



# Suicide and self-harm prevention

## Safer Communities Network Wales

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NHS Wales Executive

30<sup>th</sup> April 2024



# Self-care and Safety



- any discussion around suicide and self-harm can be distressing
- we may talk about issues today, that make you feel uncomfortable
- please look after yourselves, and step out of the session if you need to
- if you feel you need support, please message one of the facilitators, or someone in the coordinator team, or contact a help-line:



Freephone: **0800 132 737**

Text help to: **81066**



# What this presentation will cover



- Understanding suicide and self-harm
- What does the data tell us?
- Current activity supporting suicide and self-harm prevention
- Responding to the draft strategy 2024-2034



# Understanding suicide and self-harm

# Suicide and Self-Harm Prevention Strategy



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**Suicide** – the intentional act of taking one’s own life

**Suspected suicide** – when a person is suspected to have taken their own life intentionally, but this has not been confirmed by a coroner

**Suicidal behaviours** – range from suicidal thoughts, planning suicide, attempting suicide to completing suicide

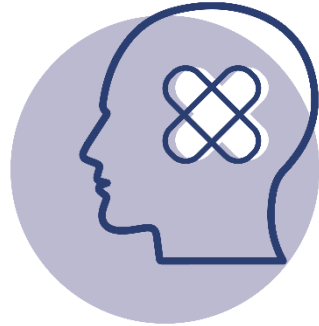
**Self-harm** – intentional act of self-poisoning or self-injury irrespective of the motivation or apparent purpose of the act, and in an expression of emotional distress. Self-harm includes suicide attempts as well as acts where little or no suicidal intent is involved

*(behaviours associated with substance use, risk taking or eating disorders are generally not considered self-harm because usually the harm is an unintentional side effect of the behaviour – however often associated)*



# What makes people vulnerable to suicide

previous suicide attempt



Self harm

relationship conflict, discord or loss



access to means

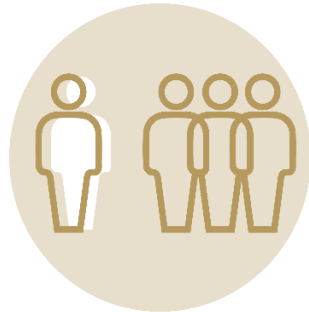


trauma or abuse

financial strain or insecurity



reduced resilience or coping skills



feeling isolated and lack of social support

Bereavement by suicide



alcohol or substance use

Chronic pain



mental ill-health

# Factors that may reduce vulnerability

There are a number of socio-cultural, environmental and individual factors that **may reduce vulnerability to suicidal behaviours**, and understanding these helps to inform strategic approaches to suicide prevention. These factors do not eliminate the risk of suicide and some people may appear to have all of these things, and still die by suicide



**Strong connections to family and community support**



**Restricted access to means**



**Seeking help and easy access to quality care for mental and physical illness**



**skills in problem solving, conflict resolution, and non-violent handling of disputes**



**Person, social, cultural and spiritual beliefs that discourage suicide and support self-preservation**

# Factors that may reduce vulnerability

Suicidal thoughts (and risk) can vary across a relatively short time period

The absence of risk factors or vulnerabilities does not mean the absence of risk of suicide

A person may have thoughts of suicide even though they are not in a 'high-risk' group, and not all members of 'high-risk' groups have thoughts of suicide

There is **no single reason** why someone may try to take their own life

Suicide is usually in response to a **complex series of factors** related to personal and wider social and community influences

**Suicide is best understood by looking at each individual**, their life, and their circumstances

The best way to know if a person is thinking about suicide is to ask them **'are you thinking about suicide'?**

**Most people with thoughts of suicide want help to stay alive**



# Scope and breadth for prevention



## TARGETED

working with **groups who might be particularly vulnerable**, who may be in contact with health and care services around mental health or illness, experiencing isolation, financial insecurity, trauma

## INDICATED

crisis intervention with people who self harm or have suicidal thoughts or behaviours, **responding to people in distress**

postvention, compassion, anti-stigma, non-discriminatory, enabling help-seeking, confidence and skills of workforces

