Suicide and Self-harm Prevention Programme Plan 2020-2022

Status report on the 'Talk to me 2' Strategy and programme outline for ongoing implementation

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Health Board
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Isle of Anglesey
Gwynedd
Conwy
Denbighshire
Flintshire
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Health Boards
Hywel Dda (Host Board)
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Health Boards
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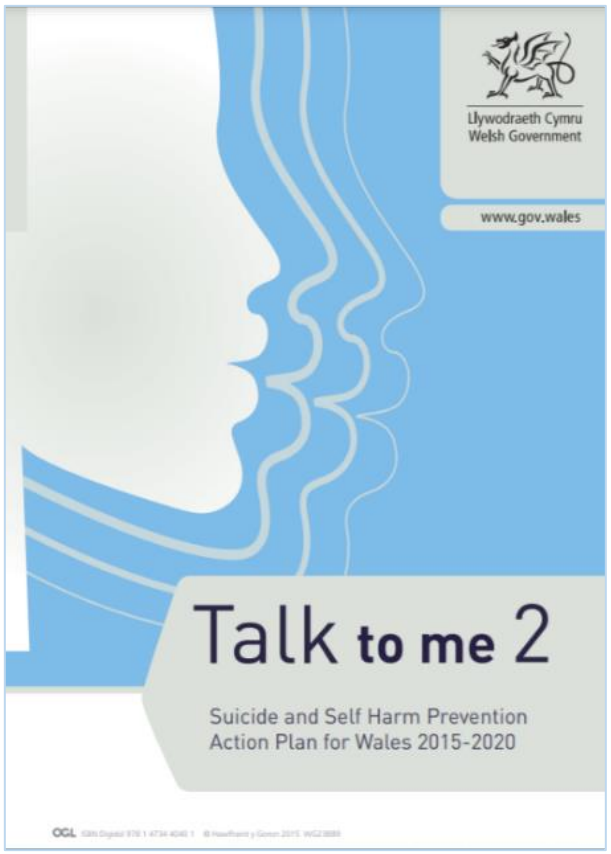
Bridgend
Rhondda Cynon Taf
Merthyr Tydfil
Vale of Glamorgan
Cardiff
Caerphilly
Torfaen
Newport
Blaenau Gwent
Monmouthshire



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Summary

Over the past decade, there has been an increased focus on suicide and self-harm prevention in Wales, across the UK nations, and indeed globally.

Much of the work in Wales has been carried out through the dedication of individuals and agencies, operating within existing resources, to raise the profile of suicide and self-harm prevention and to advocate for greater investment. Since 2018, following a cross-party parliamentary inquiry into suicide in Wales, the Welsh Government has pledged £500,000 annually for three years, to fund four suicide and self-harm prevention coordinators (one national, and three regional) and support local activity to explore and identify local needs, and stimulate innovation and service development.

This plan provides a guide for the work that is enabled by this additional investment, implemented across a delivery landscape now altered by the COVID-19 pandemic, and the impact of the UK's exit from the European Union. The plan references the actions and recommendations set out in key strategic documents, recognising achievements to date, and indicating how to complete on outstanding deliverables. In view of the additional resource now in place, the plan identifies how a more comprehensive and public health approach can be adopted, acknowledging the wider policy and strategic context in which this approach would progress.

The plan reflects the existing ambitions to ensure:

- The right **data and intelligence** are available in a timely way to help us to identify and analyse problems and opportunities for intervention, and that this information is readily accessible to all those planning and delivering services that prevent suicide and self-harm or support those affected by it

- **Research and other evidence** that shine a light on 'what works' and provides deeper insight into what puts people at risk, or best supports those affected, is readily available in a way that informs practice

- The **voices of those with lived experience** are heard at all levels (strategic to the operational) in the planning and delivery of programmes, interventions and services, and inform different approaches that might be needed to enable and support help-seeking behaviour by different groups in society

