



Parliamentary Review of Health and Social Care Wales

Call for Evidence – Samaritans Cymru response

Samaritans is a registered charity aimed at providing emotional support to anyone in emotional distress. We exist to reduce the number of people who die by suicide. In Wales, we work locally and nationally to raise awareness of our service and reach out into local communities to support people who are struggling to cope. We seek to use our expertise and experience to improve policy and practice surrounding suicide prevention and are active contributors to the development and implementation of Wales Suicide and Self Harm Prevention Action Plan 'Talk to Me 2'.

As members of the Wales Alliance for Mental Health (WAMH), we lobby and campaign on national issues surrounding the mental health of individuals and communities and promote the role of the voluntary sector in health and social care.

As a stand-alone organisation, Samaritans Cymru believes in a public health and community focussed approach to mental health and wellbeing by placing a primary focus on prevention rather than cure alone and believes investment in prevention and early intervention can reduce human, social and economic costs.

Executive Summary

- Local implementation of the Wales Suicide and Self Harm Prevention Action Plan, Talk to Me 2, is vital for reducing suicide rates across communities in Wales.
- Identifying and targeting high-risk groups for poor mental health and risk of suicide, such as those experiencing loneliness and isolation, or those living in areas of socio-economic deprivation is crucial for the future of public mental health in Wales.
- Implementing and fulfilling the potential of the new curriculum in Wales should be seen as a form of prevention and early intervention for mental health and suicide risk and one which could reduce pressure on CAMHs and reduce specific mental health problems for future generations.
- Community and social connectedness is a protective factor for poor mental health and suicide. Community and outreach groups and volunteering are interventions which can help tackle public health issues in Wales.

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| <ul style="list-style-type: none">• What do you see as barriers to improvement and how these could be overcome? |
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1) Local implementation of Talk to Me 2

As active contributors to the development of the Wales Suicide and Self Harm Prevention Action Plan, we have welcomed its second phase and believe the existence of such plans is vital for efforts to reduce suicide and self harm in Wales. However, this action plan needs a clear framework for implementation; one which recognises the importance of acting locally.

Many of the top-level objectives in Talk to Me 2, are reliant on effective local partnership working through a cross-collaborative approach.

For example, one of the main objectives of the plan is to improve awareness, knowledge and understanding of suicide and self harm amongst individuals who frequently come in to contact with people at risk of suicide and self harm and professionals in Wales. This objective is facilitated by frontline training in suicide awareness for public services. However, to achieve this objective, it is vital that local services, agencies and organisations work in a joined up and collaborative way to effectively manage and target their resources.

The most effective means of achieving this local and cross collaborative approach, is the creation and implementation of local suicide prevention plans and ensuring the engagement of Local Health Boards and local authorities in Regional Multi-Agency Suicide Prevention Fora. Local suicide prevention plans are developed and implemented by multi-agency groups and are critical to implementing the national suicide prevention strategies published by Welsh Government.

Local councils in Wales have a responsibility to prevent suicide and they need to work with health services, community groups, charities and others to make this happen. Across the United Kingdom, Government has told councils that they should all have plans in place to prevent suicide by 2017, yet the best available information indicates that many councils have no plan in place at all, and those councils who do have plans may not be doing everything they could be to fulfil the potential of a local suicide prevention plan.

Our national campaign, Local Action Saves Lives, calls on all councils in Wales and the United Kingdom to put in place effective suicide prevention plans. Without a local suicide prevention plan, suicide prevention work is much less effective than it could be.

Case Study: Samaritans South Wales Valleys project

Samaritans has had a long-standing ambition to establish a presence in the South Wales Valleys. Research shows that there is an association between the incidence of suicide and more deprived communities, and this gap appears to be widening in Wales.

Our South Wales Valleys Pilot Project aims to provide support to individuals, in their communities, across the South Wales Valleys.

Since its launch, the project has made significant strides in the South Wales Valleys. We have offered emotional support and outreach in many priority places where staff frequently come in to contact with people at risk of suicide and self harm, such as foodbanks, job centres and pharmacies.

In 2016, we formed an invaluable partnership with South Wales Police through our work with

Merthyr Bridewell police station.

