than year of death whereas that from SID-Cymru is by year of death.

- Year on year fluctuations

When looking at trends over time it's important to look over a relatively long period not any one year in isolation. There will be year on year fluctuations that are unlikely to be a reflection of 'true' changes in trends. For this reason we often use rolling averages.

- Small populations

Where populations are small, for example where males and females are analysed separately, rates can be unreliable since a small change in the number of suicides will have a large impact on rates. When this occurs it is demonstrated by relatively wide confidence intervals (bars around points in graphs, ranges in brackets). In these analyses any comparisons should be interpreted with caution and particular attention paid to overlapping error bars where differences are then not statistically significant i.e. we cannot really say there is a 'true' difference.

- Age standardised vs. crude rates

Age standardised rates have been standardised to the European population so comparisons can be made. This is because the age structure of a population impacts rates i.e. if looking at stroke one area may contain a higher proportion of older people so rates would be higher but this would be expected. Crude rates are not standardised in this way.

- Comparisons across years

There have been two recent revisions to the manner in which the death certificates are translated by the Office for National Statistics into International Classification of Diseases codes. These changes mean that unrevised data are not comparable across years. The main change relates to the rules that govern which cause of death detailed on the death certificate is selected as the underlying cause. Comparability ratios have not been used to adjust the number of deaths to account for coding changes between 2010 and 2011 and between 2013 and 2014.

Self-harm admission data

Intentional self-harm was identified using ICD-10 codes x60-84. The definition used in the hospital admissions data is any mention of intentional self-harm in the admitting episode of a hospital spell. Individuals were counted once per year during the period, for the 2007-16 indicator, this type of analysis is known as a person based analysis. A person based analysis is useful to measure the number of people within a population that might have had an emergency admission (in this case) for

a specific condition. It doesn't, however, provide an insight into the pressures on services as an individual admitted on numerous occasions would only appear once here. The age of the individual was taken from the first hospital admission within the period.

Similarly three-year rolling age specific rates per 100,000 were calculated for males and females aged 10+, for five year age bands.

4.1 Wales

In Wales there were 322 suicides in those aged 10 years and over in 2016, 28 less than the 350 recorded in 2015 but 75 higher than the 247 recorded in 2014. In 2013 there were 393 suicides in Wales, the highest recorded figure since 2002.

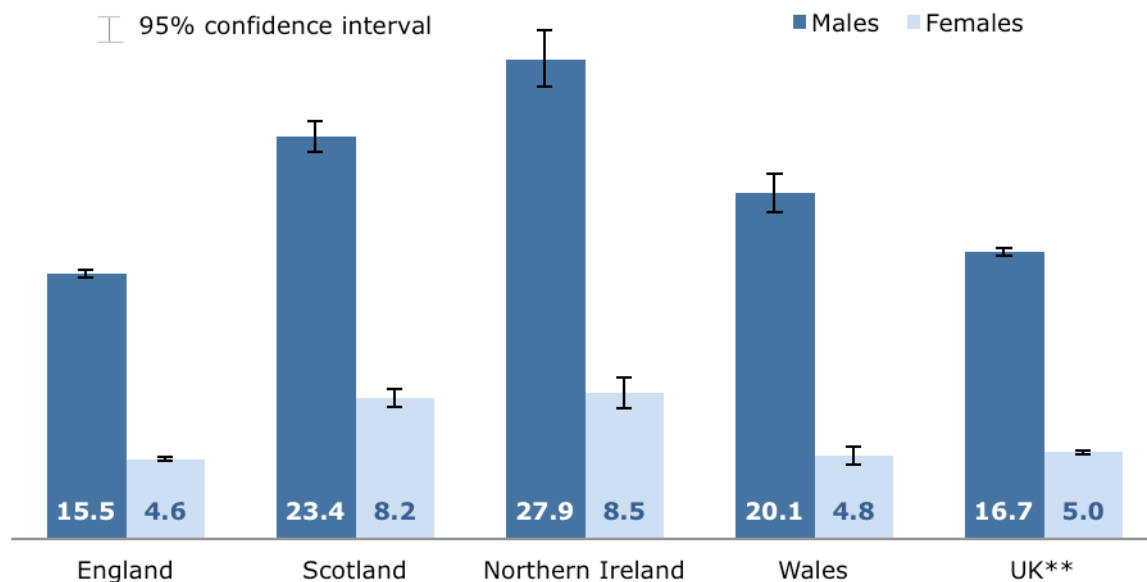
4.2 Wales in comparison with other UK nations

There are differences in coding in Scotland and Northern Ireland where additional codes are used (Y87.0 and Y87.2), 'Sequelae of intentional self-harm/ event of undetermined intent'. These differences mean comparisons across the United Kingdom nations should be interpreted with caution.

The rate of suicide in Wales (2012-2016) was higher than that of the UK average for males (Figure 1) but equivalent for females.

Figure 1**Suicides, European age-standardised rate (EASR) per 100,000*, males and females aged 10+, UK Nations, 2012-2016**

Produced by Public Health Wales Observatory, using data from ONS, NRS & NISRA



*Includes deaths from intentional self-harm for persons aged 10-14. Adjusted 2013 ESP weightings used to calculate EASRs due to the availability of data for different age groups

**UK is derived from the sum of England, Scotland, Northern Ireland and Wales and does not include deaths of non-residents

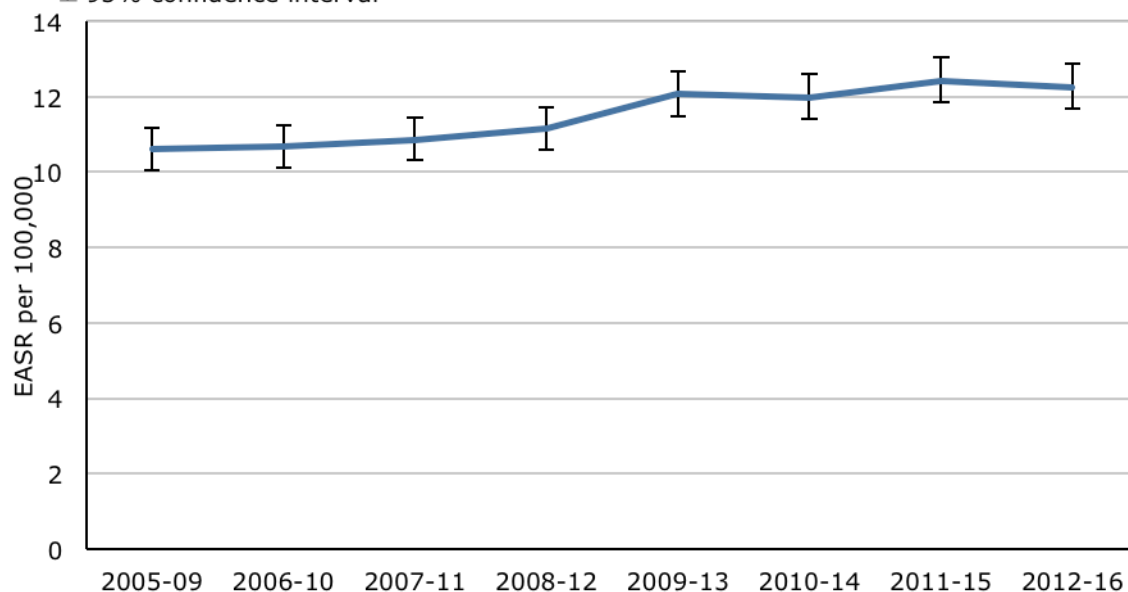
4.3 Trends in suicides in Wales

There has been a general upward trend in suicide rates in Wales between 2005 and 2016 (Figure 2). This may relate to the 49% drop in hard-to-code narrative verdicts in Wales between 2010 and 2011 and improved reporting from coroners and coding by ONS following guidance issued in 2011 as discussed previously. However this upward trend is seen in males not females (Figure 3).

Figure 2**Suicides, 5-year rolling European age-standardised rate (EASR), persons aged 10+, Wales, 2005-2016**

Produced by Public Health Wales Observatory, using PHM & MYE (ONS)

┆ 95% confidence interval

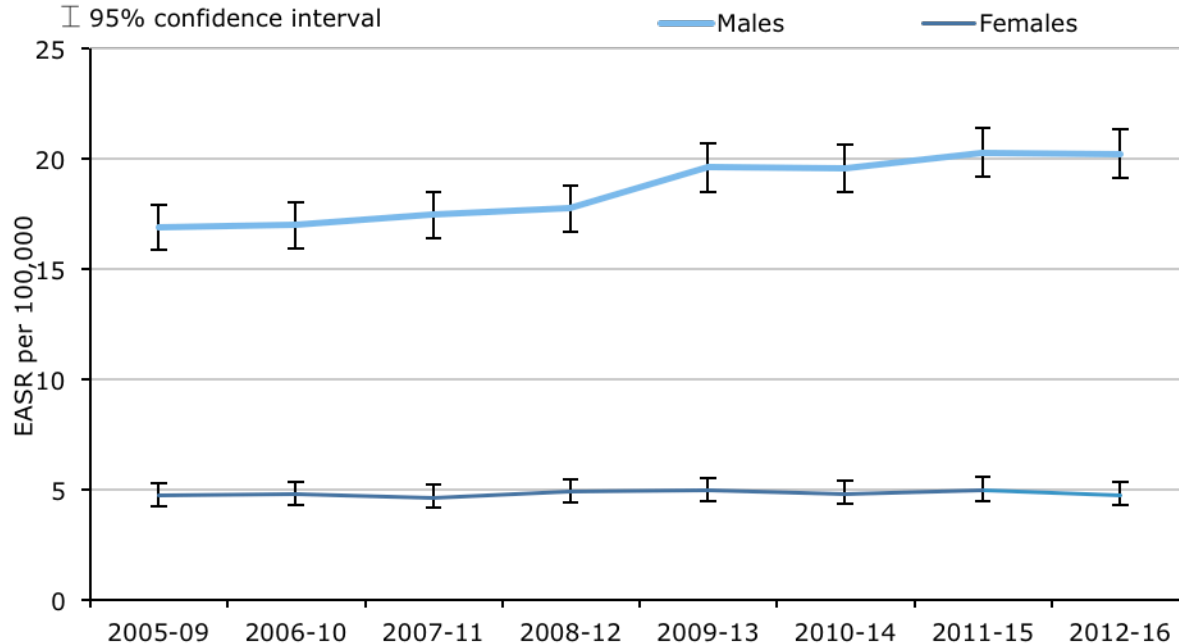


*Includes deaths from intentional self-harm for persons aged 10-14

Figure 3**Suicides, 5-year rolling European age-standardised rate (EASR), males and females aged 10+, Wales, 2005-2016**

Produced by Public Health Wales Observatory, using PHM & MYE (ONS)

┆ 95% confidence interval



*Includes deaths from intentional self-harm for persons aged 10-14

4.4 Suicide in Wales by age and sex

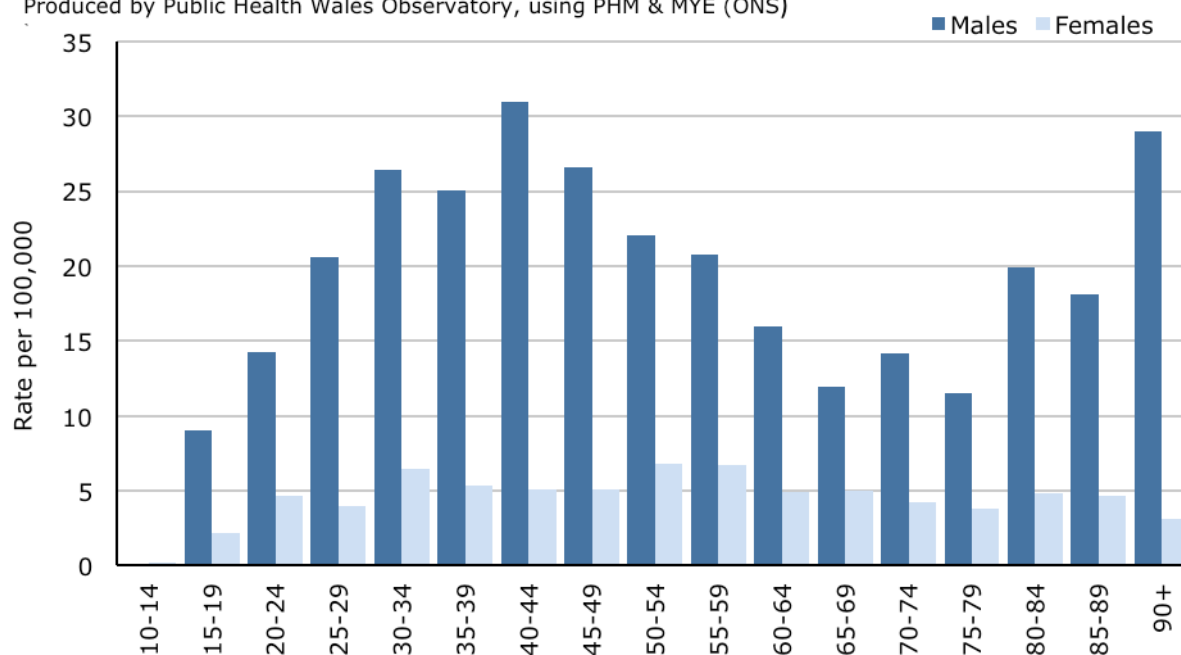
From 2007 to 2016 in Wales, suicide rates were highest in males aged between 30 and 49 years, with a peak in the 40 to 44 year age group (Figure 4). A second peak was noted amongst elderly males of 90 years plus. There has been a general upward trend in male suicide rates in those aged 25 years and over during this period (Figure 5). This upward trend was not evident in males aged between 10 and 24 with rates remaining relatively low and stable.