- **All sectors of the community** (work, education, health and social care provision, housing, welfare) are equipped and informed to create a compassionate and tolerant environment for everyone living, learning and working in Wales in the

context of suicide and self-harm prevention, whether through guidance, education and training, or sector-based policies

- **Sufficient sustainable resource** is available to sponsor the design and implementation of specific interventions that will facilitate the reduction in suicides and self-harm for areas or groups where there is heightened risk

- Realisation of the **added value of digital technologies** and provision of information in consistent and responsible ways, particularly in the context of COVID-19

- Resource is funded and managed within **clear governance and accountability frameworks** and agreements, with clarity on everyone's responsibilities, and transparency in funding channels, across what is a complex organisational landscape

While encouraging a universal multi-agency approach to primary prevention, recognising the wider determinants of health, and the impact of social, economic and health inequalities, analysis of suicide prevention strategies[1] suggests that stratification of groups for different interventions is most effective, to reach and support those who are at the greatest risk of self-harm or death by suicide (also see proportionate universalism[2]), such as:

Men aged between 30-49, in areas of greater socio-economic disadvantage, and in skilled trade occupations, or unskilled, who have the highest age-specific suicide rate, (particularly aged 45-49 in 2019 England and Wales data)

Young People, who make up the largest single group of those who are admitted to hospital for self-harm, also noting significant increase in suicide rates for females aged 10-24 since 2012 (2019 England and Wales data)

Older people over 65, with both physical illness and depression, who show increasing rates of suicidal ideation

As outlined in the Mid-term review of the strategy in 2018, the three strategy objectives in particular that require immediate attention, relate to how we:

- Respond to those in **crisis**
- Support those **bereaved by suicide**
- Develop **information and monitoring systems** to better understand suicide and self-harm in Wales (e.g. real-time surveillance for suicide (suspected), a self-harm surveillance register)

Work will also continue to prepare for the next iteration of the strategic approach to suicide and self-harm prevention in Wales, beyond 2022

1. Introduction

This is an outline of a programme of work to embolden delivery on the 'Talk to me 2' Strategy (2015-2020)[3], (extended to 2022), and to develop a sustainable approach to supporting suicide and self-harm reduction and prevention in Wales.

Suicide and self-harm prevention has received particular focus from the Welsh government over recent years, and the country benefits from an active team of researchers and analysts based in Swansea University whose work and expertise links into UK-wide work, and beyond. The team is led by Professor Ann John, a medically qualified academic in public health and psychiatry, based in the school of medicine, with particular insights into suicide and self-harm and the mental health and wellbeing of young people.

The emergence and impact of the coronavirus pandemic in 2020 will have both immediate and sustained implications for the citizens of Wales, challenging resilience and personal coping behaviours, and the full repercussions are yet to emerge in relation to suicide and self-harm. Both the resource at Swansea University, and the recently appointed coordinators across Wales, will help the country to respond to the evolving suicide and self-harm agenda in as timely a manner as possible in the light of this new threat. The economic impact of the coronavirus will be particularly important, potentially exacerbating the impact on health and wellbeing from the UK's decision to withdraw from the European Union[4], which has occurred within the lifecycle of the suicide and self-harm strategy for Wales.

The first 'Talk to me' action plan (2008-2013), was published in 2009, and followed by an updated strategy in 2015. During the time-frame of this strategy, the Welsh Assembly cross-party Health, Social Care and Sport Committee carried out an inquiry into suicide prevention culminating in the report 'Everybody's Business: a report on suicide prevention in Wales'[5], in October 2018, making 31 recommendations.

The last of those recommendations (**Recommendation 31**) was a call for sustainable resourcing, and the Welsh Government responded by identifying specific funding for suicide reduction and prevention with a recurring fund of £500,000[6] (subject to review). This funding supports the recruitment of a national, and three regional coordinators. These coordinators will be taking this programme of work forward between September 2020 and March 2023, and potentially beyond.