## UNIVERSAL

settings based work on building individual and community resilience, creating supportive environments, recognising and supporting the needs of vulnerable groups in their everyday life – **strengthening known factors that may reduce vulnerability**



# Principles of the Suicide and Self-Harm Prevention Strategy:



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- Leadership, ownership and accountability
- Suicide and self-harm are everybody's business
- Focus on inequalities and at risk groups
- Multi-sectoral collaboration
- Person-centred with the involvement of those with lived/living experience
- Evidenced-based and intelligence led





# Data, surveillance, and research



# Data are people



While talking about population-level data it is important to remember that each number is an individual whose death may have been preventable, and whose death will be having a significant and enduring impact on many others



# Statistical bulletins from Office for National Statistics (ONS)

## Deaths registered in-year after coroner inquest *(published September every year)*

[Home](#) > [People, population and community](#) > [Births, deaths and marriages](#) > [Deaths](#) > Suicides in England and Wales

## Suicides in England and Wales: 2022 registrations

Registered deaths in England and Wales from suicide analysed by sex, age, area of usual residence of the deceased, and suicide method.

This is the latest release. [View previous releases](#)



**Contact:**

[Lauren Revie](#), [Emyr John](#) and [David](#)

[Mais](#)

**Release date:**

19 December 2023

**Next release:**

To be announced

# ONS Data



- dataset has been available since 1981
- coroner confirmed death registrations in-year (deaths could have occurred in previous years) – can include non-residents (combined Eng/Wales data)
- January to December (calendar year data)
- annual reports on previous year (2023 report presents 2022 data)
- three quarters of deaths are males (consistent since mid 90's)
- **339** deaths recorded for Wales in 2022 – reduced due to registration delays



# ONS: suicide occurrences/registrations



Occurrences:

Area of usual residence [note 2]	Year of death occurrence [note 2]	Persons Number of deaths
Wales	2021	300
Wales	2020	367
Wales	2019	372
Wales	2018	371
Wales	2017	374

Registrations:

## Number of suicides [note 1] by local authority

Country or Region [note 2]	2021	2020	2019	2018	2017
Wales	347	285	330	349	360

Registrations within year can often be lower in number than the number of deaths in the same year (but not always)

Source: [Suicide occurrences, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

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# ONS – rates and deprivation