The pattern was different for females, with the highest suicide rates seen in those aged 30-34 years and 50-59 years, 2007-2016 (Figure 4). Rates have remained relatively stable in these age groups over this time period (Figure 6). Suicide rates in females aged over 75 years and those aged between 10 and 24 years were not included since rolling numbers of deaths over five years were less than 10 between 2007 and 2016.

Figure 4

Suicides, age-specific rate, males and females aged 10+, Wales, 2007-2016

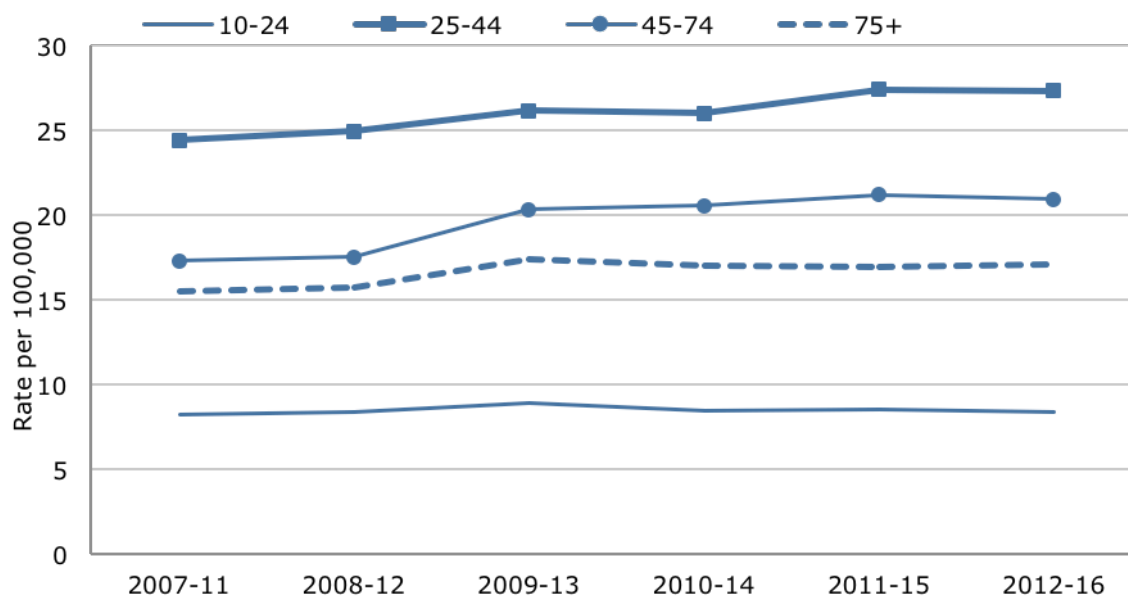
Produced by Public Health Wales Observatory, using PHM & MYE (ONS)



*Includes deaths from intentional self-harm for persons aged 10-14

Figure 5**Suicides, 5-year rolling rate, males aged 10 years+, Wales, 2007-2016**

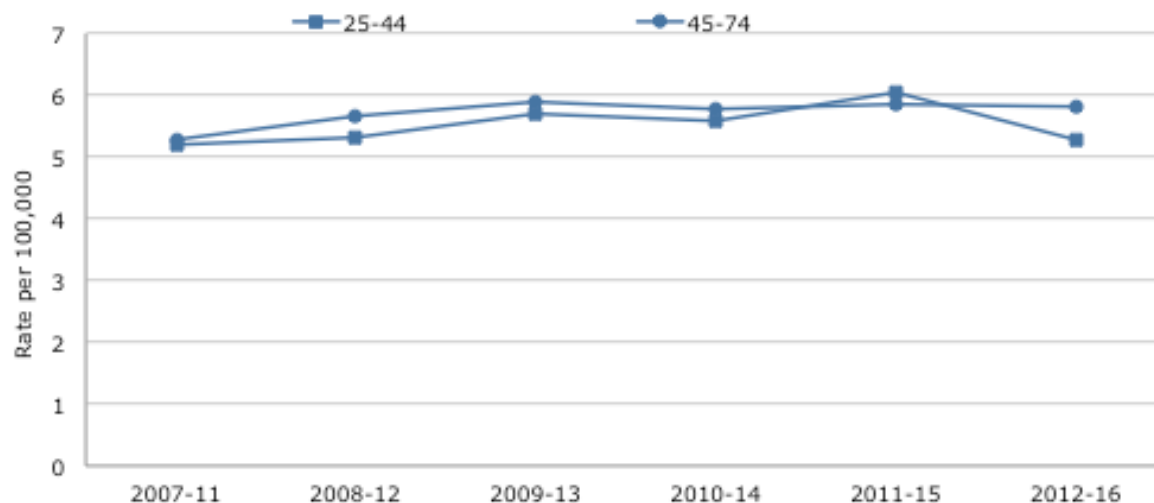
Produced by Public Health Wales Observatory, using PHM & MYE (ONS)



*Includes deaths from intentional self-harm for persons aged 10-14

Figure 6**Suicides, 5-year rolling rate, females aged 25 to 44 and 45 to 74, Wales, 2007-2016**

Produced by Public Health Wales Observatory, using PHM & MYE (ONS)



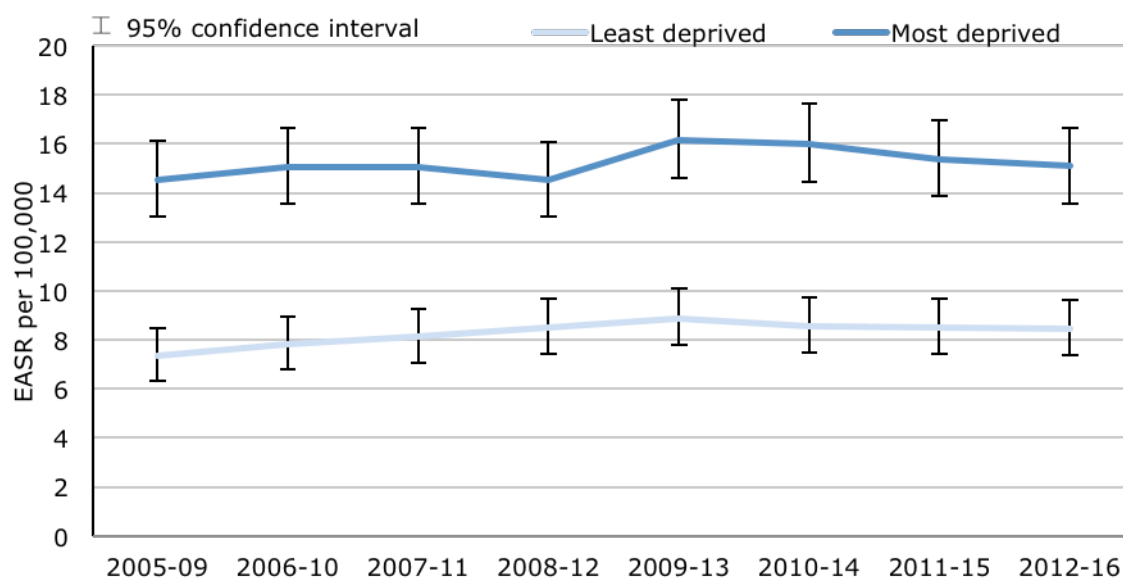
4.5 Trends in suicide in Wales according to areas of deprivation

There is a socio-economic gradient in deaths by suicide with those from the most deprived areas more likely to die in this way (Figure 7). This inequality is well recognised in the literature and has been evident in Wales since before *Talk to Me*, the original strategy. There has been little change over time. The socio-economic gradient in deaths by suicide is particularly marked in males (Figure 8). The European age standardised rate (EASR) for males for the period 2012 to 2016 ranged from 13.3 (95% confidence interval 11.4-15.4) per 100,000 in the least deprived areas to 25.5 (95% confidence interval 22.6-28.5) in the most deprived areas. There is no significant difference across levels of deprivation for females. The link between suicide and deprivation in Wales has been highlighted in a new report by Samaritans Cymru titled '*Socioeconomic disadvantage and suicidal behaviour – Finding a way forward for Wales.*' (available at <https://www.samaritans.org/your-community/samaritans-ireland-scotland-and-wales/samaritans-work-wales/socioeconomic>).

Figure 7

Suicides, European age-standardised rate (EASR), by least and most deprived fifth (WIMD 2014) persons aged 10+, Wales, 2005-2016

Produced by Public Health Wales Observatory, using PHM, MYE (ONS) & WIMD (WG)



*Includes deaths from intentional self-harm for persons aged 10-14

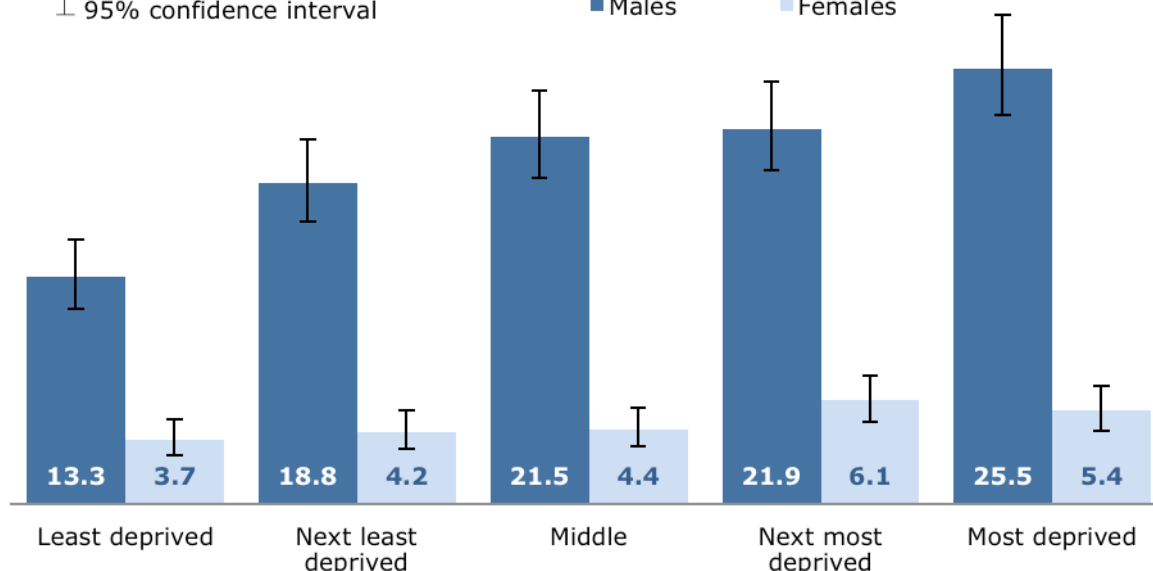
Figure 8**Suicides, European age-standardised rate (EASR) per 100,000, by deprivation fifth (WIMD 2014), males and females aged 10+, Wales, 2012-16**