2. A system-wide strategic approach

2.1 The wider determinants of health and risk factors for suicide

The Talk to me 2 strategy states that *'suicide is usually a response to a complex series of factors that are both personal and related to wider social and community influences'*, calling for a public health approach to prevention.

A fundamental component of public health practice is the recognition of the wider determinants of health. Public Health Wales[7] describes these as the social, economic and environmental factors that affect our health and wellbeing, and which drive differences, or inequalities in health and wellbeing, between groups of people. These include:

- Money and resources
- Our level of education and skills
- Availability of good work
- The quality and security of our housing
- Our surroundings

Tackling the factors determining people's health requires a 'whole systems approach'. Public Health England, in their resource local suicide prevention planning (PHE 2020)[8] identifies those who are most vulnerable to suicide as people and families in debt; those living in poverty; people who are homeless; unemployed and those experiencing isolation, with loneliness recognised as a predictor of suicidal ideation and behaviour[9]

The 'Talk to me 2' strategy (2015) acknowledges the same risk factors and advises that suicide prevention should address inequalities that exist in society as key to prevention.

In 2017 Samaritans commissioned a report 'dying from inequality'[10],

recognising that people living in the most disadvantaged communities face the highest risk of dying by suicide, and that income, unmanageable debt, unemployment, poor housing conditions, and other socioeconomic factors all contribute to higher suicide rates.

Samaritans Cymru followed with the report 'socioeconomic disadvantage and suicidal behaviour: finding a way forward for Wales'[11] in which they offered recommendations for action, based on local conversations with key stakeholders, including action on community connectedness. Links were identified between economic recession, particularly when associated with rises in unemployment, and increased suicide risk.

While recognising that a suicide is a response to multiple factors, financial difficulty is increasingly being recognised as important. In their report 'A silent killer' (Dec 2018)[12], the Money and Mental Health Policy Institute calls for financial insecurity to have a higher profile in suicide prevention plans. In March 2021, the UK Government launched a debt-respite scheme called Breathing Space[13], (from 4th May 2021), with particular protections for those experiencing a mental health crisis[14].

Financial difficulty can be down to many factors, including individual behaviours, and both debt and suicide are recognised as harms associated with gambling in the Public Health Wales commissioned report gambling as a public health issue in Wales (2019)[15]. The Gambling Commission research into suicidal behaviour[16] (May 2019) analysed the 2007 Adult Psychiatric Morbidity Survey (APMS) in England concluding that problem gamblers are a vulnerable group who are more likely than others to have suicidal thoughts or to harm themselves, warranting targeted support (though it could not be concluded that problem gambling causes suicidality and self-harm).

With regard to focusing our resources for suicide and self-harm reduction, the wider determinants of health have implications for both long-term outcomes for prevention, and how we respond to the immediate needs of those at risk.

Long term: how we endeavour to create environments that promote those protective factors identified in the Talk to me 2 Strategy. Where we create a society that supports people throughout the life-course, where children and young people can thrive, within safe and secure homes, with problem-solving life skills and strong connections, with caring and inclusive educational environments, and within socio-economic conditions that minimise poverty and provide fulfilling and secure employment opportunities into adulthood (see the Welsh Government ACES programme[17], and links to suicide[18])

Short term: how we make sure that we have a response in the places where people are more likely to be at risk, such as those in more disadvantaged communities, in care, or in custody, offering the right support services and interventions to keep people safe, and how we reach and enable help-seeking behaviour, particularly for those who may not access or respond to mainstream services and their availability.

2.2 The impact of the COVID-19 pandemic

Public Health Wales Health Impact Assessment Support Unit (WHIASU) has conducted a number of Health Impact Assessments (HIAs) relating to the pandemic, including the impact of the staying at home and social distancing policy in Wales[19] (June 2020), which reported concerns amongst those stakeholders interviewed of the potential for increased incidence of suicide, citing previous outbreaks that have shown increased rates amongst adults over 65 years (for example SARS). Particular groups identified as at risk include children, young people, and young adults; older people; key workers; those on low incomes and at risk of unemployment; and those with existing poor mental health.

