

Suicide and Self-Harm Prevention – Swansea & NPT Update Report April 2019

1. Background

Suicide is a major cause of death among the 15 to 44 age group. Between 2013 and 2017 the overall suicide rate across Swansea Bay HB was in line with the national average. However, suicide rates for Neath Port Talbot (NPT) for this period, continued to increase and is the only local authority in Wales which is statistically significantly above the Welsh national average at 15.8 per 100,000. During that period, 126 suicides were recorded for Swansea. Hence the need to take action.

Suicide is a tragic event which deeply affects many people and communities. There is rarely a single reason and it is usually in response to a complex series of factors that are contextual to the individual. However, suicide is largely preventable if risk factors at the individual, group, and population level are effectively addressed. This means that collective action is needed to tackle the issue.

Talk to Me 2 (T2M2) is the national strategy and action plan to prevent suicide and self-harm in Wales. The overall strategic aims being to:

- Reduce the suicide and self-harm rates in the general population in Wales; and
- Promote, co-ordinate and support plans and programmes for the prevention of suicidal behaviours and self-harm at national, regional and local levels.

All local areas are required to have an action plan. Until now NPT and Swansea have not had an integrated, multi-agency strategy or action plan although many agencies and organisations are involved in work locally that deals with and aims to prevent suicide and self-harm. Local activity has reported directly to the Mid and West regional implementation group but work has largely been conducted in isolation.

In response to the need to take collective and co-ordinated action to address the issue in light of the continued high suicide rate locally, a Task & Finish Group (T&FG) was set up to initiate a conversation around suicide locally and garner support to take collective action to address the issue of suicide across Swansea Bay. The Task & Finish Group included representatives from ABM UHB (now Swansea Bay UHB) Mental Health Delivery Unit, Swansea CVS, NPT CVS, Swansea and NPT Social Services, South Wales Police and Public Health Wales.

2. Summary / outline of the event

The workshop was held between 10am-3pm on the 11th March 2019 at Baglan Community Church and was facilitated by Public Health Wales.

The event was opened by Andrew Davies, Chair of ABMU Health Board followed by a number of key speakers with different experiences of and perspectives on suicide & self-harm prevention to set the agenda for the day. This was followed by a series of workshops focussed around the six strategic objectives within the T2M2 strategy.

• **Representation**

The T&FG made every effort to ensure representation and inclusion from as wide a range of agencies, sectors, individuals and groups possible that have an interest and role in preventing

2. Appropriate and timely responses to crises, early intervention and management

Across Swansea Bay there was a sense that we have responsive emergency services and a wide range of services available. However, there was also a feeling that citizens required improved access to primary care and that a more appropriate 24-hour service was needed as part of crisis management. Again, it was felt that individuals with lived experience were fundamental to any service design and work should be progressed to improve access to primary care.

3. Care and support for those bereaved or affected by suicide

It was felt that there were a range of excellent services and support available to families bereaved by suicide and unexplained death. However, it was felt that there was need to better coordinate these services to ensure that families could source them easily. Attendees also felt there was a need for greater community development work around resilience, understanding suicide and outreach. A range of stakeholders were suggested to take these recommendations forward.

4. Working with and supporting the media

There was limited feedback regarding what was working well with the media across NPT and Swansea. However, it was considered an asset that so many people wanted to attend the workshop and contribute to the agenda. Attendees unanimously agreed that across the workforce there is very little media skills and training opportunities across all service areas. However, there was also a consensus that when an incidence of suicide occurs, that one single agency should take the lead on dealing with the media on behalf of the partnership. There was also a feeling that more needed to be done in communicating sustained positive messages and good news; and a more proactive approach to reducing suicide and improving population wellbeing.

5. Reducing access to means of suicide

Supermarkets were recognised for their good controls around harmful products and articles. It was also noted that there were some examples of initiatives aimed at steering suicidal individuals away from certain areas with relevant materials displayed. While there were a number of pragmatic suggestions to reduce access to means of suicide, they were limited in their relevance to our target population in Swansea Bay given the preferred means being hanging. Fundamentally however, the groups advocated that in fact more work needed to be done to encourage men to talk and access support for any mental distress. Primary care and pharmacists were identified as the key stakeholders in this area of work.

6. Supporting research, data collection and monitoring.

There was an extensive list of various gaps in terms of local intelligence around suicide. This primarily centred on understanding how suicidal individuals interacted with services prior to their death and the range of interventions that they were offered or received. There was a consensus that more was required to reduce bureaucratic barriers in sharing information in areas of risk and that, similar to Bridgend, there was a need to develop a 'quick time' retrospective case review process to review cases where individuals had taken their lives.

