

# WELSH GOVERNMENT INTEGRATED IMPACT ASSESSMENT

<b>Title of proposal:</b>	<b>Suicide Prevention and Self-harm Strategy (2025-2035)</b>
<b>Official(s) completing the Integrated Impact Assessment (name(s) and name of team):</b>	<b>Holly Howe-Davies, Adult Mental Health &amp; Vulnerable Groups</b>
<b>Department:</b>	<b>Health &amp; Social Services</b>
<b>Head of Division/SRO (name):</b>	<b>Matt Downton</b>
<b>Cabinet Secretary/Minister responsible:</b>	<b>Minister for Mental Health &amp; Wellbeing</b>
<b>Start Date:</b>	<b>January 2024</b>

## SECTION 1. WHAT ACTION IS THE WELSH GOVERNMENT CONSIDERING AND WHY?

**In narrative form, please describe the issue and the action proposed by the Welsh Government. How have you applied / will you apply the five ways of working in the Well-being of Future Generations (Wales) Act 2015 to the proposed action, throughout the policy and delivery cycle?**

Welsh Government is publishing '**Understanding**' a new Suicide Prevention and Self-Harm Strategy, which will replace **Talk to me 2: the Suicide and Self-harm Prevention Strategy for 2015-2022.**

The strategy sets out an overarching vision for suicide and self-harm in Wales, alongside a set of core principles, six high-level objectives and a 3-year Delivery Plan outlining how we will deliver on these objectives.

In developing the new Suicide Prevention and Self-Harm Strategy, we have considered and applied the five ways of working in the Well-being of Future Generations (Wales) Act 2015 (as set out below).

Alongside this Integrated Impact Assessment, we have also published a Welsh Language Impact Assessment, Equalities Impact Assessment and a Children's Rights Impact Assessment.

### **Long term:**

In Wales, there were 14.0 deaths per 100,000 people in 2023 (386 deaths)<sup>1</sup>. This is consistent with figures reported over the last decade, which state there were, on average, approximately 330 registered deaths by suicide (an average rate of 12.4 registered suicides per 100,000 people each year) in Wales<sup>2</sup>.

Another measure of suicide in Wales is the Real Time Suspected Suicide Surveillance (RTSSS), which was established in Public Health Wales (PHW) in April 2022 and captures real-time suspected suicide data directly via the four police forces in Wales. During 2023/24 there were 350 deaths by suspected suicide of Welsh residents who died in or outside of Wales, giving a rate of 12.4 per 100,000 people. In time the RTSSS can also be utilised to establish long-term patterns of suicide rates in Wales.

There has been an increase in self-harm rates amongst those aged 10-17 in Wales<sup>3</sup>. Research suggests that 1 in 4 young women and 1 in 10 young men have self-harmed at

---

<sup>1</sup> [Suicides in England and Wales - Office for National Statistics](#)

<sup>2</sup> Suicides in England and Wales Statistical bulletins - Office for National Statistics (ons.gov.uk)

<sup>3</sup> Professor Ann John et al., 'Midpoint review of the implementation of Talk to me 2: the Wales suicide and self-harm prevention action plan' (2018) Available at: <https://gov.wales/sites/default/files/publications/2020-08/suicide-and-self-harm-prevention-strategy2015-to-2020-mid-point-review.pdf>

some point in their life<sup>4</sup>. Despite this, it's been reported that only 38% of people who self-harm receives medical and/or psychological support.

We are also seeing rising numbers of people seeking support from mental health services, and we are in “the toughest financial situation we have faced since devolution”<sup>5</sup>. Wider challenges also exist – for example, inequalities in access to services<sup>6</sup>, experiences and outcomes<sup>7 8</sup>; a lack of robust data and evidence for suicide and self-harm (e.g., studies reporting self-harm prevalence based on clinical data from one service, resulting in underestimation)<sup>9</sup>; and difficulties in delivering a sustainable workforce<sup>10</sup>.

**The Suicide Prevention and Self-Harm Strategy looks to address these long-term challenges.** The objectives provide a framework for establishing a robust and credible evidence base, working across sectors to tackle the key drivers of suicide and self-harm, targeting support for the most vulnerable, developing a sustainable and compassionate support network and working to raise awareness and de-stigmatise suicide and self-harm in Wales.

