

# Wales Safer Communities Network response to: Draft suicide and self-harm prevention strategy

## Closed 11 June 2024

Response submitted via the online survey.

### Consultation questions

#### Question 1

To what extent do you agree with this vision?

“People in Wales will live in communities which are free from the fear and stigma associated with suicide and self-harm and are empowered and supported to both seek and offer help when it is needed.”

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

#### Question 1a

What are your reasons for your answer to question 1?

The Wales Safer Communities Network hosted a joint seminar with the Welsh Local Government Association (WLGA) where our members views were captured and have provided the responses for this consultation document.

We agree with a vision to strengthen communities and remove the stigma attached to suicide and self-harm by increasing community support. We acknowledge there is much crossover between self-harm and suicide but there are differences, as not everyone who self harms will attempt suicide, and not everyone who attempts suicide self harms (outside of the suicide attempt).

We support the vision to move towards a social model rather than a medical model, by attempting to change cultural views and remove fear and stigma, however we suggest it the vision would be strengthened by referencing prevention specifically in regard to both suicide and self-harm.

#### Question 2

In the strategic vision section there are 6 principles that underpin the strategy. Do you agree these principles are the right ones?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

### Question 2a

What are your reasons for your answer to question 2?

We agree that the six principles appear to be appropriate.

However, as it is suggested that the aim is to remove stigma around suicide it is often the bereaved families who need to deal with this whilst also dealing with the wider complexities of their grief. As such we think that as well as the mention of those with lived/living experience, there should be mention of their families and especially the bereaved families.

### Question 3

The strategy identifies priority and high-risk groups. Do you agree that these are right?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

### Question 3a

What are your reasons for your answer to question 3?

We agree with those listed, however we think that children and young people should be included in the priority group rather than high risk.

In the joint workshop carried out by the WLGA and the Wales Safer Communities Network there were some additional groups identified as high risk:

- Victims of rape, sexual abuse and sexual assault are identified in the list of high risk groups, as are perpetrators of domestic abuse, but it was felt that offenders in prison convicted of sexual offending are also higher risk.
- People in contact with the justice system focused on female offenders and those in the community, but it may be worth considering if offenders with mental health issues should also be part of the priority group (they can be detained or in the community).
- Whilst victims of bullying are listed in a high-risk group, we think there could be an opportunity to link the strategy to the definition of Bullying in the Rights, Respect, Equality: guidance for schools.

The priority and high risk groups are listed separately but individuals often sit across

In the strategy there are six high-level objectives. We have also suggested some sub-objectives to deliver each one. We will be publishing 3–5-year delivery plans which will sit alongside the strategy. The delivery plan will include more detailed actions to deliver our objectives. We would like to know:

- what you think of the objectives
- if you think the sub-objectives will deliver the high-level objectives
- what actions you think we could include in the delivery plan to deliver the objectives

You can answer questions about as many of the statements that are of interest to you.

## Objective 1

### Question 4

To what extent do you agree with the following high-level objective.

Objective 1: Establish a robust evidence base for suicide and self-harm in Wales, drawing on a range of data, research and information; and develop robust infrastructure to facilitate the analysis and sharing of information to focus resources, shape policy and drive action.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

### Question 4a

What are your reasons for your answer to question 4?

From our combined experience data collection and sharing is often a challenge between partners and there seems to be a reluctance, from some, to share data and intelligence. Partners are from across the devolved and non-devolved sectors which can add to the complexity of sharing and is part of a broader issue which may need a wider approach across all government departments and bodies.

### Question 4b

Two sub-objectives have been suggested to achieve the objective 1. Do you agree with the sub-objectives identified?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

### Question 4c

What are your reasons for your answer to question 4b?

We feel they sit clearly under the objective and would appear appropriate to support the delivery of the strategy. Please see more detail in our response to 4a around the complexities in achieving these sub-objectives.

### Question 4d

Alongside the strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

There could be actions in regard to research on the matter by Public Health Wales or by research institutions which could include use of SAIL as a central databank to assist with the management of data for the purposes of this strategy and building the evidence-base and research.



## Objective 2

### Question 5

To what extent do you agree with the following high-level objective.

Objective 2: Co-ordinate cross-Government and cross-sectoral action which collectively tackles the drivers of suicide, and reduces access to means to suicide.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

### Question 5a

What are your reasons for your answer to question 5?

No specific comments on the high-level objective.

### Question 5b

Four sub-objectives have been suggested to achieve the objective 2. Do you agree with the sub-objectives identified?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

### Question 5c

What are your reasons for your answer to question 5b?

Whilst we agree with the four sub-objectives we are concerned about how they will be delivered. Without the detailed delivery plan which will accompany the finalised strategy, we feel we are unable to comment further.

### Question 5d

Alongside the strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

A clear breakdown of which cross-sector bodies, groups and partnerships that objective 2b applies to, eg Public Service Boards, Regional Partnership Boards, Community Safety Partnerships, Regional Safeguarding Boards etc.

