

“Talk To Me”

**The National Suicide and Self
Harm Prevention Action Plan for
Wales**

**ACTION
TO PREVENT SUICIDE in NORTH WALES
Tuesday 6th October 2009**

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National Leadership & Innovation Agency for Healthcare**

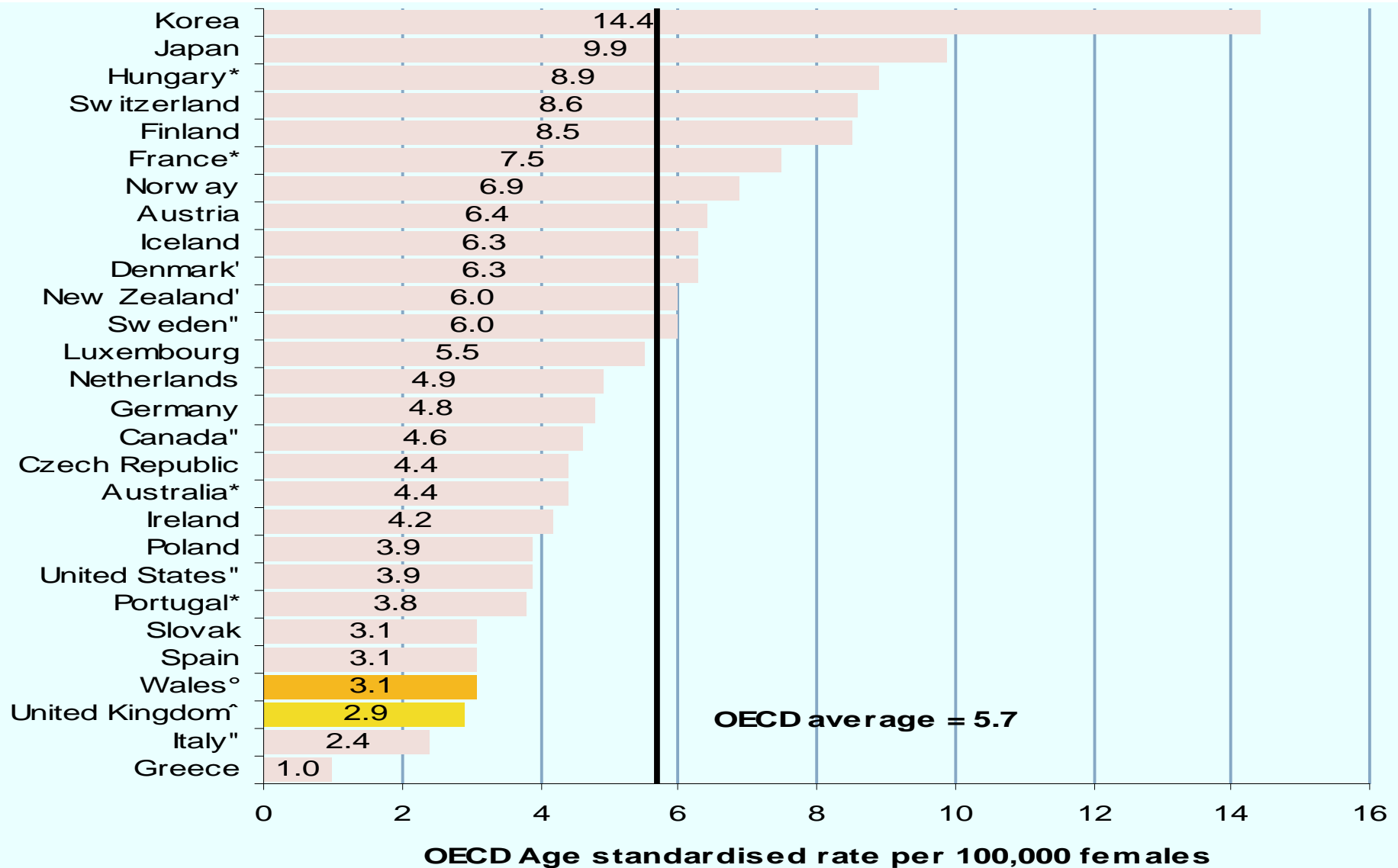


Llywodraeth Cymuned Cymru
Welsh Assembly Government



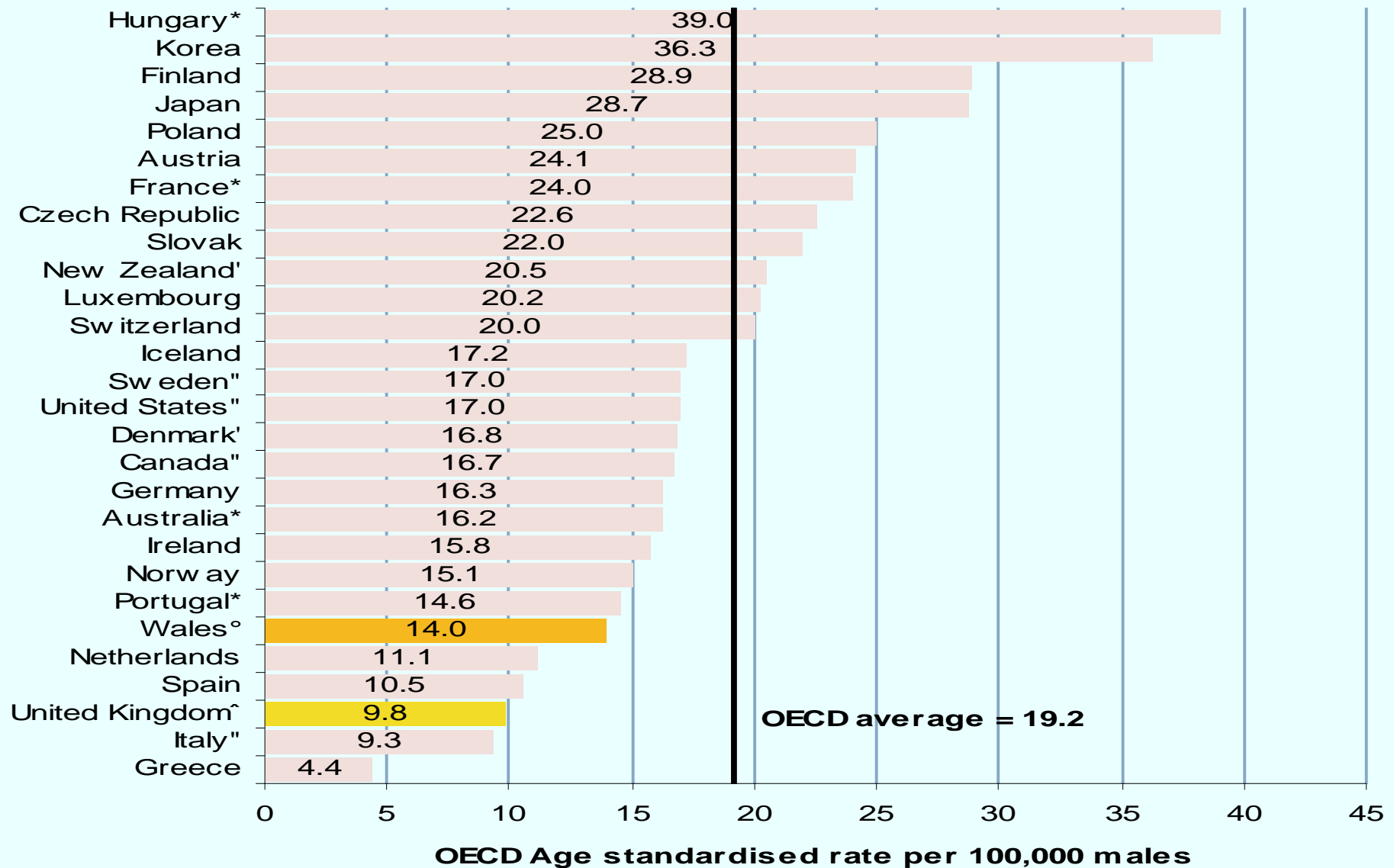
Talk to me

The National
Action Plan to
Reduce Suicide
and Self Harm
in Wales
2009-2014



' 2001, " 2002, * 2003, °Wales rate calculated, ^Wales included in UK figures