Produced by Public Health Wales Observatory, using PHM, MYE (ONS) & WIMD (WG)

┘ 95% confidence interval

■ Males

■ Females



*Includes deaths from intentional self-harm for persons aged 10-14

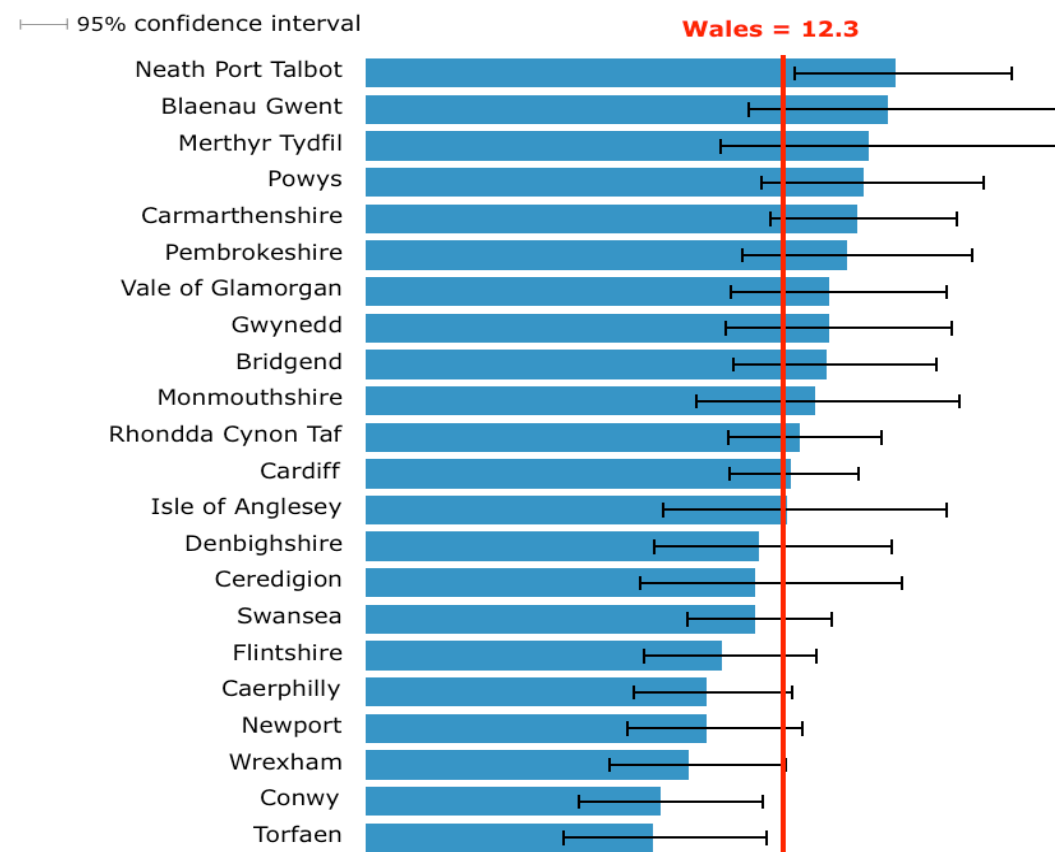
4.6 Suicide by area within Wales

Suicide rates by local authority area were not significantly different for the majority of areas for the period 2012 - 2016. The number of suicides is often small per area. For this reason any comparisons should be interpreted with caution and particular attention paid to size and overlapping of error bars where differences are then not statistically significant.

The European age-standardised rate (EASR) for this period ranged from 8.4 (95% confidence interval 5.8-11.8) in Torfaen to 15.6 (95% confidence interval 12.6-19.0) in Neath Port Talbot (Figure 6). Neath Port Talbot was the only local authority area with a suicide rate above the average suicide rate for Wales. The EASRs by local authority area for males and females analysed separately showed no statistically significant differences across local authorities or from the Wales average except for Conwy where the rate for males (14.1, 95% confidence interval 9.7-19.7 per 100,000) was very slightly below Wales's average rate for males.

Figure 6**Suicides, European age-standardised rate (EASR) per 100,000, persons aged 10+, Wales local authorities, 2012-2016**

Produced by Public Health Wales Observatory, using PHM & MYE (ONS)



*Includes deaths from intentional self-harm for persons aged 10-14.

4.7 SID-Cymru

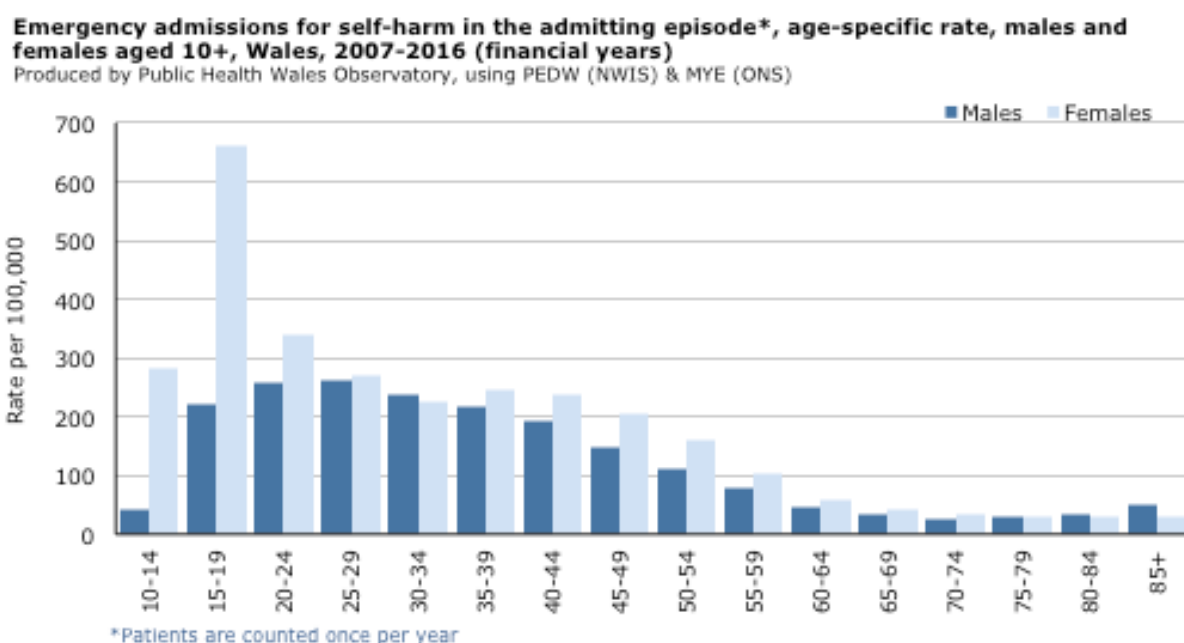
A total of 4289 people resident in Wales who died by suicide, with a date of death from 2001-2015, are currently included in SID-Cymru with ten controls of the same age and sex who were alive on their date of death. Just over three-quarters of those who died by suicide were male, which is in keeping with the research literature. There was a socio-economic gradient in those who died by suicide (14% from the least deprived quintile of area deprivation and 26% from the most deprived) which was not evident in controls. This highlights that activities preventing suicide need to address inequalities. Those who died by suicide had contact with their GP as much as those who did not in the year prior to their deaths but this was more likely to be for mental health problems (19% vs. 4%) or self-harm (7% vs. 0.2%).

4.8 Admissions for self-harm in Wales

The most reliable data for self-harm available in Wales is derived from hospital in-patient data. Many people who harm themselves do not attend health services and of those that do very few will require admission. This is a serious impediment to our understanding of the scale of the problem in Wales and to planning effective service organisation and delivery.

The age and sex pattern of admission for self-harm is very different to that for suicide (Figure 12). There are higher rates among women than men among almost all age bands. For the period 2007-2016, age specific self-harm admissions showed the highest rate among females aged 15-19 years (661.3 per 100, 000). There was little evidence of any secondary peak among the elderly. However age specific rates per 100,000 in the over 85 years were higher in males than females (49.7 vs. 27.9 per 100.000).

Figure 12



In males the highest age- specific rate is in the 25-29 year age group between 2007 and 2016 (Figure 12). However, there has been a general downward trend in 3-year rolling rates per 100.000 of emergency admissions for self-harm in 18-24 and 25-44 year olds 2008-2016 (Figure 13). 3-year rolling rates per 100.000 of emergency admissions for self-harm in males aged 10-14 years old have increased from 30 to 59 and in those aged 15-17 years from 185 to 211 between 2008-10 and 2014-16. Compared to other age groups, 3-year rolling rates of emergency

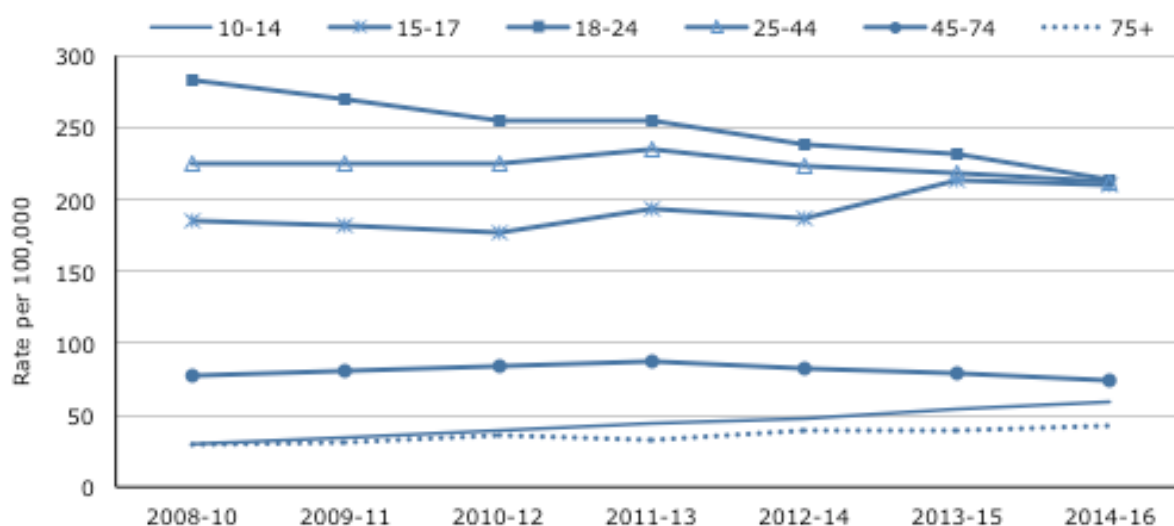
admissions were highest in 15-17 year olds with a rapid increase observed between 2009-2011 and 2013-2015 from 645 to 986 per 100,000 (Figure 14). These rates also increased in 10-14 year olds from 193 to 386 per 100,000.

The increase in rates in those aged 10-17 years may reflect a genuine increase in self-harm rates, increased awareness and help-seeking combined with reduced stigma and/ or improved management of self-harm in young people in line with NICE guidance (2004) which advises that individuals under the age of 16 presenting to hospital for self-harm should always be admitted for a comprehensive psycho-social assessment.