There seems to be a need to recognise what capacity there is in secondary mental health services, and the ability to provide secure settings/ sectioning especially in the prison estate.



This may impact on sub-objective 2c and the ability to have a consistent approach when escalation is the final option.

The implementation of Right Care Right Person, which is a police programme being phased in across the United Kingdom by police force areas and will change how the police respond to mental health calls. It is likely to have some impact and cross-over in planning with sub-objective 2b and 2c and should be included.

Online safety remains a concern, we recognise the difficulty around finding and managing content, so whilst we agree with it being included as a sub-objective 2d, we are interested in the detail in the delivery plan on how Welsh Government intend to deliver through policy and legislation.

## Objective 3

### Question 6

To what extent do you agree with the following high-level objective.

Objective 3: Deliver rapid and impactful prevention, intervention, and support to those groups in society who are the most vulnerable to suicide and self-harm through the settings with which they are most engaged.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

### Question 6a

What are your reasons for your answer to question 6?

We agree in principle with this high-level objective, however we are concerned about where the resources needed to deliver this will come from, at a time when demand is outstripping resource and budgets are under increased pressure.

### Question 6b

Three sub-objectives have been suggested to achieve objective 3. Do you agree with the sub-objectives identified?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

### Question 6c

What are your reasons for your answer to question 6b?

In regard to sub-objective 3a and identifying key settings and 'community services', we think there could be value in specifically naming libraries and council one-stop shops/community hubs. They are one of the few public spaces that anyone can access and often the most vulnerable in society go to in a time of need or crisis.

### Question 6d

Alongside the strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

As mentioned in our answer to question 6a, we are concerned about the resourcing for delivery given the wide range of identified groups and the key settings identified.

We would suggest there is an opportunity to link objective 1 and this objective together, through funded research and pilots to build the evidence-base of what can work to prevent self-harm and suicide, which are likely to have two very different evidence-bases as they are not intrinsically linked.

Social isolation and loneliness are huge issues not just for our older populous but for this generation of young people. When consulted, our members have advised that young people regularly identify safe spaces to play/ socialise/ learn as things they want more of, but many of these youth and community provisions are continuing to disappear. These are preventative/ non-clinical/ hugely cheaper interventions based on relationship building but which would require funding and resourcing whilst services continue to manage the crisis demand and complexities that mental health, self-harm and suicide services are currently facing.

We would like to also raise our real concern over the needs of rural areas and rural families, as well as asylum seekers and migrants in terms of accessibility, which needs to be thoroughly considered within the delivery plan.

## Objective 4

### Question 7

To what extent do you agree with the following high-level objective.

Objective 4: Increase skills, awareness, knowledge and understanding of suicide and self-harm amongst the public, professionals and agencies who may come into contact with people at risk of suicide and self-harm.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree



### Question 7a

What are your reasons for your answer to question 7?

We agree that public awareness is really important to help dilute the stigma and increase understanding.

### Question 7b

Two sub-objectives have been suggested to achieve objective 4. Do you agree with the sub-objectives identified?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

### Question 7c

What are your reasons for your answer to question 7b?

If delivered, we imagine that the two sub-objectives will move towards achieving the high-objective. Although, the use of the term 'people who are in distress' may require more clarity as not everyone who presents as distressed has suicidal thoughts or is thinking of, or has, self-harmed.

### Question 7d

Alongside the strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

In regard to sub-objective 4a, we think it is important that the universal offer of training and support goes beyond professionals and is extended to family, friends and community members who may have more interactions with individuals than local government and health professionals.

There could be a specific action around supporting parents to be able to ask the right questions and notice any signs.

In terms of education, timing of training needs to be considered so that staff can access it. It should be set as a priority, possibly even statutory training, and resource and capacity provided to enable delivery and staff attendance. For example, educators are not mental health specialists and have very little time. Training is essential but by accessing training it does not necessarily prepare someone fully if it is not their profession or have very little experience. It potentially adds to the mental health challenges for education staff. Being able to signpost is therefore going to be essential, along with capacity in those services/ sectors (see objective 3).

We also think there is an opportunity here to recognise and set out clearer plans for targeting 'hard to reach' members of the community, such as asylum seekers and migrants who may experience language barriers or cultural barriers. We are also minded to highlight those with no recourse to public funds that may miss help available from the usual spaces that they are unable or unlikely to frequent.

## Objective 5

### Question 8

To what extent do you agree with the following high-level objective.

Objective 5: Ensure an appropriate, compassionate and person-centred response is offered to all those who self-harm, have suicidal thoughts, or who have been affected or bereaved by suicide promoting effective recovery and reduced stigma.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

### Question 8a

What are your reasons for your answer to question 8?

We do agree with this high-level objective but as with previous objectives we would suggest these are three distinct groups all of whom are likely to require different forms of support, services and compassion.