• Ask & Offers

During the workshop, all attendees were encouraged to post an 'Ask' and 'Offer'. This was designed to elicit what contributions or support people needed to take action in this area alongside what assets or contributions they could make, with a view to aligning these where possible. This is as yet incomplete as it is also being collected as part of the post-event feedback.

In terms of 'Asks' these centred around:

- The need to prioritise and raise awareness of suicide prevention
- Support needed by the third sector, where there is good practice, to maintain current activity/services
- The need for training that isn't too costly in order to develop the workforce and improve practice.

In terms of 'Offers', these included:

- One organisation offering to develop mental health resources which included a directory of services.
- An offer to run and deliver a quality assured and accessible training programme to meet the needs of the workforce.
- Overall, a strong theme of willingness to collaborate and do more to prevent suicide across the region.

3. Event feedback

Further feedback and contributions are awaited and will be collated as part of the final report. This includes further illustrative work produced by Scarlet Design.

4. Next Steps

- Final event report to be produced, shared with T&FG and finalised for wider sharing, including with participants from the event. This will form the basis of next steps.
- Need to ensure all key stakeholders are engaged and able to contribute (e.g. Ambulance Service, Primary & Community Care Services, Educational Settings/Reps, British Transport Police and Coastguard).
- Commitment to provide organisational time to support this work will be crucial to taking this forward.
- Need to ensure that those with lived experience are fully engaged and involved in this work as part of co-designing, co-producing, co-delivering a fit-for-purpose action plan and future initiatives.
- Need to agree appropriate governance & reporting for this work, to ensure collectively agreed actions are progressed and momentum maintained.
- A Multi-Agency Steering/Action Group is to be formed, tasked with leading on an integrated action plan for the Swansea Bay area.
- An integrated, multi-agency action plan/strategy to be developed by October 2019 that helps to inform and direct collective action across the Swansea Bay area.

5. Summary

The suicide rate in Wales in 2017 was higher than in the majority of years since 1981 and it is the most common cause of death for men aged 20-49 years. Swansea suicide rates are in line with the Wales average. Its effects are felt beyond the individuals themselves and their families but in communities and society more broadly. Yet it is preventable.

Making a difference to suicide and self-harm levels through a preventative approach will mean addressing a number of factors and issues that contribute to a lack of mental wellbeing and resilience, including areas such as poverty, social isolation/loneliness, connectedness/belonging, stigma and discrimination, employment and sense of purpose.

There is a great deal of willingness and enthusiasm across sectors and organisations, to collaborate and take collective action to reduce the number of suicides in the local area. This includes people with lived experience, as part of an asset based co-productive approach.

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Appendix 1

Agenda & Key Highlight Messages from Speakers

10:00	<p>Opening Remarks - Dr Andrew Davies Chairman of ABMU HB Welcomed everyone. He expressed why the work was so important and gave his endorsement for the event and the work that would result from coming together to focus on suicide and self-harm in Neath Port Talbot and Swansea.</p>
	<p>The National and Local Perspective - Professor Ann John; Swansea University Provided an overview of the data relating to NPT and Swansea, as well as the national policy context. She highlighted that suicide is largely preventable and through undertaking preventative action there will be an impact on other adverse experiences and inequalities. Appropriate responses to suicide can affect future help seeking behaviour and that there are a range of risk factors that make some individuals more vulnerable to attempting suicide and these were described. The trend in Wales is that men from lower socio-economic backgrounds, living in deprived areas, are more likely to take their own lives than those living in affluent areas. Ann went on to list the priority people and places and provided a format to focus local activity to address suicide and self-harm behaviour, highlighting the importance of having an action plan to galvanise and co-ordinate efforts across the system.</p>
	<p>How a UK Suicide Crisis Centre Has Achieved Zero Suicide - Joy Hibbins, Founder and CEO, Suicide Crisis Centre Joy provided an overview of the suicide crisis centre model in Gloucester based on her own lived experience of mental health crises. The centre provides 1-1 appointments, home visits and emergency phone lines and aims to place a safety net around their clients. The centre's ethos is one of developing a professional relationship but with care. It provides crisis interventions and not counselling and the strength of the service is that it gets behind the client and holds them so 'they do not fall'. The centre prides itself on its client led approach which provides an enhanced sense of control and reduces feelings of vulnerability for the individual. Consistency of staff for clients is deemed very important and is maintained.</p>
AM	<p>Socioeconomic Disadvantage and Suicidal Behaviour - Executive Director Sarah Stone; Samaritans Cymru Highlighted that people who are socioeconomically disadvantaged, who live in areas of socioeconomic deprivation or are unemployed are 2-3 times more at risk of suicidal behaviour and that men are more susceptible to economic disadvantage. Equally a sense of belonging is important and a lack of belongingness increases the risk of suicidal behaviour / ideation. Sarah highlighted their report and recommendations, advocated that we need community groups and outreach as part of place based approach to suicide prevention and early intervention. Also that there must be compassionate approaches and responses to poverty and more must be done to intervene on the impact of poverty and ACE's, given that ACE's is known to increase the risk throughout adulthood.</p>
	<p>Suicide Prevention in Bridgend - Superintendent Claire Evans; South Wales Police Key stakeholders in Bridgend developed an action plan in March 2018 following several suicides locally and hence a need for a plan that was bespoke to their situation. The governance structure to the PSB was established via the Community Safety Partnership and there are links to the safeguarding board. The work focussed on four key developmental objectives namely; 1. an improved ability to share data quickly; 2. Enabling timely case reviews; 3. the sustainable promotion of support and signposting; and 4. to develop and evaluate an integrated referral pathway. It was quickly identified that primary care was an important stakeholder in the suicide review group and there has been supportive engagement from ABMU HB around this. The Bridgend model for suicide prevention was bespoke to the needs and context of the county and is not necessarily replicable for other areas policed by South Wales Police.</p>
	<p>Perspective from the Coroners Service - Coroners Case Manager; Sian Thomas</p>