### **Prevention:**

Tackling the key drivers of suicide and self-harm is a key objective of the new Suicide Prevention and Self-Harm Strategy – and is also a key component of the complimentary Mental Health and Wellbeing Strategy. There is a recognition and focus on the importance of cross-sectoral working to address the issues which can lead to people having suicidal thoughts and self-harming. There is a stated reliance on other Government Departments to deliver strategies and policies which contribute to poor mental health and emotional distress and the strengthened governance arrangements will allow further cross-government actions to be developed and implemented which will help to deliver the strategies' vision.

### **Integration:**

The *strategic context* section of the strategy sets out the wider policy context within which the strategy sits and its relationship with other Welsh Government commitments, including those which set the strategic objectives for everything we do e.g., the Well-being of Future Generations (Wales) Act 2015 and A Healthier Wales. It also recognises the intersections between the strategy and other policy areas, which the strategy is reliant upon to deliver its objectives – and vice-versa.

---

<sup>4</sup> [apms-2014-suicide.pdf](#)

<sup>5</sup> Written Statement: Update about Budget 2023-24 (9 August 2023) | GOV.WALES

<sup>6</sup> [Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review - PMC](#)

<sup>7</sup> [289\\_2286\\_1\\_PB.pdf](#)

<sup>8</sup> [Alcohol and self-harm: A qualitative study | Alcohol Change UK](#)

<sup>9</sup> [Social services utilisation and referrals after seeking help from health services for self-harm: a systematic review and narrative synthesis | BMJ Public Health](#)

<sup>10</sup> [Sustaining Mental Health Services: Investing in Workforce Wellbeing - Harmless](#)

Objective 2 continues this theme, recognising that the key drivers of suicide and self-harm sit outside the remit of Welsh Government's Suicide and Self-harm team and; therefore, to deliver successful prevention interventions and compassionate responses to suicide and self-harm, we require integrated working through a cross-Government and multi-sectoral approach. Both the delivery of the strategy and supporting delivery plans provide the opportunity to further integrate plans between government departments and external agencies to deliver mutually beneficial objectives.

### **Collaboration:**

The new strategy recognises that everyone can contribute to our objectives to prevent suicide and support people who self-harm. Our partners include the public and those with lived experience, health boards, local authorities, the third sector, and the media. Objectives 3, 4 and 5 recognise that people who are vulnerable to suicide and self-harm could appear anywhere and therefore, identification of suicide and self-harm risk, and a compassionate and person-centred response is needed wherever and whenever they present to prevent escalation. Consequently, a whole-system approach is being promoted through this strategy.

### **Involvement (please also see section 8):**

During the summer of 2023, pre-consultation engagement took place to gather initial stakeholder feedback on the proposed vision statements and supporting principles, for both the Mental Health and Wellbeing Strategy and the (then named) Suicide and Self-Harm Prevention Strategy. This included an online survey, completed by over 250 individuals and organisations.

In February 2024, a 16-week public consultation took place. This provided an opportunity for further public involvement in the development of the (then titled) Suicide and Self-harm Prevention Strategy. As part of the formal consultation, we engaged specifically with stakeholders with protected characteristics and under-served groups. Specific work was also carried out with children and young people – see the Children's Rights Impact Assessment and the Equalities Impact Assessment for further details. A summary of the 126 consultation responses submitted to Welsh Government, alongside key findings from the engagement carried out with children and young people was published in November 2024.

Further engagement with the Suicide Prevention and Self Harm Drafting Group, which included representatives from the NHS Executive, Samaritans Cymru and academia, encouraged discussion around the key themes that emerged from the public consultation and how the strategy could be amended to reflect feedback received. The Drafting Group also supported the suicide and self-harm team at Welsh Government with the development of the supporting delivery plan which sets out the shorter-term actions to deliver the objectives in the strategy.

**Impact:**

There is support for the publication and delivery of the new Suicide Prevention and Self-Harm Strategy, which we have developed collaboratively with our partners.

The Independent Review of Together for Mental Health and Talk to Me 2 highlighted that further improvements to delivery and support are needed. Drawing on the main conclusions from the review, this strategy will be supported by more robust governance arrangements and a monitoring framework which will allow us to more effectively drive and track progress and impact. This strategy also recognises that to be impactful, and achieve its objectives, a more robust evidence base is required, and a cross-Government, cross-agency approach is needed. Objectives 1 and 2 have been specifically developed to deliver these changes.

**Costs and Savings:**

The Suicide Prevention and Self-Harm Strategy is being developed in a period of financial constraint and as such we have developed it with the understanding that there will need to be a way of setting priorities, ensuring best use of existing resources, and needing to be clear about what can realistically be delivered.