Figure 13

Emergency admissions for self-harm*, 3-year rolling rate, males aged 10+, Wales, 2008-10 to 2014-16 (financial years)

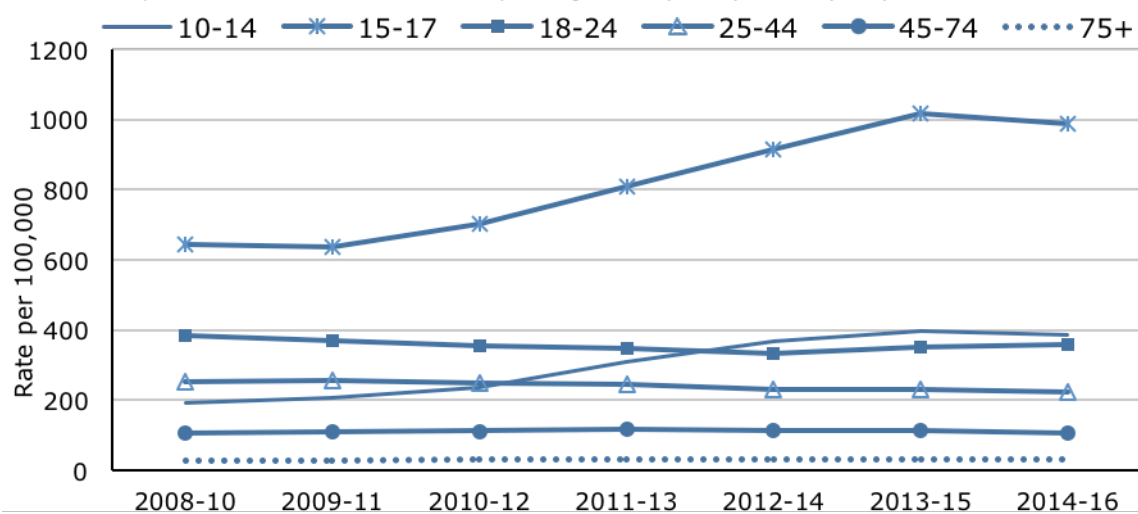
Produced by Public Health Wales Observatory, using PEDW (NWIS) & MYE (ONS)



*Patients are counted once per year even where there were multiple admissions; this analysis is based on any mention of self-harm in the admitting episode of the hospital spell.

Figure 14**Emergency admissions for self-harm*, 3-year rolling rate, females aged 10+, Wales, 2008-10 to 2014-16 (financial years)**

Produced by Public Health Wales Observatory, using PEDW (NWIS) & MYE (ONS)



*Patients are counted once per year even where there were multiple admissions; this analysis is based on any mention of self-harm in the admitting episode of the hospital spell.

5. Progress against objectives in *Talk to Me 2*

5.1 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

Good progress has been made

- The Wales Suicide Prevention Training Framework has been finalised and disseminated to Regional Fora. Once the *Talk to Me 2* website is launched this will be freely available.
- Guidance on the development of local suicide prevention action plans completed and disseminated to Regional For a. Regional For a have held a number of local events to consult with stakeholders during the development of local suicide prevention plans.
- Workplace related guidance to aid staff and managers has been developed and is in use in North Wales and Cardiff & Vale UHB.
- Regional health boards and Third sector organisations have signed up to the 'Mindful Employer' initiative.
- Welsh Government have continued to fund *Time to Change Cymru* (TTCW) - a national campaign to address stigma and discrimination faced by people with mental health problems. 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.
- The National Collaborating Centre for Mental Health is developing a series of Self-harm & Suicide Prevention Competence Frameworks, similar to previous ones developed by the Royal College of Psychiatrists. This framework will be relevant for a wide audience such as, public health and government bodies; providers and all staff (including non-clinical staff) in all health and social care settings; people working in educational settings; staff and providers of housing support; providers and staff of transport services, particularly rail; the police; organisations or occupations with known high suicide risk; professional membership bodies for a wide range of practitioners; those who have previously harmed or attempted suicide, including their families and carers; people bereaved by suicide; and the general public. The Chair of the National Advisory Group sits on the Expert Reference Group for Children and Young

People and the Royal College of Psychiatrists representative sits on the adult one for these frameworks. This will be adopted in Wales.

- Her Majesty's Prison and Probation Service (HMPPS) have developed a strategy for suicide and self-harm prevention across prisons and the community.
- Samaritans have, in partnership with HMPPS, established their Listener Scheme in HMP Berwyn from its opening. The Listener Scheme operates in all prisons in Wales. It trains prisoners to provide emotional support to other prisoners. Samaritans have also been able to establish a bi-lingual correspondence service in Berwyn and in all prisons in Wales.
- HMPPS provides Suicide and Self-harm (SASH) training for all directly and non-directly employed staff in Welsh establishments.
- Wales Suicide and Self-harm prevention symposium was held supported by the National Advisory Group on the 22nd of September 2017. A number of members of the National Advisory Group spoke at this event.
- Swansea University, the College of Paramedics and the National Advisory Group held a suicide awareness and prevention symposium to raise awareness amongst priority care providers in August 2016 with over 100 attendees.
- 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.
- All police officers must complete mandatory online Authorised Professional Practice (APP) training developed by the College of Policing on raising awareness of issues related to mental health and suicide.
- Network Rail staff in North Wales have been trained to recognise the warning signs of suicide and help individuals access appropriate support.

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

Some progress has been made

- The independent counselling service for children and young people has been rolled out across Wales, and information on the independent counselling service is provided to the Welsh

Government and published annually [6]. This service contributes to appropriate responses to personal crisis and early intervention.

- Samaritans South Wales Valleys project, which aimed to provide a Samaritans presence in the Valleys where there was no brick branch, was established and continues to develop. Extensive awareness raising has been carried out, as well as direct emotional support being provided in settings such as Merthyr town centre, and in the Merthyr Bridewell custody suite. There are now 26 active volunteers and the numbers are increasing.
- Implementation of the self-harm driver (originally developed to improve management of self-harm in hospital setting) has been delayed, with plans to address in 2018-19 1000 Lives workplan.
- The National Police Chief Council (NPCC, formerly ACPO) for England and Wales and the Welsh Chief Officer Group (WCOG) are committed to reduce Police involvement in dealing with persons in crisis by directing them to intervention by health services at an early stage.
- HMPPS offers support for prisoners in crisis, as well as, post self-harm support- Assessment, Care in Custody and Teamwork (ACCT). There has been revised training for new ACCT Case Managers and refresher training.
- The four Welsh Police Forces are actively engaged in the implementation of delivering actions plans outlined in partnership with health boards and local authority. Since the introduction of the Policing and Crime Act, there have been no reported incidents of juveniles being detained in a Police station under Section 136. The number of adults being detained in Police cells under Section 136 pan Wales is also reducing. The Policing and Crime Act impacts this since “where reasonably practicable” officers must liaise with a mental health professional before detaining a person under Section 136. There are a number of initiatives, such as a mental health professional working in the Police control room (Gwent Police) to give advice and guidance to officers when dealing with people in crisis. Other forces have developed their own protocols and guidance for this.
- There are a number of projects Wales wide that are seeking to improve the links between specialist Child and Adolescent Mental Health Services (CAMHS) staff and professionals working with children and young people with the aim of increasing the capacity and confidence of those non-specialist professionals to appropriately

respond to a range of mental health issues in children and young people whilst ensuring timely referral of those who require more specialist care.

These include:

- the publication of new guidance for local primary mental health care services for children, expanding the range of professionals who can access care and increasing the consultation, support and training that the service provides.
- a school outreach pilot, jointly funded by Welsh Government Education and Health cabinet secretaries in which three areas of Wales employ CAMHS professionals designated to work in and alongside secondary schools and their clusters.
- the roll out of crisis care and liaison services from CAMHS to acute hospitals has increased improving the timeliness of assessment.
- the effective use of care planning, risk assessment and management is being audited this year by the NHS Delivery Unit.
- Welsh Government anti-bullying guidance (published in 2011) is currently being updated and is anticipated for publication in 2018.

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

Some progress has been made

- *Help is at Hand Cymru* [7] was updated in 2016 and has been circulated to Third sector members and people who frequently come into contact with those bereaved or affected by suicide and self-harm. These include coroners, funeral directors, hospital mortuaries, police, emergency departments (through 2 Wish Upon a Star), health boards and ambulance services. It is available for download from the Public Health Wales site (<http://www.wales.nhs.uk/sitesplus/888/news/27747>) (It will be available on the Wales suicide and self-harm prevention website when live).
- *Help is at Hand* is also available on the GPOne website <http://www.gpone.wales.nhs.uk/non-clinical>.
- An awareness raising session was held in December 17 at a national counselling meeting of the Samaritans' Step by Step service, a post-vention package following a suicide in a school.
- Cruse lead on a Welsh Government funded partnership project with Samaritans (ending 31st March 2019) - Facing the Future. This

offers jointly facilitated support groups for those bereaved by suicide. Groups have taken place in Cardiff and Swansea.

- Cruse offers core support in groups and one to one support for those bereaved by suicide across Wales. In 2016/2017, Cruse supported 330 people who were bereaved by suicide.
- South Wales Police have revised their Sudden Death forms so that the attending officer has details to give to next of kin of various support groups and as well as Help is at Hand.
- We currently have no co-ordinated Wales wide response for individuals bereaved through suicide. While awareness of Help is at Hand has increased a Wales pathway would ensure that those bereaved through sudden unexplained death or apparent suicide receive the appropriate support or at least know where to seek help. Those bereaved through suicide are at higher risk of suicidal behaviours. Public Health England developed a guide to providing local services for support after a suicide

(http://www.nspa.org.uk/wp-content/uploads/2017/01/PHE_postvention_resource-NB311016.pdf).

5.4 Objective 4 - Support the media in responsible reporting and portrayal of suicide and suicidal behaviour

Good progress has been made

- Samaritans have developed revised media guidelines to support the balanced and appropriate reporting of suicide and these have been disseminated to local media outlets and adopted and translated in Wales.
- On notification of a clear breach of these media guidelines in Wales or in stories relating to Wales the Chair of the National Advisory Group (in collaboration with the Samaritans and other partners) writes to the Editors involved following discussion at a National Advisory Group meeting enclosing a copy of the guidelines.
- In April 2017 Samaritans and the Chair of the National Advisory Group visited ITV Wales to provide training for journalists, correspondents and staff. The training session had over twenty ITV staff in attendance including the Deputy Head of news. Other work has included proof reading a script for S4C as part of a documentary they were creating about suicide, advising ITV Wales about a documentary and advising on a Channel 4 soap.

- Samaritans have delivered training to over 20 Media Wales journalists and editors. These members of staff work across Wales Online, Western Mail and South Wales Echo publications.
- A journal publication exploring the harms and benefits of online behaviours (including social media usage) and their impact on suicide and self-harm was published by a research collaboration led by Swansea University [8].
- There have been a number of examples of positive reporting in Wales such as coverage following the reporting of the launch of Talk to Me 2 and the publication of the Child Death Review into Probable Suicide.
- The Chair of the National Advisory Group sits on the Wales Internet Safety Partnership Board and spoke at their 2016 conference on suicide and self-harm.

5.5 Objective 5 - Reduce access to the means of suicide

Good progress has been made

- Good progress has been made in restricting access to the means of suicide for rail, Motorway and Trunk Road (MTR) bridges but limited progress has been made in restricting access to the means of suicide for local authority bridges.
- Welsh Government Transport, following work with members of the National Advisory Group is promoting changes to National Standards and Codes of Practice to ensure the risk of suicide by jumping from Motorway and Trunk Road bridges is considered by designers at the outset of new projects with the aim of avoiding retrospective provision. Welsh Government Transport is promoting these changes to reflect *Talk to Me 2* objectives. *Talk to Me 2* is now referred to in 'Well Managed Highway Infrastructure – Code of Practice' published 28 October 2016. A review of the Design Manual for Roads and Bridges standards is also being undertaken. It is anticipated this will be completed and updates published by 2020. This work is exemplar practice internationally.
- A process for assessing the risk of suicide by jumping from MTR bridges and developing appropriate actions has been developed by the National Advisory Group and associated stakeholders. A case study has been included within the 'Guidance issued by the National Advisory Group to Regional Fora on local suicide and self-harm prevention planning'. The case study outlines the approach taken at a motorway footbridge in South Wales. A flow chart has also

been developed by the National Advisory Group to formalise the process.