	<p>Sian provided an overview of the procedure and processes around investigating sudden or unexplained deaths. Inquests usually conclude within 6 months unless the cases are more complex. In Neath Port Talbot and Swansea there is an average of 1 death per week by suicide and this appears to be increasing. In order for a Coroner to determine that a death was suicide, the Coroner must have evidence that the deceased fully intended to take their own life. In Neath Port Talbot and Swansea there are a number of common factors that contribute to suicide. These include: relationship breakdown, lack of coping mechanisms, mental health issues, feeling unsupported, substance misuse, social media and contagion.</p>
	<p>Time to Change - Stephen Lewis, Time to Change Champion Time to Change is a national campaign that challenges mental health stigma and discrimination. Around 1 in 4 people will experience a mental health problem at some time in their life. A mental illness affects how people think, feel and behave. All of us know or work with someone who has experienced a mental health problem and 9 out of 10 people with a mental health problem will experience stigma and discrimination. Stigma is a form of prejudice which can set a person apart from everyone else. Stigma is always negative.</p> <p>Stephen gave a very personal and private account of his experiences of having mental health problems in the form of anxiety, mania and suicidal behaviour, as well as the stigma and discrimination he has faced.</p>
12:20	LUNCH
PM	<p>The Swansea / Neath Port Talbot Approach (Group work round table exercise) Key theme areas for discussion:</p> <ol style="list-style-type: none"> 1. Awareness and understanding of suicide and self-harm [How do we increase awareness and understanding of suicidal behaviour among the public, and also recognition of the importance of suicide prevention efforts] 2. Appropriate and timely responses to crises, early intervention and management [How do we identify and respond to individuals that are suicidal and how do we increase help seeking behaviour] 3. Care and support for those bereaved or affected by suicide [How do we increase effective support and advice for those affected by suicide] 4. Working with/supporting the media [What do we need to do locally to ensure the responsible reporting and portrayal of suicide] 5. Reducing access to means [What can we do to reduce the lethal means for suicide among those who are impulsive] 6. Supporting research, data collection and monitoring [What is missing from what we already know and how do we get it?]
	<p>Plenary Discussion Panel of Speakers and Workshop Facilitators</p>
	<p>Summing Up and Next Steps Sandra Husbands, Executive Director of Public Health</p>
15:00	CLOSE

Appendix 2

Agencies/Organisations Represented

Organisation	
CRUSE Bereavement Care	Coroners Service
Mid & West Fire & Rescue Service	Suicide Crisis Centre; Gloucester
South Wales Police	Swansea University
Gower College	Barod Cymru (substance misuse support organisation)
G4S (security services company)	Gwalia Housing
Carmarthen Council	TATA Steel Europe
ABM Public Health Team	NPT MIND
Christians Against Poverty UK (CAPUK)	Stop Smoking Wales
ABM Public Health Team (Healthy Schools)	Bulldogs, Baglan Boxing Club
Relate (relationship support charity)	Gofal (mental health & wellbeing charity)
Hafal (mental health charity in Wales)	Swansea MIND
ABMU HB – MH & LD Delivery Unit	British Red Cross
Swansea City Council	Time To Change Wales
NPT County Borough Council	Time To Change Champion (lived experience of suicide)
Network Rail	Public/patient representatives (with lived experience of mental health issues)
Family Housing Association (FHA)	Action for Children
Ethnic Youth Support Team (EYST)	Samaritans
NPT Community Voluntary Services	African Community Centre, Swansea
Crisis Skylight South Wales	NPT Council – Youth Service
Swansea Community Voluntary Services	Thrive Women’s Aid (domestic abuse organisation)