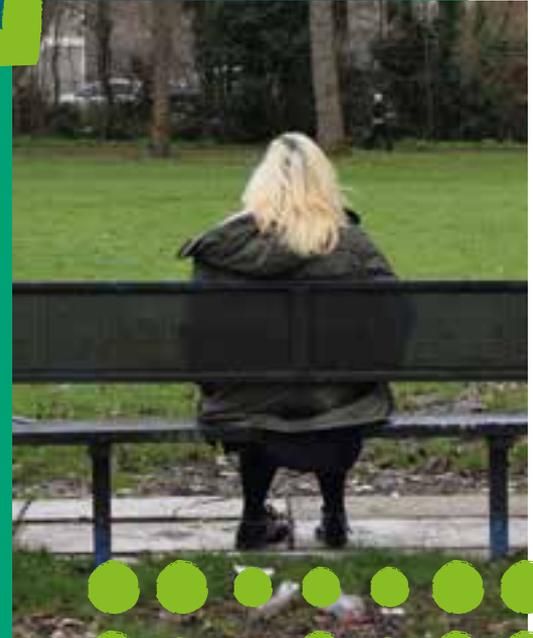


How to save lives in Wales

Samaritans Cymru calls on the Welsh Government to take the following steps:

- 1 Ensure all schools have a structured and effective approach to emotional health and wellbeing
- 2 Mitigate poverty and its impact on individuals and communities
- 3 Promote cross-sectoral collaboration to mitigate suicides at high frequency locations
- 4 Prioritise self-harm
- 5 Ensure the continuation of a resourced national strategy and action plan for suicide and self-harm prevention for Wales



Samaritans Cymru exists to reduce the number of people who die by suicide. Each year, between 300 and 350 people die by suicide in Wales, which is around three times the number killed in road accidents¹.

Every one of these deaths is a tragedy that devastates families, friends and communities.

The causes of suicide are complex. Suicide can be the result of the interaction between many different factors and should not be attributed to one single cause. The complexity of suicide is why suicide prevention requires the involvement of many different sectors, agencies and services. It requires a cross-governmental approach and one which recognises

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the interaction between suicide and health and social care, education, communities, economy, housing, families and culture. Suicide is everybody's business.

Despite some progress already being made, we have seen no overall reduction in suicide rates over time in Wales and the implementation of suicide prevention measures needs to take place at greater scale and with greater pace. Suicide is not inevitable, it is preventable – we must do all we can, whoever we are, to reduce it.

1. The Welsh Government should ensure all schools have a structured and effective approach to emotional health and wellbeing

Though suicide in children and young people is rare, it is the biggest killer of young people (15–24) in the United Kingdom. Suicide rates among young people have been increasing in the United Kingdom in recent years and the rate for young women is now at its highest rate on record². In Wales, the suicide rate for 10–24 year olds is currently at its highest since 2002–2004³.

At Samaritans Cymru, we believe that preventative action and reaching high-risk groups is needed to reduce suicide. Investment in prevention and early intervention can reduce human, social and economic costs. As half of all mental health problems begin by the age of 14, school years are a crucial opportunity to equip children and young people with the skills they need and build resilience from an early age.

The Welsh Government should:

- **Include mental and emotional health in the delivery of the curriculum systematically so that every child in every school takes part in lessons on emotional wellbeing.** Mental health education in schools should be viewed as a form of prevention and early intervention which could reduce pressure on children and adolescent mental health services (CAMHS), reduce specific mental health problems and reduce suicide rates across all age groups.
- **Ensure that all schools have a suicide prevention plan which will include:**
 - Ensuring that all pupils know where they can turn if they are struggling to cope, including the school counselling service and additional support.



- Ensuring that all existing and new staff have access to quality mental health and/or suicide awareness training.
- **Ensure that all schools have a proactive suicide response plan which is in place for when a suspected or attempted suicide occurs, and which is informed by expertise in this area.** They should be aware of sources of advice and support. Samaritans offers a service called Step by Step which works with schools that have been affected by a suspected or attempted suicide. Samaritans offers this service in order to support the school community and reduce the risk of further suicide. Recent research on 'copycat' suicides and suicide 'contagion' suggest that, in young people especially, exposure to suicide can lead to increased risk of suicidal thoughts.
- **Focus on minimising the number of children who are excluded from school to break the cycle of lifelong socio-economic disadvantage.** Welsh Government should do this by equipping schools and staff with the awareness and knowledge of how to support children who have experienced adverse childhood experiences (ACEs), young carers, children in distress, children with poor mental health or those who may be at an increased risk of exclusion due to disadvantage.

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- **Explore mechanisms to ensure children and young people between the ages of 16 and 18 years are supported in education, employment or training,** which includes work-based training, to minimise the adverse effects of loneliness, social isolation and lack of belongingness that young people who are out of education can experience, all of which contribute to increased suicide risk.