NB: *Suicide in this graph only includes deaths categorised as intentional self poisoning / self injury (X60-X84); unlike all other analyses of suicide in this report it does not include deaths where the intent is undetermined (Y10-Y34). Cultural variations in classification of intent may contribute to variation between countries.*

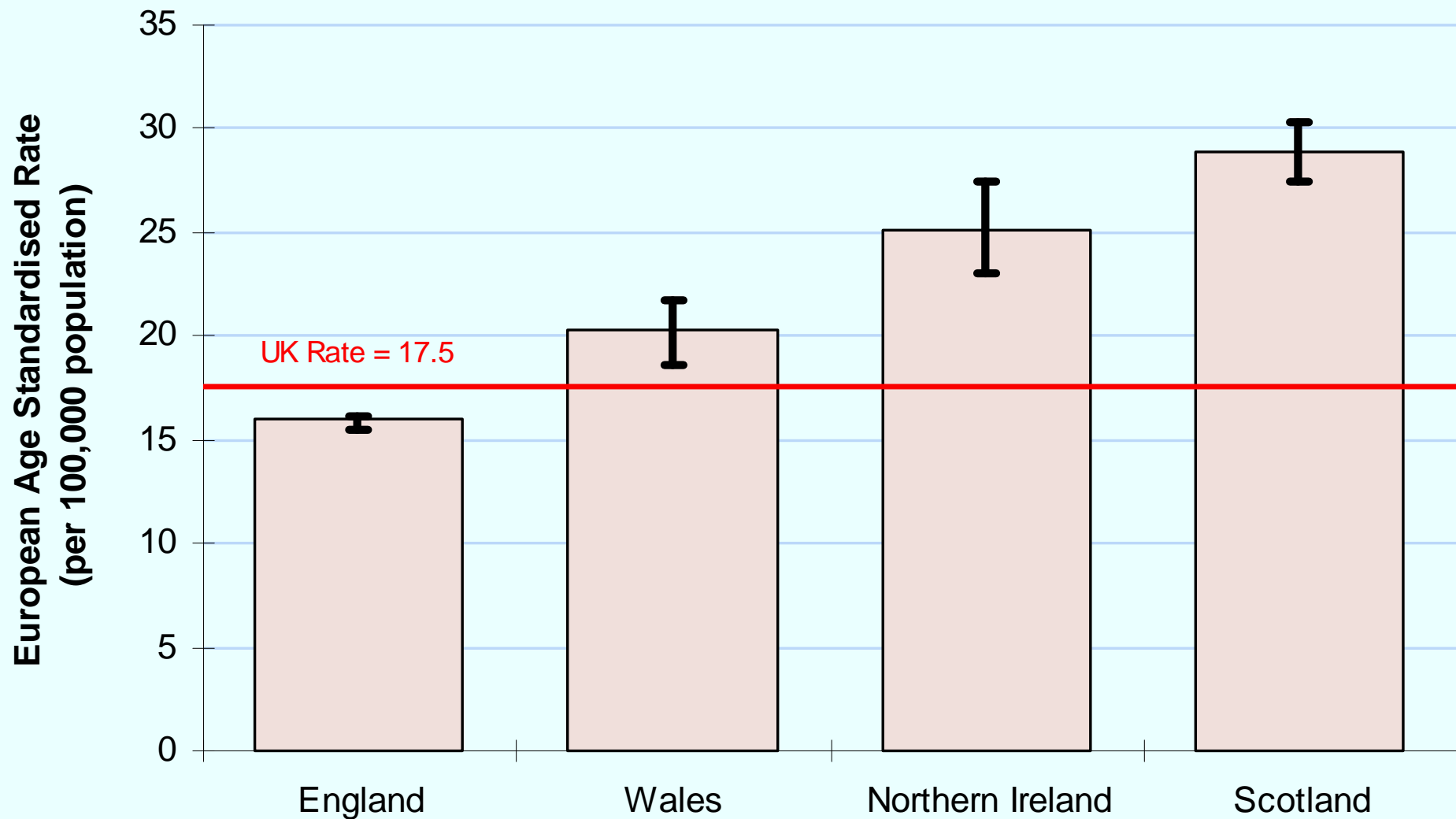


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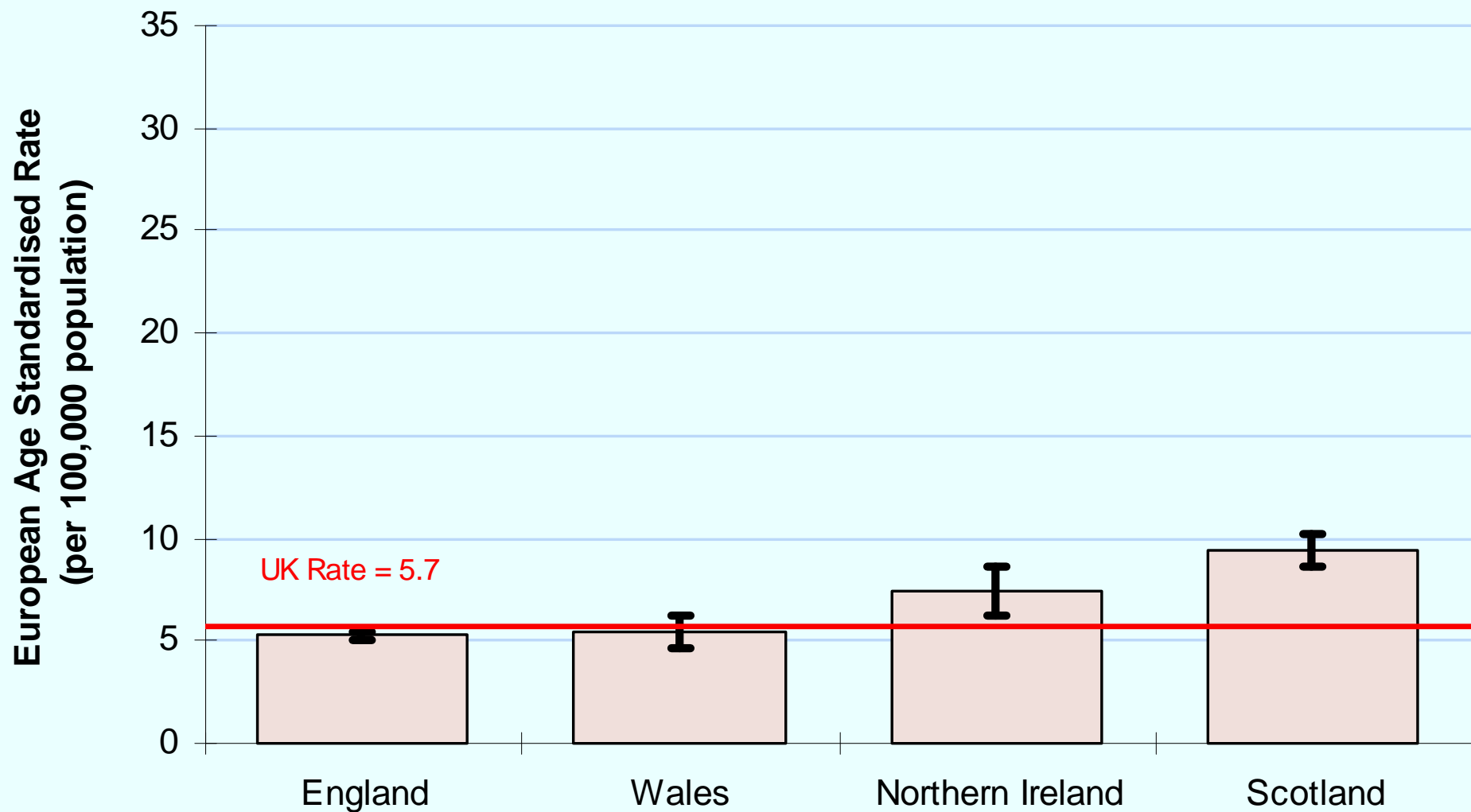
Male suicide rates, UK nations, 2004-2006