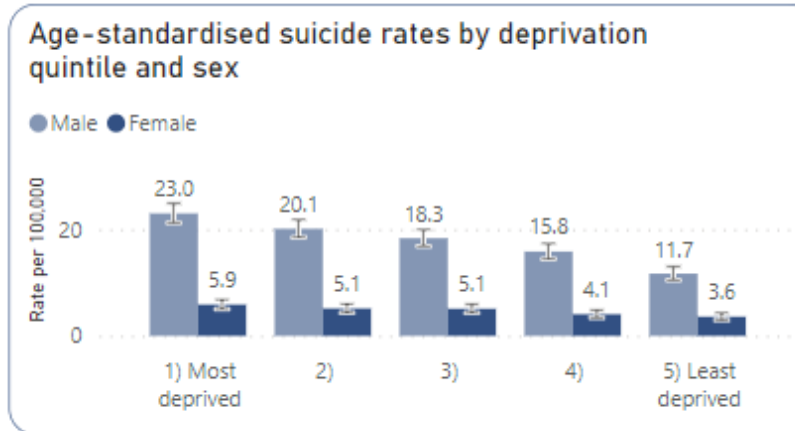
## Suicide in Wales

Released on: 27 June 2019 | Dataset

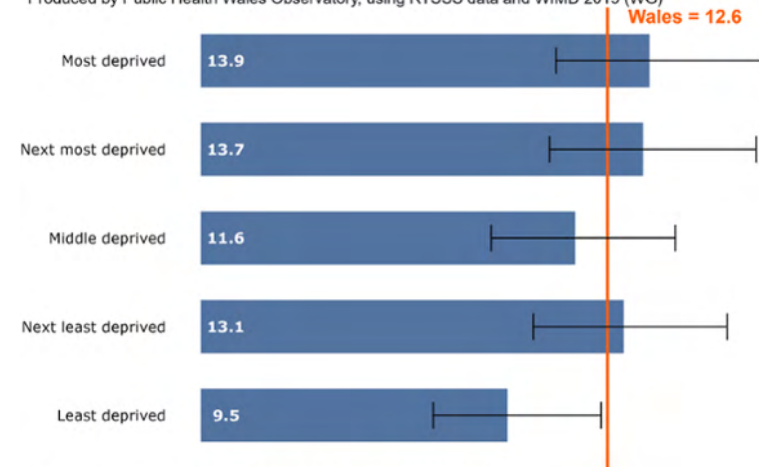
Number and rates of **suicide** registrations in Wales with breakdowns by age, sex, method of **suicide**, local area of deprivation and subnational geographies.

Table 11: Age-standardised suicide rates for Index

	Decile	Deaths	2015-2017		
			Rate	LCL	UCL
<b>Most deprived</b>	1	241	15.4	13.4	17.3
	2	219	13.5	11.7	15.3
	3	229	13.6	11.8	15.4
	4	200	11.9	10.2	13.6
<b>Least deprived</b>	5	143	8.6	7.2	10.0

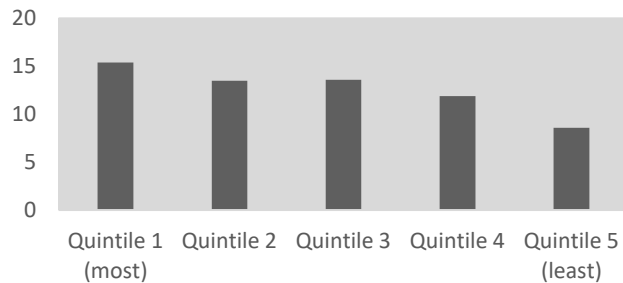


Deaths by suspected suicide by deprivation fifth\*, crude rate per 100,000, Welsh residents, 2022/23  
Produced by Public Health Wales Observatory, using RTSSS data and WIMD 2019 (WG)



\*7 cases were missing residence data therefore are not included

Suicide rates 2015 - 2017 (Wales) and deprivation



Power BI Dashboard from ONS data 2012 - 2021

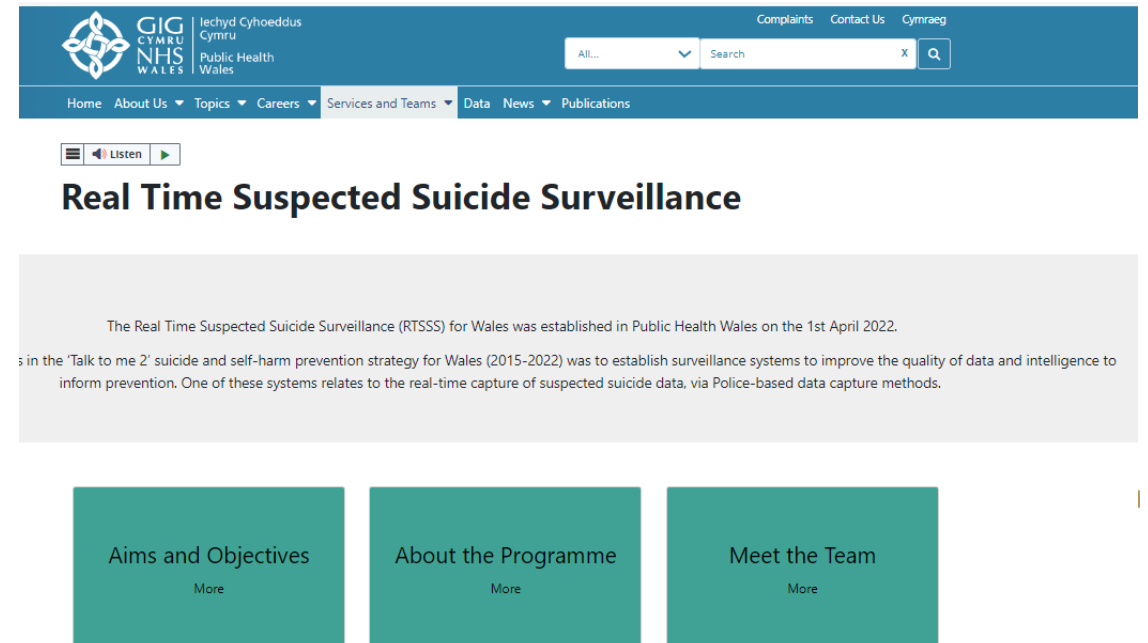
RTSSS

Gradient less clear due to smaller dataset (one year of data)