- North Wales Regional Forum has set up a Task and Finish Group to consider actions required at a specific Trunk Road bridge site. Proposed actions are: erect bilingual Samaritans signs – completed; consider installation of CCTV/thermal cameras – feasibility study to be completed by March 2018; review phone provision at the site – feasibility study to be completed by March 2018; feasibility study to increase the barrier height at the edges of the bridge – to be completed by March 2018.
- MTR bridges are managed by Welsh Government Transport. Police and Welsh Government agents meet on a quarterly basis to discuss suicide across the network and determine priorities in terms of actions required. Police data on call outs to vulnerable persons will provide evidence to highlight high risk frequently used sites for jumping. Work is required to achieve consistent data/reporting across Wales. Some Regions have input from Coroners. It is proposed that similar discussions occur with other coroners to obtain relevant data on completed suicides across all Regional Fora areas.
- National discussion is occurring at UK Bridges Board in relation to suicides at highway structures with representation from all countries. This raises the awareness of the issues and should provide a consistent approach across the UK.
- Further training is required for traffic officers or first responders on site so that vulnerable people can be approached and appropriate contact made. Welsh Government is liaising with Highways England on training for traffic officers and first responders with the aim of developing a policy for suicides on Welsh Roads.
- The Chair of National Advisory Group spoke at the Parliament Transport Safety Commission (PACTS) conference on 19th October 2017 Reducing suicide on UK Roads. For local authorities and those organisations who implement suicide prevention strategies at ground level, obtaining funding for interventions was reported to be problematic without data to support investment. PACTS recommends that road-related suicide be specifically included in national mental health and road safety policies by the governments and lead agencies of the UK.
- Work on reviewing the evidence base on the effectiveness of restricting access to the means of suicide is currently being

undertaken by both Public Health Wales and the research team at Swansea University as part of a Cochrane Review.

- HMPPS provides anti-ligature clothing for prisoners in crisis. Cameras within HMP Usk and Prescoed have been improved to support the identification and monitoring of prisoners at risk of suicide and/or self-harm. Access to Safer Cells is also available if a prisoner is actively suicidal and a review has been commissioned.

5.6 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

Some progress has been made

- There are teams based in Swansea, Cardiff and Bangor Universities conducting funded research on suicide and self-harm prevention.
- The Suicide Information Database-Wales (SID-Cymru) has made some progress in reviewing deaths of those not known to mental health services in Wales. SID-Cymru anonymously links, at an individual level, electronic routinely collected data about all persons in Wales, over 10 years of age, who were recorded to have died by suicide between the 1st January 2001 and the 31st December 2015. Currently the focus is on the prior health, nature of previous contacts with services and wider social circumstances of all those who die through suicide (known and unknown to mental health services) to inform prevention, policy and practice.

It is hosted within the Secure Anonymised Information Linkage (SAIL) Databank which links together the widest possible range of person-based data using robust privacy protecting anonymisation techniques for health related research. The SAIL Databank contains vast amounts of data routinely collected on a daily basis by health and social care systems to support people's care.

Currently SID-Cymru links across the Office for National Statistics Annual District Deaths Extract (ADDE), the Welsh Primary Care GP dataset (WGP), the Patient Episode Database for Wales (PEDW), the Outpatient Dataset (OPD) and the Emergency Department Data Set (EDDS). There is a Sid-Cymru protocol which reports on this in more detail (<http://bmjopen.bmj.com/content/4/11/e006780>), and information on datasets held within the SAIL Databank are available online (www.saildatabank.com). SID-Cymru is funded by Health and Care Research Wales through the National Centre for Mental Health.

- A workshop led by Swansea University and Children in Wales was held in September 2017 with stakeholders from CAMHS, schools, social services and safeguarding. A booklet giving advice on talking with and managing those young people who are self-harming is being developed as part of this workshop.
- The Child Death Review Programme, Public Health Wales, is conducting an updated review of deaths by probable suicide (2013-2017). This will report in February 2019.
- There are issues around the timeliness of suicide data. This essential to inform responses to potential clusters and frequently used sites. Consideration should be given to real-time surveillance to inform local and national responses. Pilots of methods based on coroners or police reporting have been conducted in England. Additionally in England and Ireland self-harm presentation to emergency departments is monitored to inform practice and allow for timely responses. The further development of data collection and real-time surveillance of suicide and self-harm is also essential for better understanding and to improve and evaluate interventions for prevention. Little progress has been made in this area beyond an update of trends.

There is no monitoring or real-time surveillance of suicide and/ or self-harm currently occurring in Wales although there is some reporting to Welsh Government of self-harm data. Improving the information available in Wales for the remainder of the duration of *Talk to me 2* will better inform the longer-term suicide and self harm prevention agenda.

- Wales participates in the National Confidential Inquiry into Suicide and Homicide of those known to services in the year before their death.

6. Assessment of current situation

6.1 The scope of the action plan

Section 5 summarises progress against the objectives in *Talk to Me 2* and Appendix V gives more detailed progress against the actions. The focusing of efforts on a much smaller number of actions (16 in current strategy) specific to the prevention of suicide and self-harm compared to *Talk to Me* (over 100 actions) appears to have improved co-ordinated prevention action across Wales.

6.2 Implementation

All areas currently have local suicide prevention plans agreed locally or in draft form. The geographical level at which a plan was developed (local authority, health board, Regional Fora) was at local discretion and this is reflected in seven local plans across Wales (Appendix III). Local reporting arrangements for delivering plans are now in place. This has created a mechanism for local implementation. Appendix IV maps the content of local suicide prevention plans against *Talk to Me 2* and issued guidance on developing plans. Regional Fora are currently operating and meeting regularly although there have been issues with sustainability. This reflects regional structures and reporting mechanisms for Regional Fora (which may be separate to plans), as well as, available resources and recognition in job plans for Chairs and participants.

It is unclear if any resources are available both centrally and locally for implementation of *Talk to Me 2*. Adequate resourcing is essential for implementation. Currently there is a reliance on expertise and enthusiasm both nationally and locally. Most guidance developed in other nations is either supported through specific funding or national posts for suicide prevention to support this type of work in liaison with experts. The lack of a dedicated resource in terms of personnel has resulted in the delay of certain pieces of work e.g. local planning guidance, developing the content for a national website. Following the Health Committee Inquiry into Suicide Prevention in England in 2017 a significant government investment into suicide prevention of £25 million over 3 years was announced. Adequately resourcing the measures, services and guidance set out in the strategy with provision of some central/ national workforce would create and support a sustainable prevention effort in Wales.

6.3 Epidemiology

There has been a general upward trend 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.

Suicide rates continue to be much higher for males than for females. The highest age-specific rates were seen for males between 30 and 49 years, 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. Local authority suicide rates show little significant variation and numbers are small so need to be treated with caution. Rates are higher in more deprived communities, particularly in males.

The age and sex pattern for self-harm differs from that for suicides. There are higher age-specific rates for emergency hospital admission among females than males for almost all age bands. The age and pattern of self-harm shows that young women aged 15-19 have the highest rates of emergency hospital admission. Rates of emergency hospital admission for self-harm are increasing in children under 18 years of age. This may reflect a genuine increase in self-harm, improved awareness and help-seeking or better management in accordance with guidance.

6.4 Progress

There has been progress across all the objectives in the strategy and action plan:

Excellent progress has been made in developing local suicide prevention action plans 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.

Good progress has been made in meeting objectives 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), 4 (Support the media in responsible reporting and portrayal of suicide and suicidal behaviour), and 5 (Reduce access to the means of suicide).

Some progress has been made in meeting objectives 2 (To deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm), 3 (Information and support for those bereaved or affected by suicide and self-harm), and 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).

Inclusion of suicide and self-harm (with the National Advisory Group and *Talk to Me 2*) into Together for Mental Health, has promoted some high level engagement and reporting of activity. However a focussed suicide and self-harm prevention strategy and action plan allows for specific action in this area. Links with other strategies such as safeguarding and substance misuse could be promoted for the duration of the strategy to co-ordinate action in these areas.

6.5 Progress since last mid-point review

Considerable progress has been made since the last mid-point review and this should be noted. Local engagement and knowledge reflected in the presence of cross-sectoral local suicide prevention plans has developed considerably. However this progress will require continued high level engagement and resources to be sustainable.

7. Conclusion

The context in which this strategy and action plan was developed and has been implemented needs to be acknowledged. Very little specific funding was available to support it and its implementation has coincided with a period of significant health service financial constraint. Despite this progress has been made and guidance and outcomes have been delivered. The National Advisory Group has forged strong collaborative working relationships across different sectors and is a good example of effective multi-agency working.

Since the last mid-point review of Wales's national suicide and self-harm prevention strategy in 2012 much progress has been made with active cross-sectoral Regional Fora and local prevention groups. Local suicide and self-harm prevention plans have been developed or are in draft for all areas following the issue of guidance from the National Advisory Group. There is some exemplar work occurring in Wales with regards to means

restriction. However, this progress will require continued high level engagement and resources to be sustainable.

There will need to be some consideration of how suicide and self harm prevention will be progressed in Wales beyond 2020 and the life span of *Talk to me 2*. The existence of an overarching plan or strategy provides a focus for suicide and self harm prevention efforts and without it the overarching agenda may be lost within other priorities.

8. Recommendations to Welsh Government

8.1 Immediate

1. Adopt a cross agency wide Training Framework for Suicide and Self-harm Prevention Competence

There needs to be further consideration of training on suicide and self-harm as part of standard curricula rather than it being seen as optional and being delivered by outside agencies. Efforts should be made to create a broad acceptance that a basic understanding of suicide and self harm should be an essential element in training for all occupations where workers may come into contact with people experiencing mental distress. This will build on and develop work already done by the National Advisory Group. It could be based on the National Collaborating Centre for Mental Health series of Self-harm & Suicide Prevention Competence Frameworks and implemented similarly to the training framework across all agencies for domestic violence.

2. Develop systems to improve information on suicide and self-harm.

Funding is required to support specific Wales based projects and to develop systems to acquire more accurate and timely information on suicide and self-harm in Wales and evaluate them.

These could include:

- Real-time suicide surveillance and mechanisms to improve timeliness of data with regards to suicide such as improving access to data from coroners or the police.
- Self-harm surveillance through the creation of a self-harm register similar to that operated in England and Northern Ireland or by using routinely available data.
- Review of suicide deaths in people not in contact with mental health services (adults and children) but in contact with other services.

Research in this area will also inform the development and evaluation of effective population based interventions.

3. Support the development of a Wales-wide post-vention pathway

We currently have no co-ordinated Wales wide response for individuals or organisations bereaved through suicide. While awareness of Help is at Hand has increased a Wales pathway would ensure that those bereaved through sudden unexplained death or apparent suicide receive the appropriate support or at least know where to seek help. Those bereaved through suicide are at higher risk of suicidal behaviours so post-vention is prevention. This could include guidance and sources of help for individuals and organisations such as schools, prisons, psychiatric hospitals, workplaces and universities.

4. Implement current NICE Guidance on the management of self-harm and forthcoming NICE guidance on 'Preventing suicide in community and custodial settings' should be reviewed.

5. Consideration should be given to resources being made available both centrally and locally for implementation of *Talk to Me 2*.

6. Consideration should be given to providing resources for lay membership of the National Advisory Group.

8.2 Longer term

7. The impact of socio- economic inequalities on suicide and self-harm should be acknowledged and addressed across strategies and initiatives

There is a social gradient in the distribution of suicide across the population (demonstrated in Wales data), with those living in more deprived areas most likely to take their own lives compared to those living in more affluent areas. Deprivation and its associations to unemployment, poor housing and homelessness, debt, poverty, social isolation and other poor social conditions contribute to adversity, erode resilience and result in coping strategies such as alcohol, drugs, gambling and an increase in mental distress. Attention should be paid to addressing these causes of suicide, reducing poverty and social inequalities. This relates to other Welsh Government strategies and initiatives such as Well-being of Future Generations Act and Prosperity for All.