Data sources: ONS (VS), GROS (VE), NISRA (VS)



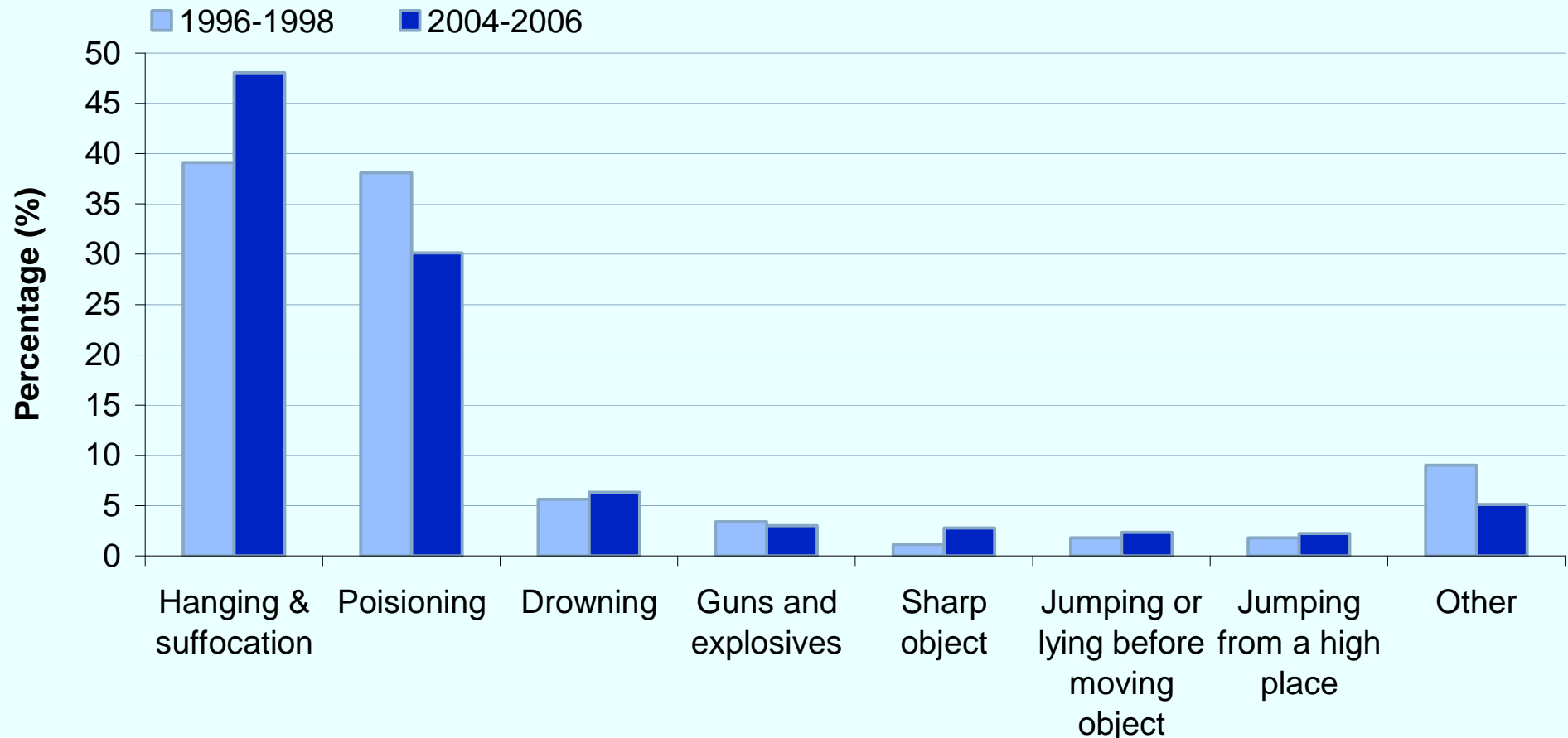
Female suicide rates, UK nations, 2004-2006

Data sources: ONS (VS); GROS (VE); NISRA (VS)



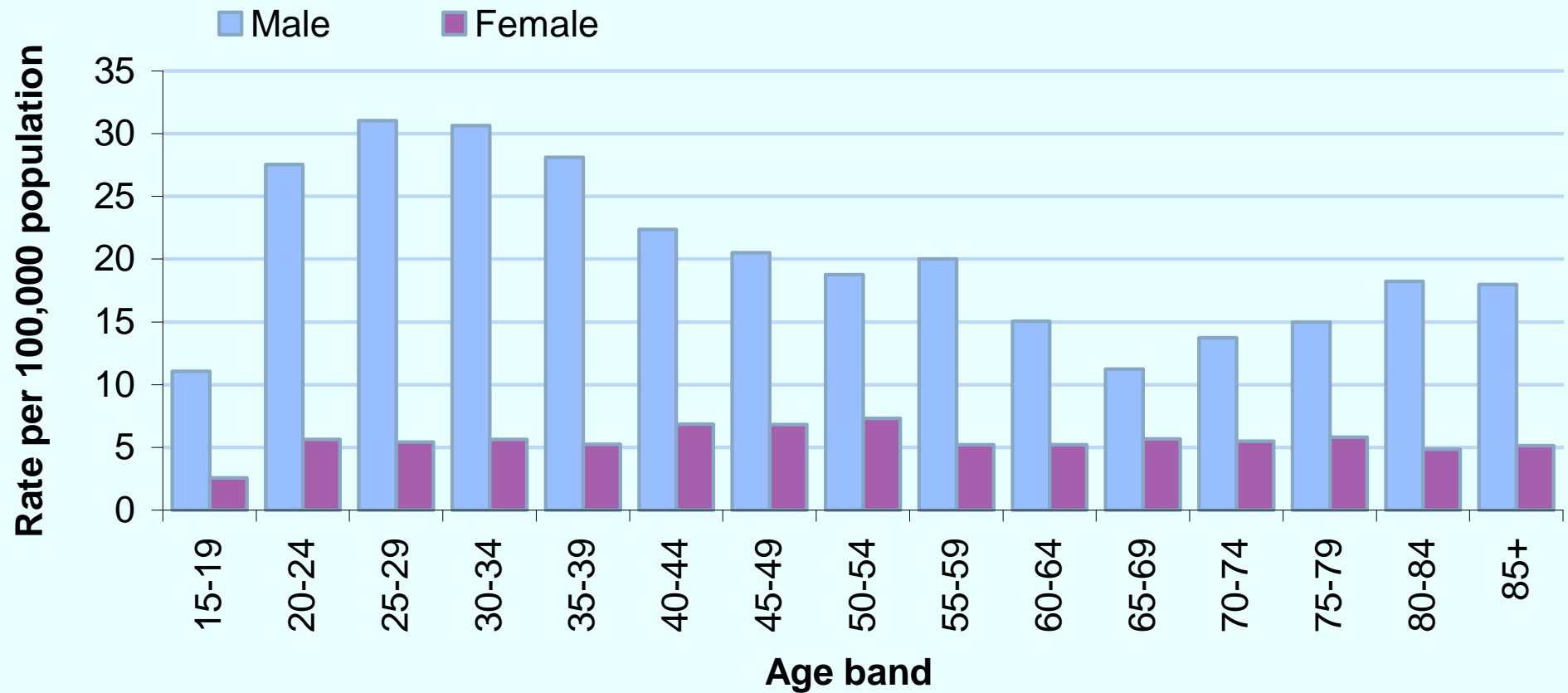
Proportion of suicides by method, Wales: 1996-1998 and 2004-2006