We have delivered Samaritans awareness training to nine custody sergeants who have cascaded the training to their colleagues in order to encourage a culture of help-seeking behaviour in detainees. In the UK, there is an increased risk of suicide and self-harm during periods of detention and we are working together to mitigate this.

Since January 2016, when an individual is detained in custody in Merthyr Bridewell, they are offered a call to Samaritans from their cell. In addition to this, when an individual leaves custody, they are provided with our contact details and are offered a call from us within the next 24 hours. Our Samaritans signs are also displayed in all 42 of the custody suites in this police station.

This is a strong example of the way in which local areas can work collaboratively with the third sector in order to protect those who are most vulnerable.

However, it is vital that this collaborative approach is replicated through local suicide prevention groups; it is not sustainable to rely on the third sector in Wales. Every group should aim to be made up of a -

- Local Public Health Team
- Local Health Board
- NHS Trusts including Hospital Trusts and Mental Health Trusts / CAMHS
- Emergency Services
- Local authority adult social care team
- Local authority children's services team
- Service User representatives
- Youth Offending team
- Alcohol/drug misuse services
- Housing / homelessness services
- Network Rail
- JobCentre Plus
- Voluntary organisations such as Samaritans and MIND.

The breadth of complex factors involved in suicide risk highlights the need for multi-agency and cross-governmental action. This is not a single task for any organisation or sector in isolation. It is instead, a local and national imperative and one that should be seen as a major and urgent priority in the national public health agenda in Wales. We must be able to give people the best chance to turn their lives around when they are struggling.

2) Identifying and targeting high-risk groups

- **High-risk group: Loneliness and isolation**

Loneliness and isolation can have a serious impact on physical and mental health and is a risk factor for suicidal behaviour and suicide; it is one of the most common reasons that people call our helpline

in the UK. It is important to remember that loneliness and isolation is a public health issue which can affect people of all ages.

- In 2010, Mental Health Foundation commissioned a survey on loneliness in adults throughout the UK and found that the 18 to 34-year-olds surveyed were more likely to feel lonely often, to worry about feeling alone and to feel depressed because of loneliness than the over-55s.¹
- In a recent US study on the effect of social media use on feelings of social isolation, the University of Pittsburgh found that more than two hours of social media use a day doubled the chances of a person experiencing social isolation.²
- Men are a high-risk group for loneliness and isolation in Wales and this can have devastating consequences due to the [gender paradox of suicidal behaviour](#). In the most recent Office for National Statistics (ONS) figures on suicide in Wales, 81% were men, compared to 19% being women.³
- Older people are especially vulnerable to loneliness and isolation which can have a serious effect on mental and physical health. Half of those over 75 in the UK live alone and 1 in 10 experience intense loneliness.⁴

Ways of addressing loneliness and isolation

- Implementation of Talk to Me 2

As contributors and supporters of Talk to Me 2, we welcome its focus on isolation as a risk factor for suicide and social connectedness as a protective factor. In order to embed this protective factor in communities in Wales, it is crucial that universal, selective and indicated interventions are all in use.

In order to achieve this, there needs to be a clear framework for implementation of Talk to Me 2. Every local authority should have a suicide prevention plan which takes risk and protective factors into account; we need to act locally for effective suicide prevention in Wales.

- Loneliness Mapping

[Loneliness mapping](#) allows local services and local authorities to work collaboratively to use existing data to predict where the most lonely and isolated residents live, allowing limited resources to be targeted at people and places that need them most. Households with just one occupant, a head of a household aged 65 or above, being situated in a low-income area, and not owning a car are among the indicators.

Loneliness mapping should be viewed as a preventative measure which can help to alleviate this risk in the most vulnerable individuals.