8. The prevention needs of age and sex specific vulnerable groups should be considered and addressed, with a particular focus on males

Talk to Me 2 highlights a number of priority people for action. There has been some action on addressing the particular needs of these groups.

There is a known gap in both provision and expertise in working with individuals, often men, who do not seek help in traditional ways or with 'symptoms' which do not fit traditional treatment criteria. New ways of working need to be developed and / or adopted. Community and school-wide approaches which are not badged as health or mental health, which are normalised and peer-to-peer should be explored.

Appropriate evaluation with measured outcomes that extend beyond a positive experience to actually measure the effects on suicidal and self-harming behaviours is important. If effective, these would almost certainly be cost effective given the high economic and social costs already described. Such initiatives do operate in Wales but geographical coverage and access to such schemes is variable.

9. Consideration should be given to facilitating means restriction

No one organisation in isolation can prevent suicide. Cost sharing protocols or guidance may support liabilities for the development and implementation of preventative measures for reducing suicide and self-harm and also restricting access to the means of suicide. This may be particularly relevant to Health, Transport, local authorities and partner agencies but applies across collaborative working.

10. Welsh Government should consider how action to prevent suicide and self-harm will be facilitated at a National level after 2020.

There will need to be some consideration of how suicide and self harm prevention will be progressed in Wales beyond 2020 and the life span of *Talk to me 2*. The existence of an overarching plan or strategy provides a focus for suicide and self harm prevention efforts and without it the overarching agenda may be lost within other priorities.

Appendix I Terms of reference National Advisory Group

For the Public Health Wales National Suicide and Self-harm Public Health Wales Advisory Group to Welsh Government.

Overall Objective

The overall objective of the advisory group is to bring together key stakeholders to advise Welsh Government on key issues in relation to the reduction of suicide in Wales.

Specific Objectives

- Develop a reporting mechanism for consideration by Welsh Government on local implementation of the action plan by Health Boards, Local Authorities and other key organisations.
- Consider the latest evidence base and advise Welsh Government on effective interventions etc.
- Examine suicide rates collected through the public health observatory and advise Welsh Government on the implications of these.
- Provide a forum for the presentation, discussion and dissemination of best practice.
- Identify possibilities for future research.
- Receive progress reports from key agencies and stakeholders involved in delivering actions detailed in *Talk to me 2* – the National plan to reduce suicide and self-harm in Wales - and summarise for Welsh Government.
- Provide an ongoing review of the strategy in light of the evidence base and emerging best practice and recommend to Welsh Government amendments and changes as appropriate.

Administrative Arrangements

- The group will meet four times a year and will be facilitated and chaired by Public Health Wales.
- Agendas and supporting papers will be sent out five working days before each meeting. All papers /minutes will be published on the Public Health Wales website.

Membership

- Membership of the group will come from the agencies and stakeholders involved in the delivery of *Talk to me 2* and also those with specific expert knowledge of the area.

Appendix II Current membership National Advisory Group

Name	Title	Company
Ainsley Bladon	Mental Health Strategy Lead	Welsh Government
Akta Ladhani	Mental Health Development and Improvement Manager	Cwm Taf University Health Board
Alison Mott	Consultant Community Paediatrician	Cardiff & Vale University Health Board
Ann John	Professor of Public Health and Psychiatry Deputy Head, Swansea University Medical School/Honorary Consultant in Public Health Medicine	Swansea University/Public Health Wales Chair - National Advisory Group to Welsh Government on Suicide and Self-harm prevention
Avril Bracey	Head of Mental Health and Learning Disabilities	Carmarthenshire County Council Chair - Mid & South West Regional Forum
Darren Mepham	Chief Executive	Bridgend County Borough Council
Dave Williams	Divisional Director Family and Therapy Services	Aneurin Bevan Health Board
David Rees	Detective Inspector, Deputy Police Liaison Officer	Welsh Government
Elfyn Williams	Structures Engineer	Welsh Government
Ged Flynn	Chief Executive	PAPYRUS Prevention of Young Suicide
Gwenllian Parry	Consultant Clinical Psychologist, Child and Adolescent Mental Health Service	Betsi Cadwaladr University Health Board Chair - North Regional Forum
Janette Bourne	Director for Wales	Cruse Bereavement Care Cymru
Julian John	Director	Merthyr & Valleys MIND Rotating Chair - South East Regional Forum
Lowri Reed	Implementation Officer, Pupil Wellbeing Branch	Welsh Government
Mark Cleland	Chief Inspector	Wales Sub-Division, British Transport Police
Matthew Higginson	Crew Manager	South Wales Fire & Rescue Service
Mick Dennis	Professor of Psychiatry of Older People	Swansea University
Miranda Barber	Consultant Clinical Psychologist and Service Lead for Cynnwys Therapy Service	Cardiff & Vale University Health Board Rotating Chair - South East Regional Forum
Phil Chick	Assistant Director Mental Health	NHS Wales Delivery Unit
Rhian Hills	Senior Policy Manager	Welsh Government
Sara Moseley	Director	Mind Cymru
Sarah Stone	Executive Director for Wales	Samaritans
Si Martin	Managing Director	Heads Above The Waves
Sian Price	Head of Observatory Evidence Service	Public Health Wales
Sophie Lozano	Regional Safer Custody Lead	HMPPS
Will Beer	NCN Lead for Newport East/Consultant in Public Health	Public Health Wales Rotating Chair - South East Regional Forum

Appendix III Inclusion of action to prevent suicide and self-harm in local action plans and strategies in Wales

Local authority	Suicide and self-harm prevention strategy
Cardiff	Cardiff and Vale local suicide and self-harm prevention strategy 2017-2020
Vale of Glamorgan	Cardiff and Vale local suicide and self-harm prevention strategy 2017-2020
Merthyr Tydfil	Cwm Taf Health Board update received - Awaiting finalised local plan
Rhondda Cynon Taf	Cwm Taf Health Board update received - Awaiting finalised local plan
Torfaen	Gwent Suicide and Self-harm Prevention Action Plan 2018-2020 – draft received
Newport	Gwent Suicide and Self-harm Prevention Action Plan 2018-2020 – draft received
Monmouthshire	Gwent Suicide and Self-harm Prevention Action Plan 2018-2020 – draft received
Caerphilly	Gwent Suicide and Self-harm Prevention Action Plan 2018-2020 – draft received
Blaenau Gwent	Gwent Suicide and Self-harm Prevention Action Plan 2018-2020 – draft received
Bridgend	Suicide and self-harm prevention strategy for Bridgend 2017-2020
Swansea	Mid and West Wales Suicide & Self-Harm prevention strategy 2018-2021 – draft received
Neath Port Talbot	Mid and West Wales Suicide & Self-Harm prevention strategy 2018-2021 – draft received
Carmarthen	Mid and West Wales Suicide & Self-Harm prevention strategy 2018-2021 – draft received
Ceredigion	Mid and West Wales Suicide & Self-Harm prevention strategy 2018-2021 – draft received
Pembrokeshire	Mid and West Wales Suicide & Self-Harm prevention strategy 2018-2021 – draft received
Powys	Powys suicide and self-harm prevention strategy 2015-2020 – draft report received (Local plan currently being drafted)
Denbighshire	North Wales suicide and self-harm prevention strategic plan 2018-2021
Flintshire	North Wales suicide and self-harm prevention strategic plan 2018-2021
Conwy	North Wales suicide and self-harm prevention strategic plan 2018-2021
Anglesey	North Wales suicide and self-harm prevention strategic plan 2018-2021
Wrexham	North Wales suicide and self-harm prevention strategic plan 2018-2021
Gwynedd	North Wales suicide and self-harm prevention strategic plan 2018-2021

Appendix IV Contents of local prevention strategies mapped against National Advisory Group Guidance on suicide prevention planning

Local suicide & self-harm prevention plan	A foreword from a stakeholder in a senior role	Local context, local data and intelligence on high risk groups and/or risk factors	A clearly stated aim and objectives	An approach to monitoring and evaluation of implementation and outcomes in order to determine progress	Priority areas for action based on the national strategy	<i>Talk to Me 2</i> priority people and providers	Links with other relevant strategies	Links with Regional forum
Cardiff and Vale local suicide and self-harm prevention strategy 2017-2020	Included. Forward by Fiona Kinghorn , Interim Director of Public Health.	Included. Section 4.2 – 4.4 of plan.	Included. Overall aim: To reduce the risk of suicide and self-harm in the population of Cardiff and the Vale. 9 clear objectives-based on Talk to Me 2 but locally relevant e.g. HMP Cardiff. Cover training, media reporting, self-harm NICE guidance, collaboration and frequently used sites means restriction.	Included. This strategy uses a theory of change approach to reaching its over-arching aims. Information will be collected on a quarterly basis to monitor progress against specific outcomes agreed by the Suicide and Self-harm Prevention Steering Group. The Action Plan will be reviewed and updated annually by the Steering Group to	Included. Same as for national strategy.	Included. Priority groups in this strategy include: Men in mid-life and those aged >65 years; children and young people, particularly females aged 11-19 years; people with mental ill-health and older people with depression and co-morbid physical illness.	Included. Cardiff and Vale Population Needs Assessment; Shaping our Future Wellbeing Strategy; Together for Mental Health Action Plan; Cardiff and Vale Mental Health Forum.	Yes.

Local suicide & self-harm prevention plan	A foreword from a stakeholder in a senior role	Local context, local data and intelligence on high risk groups and/or risk factors	A clearly stated aim and objectives	An approach to monitoring and evaluation of implementation and outcomes in order to determine progress	Priority areas for action based on the national strategy	<i>Talk to Me 2</i> priority people and providers	Links with other relevant strategies	Links with Regional forum
				monitor progress against the strategic objectives and set priority areas for action for the coming year. Initial formative evaluation at the end of the first year. Then used to improve the implementation of the strategy. Summative evaluation will take place at the end of the 3-year strategy.				
Cwm Taf Health Mental health partnership board	Awaiting finalised local plan.	Awaiting finalised local plan.	Awaiting finalised local plan.	Awaiting finalised local plan.	Awaiting finalised local plan.	Awaiting finalised local plan.	Awaiting finalised local plan.	Awaiting finalised local plan.
Gwent Suicide and Self-harm Prevention Action Plan 2018-2020 – Draft report	Not reported in draft report.	Not reported in draft report.	Not reported in draft report.	Not reported in draft report.	Not reported in draft report.	Not reported in draft report.	Not reported in draft report.	Not reported in draft report.

Local suicide & self-harm prevention plan	A foreword from a stakeholder in a senior role	Local context, local data and intelligence on high risk groups and/or risk factors	A clearly stated aim and objectives	An approach to monitoring and evaluation of implementation and outcomes in order to determine progress	Priority areas for action based on the national strategy	<i>Talk to Me 2</i> priority people and providers	Links with other relevant strategies	Links with Regional forum
received.								
Suicide and self-harm prevention strategy for Bridgend 2017-2020 – Draft plan received.	Included.	Included. Section 3.3 of draft plan.	Included. Follows the aims and objectives of <i>Talk to Me 2</i> .	Included.	Included.	Included.	Included. The strategy fits into wider public policy, most notably 'Together for Mental Health', the 'Social Services and Well-being (Wales) Act 2014 and the 'Well-being of Future Generations' (Wales) Act 2015.	Not reported in draft plan.
Mid and West Wales Suicide & Self-Harm prevention strategy 2018-2021 – Draft plan received.	Not reported.	Included. Section 4 contains some regional context.	Included. Follows the aims and objectives of <i>Talk to Me 2</i> .	Not reported.	Included. Same as for national strategy.	Included. Same as for national strategy.	Not reported.	Not reported.
Powys suicide and self-harm prevention strategy 2015-2020 – Draft report received.	Not reported in draft report.	Not reported in draft report.	Not reported in draft report.	Not reported in draft report.	Not reported in draft report.	Not reported in draft report.	Not reported in draft report.	Yes.