Data source: ONS (ADDE)



Age specific suicide rates by sex, Wales: 1996-2006

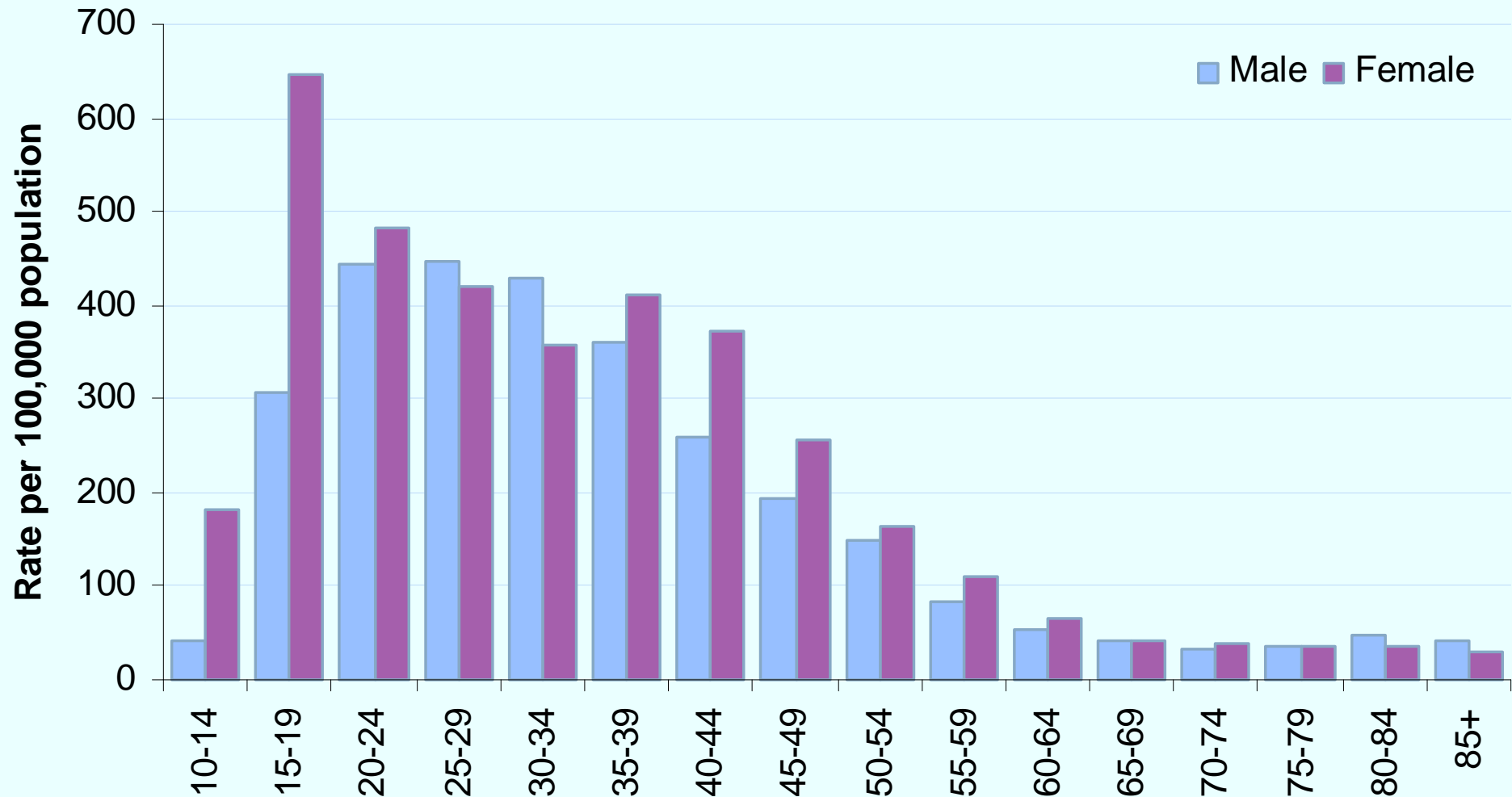
Data source: Annual District Deaths Extract, Mid year estimates (Office for National Statistics)