- Community and Outreach Groups

(Please see 4) Community and Social Connectedness

¹ Jo Griffin, *The Lonely Society*, Mental Health Foundation 2010

² *Social Media users more likely to feel isolated* <http://www.medicalnewstoday.com/articles/316206.php>

³ *Suicides in the United Kingdom: 2014 registrations*

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesinthegunitedkingdom/2014registrations>

⁴ 'About Loneliness' <http://www.campaigntoendloneliness.org/about-loneliness/>

- **High-risk group: Socio-economic deprivation**

Socioeconomic disadvantage or living in an area of socioeconomic deprivation increases the risk of suicidal behaviour. For example, men from the lowest socio-economic group living in the most deprived areas are approximately ten times more likely to die by suicide than those in affluent areas. In Wales, every local authority has a unique geography, economy, and population; it follows that a profile of deprivation and associated suicide risk will also vary between local populations. At a time when nearly a quarter of the Welsh population lives in poverty, we are committed to policy approaches in suicide prevention that mitigate the devastating effects of socioeconomic disadvantage in Wales.

We need greater recognition that suicide is linked to socioeconomic disadvantage, but we also need to dispel the myth that many deaths by suicide must therefore be inevitable.

In 2016, Samaritans commissioned eight leading social scientists to review and extend the existing body of knowledge on the link between suicide and socioeconomic deprivation. In 2017, we launched the findings of this research in the report [‘Dying from Inequality’](#) -

- Areas of higher socioeconomic deprivation tend to have higher rates of suicide.
- Men are more vulnerable to the adverse effects of economic recession, including suicide risk, than women.
- People who are unemployed are two to three times more likely to die by suicide than those in employment.
- Increases in suicide rates are linked to economic recessions.
- The greater the level of deprivation experienced by an individual, the higher their risk of suicidal behaviour.
- The least skilled occupations (e.g. construction workers) have higher rates of suicide.
- A low level of educational attainment and no home ownership increase an individual’s risk of suicide.

Recommendations

For Samaritans in Wales, this report will act as a springboard to enable significant consultation, engagement and discussion with stakeholders and agencies, with whom we will work with to identify policy approaches and areas of collaboration. However, at a UK level, the following recommendations present ways of targeting those experiencing socioeconomic deprivation.

Societal level: requiring national action

- National suicide prevention strategies in the UK and Ireland should recognise the strong association between suicidal behaviour and area-level socioeconomic deprivation, targeting efforts on both people and places. Alongside a focus on high risk groups, such as men in their middle years (regardless of where they live), these universal strategies should also focus on the most deprived areas with the highest rates, taking a proportionate

universalism* approach to reducing geographical inequalities in suicide, providing more support to meet additional needs in these areas.

- Effective cross-governmental, coordinated approaches to suicide prevention. Mental health services should be improved and protected, and the prevention of suicidal behaviour should be government priorities in welfare, education, housing and employment policies, in addition to health policy. The development of all welfare, housing and employment policies should include an evaluation of potential unintended impacts on mental health and suicidal behaviour.
- Suicide prevention strategies need to be multi-faceted, focusing on the alleviation or mitigation of labour market-related adversity, recognising the health-related risks associated with unemployment, including for example, the provision of adequate social welfare payments complemented by improved support for individuals to seek, obtain and retain employment.
- Policies which lead to the reduction of socioeconomic inequalities should be adopted as part of trying to reduce suicide. Such policies should seek to reduce income inequalities and ensure universal high quality public service provision in health, education, housing and social security.
- Effective support and signposting should be provided to individuals who are threatened with, or have recently suffered, job loss and who therefore may be more vulnerable to suicidal behaviour as a result of reduced status and income. This is particularly important in the context of changes that create large-scale unemployment.
- Workplaces should have in place a suicide prevention plan and provide effective psychological support to all employees, especially those who may be experiencing job insecurity and those who might be affected by downsizing. This support should be offered together with standard careers guidance and retraining, as part of any redundancy package.
- Poverty and debt need to be destigmatised. The media and public figures need to recognise the impact of this stigma and avoid using language or portraying poverty and debt in a way that increases the felt stigma of those living with socioeconomic disadvantage, and who are likely to receive benefits and use welfare services at various points in their lives.

Community and individual level: requiring local action

- There needs to be greater awareness among welfare, housing and employment practitioners and policy-makers of the impact of economic hardship, financial and housing insecurity, loss, and trauma on mental ill-health, suicidal behaviour and self-harm.
- Every local area should have a suicide prevention plan in place. 'Priority places' in the community (such as hospitals, custody suites, job centres, food banks), especially those in areas of highest deprivation, should be a key part of these plans, potentially providing appropriate services or fostering ties with relevant agencies.
- Staff and volunteers at services accessed by individuals who are experiencing socioeconomic disadvantage, including job centres and food banks, should receive specialist training in

recognising, understanding and responding compassionately to individuals who are in distress and may be suicidal.