Local suicide & self-harm prevention plan	A foreword from a stakeholder in a senior role	Local context, local data and intelligence on high risk groups and/or risk factors	A clearly stated aim and objectives	An approach to monitoring and evaluation of implementation and outcomes in order to determine progress	Priority areas for action based on the national strategy	<i>Talk to Me 2</i> priority people and providers	Links with other relevant strategies	Links with Regional forum
North Wales suicide and self-harm prevention strategic plan 2018/2021	Included. Forward by Margaret Hanson Vice Chair, Betsi Cadwaladr University Health Board and Chair of the Together for Mental Health Partnership Board, Teresa Owen Executive Director of Public Health Betsi Cadwaladr University Health Board, and Dr Gwenllian Parry Chair of the North Wales Suicide and Self-Harm Prevention Group.	Included. Section 3 of plan.	Included. Follows the aims and objectives of <i>Talk to Me 2</i> .	Included. Three indicators to be monitored (Betsi Cadwaladr University Health Board): 1. Number of self-harm emergency admissions. 2. Reported incidents of self-harm on NHS sites. 3. Number of recorded suicides.	Included. Some of the priority places that the strategy targets included: hospitals, prisons, police custody suites; workplaces, schools, further and higher education establishments, primary care facilities, emergency departments, rural areas and deprived areas.	Included. Priority people in the local plan include: Men in mid-life and those aged >65 years; children and young people, particularly females aged 11-19 years; those with mental ill-health and co-morbid physical illness. Education of children and young people about protected characteristics is highlighted. The strategic plan includes an action around ensuring the identification and support of women with a possible mental disorder during pregnancy or the postnatal period.	Included. The North Wales Suicide and Self-Harm Prevention Strategic Plan sits under the umbrella of the Health Board's Mental Health Strategy. The plan has been developed by a multi-agency group working closely with Caniad, who are the combined voice for mental health and substance misuse involvement in North Wales.	Yes. The North Wales Suicide and Self-harm Prevention Group is one of the Regional Advisory Groups.

Appendix V Progress against the actions in *Talk to me 2*

TALK TO ME 2 ACTION PLAN

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			
Priority Action	How will we do it?	Who will do it?	Progress/Info
<p>1. The development and delivery of a Wales framework for the training of professionals, individuals who frequently come in to contact with people at risk of suicide and self-harm, and the general public.</p> <p><i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i></p>	<p>The framework - being developed by NAG and to be endorsed by Welsh Government - will guide individuals and organisations to help them identify the most appropriate programmes to meet their needs. It will outline the types of training available to meet three key objectives, namely <i>awareness-raising</i>, <i>interventions</i> (aimed at those in need) and <i>treatment</i>.</p>	<p>NAG</p> <p>Welsh Government: Mental Health and Vulnerable Groups / Public Health Policy</p> <p>Health Boards.</p> <p>Local Authorities (including education and social service departments).</p> <p>Third sector organisations.</p>	<p>The Wales Suicide Prevention Training Framework has been finalised and disseminated to Regional Fora. It will be uploaded as a live document once the National website is live.</p> <p>The National Collaborating Centre for Mental Health is developing a series of Self-harm & Suicide Prevention Competence Frameworks, similar to previous ones developed by the Royal College of Psychiatrists which can be used across sectors.</p>
	<p>Awareness-raising: targeted at the general population to challenge stigma, improve understanding and increase knowledge of where to go for help.</p>		<p>Both NHS and non-NHS organisations have agreed to sign the 'Time to Change' pledge as a means of communicating key health and well-being messages.</p> <p>Suicide and Self-harm awareness campaign plan developed and agreed by all agencies in North Wales.</p> <p>MATV Mind has secured funding for '#TakesBallsToTalk' campaign - targeting 2500 men aged between 18 – 45 by raising awareness of suicide prevention services and offering talking treatments.</p>
	<p>Intervention: targeted at individuals who frequently come in to contact with people at risk of suicide and self-harm, priority care providers</p>		<p>HMPPS have created a strategy for suicide and self-harm prevention across prisons and the community.</p> <p>Samaritans have, in partnership with HMPPS, established their Listener Scheme in HMP Berwyn from its inception. The Listener Scheme operates in all prisons in Wales. It trains</p>

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			
Priority Action	How will we do it?	Who will do it?	Progress/Info
	and the wider public (intervention in this context not therapeutic but about giving an immediate, appropriate and proportionate response to individuals in distress / disclosing thoughts of suicide or self-harm).		prisoners to provide emotional support to other prisoners. Samaritans have also been able to establish a bi-lingual correspondence service in Berwyn and in all prisons in Wales.
	Treatment: targeted at specialist workers with a longer term, therapeutic relationship with the person at risk.		Blue Light training for Police staff. Mandatory online training for all police officers developed by the College of Policing. Event held at Swansea University with the college of Paramedics.
	This work will encompass the development of a learning module with corresponding CPD (Continuous Professional Development) points for GPs, the wider practice team and other primary care based professionals.		Module developed but film materials still to do. Requires further resources.
2. To promote staff awareness and improve staff knowledge of where to go for help and support through workplaces. <i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i>	Dissemination of information through <i>Healthy Working Wales</i> e-bulletins and events to improve staff and employer awareness.	Welsh Government: Mental Health and Vulnerable Groups / Public Health Policy NAG Third sector organisations. Representative bodies such as the Confederation of British Industry, Federation of Small	WELSH GOVERNMENT Healthy Working Wales update (Nov 2017). Out of work service: Over 2,600 participants to the Out of Work Peer Mentoring Service in Year 1; Over 2,100 or 80% of these recovering from both substance misuse and mental ill-health or recovering from mental ill-health only; The total number gaining a qualification upon leaving at the end of Year 1 were 607; total no of participants who entered employment, including self-employment, upon leaving at the end of Year 1 were 105; and total no of participants completing work experience placements or volunteering opportunity by the end of Year 1 were 273. In-work service: ESF project commenced delivery in January 2016 and is currently profiled to run until August 2018 supporting 4,232 participants in that time. The service is delivered by RCS in North Wales and ABMU in South West Wales. To date over 2,000 participants have accessed the service, 42% of participants have accessed the service due to mental health reasons.

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			
Priority Action	How will we do it?	Who will do it?	Progress/Info
		Businesses, Acas and trade unions.	<p>POLICE Each force is now rolling out Blue Light internal training for staff (delivered by MIND Cymru), raising awareness on MH, stress and issues relating to the topic within the workplace to reduce the Stigma of MH (which would incorporate feelings of loneliness, suicidal thoughts etc.). Additionally, all officers must complete mandatory online Authorised Professional Practice (APP) training developed by the College of Policing on Mental health/Suicide which has raised the awareness of officers. South Wales Police have revised their Sudden Death forms so that the attending officer has details to give to next of kin of various support groups and advice of what happens next (Help is at Hand).</p> <p>PARAMEDICS The Joint Royal Colleges Ambulance Liaison Committee Paramedic Guidelines (JRCALC) 2016 guidance provided some guidance around self-harm care by paramedics. This included details of assessment of mental capacity, the implications of the Mental health act (1986), along with a suicide risk prediction tool. There have been significant changes in education for Paramedics in recent years, with an improved focus on Mental Health related problems.</p> <p>HMPPS SASH training for all directly and non-directly employed staff in Welsh establishments. Revised training for the new ACCT Case Managers initial and refresher training. ACCT documents to support prisoners in crisis and offering post closure help.</p>
	The development by NAG and other parties of workplace related guidance to aid staff and managers.		<p>Regional health boards and Third sector have signed up to the 'Mindful Employer' initiative.</p> <p>Workplace related guidance to aid staff and managers developed and in use in North Wales.</p> <p>Mapping of workplace mental health promotion action has been undertaken across the 5 x Local Authorities, Health Board and Gwent Police as part of this action plan development.</p>
	Further encourage organisations and employers to sign the <i>Time to Change</i> organisational pledge as a means of communicating key health and wellbeing messages.		<p>Welsh Government have continued to fund <i>Time to Change Cymru</i> (TTCW) a national campaign to address stigma and discrimination faced by people with mental health problems. A national survey undertaken by TTCW confirmed an increase in positive attitudes towards mental health in Wales – with a 4.7% shift in how people perceive mental health, and nearly 120,000 people in Wales having a more positive attitude towards mental health than in 2012.</p>

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			
Priority Action	How will we do it?	Who will do it?	Progress/Info
			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.
<p>3. Promote staff and pupil awareness training and the development of support and guidelines on managing the consequences of suicide and self-harm in schools.</p> <p><i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i></p>	<p>The development by NAG and Public Health Wales (PHW) of guidelines for consideration by relevant Welsh Government departments. Local healthy schools practitioners to promote and signpost staff awareness training in secondary schools.</p>	<p>NAG</p> <p>PHW</p> <p>Welsh Government: Mental Health and Vulnerable Groups / Public Health / Support for Learners Policy</p>	<p>Awareness raising training to be incorporated into future Healthy Schools action plans in the Vale of Glamorgan – complete.</p> <p>Mapping of school-based universal mental well-being interventions is being undertaken in schools in Blaenau Gwent and Torfaen. Newport schools have delivered, piloted and evaluated a 12 week suicide and self-harm group for year 10 and 11 girls. A school in Newport have set up a suicide and self-harm forum for parents and provided 10 week anxiety workshops for students (using Cool Connections with CBT). Emotional Literacy Support Assistant (ELSA) training on-going in Powys schools.</p> <p>The Samaritans have offered the ‘Step by Step’ programme (practical support and guidance to help prepare for and recover from a suspected or attempted suicide) to four schools in Gwent.</p> <p>The National Collaborating Centre for Mental Health is developing a series of Self-harm & Suicide Prevention Competence Frameworks which will apply to Schools.</p>
	Continued operation of the Independent Counselling Service.		<p><u>NAG, Swansea University and Children in Wales workshop developing information leaflet.</u></p> <p>Local authorities are required by law to make reasonable provision of counselling services for Year 6 pupils and all 11 to 18 year olds. Service is on-going. This service contributes to appropriate responses to personal crisis/ early intervention.</p>
	Continued operation of the All-Wales Anti-Bullying Leadership Group (established in 2014) and the further roll-out of <i>Respecting Others</i> anti-bullying guidance.		<p>Welsh Government anti-bullying guidance (published in 2011) is currently being updated and is anticipated for publication in 2018.</p> <p>Continued support and provision of advice and guidance around bullying by Cardiff Against Bullying (CAB) Team to schools – ongoing.</p>
	Examine scope for further development of the school nursing service in this area.		Not progressed.

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			
Priority Action	How will we do it?	Who will do it?	Progress/Info
<p>4. Develop a bilingual National Wales Suicide and Self-harm Prevention website.</p> <p><i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i></p>	<p>Comparable to NHS Scotland's Choose Life website, development and content will be bilingual, driven by NAG and include resources for professionals and the public. Designed to promote awareness and understanding, the site will include specific sections addressing schools, parents / carers, young people and FE / HE students, workplace, wider public awareness etc. The website will play an important role in ensuring ready access to trusted suicide prevention information.</p>	<p>NAG</p> <p>Welsh Government Mental Health and Vulnerable Groups Policy.</p> <p>Swansea University</p> <p>Public Health Wales</p> <p>Third sector organisations and advice services (including Samaritans, NSPCC, Papyrus, Meic, C.A.L.L.).</p> <p>Involvement of service users with 'lived experience'.</p>	<p>Agreement has been reached that the website will be hosted with the National Centre for Mental health although it will have its own domain name. Content is in draft form.</p>
<p>5. Establish an annual National Suicide Prevention Forum.</p> <p><i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i></p>	<p>Annual national fora will promote the sharing of good practice, highlight current issues and support collaborative work across the four nations (work critical to ensuring a co-ordinated pan-UK approach to suicide prevention, where necessary).</p>	<p>NAG</p> <p>Welsh Government:</p> <p>Mental Health and Vulnerable Groups / Public Health Policy</p> <p>Public Health Wales</p>	<p>Two events have been held since the 2015 launch event. These were sponsored by the College of Paramedics, the National Advisory Group and Swansea University with a focus on priority Care Providers.</p> <p>An event is planned for late 2018 to be organised by the National Advisory Group but supported by 1000 Lives. NAG are awaiting a date.</p>
<p>6. Ensure the engagement of LHBs and local authorities in Regional Multi-Agency Suicide</p>	<p>The finalisation of guidance on the development of local action plans based on joint work by PHW and Public Health England.</p>	<p>NAG/ PHW</p>	<p>Guidance completed and circulated to Regional Fora and public service boards.</p>

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			
Priority Action	How will we do it?	Who will do it?	Progress/Info
Prevention Fora. <i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i>	The development of local action plans by RMASPFs.	RMASPFs / Health Boards / Local Authorities	Completed – North Wales, Cardiff & Vale UHB. Drafts/updates received – Cwm Taf (update received - awaiting finalised plan), Mid & West Wales (draft plan received), Bridgend (draft plan received), Gwent (update report received), Powys (draft report received).
7. Use social media as a public awareness tool and to signpost sources of information and advice. <i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i>	Driven / hosted by the national website and undertaken in close collaboration with the third sector and community organisations.	NAG Third sector and community organisations. Involvement of service users with 'lived experience'.	This will be actioned through the National website. A research article exploring the harms and benefits of online behaviours and their impact on suicide and self-harm published at Swansea University (http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0181722). A research article from Swansea University due to be published on cyberbullying and self-harm contains specific recommendations for policy and practice.