More generally, the HIA reflects the wider recognition across the UK of the amplification of established inequalities in health outcomes and wellbeing, resulting from the pandemic. Public Health England reported on the particular impact of COVID-19 on BAME communities[20] (June 2020), followed by a report on the disparities in the risk and outcomes of COVID-19[21] (August 2020) that identified increasing risk of infection with age; and groups carrying a greater burden of ill-health and death by sex (working age males); people in urban areas and areas of deprivation; and those from black and ethnic minority groups. Occupations with significantly higher death rates included security guards, drivers (taxi/chauffeur/bus/coach), and workers in sales and retail, lower skilled construction and processing, and social care.

While there is widespread concern for the mental health and wellbeing of all groups across the life-course, there is little evidence currently available to determine the effects of the COVID-19 pandemic on self-harm[22] (Kapur et.al Dec 2020), and emerging evidence on trends in suicide during the covid-19 pandemic[23] (John et.al Nov 2020) shows no rise in suicide rates in the early months of the pandemic**. The recommendation is that we remain alert to emerging risk factors, recognising how the pandemic has exacerbated already entrenched inequalities**. Risk factors identified include depression, post-traumatic stress disorder, hopelessness, feelings of entrapment and

burdensomeness, substance misuse, loneliness, domestic violence, child neglect or abuse, unemployment and other financial insecurity.

With the anticipated economic downturn, work or worklessness will become an increasingly important focus for action across government departments, and this is one of three priorities for population health identified in the Public Health Wales (post-COVID) operational plan 2020-2022[24] (see page 24).

The Welsh government funded National Centre for Mental Health (NCMH) is continuing to study the impact of the COVID-19 pandemic on mental health[25] (Jan 2021), particularly on those who have existing mental health conditions, and those who have experienced, or are experiencing trauma. The University of Central London is conducting an ongoing study to understand the psychological and social impact of the pandemic[26], publishing weekly reports that track depression and anxiety levels in relation to people's circumstances and the varying COVID constraints, including individual lockdowns.

2.3 Raising the profile of the national response to self-harm

Talk to me 2 is a strategy to address both suicide and self-harm. While risks might vary, self-harm is the strongest risk factor for subsequent suicide, and approximately half of individuals who die by suicide have a history of self-harm[27]. Rates of self-harm were increasing year on year prior to the COVID-19 pandemic[28], most notably in young females, and while an additional increase has not yet been observed during the pandemic, there is a possibility that the trend could continue beyond, due to other pre-existing factors. A focus on how effectively we respond to self-harm is therefore fundamental to our success in the prevention of deaths by suicide.

People across the life-course are known to self-harm and present to primary care and emergency departments. Self-harm mostly starts in childhood, and then can escalate, leading to the steepest rise in suicide deaths occurring amongst older adolescents, between 15-19 and 20-24 years[29].

The Welsh government has conducted a scoping exercise to review the evidence of all-age mental health services[30] (June 2020), focusing on the transition between child and adult mental health services which occurs at the same time as other challenging transitions that might occur in a young person's life. This bridging between child and adult mental health services is currently under review, recognising the impact that poor or multiple transitions can have on the most vulnerable.

In a recent national review of access to emergency services in a mental health or welfare crisis[31] (October 2020), analysis suggests that (during the data capture period), calls to emergency services for 16-25 year olds were highest for suicide and self-harm or deliberate overdose. There was also a higher rate of calls (help-seeking) relating to self-harm amongst females (all ages). Of the 10,175 calls analysed, 2,966 (14.1%) related to suicidal behaviour, and 2,091 (9.9%) to self-harm or deliberate overdose.

Samaritans Cymru has recently produced a report on insights work relating to self-harm, 'The right support at the right time? Improving the availability and quality of support after self-harm in Wales'[32] (January 2021), published alongside corresponding reports for England, Scotland, and Northern Ireland[33]. Recommendations from these reports suggest we work with those with lived experience, to determine how best to respond to needs; to fund and develop care pathways without the barriers of referral thresholds; and with associated staff training to reduce stigma and increase compassionate engagement.