# Real-time suspected suicide surveillance (RTSSS) WALES sudden and unexplained deaths, as they occur, thought to be a possible suicide



The screenshot shows the website header with the GIG CYMRU NHS WALES logo and navigation links: Home, About Us, Topics, Careers, Services and Teams, Data, News, Publications. A search bar is also present. Below the header is a 'Listen' button. The main heading is 'Real Time Suspected Suicide Surveillance'. The text below reads: 'The Real Time Suspected Suicide Surveillance (RTSSS) for Wales was established in Public Health Wales on the 1st April 2022. s in the 'Talk to me 2' suicide and self-harm prevention strategy for Wales (2015-2022) was to establish surveillance systems to improve the quality of data and intelligence to inform prevention. One of these systems relates to the real-time capture of suspected suicide data, via Police-based data capture methods.'

[Aims and Objectives](#)  
More

[About the Programme](#)  
More

[Meet the Team](#)  
More

# RTSSS dataset



- police reported sudden deaths that are suspected suicides
- collated monthly, and reviewed monthly by national/regional leads
- [first report](#) 11<sup>th</sup> Jan 2024: April 2022 – March 2023 (financial year)
- will report annually due to ‘small’ numbers (statistically) ([England monthly](#))
- deaths in Welsh population (whether death occurs in Wales or elsewhere. Non-residents not included)
- reports crude rates and not age-standardised rates



# RTSSS data findings



- 356 deaths (all persons 12.6 per 100,000) over 12-month period
- 78% of deaths were in males
- highest age-specific rate was males 35-44 (29.4/100,000) and aged 25-34 (29.2/100,000)
- regionally, mid/west Wales has the highest rate, Health Boards – Powys and Swansea Bay (both in mid/west region)
- **inequalities** prevail – rates in most deprived (13.9/100,000) higher than in least deprived (9.5/100,000)



# RTSSS data findings – associated factors



**47%** mental illness



**22%** alcohol or substance use



**19%** domestic abuse perpetrator



**27%** known to mental health services (30% unknown)



**74%** known to police



**10%** bereavement



**15%** Long-term illness/disability/pain

**14%** relationship issues

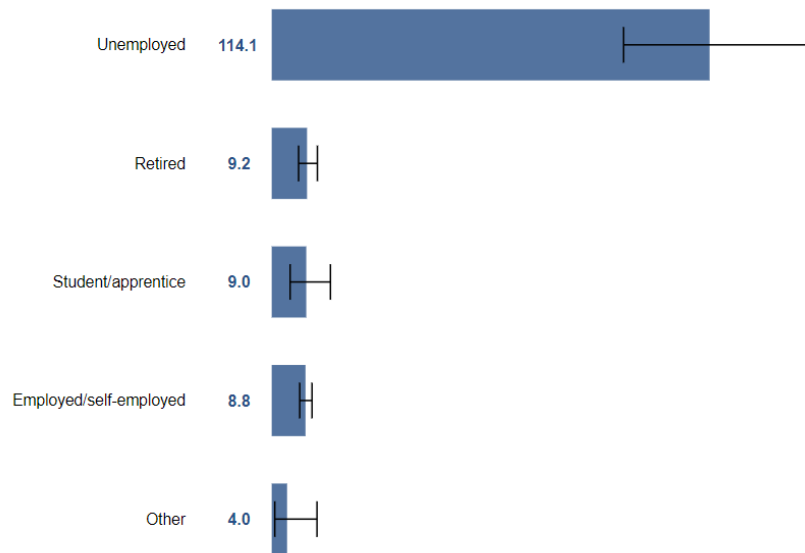


# RTSSS - unemployment



**Figure 7. Deaths by suspected suicide, by employment status\*, crude rate per 100,000, aged 16+, Welsh residents, 2022/23**