Graph: National Public Health Service for Wales

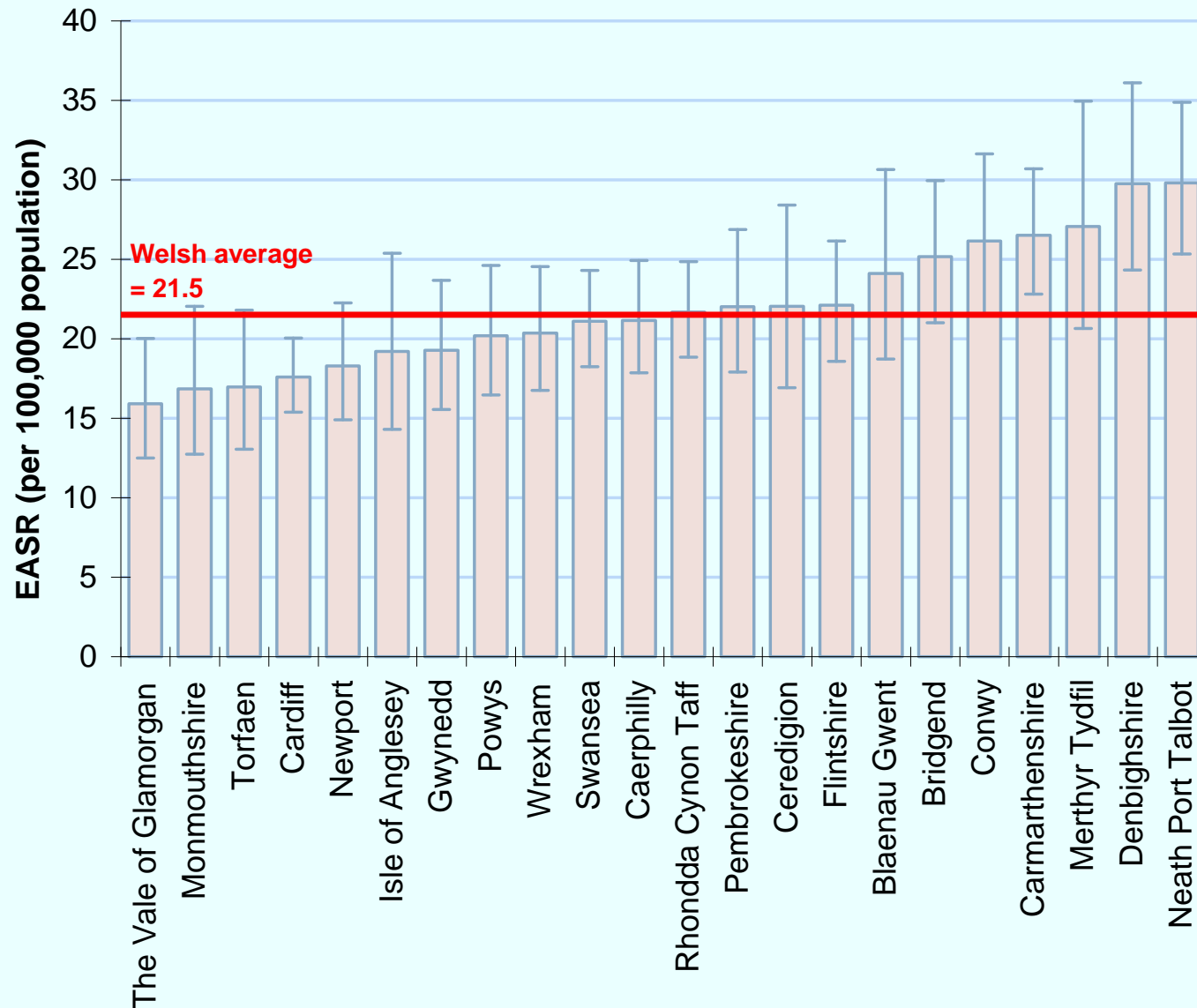
Self harm emergency admissions (continuous periods of hospital care)*, age specific rates by sex, Wales residents: 1999-2006

Data source: PEDW; ONS (MYE)



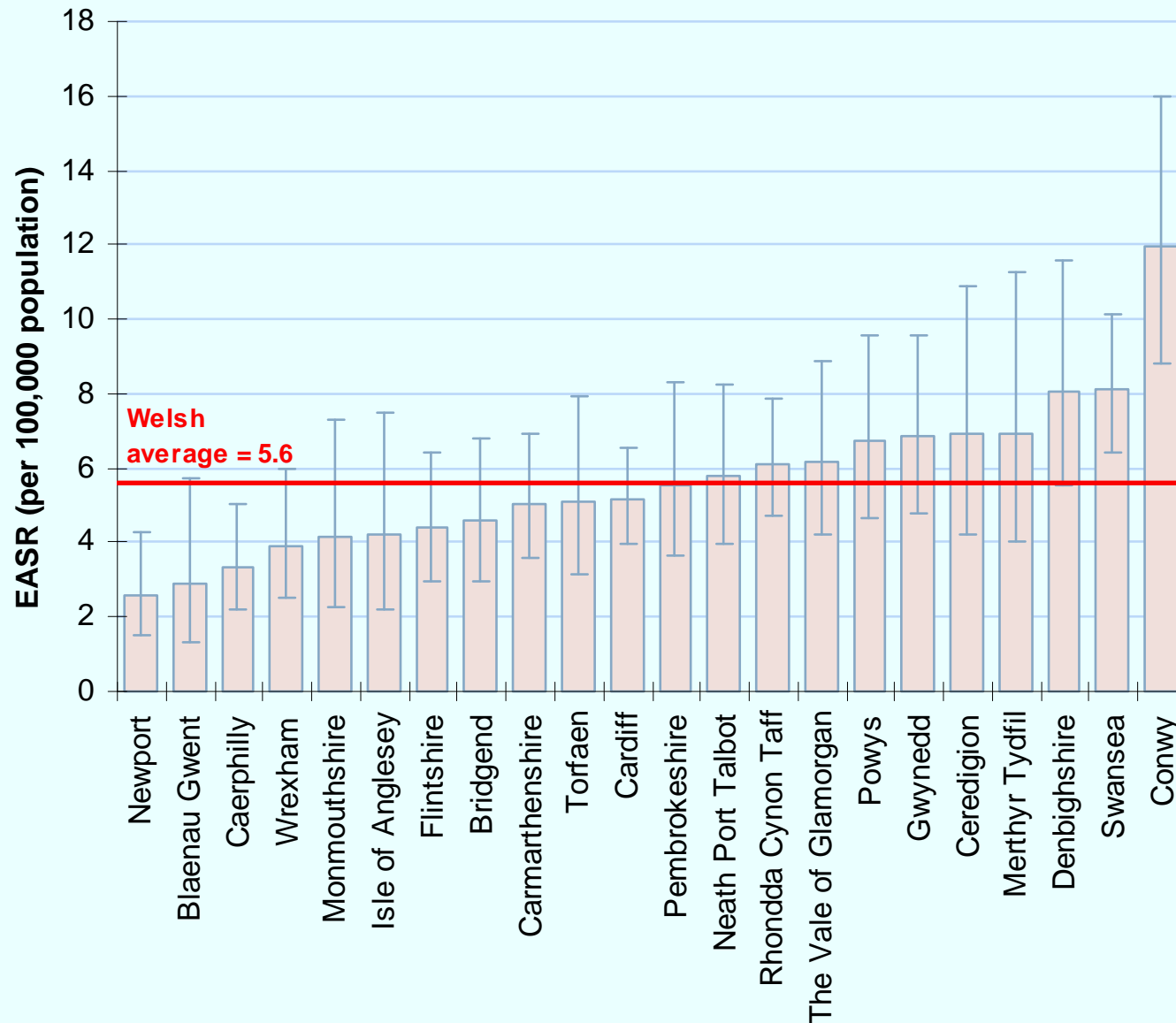
Suicide mortality rates, males, all ages (15 and over), Local Health Boards, 1996-2006

Data source: ONS (ADDE, MYE)



Suicide rates, females, all ages (15 and over), Local Health Boards, 1996-2006

Data source: ONS (ADDE, MYE)