### Question 8b

Two sub-objectives have been suggested to achieve objective 5. Do you agree with the sub-objectives identified?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

### Question 8c

What are your reasons for your answer to question 8b?

The two sub-objectives are very health focused whereas what may be required is a more preventative lens, with greater support management of any underlying causes. Underlying causes such as drug misuse are frequently linked to the wider determinants of health and which the two sub-objectives are unlikely to deliver against. We are not disagreeing with the two sub-objectives as they are written but that they are limited and additional information may be needed.

In order to reach the high level objective we suggest there is a need for greater recognition of multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. Whilst GP's may often be seen as the gatekeeper those with complex needs may not be registered and find services very difficult to engage with. We also recognise that migrants and asylum seekers may have language barriers preventing them from seeking any help that is available.



### Question 8d

Alongside the Strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

We have no comments given the current emphasis of the sub-objectives appear to refer mainly to health.

## Objective 6

### Question 9

To what extent do you agree with the following high-level objective.

Objective 6: Responsible communication, media reporting, and social media use regarding self harm, suicide and suicidal behaviour.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

### Question 9a

What are your reasons for your answer to question 9?

We recognise that all forms of media can have an impact, either for good or to the detriment of those who use or read it. Due to the unregulated nature of the internet there is great concern over the detailed information to harm oneself which we know is being accessed by young people and vulnerable people. As such, we fully support this objective given the importance of making easily accessible, factual, and information around safety and suicidal behaviours, providing signposting and alternative options that individuals may not otherwise be aware of. Due to the nature of social media, without too much effort individuals may find themselves being influenced by materials that has the potential to impact behaviours or actions not previously considered, as such, having responsible communication to hand may in part help to combat this.

### Question 9b

Two sub-objectives have been suggested to achieve objective 6. Do you agree with the sub-objectives identified?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

### Question 9c

What are your reasons for your answer to question 9b?

Whilst we agree with the two sub-objectives as listed we do not think that they will be able to deliver the high-level objective especially in regard to social media, where language and messaging is not controlled by government policy but by individuals – some of whom may post for nefarious reasons.

### Question 9d

Alongside the Strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

No suggestions at this time.

## The strategy overall

### Question 10

This is an all-age strategy. When we talk about our population we are including babies, children and young people, adults and older adults. Do you feel the strategy is clear about how it delivers for various age groups?

- Yes
- No

### Question 10a

If you have answered “no”, please tell us why.

We felt there was very little mention in regard to older adults other than them being included in the identified groups in regard to ‘people experiencing problems related to old age’. There may be an opportunity to link the strategy to age friendly communities.

In our response we have made specific mention to children and young people and to education settings, but the strategy itself makes little mention. This is especially concerning in regards to the use of social media and differences between suicide and self-harm.

It is important for us to raise here that our members also identified that there is a need to include increased support and capacity during the transition between youth to adult services/ or towards the removal of support at the age of 18.

### Question 11

We have prepared [impact assessments](#) to explain our thinking about the impacts of the strategy. This includes our research on the possible impacts. Are there any impacts, positive or negative, that we have not included?

We feel that there is a gap in identifying the impact and the need to support professionals who may have to deal with traumatic incidents or near misses in regards to suicide and self-harm. It is important that the workforce is supported fully to alleviate stress and negative impacts on their own mental health, especially when services they may need to refer to have waiting lists and capacity issues of their own.



### Question 12

We would like to know your views on the effects that the Strategy would have on the Welsh language. Is there anything we could change to give people greater opportunities to use the Welsh language? Or, can we do more to make sure that the Welsh language is treated no less favourably than the English language?

Welsh language is included within one of the sub-objectives and therefore we think this element of equality is covered.

### Question 13

We have asked a number of specific questions. If you have any comments which we have not addressed, please use this space to make them.

The Wales Safer Communities Network would like to thank you for the opportunity to respond to the consultation on this strategy.

The glossary of terms is helpful but feedback from our members suggests that there needs to be a clearer distinction between self-harm and suicide, as it tries to incorporate suicide attempts alongside self-harm. We would also highlight that it not everything ingested is poison (for example, over eating as a form of self harm). We note that the glossary does not include eating disorders or which may be similar in nature to self-harm.

The response to self-harm and suicide or suicide attempts cannot all be health, as the causes are rarely health but of wider social impacts which this strategy does not appear to fully acknowledge or to try to break the cycles to prevent these from occurring.

Stigma may be higher in certain communities and community groups than others which is likely to require culture appropriate responses that are not limited to language and word choice.

This response is on behalf of all of our members which includes the 22 Councils, 4 Office of Police and Crime Commissioners, 4 Police Forces, 3 Fire and Rescue Services, Probation in Wales, Public Health Wales, 3rd Sector, Welsh Local Government Association and Welsh Government.