- There should be early intervention to help those in debt or in financial distress. Financial advice and support should be easily available and accessible. Staff working in the banking, finance and employment support sectors should be trained to improve recognition of suicide risk so they are capable of helping individuals access appropriate psychological and social welfare support services.
- People bereaved or affected by suicide or suicidal behaviour in others should be offered psychological and material support. This applies particularly to people living with socioeconomic disadvantage

* Proportionate universalism is an approach to reducing health inequalities which advocates improving the health of all, but the health of the poorest the most. Suicide prevention interventions should be provided universally 'but with a scale and intensity that is proportionate to the level of disadvantage' (Marmot, 2010, p.15).

3) Implementing and fulfilling the potential of the new curriculum

Many aspects of modern society impact negatively on the mental health and wellbeing of children and young people. They are born into a complex and ever-changing environment; one which we sometimes struggle to comprehend or understand. They are subject to 24-hour social networking, online bullying, increasing exam stress and a materialist, body-image obsessed culture. Mental health problems now affect about 1 in 10 children and young people – this equates to around three children in every class.

In Wales, it is of no surprise that we are witnessing a significant rise in precursory factors which can contribute to suicidal ideation or intent in adolescents. According to Welsh Government figures, self-harm is at its highest in five years, with more than 1,500 children and young people treated at Welsh hospitals between 2013 and 14. Admissions for eating disorders are at a record high among children and young people; an average 36% increase over the last decade. Alongside this, the number of children referred to Child and Adolescent Mental Health Services (CAMHS) has more than doubled in just four years – with a total of 2,500 under-18s waiting for their first appointment in September 2014.

We must embed a public health approach to mental health by placing a primary focus on prevention rather than cure alone. Investment in prevention and early intervention can reduce human, social and economic costs. With half of all mental health problems beginning by the age of 14, the case for this approach is clear; school years are the crucial opportunity to equip children and young people with the skills they need. Emotional health programmes and lessons in schools should be viewed as a form of promotion, prevention and early intervention which could reduce pressure on CAMHS, reduce specific mental health problems and increase academic achievement.

Evidence shows that being taught about emotional health can reduce specific mental health problems and help with communication skills, social skills, cooperation, resilience, a sense of optimism, empathy, a positive and realistic self-concept and problem solving skills. We also know

that children with higher levels of emotional, behavioural and social wellbeing have, on average, higher levels of academic achievement and are more engaged in their education. Finally, being taught about emotional health helps people become less prejudiced which reduces the stigma surrounding asking for help.⁵

Curriculum Reform

Currently in Wales, PSE (Personal and Social Education) is compulsory for all students at Key Stages 1,2,3 and 4 and covers an extensive range of topics including sex education, spirituality and healthy eating. Lesson plans which focus on emotional and mental health, are also freely available to schools within this remit. However, with increasing pressure on schools to deliver such a robust PSE framework, emotional and mental health lessons are often excluded.

The new curriculum will focus on six Areas of Learning and Experience; Expressive Arts; Health and Wellbeing; Humanities; Languages, Literacy and Communication; Mathematics and Numeracy; and Science and Technology. In addition to this, one of the four purposes of the new curriculum is to ensure that all children and young people will be *'healthy, confident individuals'* who *'are building their mental and emotional wellbeing by developing confidence, resilience and empathy'*⁶.

To successfully implement and fulfil the potential of the new curriculum, we must -

- Provide emotional and mental health awareness training to teaching staff across all schools in Wales to increase confidence in teaching the subject
- Increase confidence in new teaching staff and ensure basic mental health literacy by embedding emotional and mental health awareness in Initial Teacher Training (ITT)
- Make sure the potential of the 'Health and Wellbeing' area of learning is fulfilled; The inclusion of emotional health and wellbeing on the curriculum should be mandatory and not optional.

What could be improved in current systems and what needs to happen to enable change?