Produced by Public Health Wales Observatory, using RTSSS data and Economic activity status data (ONS)

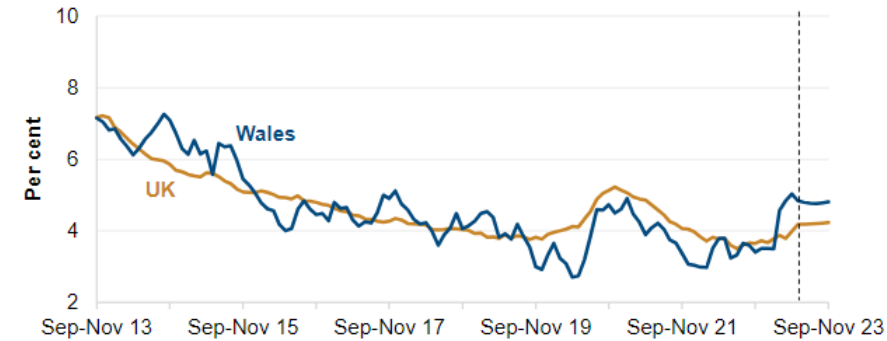


\*72 cases had an unknown employment status therefore are not included

Source: [Section 3 - Findings - Public Health Wales \(nhs.wales\)](#)

## Unemployment rate

**Figure 2: Unemployment rate, 3 months to November 2013 to the 3 months to November 2023**



Description of Figure 2: Line chart showing the unemployment rate has decreased overall in both Wales and the UK over the last 10 years. Data from the period May to July 2023 is based on adjusted experimental labour market statistics.

Source: Welsh Government analysis of Labour Force Survey; HMRC PAYE RTI and Claimant count data.

Source: [Labour Market Overview: January 2024 | GOV.WALES](#)



# Learning from other RTS systems



Home > Case studies

## Kent and Medway: Highlighting the relationship between domestic abuse and suicide

The Kent and Medway Suicide Prevention (SP) team have been conducting unique research into the links between domestic abuse (DA) and suicide since 2019. Using Real Time Suicide Surveillance (RTSS) data supplied by Kent Police, our research has shown that approximately 30 per cent of all suspected suicides in Kent and Medway between January 2019 and January 2022 have been impacted by domestic abuse (either as a victim, perpetrator or as a young person affected by the abuse). This case study was done jointly with the National Suicide Prevention Alliance and forms part of our suicide prevention resource.

- Victims who are dying by suicide in the **middle of the abuse**
- Victims who are dying by suicide **months or years after the abuse has ended**
- Victims who are also thought to have been perpetrators of DA at some point in their relationships or lives
- Children and young people** living in households impacted by domestic abuse
- Perpetrators of domestic abuse**, the largest group. Including individuals who have been convicted, accused or who are under investigation for domestic abuse.

Mental health | 30 Sep 2022

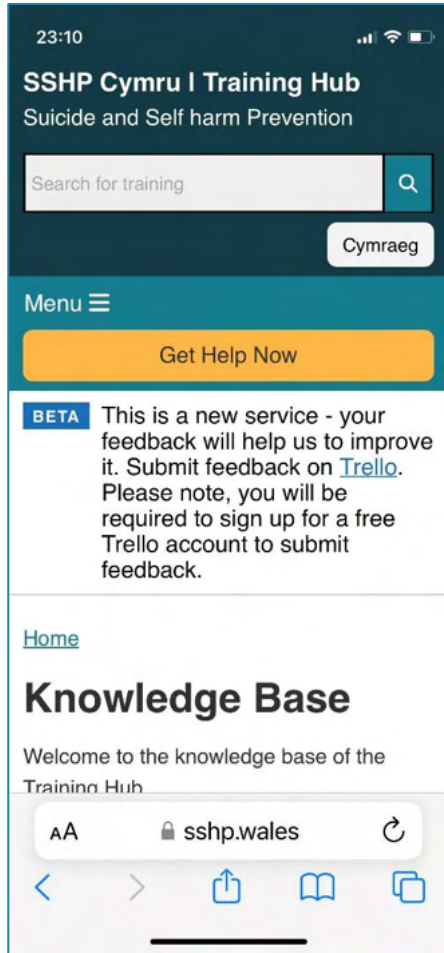
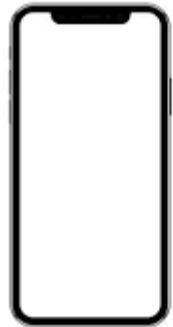