We know that the availability and quality of data that could help us to better understand patterns of self-harm in Wales is poor. The development of a self-harm register, as recommended in the Mid-point strategy review, would go some way to addressing this, and examples can be found in the City of Bristol[34], and the Northern Ireland registry of self-harm[35]. Improving data quality will be an early focus for the coordinator team, working collaboratively with partners.

2.4 Opportunities within health service provision

While the majority of people who self-harm or take their own lives are not known to mental health services, the 'talk to me 2' strategy identifies **priority people**, and **priority care providers** with clear recommendations for improvements for a more robust and consistent response, and these recommendations need to be further pursued.

For example, the National Confidential Inquiry into Suicide and Safety in Mental Health (2019)[36] reported that 22% of suicides in Wales (2007-2017) were people in contact with mental health services.

Of these, 49% had a history of alcohol misuse and 39% a history of drug misuse (both higher than the rest of the UK). In their study of the population of Wales and the risk of suicide following an alcohol-related emergency hospital admission (2018)[37], the authors demonstrated that emergency alcohol-related hospital admission is associated with an increased risk of suicide, highlighting that the identification of individuals at risk in hospitals

provides an opportunity for psychosocial assessment and suicide prevention before discharge.

Recognising that alcohol and drugs are common antecedents of suicide, the National Confidential Inquiry report suggests measures to reduce risk such as placing specialist substance misuse clinicians within mental health services and providing services for 'dual diagnosis' patients and outreach teams. The Welsh Government published a service framework for the treatment of people with co-occurring mental health and substance misuse problems[38] (2015) calling for better collaboration between services, to respond to a report from Healthcare Inspectorate Wales (HIW), which found that services for these groups were under-developed. NICE has produced a quality standard[39] for this group (August 2019).

With regard to self-harm and young people (aged between 10-24 years), an e-cohort study using routinely collected linked healthcare data in Wales[40] (research published in the BMJ Oct 2019), showed that primary care is an important setting for intervention and support, particularly for older adolescents whose help-seeking behaviour is more developed. Rates of emergency department (ED) attendance and hospital admission are increasing for 10-19 year olds, and males are more likely to present to ED. NICE has produced guidance and quality standards for self-harm[41] management in healthcare settings, and further guidance is in development (expected 2022). Work needs to continue to ensure this NICE guidance is being implemented.

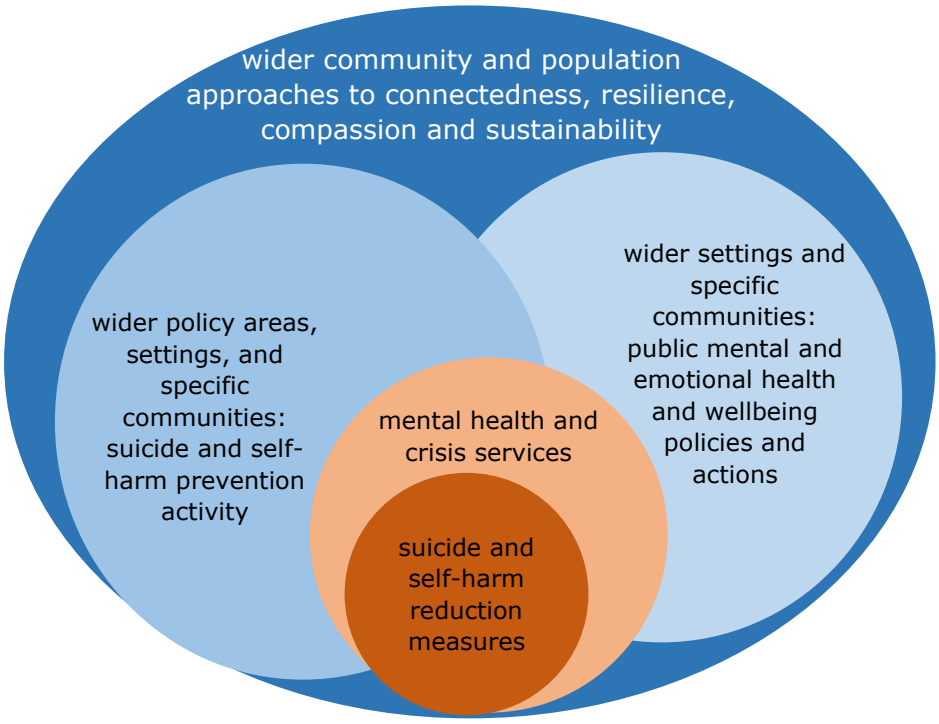
In their study of type and timings of healthcare contacts in those who die by suicide (2020)[42], researchers at Swansea University found that, in the week before their death, 31% of cases contacted health services, the last point of contact most commonly associated with mental health, and at general practices. In the month before their death, over 16% had an emergency department contact, and 13% admitted. Self-harm, mental health and substance misuse were strongly linked with suicide risk, more so when in contact with emergency departments.