4) Community and Social Connectedness

A lack of community and social connection can make an individual more vulnerable to mental health issues, suicidal thinking and behaviour and therefore, social connection is a protective factor for individual suicide risk. Community and outreach groups and volunteering are interventions which can help to tackle public health issues including loneliness and isolation and mental health.

⁵ 'Why use DEAL?' <http://www.samaritans.org/education/deal/why-use-deal1>

⁶Professor Graham Donaldson CB (2015) *Successful Futures: Independent Review of Curriculum and Assessment Arrangements in Wales*

In terms of achieving the protective factor of social connection, the theme or nature of community and outreach groups and volunteering can be extensive and wide-ranging. Digital literacy, sports, basic numeracy, arts and crafts, music and coffee mornings are all examples of groups which achieve the outcome of social connection.

Organisations such as Men's Sheds Cymru, which cite 'social exclusion as a hidden but persistent problem in many communities', aim to address the problem by creating community groups for 'men to pursue their interests, develop new ones, belong to a unique group, feel useful, fulfilled and a sense of belonging'⁷. Established in Australia in 2005, Men's Sheds is now established and growing in the United Kingdom. However, organisations such as Men's Sheds are supported and funded by the Third Sector and their sustainability needs to be safeguarded to protect those who are most vulnerable –

"It gives me a reason to get up in the morning and for two days a week I feel I'm gainfully employed. I feel good working with and helping chaps who often feel isolated in the community. I would need a very good reason not to come." Bill, 67

Case Study: The 3G's Men's Project

The 3G's Men's Project is an outreach group based in Gurnos and Galon Uchaf in Merthyr Tydfil. The group is open to all and provides an opportunity for men to learn, volunteer and socialise. The group was formed by 3GS Development Trust, a community-led organisation which houses Communities First locally and is made up of volunteers from both Communities First and Keep Wales Tidy. Its creation was due to a lack of support and provision to men; at that point, in 2015, around 90% of individuals in this community that engaged with Communities First in that cluster were female.

The following testimonials and quotes were given to Keep Wales Tidy by members and relatives of the 3G's Men's Project –

"I'm prone to having bouts of depression and I definitely find going out and about makes me feel better. I've spoken with my doctor about it and told him that the different practical work with Keep Wales Tidy makes me feel better in myself. The doctor has put all of this on my records and has recommended I carry on volunteering. He's advised me to keep in touch with Jake at Keep Wales Tidy so that I do something regularly. I'm now doing at least one day a week but make an extra effort if I feel down. This works for me".

"The project has helped loads of people in our community, when I became the sole carer for my child I started to suffer from depression, the project helped me gain qualifications, got me into voluntary work and give me a chance to put the skills I was taught to use where I now help on a regular voluntary basis on projects that really make a difference"

"My husband, Karl, has dementia, and if it wasn't for the project I don't know what he would be doing. Karl has always been an active member in the local community, running marathons all over the world, raising thousands for charities. Karl was also a taxi driver for 30 years, and all this came to a crashing end when he was diagnosed with dementia. As he was still in his 50's he didn't want to join in the main stream groups that were available to him as everyone was a great deal older than

⁷ 'What is a Men's Shed?' <http://www.mensshedscymru.co.uk/what-is-a-mens-shed/>

*him. This group is his life line; everyday he asks what is the men's group doing today
There's a broader benefit to the community too, as Karl's involvement with the group means there's
less strain on the health and care services."*

It is vital that these types of community and social outreach groups are recognised for their health benefits; social connectedness tackles mental health issues and loneliness and isolation, and can work to reduce the strain on health and social care services.

Current threats to community and outreach groups

With the increase in library and community centre closures in Wales and the ending of Communities First, we are concerned that those communities who are most vulnerable may experience an increase in loneliness, isolation and poor mental health due to the subsequent lack of social connection which these centres and schemes provide.

Community and outreach groups and volunteering should be given more focus as a form of prevention and early intervention for mental health, wellbeing and loneliness and isolation in Wales and policy solutions should be worked up to increase community participation. Much of the current provision for community initiatives are supported and funded by the voluntary and third sector; this is not a sustainable solution for the future of public health in Wales.