# Workforce Development



# Digital HUB (Cymru)



<https://sshp.wales/en/>



**SSHP Cymru | Training Hub**  
Suicide and Self harm Prevention

Search for training

About the Training Hub Knowledge Base Find my Training

**BETA** This is a new service - your feedback will help us to improve it. Submit feedback on [Trello](#). Please note, you will be required to sign up for a free Trello account to submit feedback.

## Welcome to the Suicide and Self harm Prevention Cymru Training Hub

This platform is for anyone looking for training and development opportunities that can help them, their communities, or their workforces, to develop their awareness, understanding and skills in relation to the management and prevention of suicide and self harm.

This is a resource to help you find:


- ✓ freely available online learning opportunities
- ✓ training and development programmes for yourself, your teams and colleagues

**Suicide and Self-harm National Conference 2023**

2 March 2023 Cardiff City Hall

For more information [click here](#)

headline information to help you to become more familiar with the suicide and self harm management and prevention

  
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This resource has been developed to support the delivery of the Welsh Government suicide and self harm prevention strategy



# Learning and development



- Training needs audit (Jul 2023)
- Multi-sector – **2045 responses**
- People who work directly with those affected by SSH
- Overall – **over 30% had never received training** in SSH and another 20% over 2 years ago
- The proportion who felt confident in dealing with a range of scenarios never reached 50%
- Need to increase access to learning

[Documents - NHS SSHP](#)

**SSHP Cymru | Training Hub**  
Suicide and Self harm Prevention

Search for training

About the Training Hub Knowledge Base Find my Training

[Home](#) > [Resources](#) > Documents

## Documents

### Learning and Development Needs Survey: Summary infographic

The SSHP Programme conducted a learning and development needs survey during June and July 2023, aimed at people across all sectors in Wales whose work brings them into contact with people affected by suicide and self-harm, and people involved in developing and managing services to respond to the needs of those affected by suicide and self-harm.

The purpose of the survey was to identify training and development needs across sectors and inform the future development of training and learning offers in Wales.

1 of 3

### Survey Reach

A series of demographic questions were asked to identify region, role and employment sector. These breakdowns allow regional reports and further detailed analysis.

**Responses can be broken down by region.**  
There was a separate category for those whose work covers all Wales

3%	All Wales
16%	North Wales
39%	Mid/West Wales

**What is your role? All respondents (2045)**  
Respondents were asked to identify their role

4%	Training lead	5%	Strategic
44%	Front-line worker	25%	Mental health professional
49%	Almost half said they worked in the Health Service	82%	respond directly to people affected by suicide or self harm

# Learning and development



- co-production of **AGORED-accredited learning and development units** on understanding and supporting people affected or bereaved by suicide
- defining curriculum, learning outcomes and assessment criteria with accreditation through AGORED Cymru
- any training provider qualified and equipped to deliver can deliver the units
- Training the Trainer unit also developed and piloted to cascade the training



[Qualification \(agored.cymru\)](https://agored.cymru)

A screenshot of the Agored Cymru website. The page title is 'Qualification'. The navigation menu includes 'Home', 'Centres', 'Units and Qualifications', 'Learners', and 'Training and Events'. The main content area displays the title 'Agored Cymru Level 2 Award in Responding to People Affected by Suicide or Suspected Suicide' and the reference number '610/3861/1'. A hand icon is pointing to the reference number. The page also shows a search bar and a list of units and qualifications.