Working Together to Save Lives -

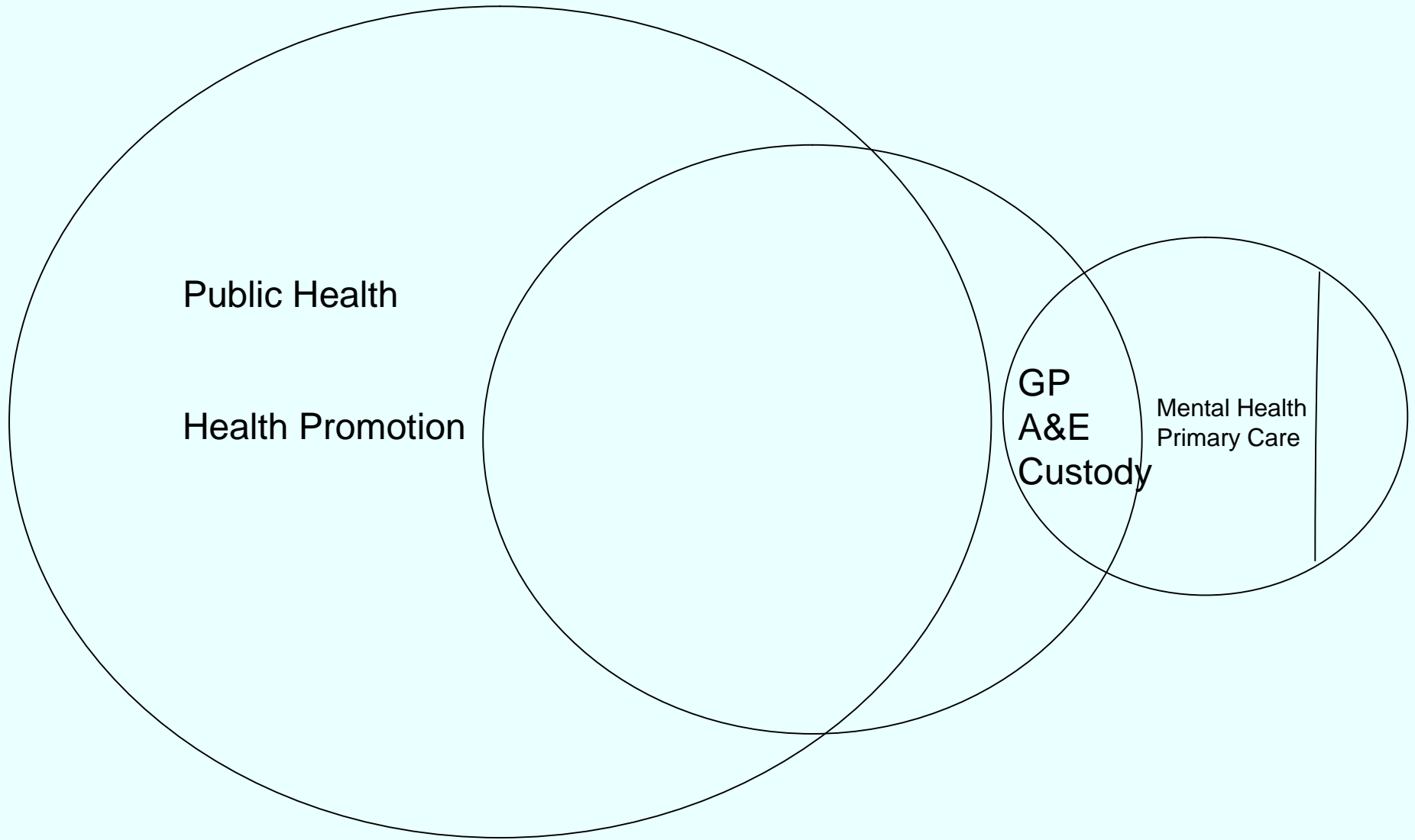
Welsh Assembly Government, NHS Wales,
local authorities, justice agencies,
Voluntary organisations, employers,
education and community groups.

Strategic Aim

To deliver co-ordinated action for improving the mental health and wellbeing of the population of Wales, promoting resilience within individuals and communities and thereby reducing the rate of suicide and self harm in Wales

Why An Action Plan

- 300 deaths per year as a result of suicide in Wales
- One in five deaths among men aged between 15 and 24 and almost one in ten deaths in women of that age
- Deaths by suicide represent over 70% more deaths in people of all ages than in RTAs
- 6000 admissions due to self harm likely to be an underrepresentation of actual self harm rate
- Only 27% of people are known to mental health services in the year prior to death
- Needs a broad community based approach



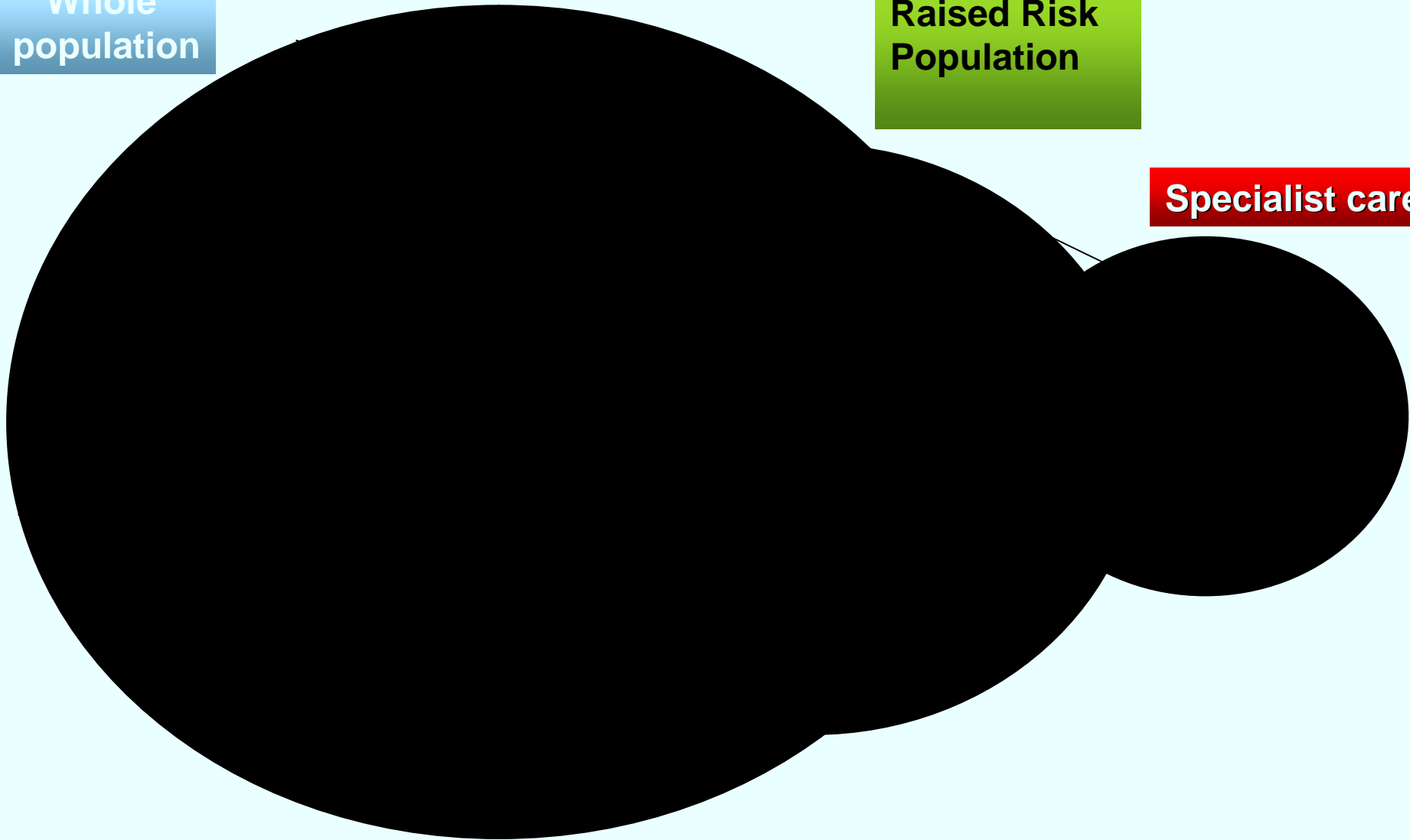
Self Harm

Targeting Self Harm Interventions

Whole population

Raised Risk Population

Specialist care



Self Harm

NICE Guidance
Counselling
Encouragement to
Seek help
Social support
Referral to
specialist care