2. The Welsh Government should mitigate poverty and its impact on individuals and communities

Poverty is a major public health issue in Wales and must be treated with urgency. Growing up or living in poverty can have devastating consequences for individuals and communities, affecting education, health, social mobility, child development and life expectancy⁴. There is now overwhelming evidence of a strong connection between socioeconomic disadvantage and suicidal behaviour. Suicide rates are two to three times higher in the most deprived neighbourhoods compared to the most affluent⁵. Middle-aged men on low incomes have been the highest risk group for suicide for many years. Poverty means facing constant insecurity and uncertainty. Its features include inadequate housing, poor mental health, low educational attainment, unemployment and loneliness. Knowing that these are also risk factors for suicide should add urgency and energy to efforts to mitigate both poverty and its impact on individuals and communities.

- **The Welsh Government should fund evidence-based services which are built on an understanding of how best to reach middle-aged men on low incomes.** Although middle-aged men on low incomes are the group most at risk of dying by suicide, far too little is known about what really works to reach and support this group when they are struggling. Services should be built on an understanding of what this group actually wants and needs, supporting them to deal with the full range of issues they're facing. All government departments must use every route available to them, for example, through debt advisors, housing associations and substance misuse services to reach this group and other groups of people who are on low incomes and at risk.

- **The Welsh Government should urgently set out a centralised Wales Poverty Strategy which promotes consistent cross-governmental and cross-sectoral involvement to tackle poverty.** The strategy should clearly set out the responsibility for tackling poverty within each ministerial portfolio and should outline a clear budget and action plan for implementation.

3. The Welsh Government should promote cross-sectoral collaboration to mitigate suicides at high frequency locations

Research suggests that around a third of suicides take place outside the home, in a public location⁶. We are aware of many examples of best practice in Wales, where local authorities have worked to reduce the access to these sites for those experiencing distress. With the right help people can get through a suicidal crisis and recover. Limiting access to the means of suicide can interrupt the suicidal intention, buying time and giving individuals the chance to reconsider. It can also increase the chance that help may reach them⁷.

The Welsh Government should:

- **Make incorporating suicide prevention measures into designs for all new public buildings a condition of planning consent.** This means that local authorities would have to assess suicide risk in designs for all new public buildings. These include bridges, infrastructure projects, multi-storey car parks, schools, hospitals and care homes. This method of assessing suicide risk and preventing suicides locally should encourage effective working between frontline services, public health and local authority teams. This measure could reduce human, social and economic cost; installing suicide prevention measures in public places and sites is far more cost effective when they are embedded at design stage rather than when they are added on to an existing site or structure.
- **Ensure the 'access to means' action in the national strategy is reviewed so that those responsible for mitigating suicide risk nationally and locally are held to account for the effective implementation of this area of action.** Reviewing this action will help ensure the continuation of cross-sectoral collaboration (local authorities, local health boards [LHBs], third

4 Joseph Rowntree Foundation. (2016). Prosperity without poverty: A framework for action in Wales

5 Samaritans Cymru. (2018). Socioeconomic disadvantage and suicidal behaviour: Finding a way forward for Wales

6 Public Health England. (2015). Preventing suicides in public places: A practice resource

7 Public Health England. (2015). Preventing suicides in public places: A practice resource

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sector organisations and regional multi-agency suicide prevention fora) to reduce access to the means of suicide where the evidence exists. Restricting access to the site and the means of suicide can be achieved by

- i) closing all or part of the site
 - ii) installing physical barriers to prevent jumping
 - iii) introducing other deterrents, for example, boundary markings or lighting.
- **Increase opportunities for help seeking by the suicidal individual through signs with helpline numbers.** These can include Samaritans signs and/or free emergency telephones.
 - **Check and review existing public buildings and identify locations used for suicide.** This will require improved data collection and analysis at a national level. Information on suicide deaths at high frequency locations should be collated nationally so that opportunities to implement safety measures are not missed and that any changing patterns in suicide deaths involving these locations can be quickly identified. This data should be used to ensure ongoing implementation and assessment of initiatives at high frequency locations.

4. The Welsh Government should prioritise self-harm

Self-harm is a growing problem in Wales with approximately 5,500 emergency admissions to hospital each year⁸. Although most people who self-harm don't go on to take their own lives, it is a strong predictor of

future suicide; many people who take their own life have self-harmed in the past.

- Self-harm is a sign of severe emotional distress, and everyone who self-harms should have access to support to help them identify and address the reasons for their distress, and find alternative coping mechanisms.

5. The Welsh Government should ensure the continuation of a resourced national strategy and action plan for suicide and self-harm prevention for Wales

- Suicide prevention actions must be well aligned with the wider direction of travel to prevent mental ill health and respond effectively to crisis. There must be an ongoing commitment to the implementation of a strategic and co-ordinated approach. This means ensuring its successor is in place by the end of the current strategy, Talk to me 2, and that it sets out the suicide and self-harm prevention priorities for the following five years.
- There must be a continued commitment to local and regional resourcing of suicide and self-harm prevention strategies and investment in the implementation of the national strategy. It is vital that local and national suicide and self-harm prevention strategies continue to be resourced at least at existing levels, to improve awareness of suicide and self-harm to tackle stigma, to provide training for frontline staff and to fund support programmes.

⁸ Mental Health Foundation. (2016). Mental Health in Wales: Fundamental Facts 2016



For further information on
how you can help prevent suicide
and support our work in Wales

Contact
wales@samaritans.org