# Learning and development



- co-production of undergraduate learning outcomes for health and care programmes in Wales
- HEI's, work-based supervisors and practitioners, professional/regulatory bodies, HEIW, SCW, students and people with lived experience
- inter-professional – programmes including nursing, medicine, para-medicine, allied health, social work

[Developing Undergraduate and Pre-registration Learning for the Prevention of Suicide and Self-harm | Skills for Health](#)

A screenshot of a website page from Skills for Health. The page has a dark blue header with the 'Skills for Health' logo on the left and a navigation menu with links for 'Services', 'Products', 'Resources', 'News', 'About', 'Awards', and 'Shop'. Below the header, there is a breadcrumb trail '← Back to our resources library'. The main heading is 'Developing Undergraduate and Pre-registration Learning for the Prevention of Suicide and Self-harm'. A hand cursor icon is visible over the heading. Below the heading, the 'Background' section begins with the text: 'The prevention of suicide and self-harm continues to be a major public health and community challenge and is a high priority in Wales, as well as across the UK. In 2022, 339 suicides deaths were registered for Wales (Office National Statistics)'. The text continues: 'In 2023 a national multi-agency survey of training needs in Wales identified significant gaps in training among professionals regularly encountering individuals affected by suicide and self-harm. The survey found that nearly a third of respondents hadn't received any training in the prevention of suicide'.

# Basic Suicide Awareness e-module



- ESR system – accessible to all NHS staff in Wales (from front-door to boardroom) (2023)(accessible through Learning@Wales)

**Universal Suicide Awareness Training Module**

**ESR: 000 NHS Wales – Suicide Awareness**

A new suicide awareness training module is now available for all staff, from front-line public facing workers to the boardroom. The module provides an understanding of suicide prevention and support information.

The module was developed by the Suicide and Self Harm Prevention Programme, NHS Executive.

**To access on ESR:**

The module can be found within the course catalogue or by searching "suicide awareness"

**To access on Learning@Wales:**

Once logged in, search for "suicide awareness" within the search function. Please contact your learning and development team for your organisation's enrolment key

**For more information, please contact the SSHP team at [sshp.cymru@wales.nhs.uk](mailto:sshp.cymru@wales.nhs.uk)**



# Responding to those exposed, affected, or bereaved by suicide

# System support after suicide



Four areas set out as the basis for a systems response to those impacted by a suspected suicide:



A national liaison and advisory service linked to existing wider (third sector) provision



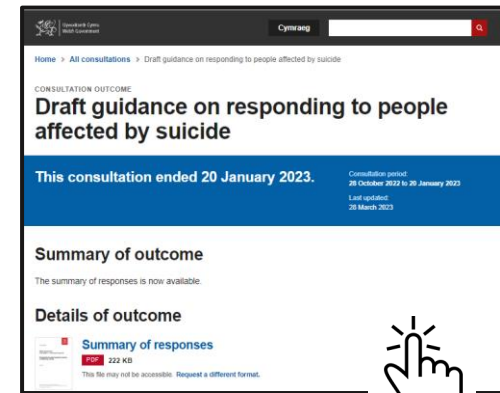
Enabling a **compassionate response** through 'touch-point' agencies



The digitisation of 'Help is at Hand Cymru' and development of non-digital offers



Development of **learning and development offers** across sectors to raise awareness and develop skills



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# Responding to people bereaved, exposed, or affected by suicide in Wales



**SSHP Cymru | Help is at Hand**  
Suicide and Self harm Prevention

Cymraeg

About Help is at Hand [Get Help Now](#)

## Help is at Hand 🖐️ Cymru

Search Keyword 🔍

- Practical Matters
- Experiencing bereavement
- How friends and colleagues can help
- Bereaved people with particular needs
- The impact on people who come into contact with suicide in the course of their work

## Help is at Hand 🖐️ Cymru

This guide is aimed at the wide range of people who are affected by suicide or unexplained death.

It aims to help people who are unexpectedly bereaved in this way. It also provides information for healthcare and other professionals who come into contact with bereaved people, to assist them in providing help and to suggest how they themselves may find support if they need it.