Objective 2: To deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm			
Priority Action	How will we do it ?	Who will do it ?	Progress/Info
8. Improve the health care response to self-harm. <i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i>	Local Health Boards to ensure that the NICE guidance on the management of self-harm is being implemented in Wales ^{1,2} .	Health Boards	Ongoing. 1000 Lives self-harm driver implementation delayed.
	Collaboration between NAG, the College of Emergency Medicine and PHW (with respect to clinical quality and patient safety improvement programmes, such as 1000 Lives) to improve the management and recording of self-harm in emergency departments. Reporting to include: - % of people who have self-harmed who have an initial assessment of physical health, mental state, safeguarding concerns, social circumstances and risks of repetition or suicide. - % of people who have self-harmed who receive a comprehensive psychosocial assessment.	NAG PHW 1000 Lives	As above. Some reporting of self-harm outcomes to Welsh Government.

Objective 2: To deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm			
Priority Action	How will we do it ?	Who will do it ?	Progress/Info
	Collaboration between Health Boards, Wales Alliance for Mental Health in Primary Care (WaMHinPC) and the RCGP to improve the management and recording of self-harm in primary care.	PHW NAG. Health Boards. WaMHinPC. RCGP. Service users.	WaMHinPC no longer funded. CPD module partially developed.
	People who have self-harmed to be cared for with compassion.	Health Boards	
	Finalisation of a Crisis in Care Mental Health Concordat to further outline how health boards, the police and other partners can best respond to those in crisis.	Welsh Government	<p>WELSH GOVERNMENT</p> <p>The Mental Health Crisis Care Concordat has been in place since 2015. Address the use of police custody for those detained under the Mental Health Act. Partners – health, police, third sector and PCCs – have been key to achieving a real change and improvement in how people in acute mental health crisis are supported. Following a positive evaluation by the University of Bangor earlier this year, consideration has been given to some of the recommended areas of key focus and challenge, including: importance of regional Mental Health and Criminal Justice Partnership Boards to oversee delivery plans; To maintain a focus on reducing the overall number of arrests and detention under police powers in the Mental Health Act; To develop new alternative places of safety where people can be taken to reduce the need to use police stations and healthcare facilities.</p> <p>The Concordat's task and finish group reconvened in October 2017, to consider a longer-term role for the group in providing oversight for the continued implementation of the Concordat and the impact of the changes to the Policing and Crime Act, which are expected to come in to force in December 2017. A key change is the restriction on what may be used as a place of safety which is expected to increase demand for health-based places of safety.</p> <p>POLICE</p> <p>The four Welsh Forces are actively engaged in the implementation of delivering the actions plans outlined in partnership with health boards and local authority. Each health board area has their own local plan which feeds into the Concordat and is monitored by the assurance delivery group, chaired by WG and MIND Cymru. Since the introduction of the Policing and Crime Act, there have been NO reported incidents of juveniles being detained in a Police station for S136. Also the numbers being detained in Police cells for S136 for Adults Pan Wales are also reducing. Gwent Mental Health Crisis Care Concordat Delivery Plan implemented.</p>

Objective 3: Information and support for those bereaved or affected by suicide and self-harm			
Priority Action	How will we do it ?	Who will do it ?	Progress/Info
<p>9. Further dissemination of <i>Help is at Hand Cymru</i>.</p> <p><i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i></p>	<p><i>Help is at Hand Cymru 3</i> (developed by NAG, Public Health Wales, and Swansea University), a resource for people bereaved through suicide, will be further disseminated to sustain awareness of the resource.</p>	<p>NAG / PHW</p> <p>Coroners' Society of England and Wales.</p> <p>Third sector and community organisations.</p>	Completed.
	Online publication on Wales Suicide and Self-harm Prevention website.	NAG	<i>Help is at Hand</i> is currently available on the PHW, Cruse, PAPYRUS, and Samaritans websites and GPOne.
	Consider scope for incorporating <i>Help is at Hand Cymru</i> into Book Prescription Wales scheme.	Welsh Government: Mental Health and Vulnerable Groups Policy	Further dissemination to be considered at NAG.

Objective 4: Support the media in responsible reporting and portrayal of suicide and suicidal behaviour			
Priority Action	How will we do it ?	Who will do it ?	Progress/Info
<p>10. Actively collaborate with the media to support sensitive reporting of suicide and self-harm by adopting appropriate guidance.</p> <p><i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i></p>	<p>Promote specific training in responsible suicide and self-harm reporting for journalists trained in Wales.</p>	<p>NAG / Samaritans</p> <p>PHW.</p>	<p>Ongoing.</p> <p>Series of awareness raising events held across Wales.</p>
<p>11. NAG to draw editors' attention to inappropriate reporting of suicide and self-harm in the Welsh media.</p> <p><i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i></p>	<p>In collaboration with the Samaritans and other partners, the NAG Chair will issue a letter to Wales' media editors in response to incidents of inappropriate reporting of suicide and self-harm behaviours.</p>	<p>NAG</p>	<p>Ongoing.</p>

Objective 5: Reduce access to the means of suicide			
Priority Action	How will we do it ?	Who will do it ?	Progress/Info
12. Review the evidence for the effectiveness of reducing access to the means of suicide.	The Cochrane Centre for Depression, Anxiety and Neurosis Suicide and Self-harm satellite at the Swansea University Medical School and the PHW Evidence Service are currently reviewing the evidence for the effectiveness of interventions that reduce access to the means of suicide.	Swansea University / PHW	SWANSEA UNIVERSITY/PHW Work on reviewing the evidence base on the effectiveness of restricting access to the means of access to suicide is currently being undertaken by both Public Health Wales and the research team at Swansea University as part of a Cochrane Review. Protocol due to be published.
13. Develop a mechanism to support local and national work to reduce access to the means of suicide where the evidence exists (involving collaborative work between stakeholders).	Continuation of Health Board involvement in Serious Untoward Incident Collaboration / Mental Health Leadership Collaborative and their work on <i>Twelve points to a Safer Service 4</i> . Cross-sectoral collaboration at a national and local level Local authority planning departments and developers should consider suicide prevention at the design stage of buildings, especially with respect to schools, hospitals and residential care homes. <i>Prisons – including the new prison in Wrexham – are</i>	Health Boards / Welsh Government Serious Untoward Incident Collaboration. Mental Health Leadership Collaborative. Local Authorities. Samaritans. Network Rail's Wales Suicide Prevention Group. NOMS.	NAG NAG has developed a proforma for action for means restriction with Transport. Incorporation of guidance to consider design of bridges. HEALTH BOARDS Best practice evidence reviewed by Health Boards. Links with local authority planning departments in place in Powys. The North Wales Suicide and Self-harm prevention group has worked to reduce access to the means of suicide on bridges. NETWORK RAIL Network Rail staff trained in North Wales. HMPPS Provision of anti-ligature clothing for prisoners in crisis. Evidence of regular ward assessments in prisons.

Objective 5: Reduce access to the means of suicide			
Priority Action	How will we do it ?	Who will do it ?	Progress/Info
	<i>required to adhere to clear and specific design requirements relating to ligature points and other means, as set out in Prison Service Standing Orders.</i>		
<p>14. Engage with partners in the internet industry to:</p> <ul style="list-style-type: none"> - Reduce access to online information which promotes or encourages suicide and self-harm methods. - Improve access to suicide prevention services. <p><i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i></p>	<p>Welsh Government and NAG to engage with partners to reduce access to information online which promotes, encourages or informs on suicide and method.</p> <p>This activity will necessitate ongoing work with the internet industry and content providers through the UK Council for Child Internet Safety to create a safer on-line environment for children and young people (through industry self-regulation, improvements to e-safety education and the further raising of public awareness.</p> <p>Samaritans have worked with search engines and social media sites to ensure ready access is provided to trusted suicide prevention and support services.</p>	<p>Welsh Government Mental Health and Vulnerable Groups Policy</p> <p>NAG</p>	<p>Chair of NAG sits on Wales Internet Safety Partnership.</p> <p>On-going research projects funded.</p> <p>Some aspects not devolved and requires work at a UK level.</p>

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			
Priority Action	How will we do it ?	Who will do it ?	Progress/Info
<p>15. To continue to review deaths through suicide in those known to mental health services.</p> <p><i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i></p>	<p>Continued involvement of Health Boards in the Serious Untoward Incident Collaboration, Mental Health Leadership Collaborative and the National Confidential Inquiry into Suicide and Homicide.</p> <p>Review of deaths <u><i>known to the service</i></u> will be facilitated and co-ordinated through these processes and be an ongoing element of clinical audit.</p>	<p>Health Boards</p> <p>Healthcare Quality and Improvement Partnership <i>National Confidential Inquiry into Suicide and Homicide (NCISH)</i>.</p> <p>Swansea University (in collaboration with NCISH) developing partnership with SID-Cymru.</p>	Ongoing.

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			
Priority Action	How will we do it ?	Who will do it ?	Progress/Info
<p>16. Develop work to review deaths through suicide in those not known to mental health services.</p> <p><i>A rolling programme of work to span the life of the strategy. Subject to annual NAG review.</i></p>	<p>Pilot work will be undertaken to develop a national process for reviewing deaths through suicide in those not known to mental health services (involving the police, coroners, health boards and local authority social services) to identify and disseminate findings on:</p> <ul style="list-style-type: none"> - Lessons learned. - Trends. - New methods. - Especially vulnerable groups. <p>Will involve the coordination of existing processes, including:</p> <ul style="list-style-type: none"> - The Suicide Information Database (SID) Cymru (held in the Swansea University's Secure Anonymised Information Linkage databank). -The Child Death Review Programme in Wales. - Fatal Drug Poisoning Reviews. - Child and Adult Safeguarding Boards' Practice Reviews. <p>Consideration to be given to:</p> <ul style="list-style-type: none"> . Real time suicide surveillance continuing the collaboration with the National Police Chiefs Council (NPCC) and Welsh Chief Officer Group (WCOG). - Self-harm surveillance through the creation of a self-harm register similar to that operated in England or by using routinely available data. 	<p>PHW / NAG</p> <p>Swansea University.</p> <p>Health Boards.</p> <p>Local Authorities (social services departments).</p>	<p>Child Death Review Programme of Probable Suicides 2013-2017 currently being undertaken.</p> <p>Regional Safeguarding Boards (for Adults and Children) were set out in the Social Services and Wellbeing (Wales) Act 2014 which came into force in 2016. This provides the legal framework to ensure safeguarding practice is embedded in all aspects of strategic planning and Commissioning across all agencies. There are six Regional Boards across Wales which will cover the borders of the suicide and self-harm Forums. Their overall aim is to improve outcomes for adults at risk, children, young people and their families. Linking the work of the suicide and self-harm forums is therefore an important element of their work.</p> <p>SID-Cymru: reviewing death of those in contact with other services.</p>

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