The strategy is accompanied by a series of shorter-term delivery plans which provide an opportunity to review actions in the context of available budgets at points in time over the lifetime of the strategy. The delivery plans will be developed in a manner where opportunities for investment will be explored, and exploited should additional budget become available.

## SECTION 8. CONCLUSION

### 8.1 How have people most likely to be affected by the proposal been involved in developing it?

The Suicide Prevention and Self-Harm Strategy has been developed in collaboration with those with lived experience. We have continued to engage with key groups, including the Suicide Prevention and Self-Harm Strategy Board, the Mental Health Service User Forum, the Mental Health National Partnership Board, the Wales Alliance for Mental Health, the Mental Health Ethnic Minorities Task and Finish Group, the Welsh Youth Parliament and National Youth Stakeholder Groups. We have also considered the findings of other recent consultations, including the Welsh Government's consultation on the **draft Child Poverty Strategy**.

In July 2023, the National Youth Stakeholder Group held a focus group to feedback on the draft vision statements. The feedback from the group centred around the requirement to have increased awareness of disordered eating, suicide and self-harm in schools and in improving access to services with dual mental health and neurodevelopment diagnosis. Mind also ran young people engagement work which informed the drafting of the strategy. Additional workshops and discussions with children and young people, the Welsh Youth Parliament, the Children's Right Advisory Committee (CRAG), and the National Youth Stakeholder Group were held in the lead up to publishing the draft strategy.

The consultation period was used to build on this previous engagement. This included further engagement with children and young people by Co-production Lab Wales, people with protected characteristics under the Equality Act 2010, and others who may be affected by the proposals.

### 8.2 What are the most significant impacts, positive and negative?

The intended impacts of the Suicide Prevention and Self-harm Strategy are:

1. An annual reduction in the number and rates of suicide and attempted suicides.
2. Better outcomes for people accessing support for self-harm and suicidal ideation.
3. Better outcomes for people affected by suicide and self-harm.

#### Positive Impacts

**Better evidence to inform action** – Delivery of Objective 1 of the strategy will facilitate streamlined processes for the collection, collation and interpretation of data, evidence and lived experience testimony; and develop a robust infrastructure to ensure the information gathered is used to develop policies, support and services. This will allow for a better understanding of the drivers for suicide and self-harm, the groups that are most vulnerable, and the most effective ways to support those groups. Having robust data and evidence will also help to better monitor the impact of our collective actions and track progress towards delivering the strategy's vision and objectives.

**A more joined up approach** – The strategy makes links with a number of other Welsh Government and public sector strategies and policies. Objective 2 provides an opportunity to further strengthen these connections and pool resources to deliver mutually beneficial outcomes and ensure more efficient use of funding.

**A more targeted and person-centred approach** – Whilst anyone can be vulnerable to suicide and self-harm at any point in their lives, we know that some people are at greater risk of suicide and self-harm than others. Examples include people who use substances, have experienced domestic or sexual abuse, require housing support, experience issues linked with inequality or discrimination, are unemployed or experiencing financial strain, have physical health issues or are neurodivergent. Objective 5 recognises this and aims to ensure that people at an increased risk are identified by the services they present to, offered holistic and compassionate support, and signposted or referred to the most appropriate service.

There are a number of existing services which people with suicidal ideation or those who are self-harming; their family and friends; and (non-specialist) services they engage with, will rely on for more specialist suicide and self-harm interventions and/or treatment. Examples of these services include GP surgeries, hospitals, mental health crisis services, and specialised third sector organisations. Objective 4 aims to work with these to enhance the offer, fill any gaps in provision and ensure that people receive compassionate, person-centred support when reaching out to trusted partners.

**Clarity** – The feedback from the review of Talk to me 2 highlighted the need for more robust governance and monitoring to effectively drive and monitor progress against objectives. The accompanying delivery plans provide detail so that stakeholders understand what will be delivered, by when and by who. A monitoring and evaluation framework and theory of change will also be published which will set out the changes against which progress will be measured.