[Help is at Hand Pages - NHS SSHP](#)



# 'Rapid response' processes



- Triggered by police attendance at a sudden death that is a suspected suicide
- Engages safeguarding and other partners to determine the impact of the death, and to ensure support systems and resources are deployed in the relevant settings
- Links to the bereavement work-stream
- Should be 'fleet of foot', and focused on mitigating further harm by each relevant agency playing their part
- Recent pilot in Mid-West Wales/Dyfed Powys Police
- National Standard Operating Procedure (SOP) in development







# Key themes for prevention



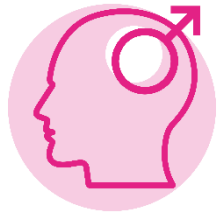
# Intelligence-led prevention



- proportion of male suicides and complexity around those individuals
- opportunities to respond in mental health services and wider health and care/public service system
- significance of socio-economic factors such as living alone, unemployment, living in more deprived or under-served communities
- significance of behavioural factors such as substance misuse, being exposed to violence/abuse, access to internet/accessing suicide-related content on-line
- higher risk groups including those who self-harm



# Themes for prevention



- evidence review of effective interventions (male suicide prevention) and workshops to hear men's voices, to shape how we respond to needs and improve access to support



- work with colleagues in mental health services and primary care, and other front-line agencies to respond appropriately, based on evidence and continued learning, and to enable effective signposting to options for support



- recognising areas of disadvantage/under-served communities to focus provision and support e.g.: support after suicide, and work with agencies that help people to manage financial challenges, unemployment, housing



- build links with other policy areas such as substance misuse, domestic abuse, to identify opportunities for intervention and support in the context of complex lives and needs

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# Resources for prevention



- **national prevention programme team** now based in the NHS Wales Executive to support delivery of strategic objectives
- national prevention team initiated in 2020 (during first lockdown) and focused on outstanding deliverables from the 2015 strategy e.g.: postvention, real-time surveillance, workforce development, and now contributing to the development of next strategy and future work plans

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**Project Manager**  
Lived Experience  
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# Development of the next strategy



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A large, light red outline of a human head in profile, facing right. Inside the head, there is a stylized outline of a brain, also in light red. The brain is composed of several interconnected, rounded shapes that represent the cerebral cortex and other brain structures.

# Suicide and Self-Harm Prevention Strategy

# Draft Strategy 2024-25



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Welsh Government

Cymraeg

[Home](#) > [All consultations](#) > Draft suicide and self-harm prevention strategy

OPEN CONSULTATION

## Draft suicide and self-harm prevention strategy

We are seeking your views on the draft Suicide and Self-harm Prevention Strategy 2024 to 2034.

[How to respond](#) ▾

Consultation ends:

**11 June 2024**

57 days left to respond

Consultation launched:

20 February 2024

### Consultation documents



#### Consultation document

PDF 481 KB

This file may not be suitable for users of assistive technology.  
[Request a different format.](#)



## Consultation closes

**11<sup>th</sup> June 2024**

[Draft suicide and self-harm prevention strategy | GOV.WALES](#)



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# Overall Vision



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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



# Strategic objectives



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The **Draft Strategy (2024-2034)** for Wales has 6 key objectives:

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

2

Coordinate **cross-Government and cross-sectoral action** which collectively tackles the drivers of suicide and reduces access to means of suicide

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 settings with which they are most engaged

4

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

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

6

Ensure responsible **communication, media reporting, and social media use** regarding self-harm, suicide and suicidal behaviour



# Suicide and Self-harm Prevention Strategy: We want to hear your views on...



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- What you like;
- What you would change;
- What matters most;  
about...

The Overall Vision

The Proposed Objectives

The Priority and High  
Risk Groups

What actions we can take  
to deliver the objectives



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What actions  
we can take to  
deliver the  
objectives?



What needs to be  
in place to take  
those actions?



To contact the national SSHP Programme team:  
[sshp.cymru@wales.nhs.uk](mailto:sshp.cymru@wales.nhs.uk)

To contact the national RTSSSS team:  
[PHW.RTSSSS@wales.nhs.uk](mailto:PHW.RTSSSS@wales.nhs.uk)



thoughts and questions



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