These insights would suggest that our efforts could become more focussed on how we support and enable primary care teams, emergency departments, and substance misuse services to identify and capitalise on opportunities for intervention.

2.5 The wider policy context in Wales

Given the many societal factors involved, the suicide and self-harm reduction and prevention agenda sits within a wider context of related government strategies and policies in Wales. Links to key Welsh Government policy and activity contributing to the prevention of suicide and self-harm is provided in the 'Talk to me 2' Annexes document[43]. By way of an update, the list below provides an indication of the potential degree of inter-dependency between ambitions and actions across government departments, and where relevant, a link to a corresponding **recommendation** from the Everybody's Business (**EB**) report (2018) is provided. These include (*not exhaustive*):

- Parity of esteem between mental and physical health and wellbeing as captured in 'A Healthier Wales'[44] (June 2018) (**EB Recommendation 6**);
- Resilient and connected communities in which people live, as referenced in 'Tackling loneliness and social isolation through connected communities'[45] (February 2020) (**EB Recommendation 20**);
- Links to the strategies, policies and programmes of work focussing on children and young people, such as the HEFCWs Wellbeing and Health in Higher Education Policy Statement[46] (November 2019) (**EB Recommendation 21** re: Student Mental Health Charters), and 'Mind over matter: A report on the step change needed in emotional and mental health support for children and young people in Wales'[47] (April 2018), Embedding a Whole School Approach to mental health and emotional wellbeing[48] Framework 2021 (**EB Recommendation 24**)



- The wider ambitions around mental health in Wales as captured in 'Together for mental health' strategy[49] (October 2012), the Mental Health delivery plan[50] (2019-2022), and the Mental Health Measure (December 2016) following the Mental Health Measure Act 2010[51]
- The public health strategic priority of improving mental wellbeing and resilience[52] as identified in the priorities of Public Health Wales[53], and additional studies such as the report produced with the Mental Health Foundation, supporting farming communities at times of uncertainty: an action framework to support the mental health and wellbeing of farmers and their families[54]
- The statutory requirements within the Wellbeing of Future Generations (Wales) Acts 2015[55], and the Social Services and Well-being (Wales) Act 2014[56]
- A national approach to the provision of bereavement services[57] with the development of a national framework, commencing 2020
- Health Education and Improvement Wales (HEIW) review of the workforce in Mental Health workforce – Fit for our future![58]
- The recently published guidance Planning policy: COVID-19 recovery[59]
- Crisis Care Concordat Assurance Group delivery of the Wales Crisis Care Concordat National Action Plan 2019-2022[60]
- The substance misuse delivery plan revised in response to COVID Substance Misuse Delivery Plan 2019-2022[61]
- The new National Curriculum for Wales, due to come into effect from September 2022 – Curriculum for Wales[62], with a Health and Wellbeing Area[63] of learning and experience that includes how we process and respond to our experiences and how that affects our mental health and emotional wellbeing

2.6 Multi-agency, multi-sector engagement

Given the impact of the wider social issues in relation to self-harm, suicide attempts and death by suicide, engagement of all sectors and agencies exposed to those at risk is necessary if sustainable and effective approaches to prevention are going to become embedded. The 'talk to me 2' strategy refers to the **3C approach**, one that is **cross-governmental, cross-sectoral and collaborative** and lists the **services and priority care providers** to engage.