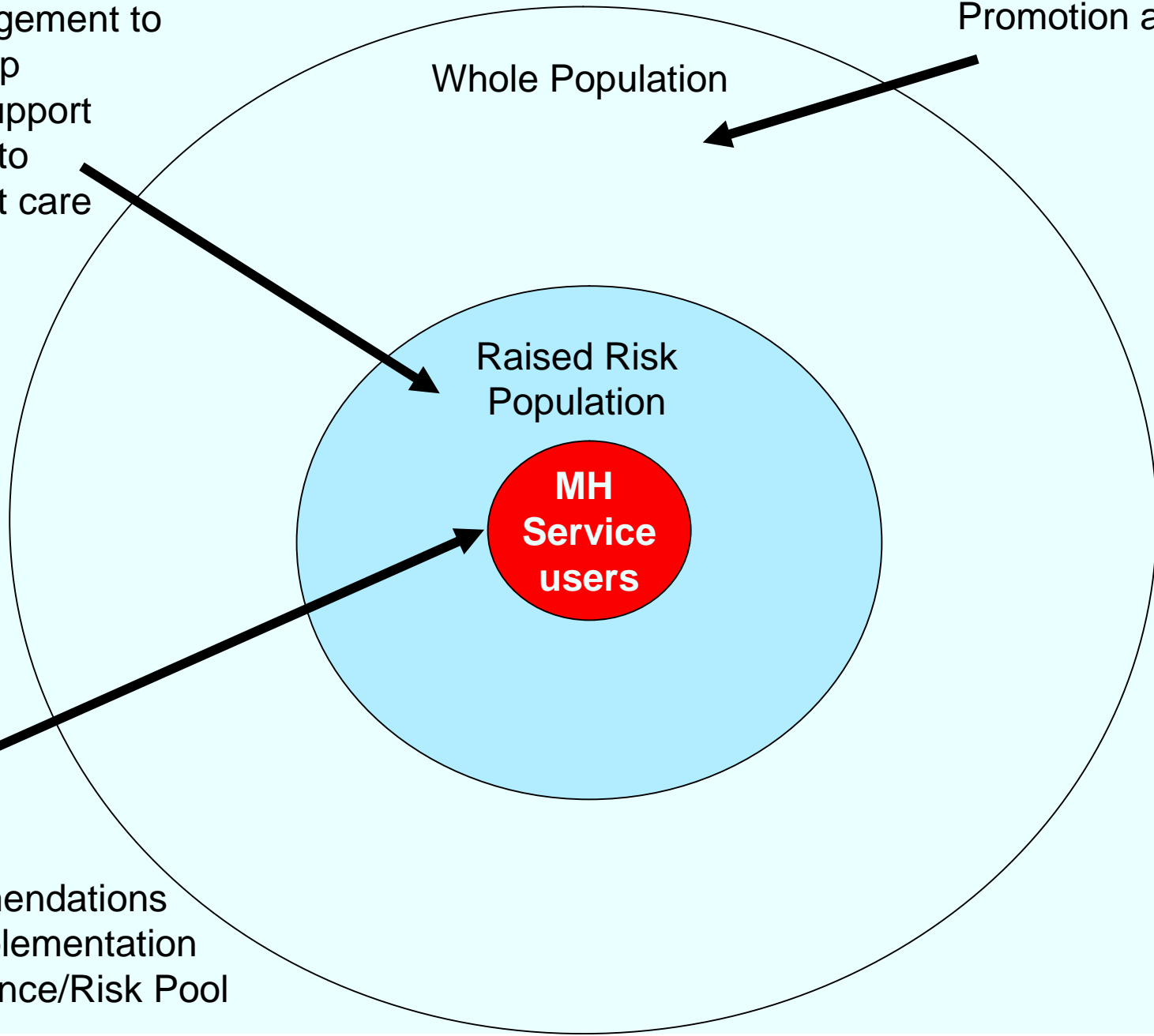
Population Health
Promotion approaches

Whole Population

Raised Risk
Population

**MH
Service
users**

NPSA
CIHS
Recommendations
NSF Implementation
Governance/Risk Pool



Intelligence Gathering & Interventions model

Secretive self harm & Non expressed suicidal ideation

- Universal Interventions
- Public information
- MHFA
- ASIST
- Encouraging help seeking
- Media Engagement
- Mental health promotion
- Resilience building
- Awareness raising
- Training/Education
- Reducing Stigma

Open secret/ contemplative
Socially engaged
(School, work, FE, HE, Prison, Church etc.)

Organisation specific

- Pastoral care
- Counselling
- Social support
- MHFA
- ASIST
- PSIs e.g. CBT
- Referral specialist services
- Anonymous helplines
- Online self help information

Outreach approaches

Open secret/ contemplative
Socially disengaged
(Socially excluded Sub culture)

Public Self harm
Ambulance
Police, GP, prison
School, custody
A&E etc.

- Awareness raising
- Liaison psych/nursing
- FME
- Pastoral care
- Counselling
- Social support
- Crisis intervention
- Referral to specialist Care, (CMHT, CAMHS, IP)
- Feed Surveillance
- Data gathering

The Four Rs

- Raising awareness
- Resilience building
- Risk mitigation
- Recovery from mental illness-Recovery of mental health

Strategic Objectives

Objective 1: Promote mental health and wellbeing

Objective 2: Deliver early intervention

Objective 3: Response to personal crisis

**Objective 4: Manage the consequences of suicide
and self harm**

**Objective 5: Promote learning and research and
improve information on suicide and
suicide prevention**

**Objective 6: Work with the media to ensure
appropriate reporting on mental health
and suicide**

Objective 7: Restrict access to the means of suicide

The Principles of Effective Action

1. Raising public awareness by changing public attitudes to mental health and mental illness, suicide and self harm with the intention of enhancing people's willingness to seek help.
2. Tackling social exclusion through practical intervention.
3. Ensuring that services respond to people who are in need at the point at which they request help.
4. Changing professionals' awareness and attitudes through training in order to improve their willingness to provide help at the point at which people request help.
5. Raising awareness and delivering training to professionals who provide services.
6. Promoting research and development into patterns of suicide and self

The Approach

- National Leadership
- Local Action
- Health Promotion focus
- Multi sectoral
- Reducing risk factors/increasing protective factors
- Building individual and community resilience

Risk Factors

- A multiplicity of factors are associated with increased risk of suicide. They include:
 - being socially or economically deprived
 - experiencing a relationship break up or divorce
 - having a serious physical or mental illness
 - experiencing domestic violence
 - loss of employment
 - bereavement
 - experiencing bullying and discrimination
 - being in chronic pain
 - having a history of sexual, physical or emotional abuse
 - having been arrested or otherwise having lost one's liberty
 - harming oneself
 - having a family history of suicide
 - substance misuse
 - transitions in life such as retirement, puberty and leaving full-time education

Groups of People at Raised Risk

- People with a severe mental illness such as schizophrenia, particularly during the early phase after diagnosis
- People with depression
- People with long term health conditions such as Chronic Fatigue Syndrome
- Some people with disabilities, for example children who are deaf or hard of hearing have a greater prevalence for mental illness than hearing children.