**A more rapid response** – The development of the evidence through Objective 1 will allow for more timely access to information as it emerges. We will be able to more quickly identify trends and intervene to prevent escalation. Objectives 3, 4 and 5 all aim to increase knowledge and understanding to ensure that those who are at-risk, or are suffering, are identified quickly. Objective 3, sets out how we can help people in the community to identify others who might need help, how to have a compassionate conversation and how to sign post those people to services if needed. Objective 4 details how we will make sure services are available to support somebody in need by equipping staff with the knowledge and skills through training and support, and filling gaps in provision. Objective 5 aims to provide a more system-wide response to ensure there is 'no wrong door' to accessing support for suicide and self-harm. Through this objective, we will identify other services where people might present, to share learning and ensure holistic support is provided when and where a person needs it. These services include, but are not limited to, domestic abuse services, education settings, and substance misuse services.

Objective 6 focuses on providing timely support for people affected or bereaved by suicide. Work has already started on this through the procurement of a national bereavement service for Wales.

**Reducing stigma** – The review of *Talk to me 2* spoke positively about the progress that has been made in terms of opening up, having conversations around suicide and self-harm and reducing the stigma associated with them. However, we recognise that there is still a way to go. Evidence available suggests that stigma still exists, particularly among certain vulnerable groups (e.g. middle-aged men) and within certain communities (e.g., some ethnic minority communities). Stigma acts as a barrier to accessing support and perpetuates the problem. Tackling stigma is an intrinsic aspect of each objective within the strategy; whether that is increasing our understanding through Objective 1, sharing that information to influence policy and action through Objective 2, increasing knowledge and understanding through objectives 3, 4 and 5, or educating and guiding the agencies who respond following a death by suicide via objective 6.

### **Negative Impacts:**

**Cost** – Resolving issues in society like suicide and self-harm requires investment. Suicide and self-harm are issues the Welsh Government is trying to address alongside improving NHS services more broadly, tackling poverty and responding to climate change to name but a few. In a period of unprecedented financial constraint delivering the changes required is increasingly challenging. However, the strategy has been written with this in mind and will allow for a more joined-up and targeted approach to the provision of support, allowing us to do more with less and review planned actions periodically in the context of budget availability at a point in time.

**Raising difficult emotions** – Whilst the strategy hopes to empower people to open up about suicide and self-harm in Wales, we recognise that these topics can raise difficult emotions, and the promotion of a national strategy could have unintended negative impact on the mental well-being of some people. This is why any promotional materials will be treated with great care and will be accompanied by advice on accessing support services.

### **Ministerial Advice and decision:**

Officials in the Suicide and self-harm Team submitted a copy of the re-drafted Suicide Prevention and Self-harm Strategy to the Minister for Mental Health and Wellbeing. The Minister agreed to the content and structure of the strategy and the Welsh Government Cabinet approved the strategy on 17 March 2025 for publication.

### **8.3 In light of the impacts identified, how will the proposal:**

- **maximise contribution to our well-being objectives and the seven well-being goals; and/or,**



- **avoid, reduce or mitigate any negative impacts?**

Through its vision and objectives, the Suicide Prevention and Self-Harm Strategy directly supports the seven connected wellbeing goals for Wales in the Well-being of Future Generations (Wales) Act 2015 including a resilient Wales, a healthier Wales, and a more equal Wales. The strategy has been developed in line with the five ways of working set out in the Act, which says that we must:

- take account of the long term
- help to prevent problems occurring or getting worse
- take an integrated approach
- take a collaborative approach
- consider and involve people of all ages and with diverse characteristics and needs

By embedding these principles through the development of the strategy and objectives, the ‘well-being’ context has been established for the development of the accompanying delivery plans which will set out the more short-term targeted actions which will deliver the overall vision for Wales.

#### **8.4 How will the impact of the proposal be monitored and evaluated as it progresses and when it concludes?**

A “theory of change” has been developed for the Strategy which sets out the mechanisms by which the strategy is intended to achieve its objectives, in addition to an outcomes framework, which sets out how progress against our objectives will be achieved.

The outcomes framework includes indicators which will enable us to assess the impact our actions are having on achieving the short, medium and long-term outcomes, and the overall vision of the strategy. We will regularly review the framework to ensure new and emerging indicators are incorporated where appropriate. We will also develop a monitoring and evaluation plan for the strategy. Reports on progress will be published on an annual basis.

The implementation of both the Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Prevention Strategy will be overseen by the Suicide and Self-harm Strategy Board which will report to the Joint Ministerial Assurance Board.

## SECTION 9. DECLARATION

### Declaration

I am satisfied that the impact of the proposed action has been adequately assessed and recorded.

Name of Senior Responsible Officer / Deputy Director: Matt Downton

Department: Health and Social Services

Date: 19/03/2025