Protective Factors

- good personal and social relationships
- experiencing good mental health
- the absence of many of the dynamic risk factors that are identified above.

Protective Measures

- They include encouraging people to open up about their problems
- Reducing stigma associated with emotional and mental health problems
- Providing better help and support to cope with emotional distress and adverse life events, unmanaged debt, and relationship breakdown
- Building individual and community resilience
- Tackling substance misuse
- Improving life chances through employment and educational attainment
- Delivering good mental health services
- Raising awareness about suicide.

Raising Awareness

- Mental Health First Aid
- ASIST
- Short duration training interventions in service settings
- WARRN

Early adopted initiatives

- Mind Cymru commencing the roll out of Mental Health First Aid .
- Mind Cymru piloting the roll out of Applied Suicide Intervention Skills Training (ASIST).
- Establishing the Welsh Mental Health Promotion Network through the Wales Centre for Health. This brings together, informs and equips a broad range of stakeholders to participate in improving the mental health and wellbeing of the people of Wales.
- Implementing the School-based Counselling Strategy in Wales
- Involving children and young people in decision making on matters that affect their lives
- Publication of *Working Together to Reduce Harm*. The Substance Misuse Strategy for Wales 2008-2018

Avoidable Deaths: Study on suicide

- Key findings and recommendations include:
- The number of suicides by psychiatric in-patients shows a downward trend with 67 fewer deaths in 2004 than in 1997.
- Death on the ward by hanging/strangulation has fallen by 51% (27 cases) over the same period.
- Patient deaths following non-compliance with treatment has fallen from 22% (929 cases) in the previous Inquiry report to 14% (813 cases).
- Services need to do more to prevent in-patients absconding; 227 (27%) of in-patient deaths occurring whilst the patient was off the ward without permission between April 2000 and December 2004.
- Of the 1271 post-discharge suicides in the report, 192 (15%) occurred in the first week after discharge and 255 (22%) before the first follow up appointment. The transition from the ward back into the community should be carefully managed with agreed plans to address stressors that may be encountered, and mechanisms in place for patients to contact services if a crisis occurs.

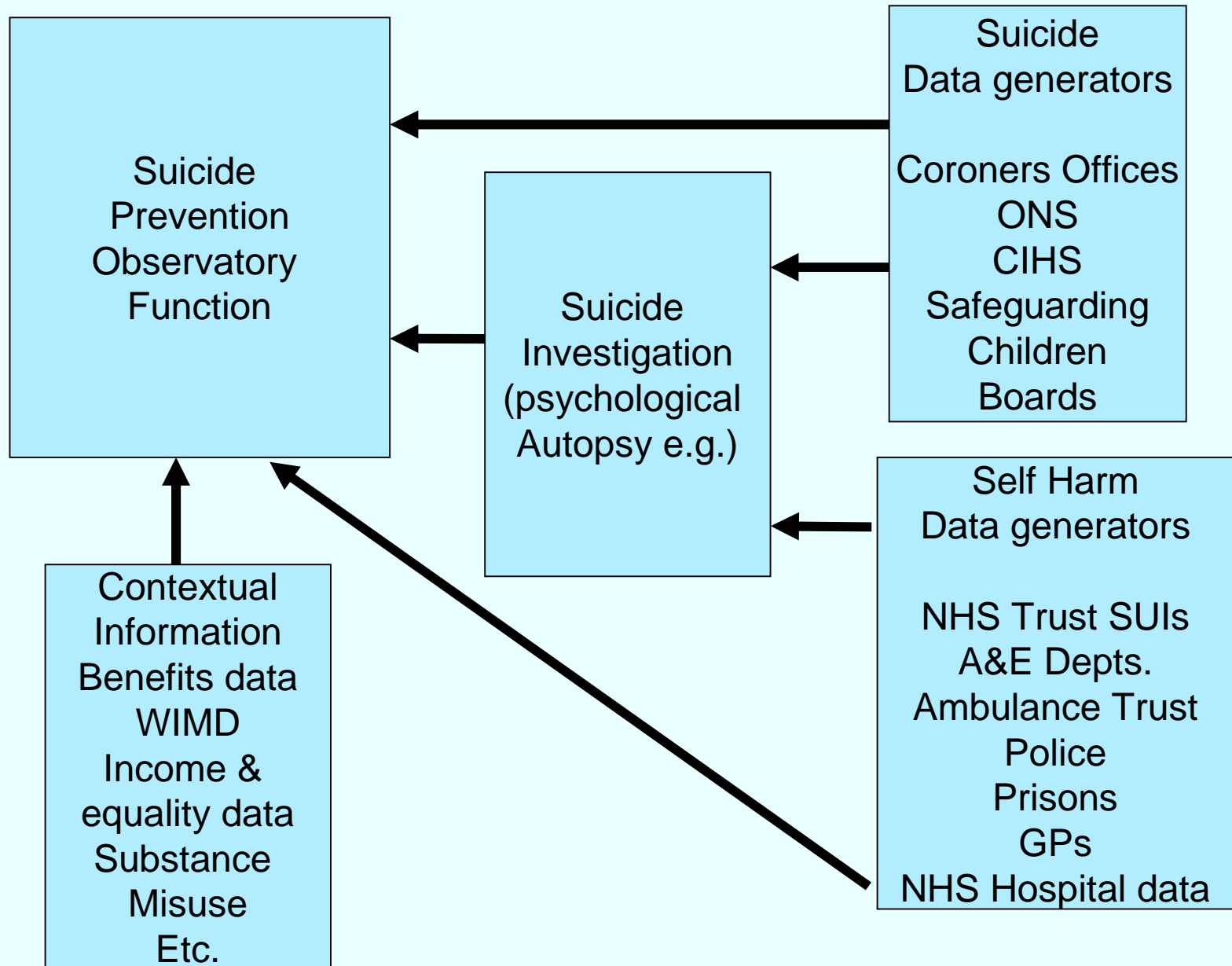
Specifically relevant actions for statutory services

- Work to develop professional understanding of mental health, mental illness and suicidal behaviour
- Implementation of the recommendations on Safer Custody emerging from the all Wales Secure Services Review
- Implementation of the revised Prison Service Order 2700 Suicide Prevention and Self-Harm Management
- Monitor the effectiveness of in-reach to all prison services and secure facilities for Children and young people

Specifically relevant actions for statutory services

- Full development of crisis resolution and home treatment services focusing upon intervention in crisis and follow up post hospital discharge Development of Assertive outreach ensuring rigorous intervention where care breaks down due to relapse or other change of circumstance in line with AOF target 2008/9
- Improving observation and patient engagement in inpatient settings to reduce the rate of absconding
- Improvement in the management of Leave of absence
- The rapid reporting of absconding from inpatient care alerting the police to any risk of self harm or suicide

Developing a suicide prevention surveillance approach



Next Steps

- Consultation has concluded
- Briefing to the Minister on consultation outcome
- Subject to Ministerial approval develop final iteration of the action plan
- Implementation

Working Together to Save Lives -

Welsh Assembly Government, NHS Wales,
local authorities, justice agencies,
Voluntary organisations, employers,
education and community groups.

Recommended Local Planning Arrangements