While multi-agency forums are established to support the delivery of the suicide prevention agenda, further efforts are needed to engage those working in the following, often community-based, areas:

- Public sector housing, homelessness, charity housing sector

- Debt management and welfare
- Employment, insecure employment and worklessness
- Further education colleges and sixth forms, and universities (16-25 age groups)
- Outreach teams who promote connectivity in the more under-served communities such as Local Area Coordinators[64] (LACs), community connectors, social prescribing link workers based in a range of agencies
- Primary care teams and clusters
- Community mental health teams
- Substance misuse services

Lay members, service users and/or people with lived experience and their representatives will also need to attend

3. Achievements to date

3.1 Everybody's Business

The Senedd inquiry report, 'Everybody's Business', primarily focusses on suicide prevention though the importance of self-harm is recognised, including **Recommendation 19** (implementation of NICE guidance on self-harm (scheduled for review during 2021/22[65])). The 'Talk to me/Talk to me 2' strategy broadens the focus on self-harm prevention and management further.

Several of the Senedd Committee's inquiry recommendations have been actioned (see table below), while the remaining are still in progress, either through the implementation of the suicide prevention strategy, or work-streams associated with other government strategies:

'Everybody's Business' (EB) Recommendation	**Response**
3: suicide prevention training for Assembly Members, Support staff, Commission staff and contractors and suicide prevention training to all WG staff	GP 1 programme and Zest programme delivered to staff
8: ensuring that all health boards hold designated beds for under 18s in crisis, including monitoring of availability	Beds now available within health boards
24: to pick up the Mind over Matter (April 2018)[66] **Recommendation 16 in Mind over Matter**: to provide guidance to schools and colleges	Guidance: Responding to issues of self-harm and thoughts of suicide in young people – guidance for adults who work with children and young people, Sept 2019[67]
25: to write to all planning authorities about ensuring all new structures include measures to prevent means to suicide	Guidance: Suicide prevention measures in building design and planning, April 2019[68]
31: Welsh Government, health boards and local authorities to make funding available	WG funding available for suicide reduction and prevention with a recurring fund of £500,000[69] successful appointment of a national coordinator, and three regional coordinators, August 2020

3.2 Mid-Point Strategy Review

The mid-point review of the implementation of Talk to me 2 [70] (March 2018) identified much of the following progress against the six strategic objectives in

the Talk to me 2 Strategy. In addition to the particular pieces of work identified below, a number of events were held (pre-COVID) focussing specifically on suicide and self-harm prevention with a range of agencies and services to raise awareness and share practice:

Talk to me 2 Strategic Objectives	
Objective 1	Further improve awareness, knowledge and understanding of suicide and self-harm amongst i) the public, ii) individuals who frequently come into contact with people at risk of suicide and self-harm and iii) professionals in Wales
Progress:	
Suicide Prevention Training Framework finalised *(this refers to the self-harm and suicide prevention competency frameworks[71] developed by Health Education England, University of Central London, and the National Collaborating Centre for Mental Health)* Local suicide action plans have been developed Workplace related guidance has been developed and is in use Time to Change Cymru (TTCW)[72] funded by WG with over 70 organisations signed up A prevention strategy has been developed by HMPPS including a 'Listener scheme' and staff training Police forces across Wales have rolled out training including mandatory on-line Authorised Professional Practice (APP) developed by the College of Policing Delivery of suicide prevention (Managing Suicidal Contacts) and trauma support training (Back on Track and Journey to Recovery) for employees associated with the rail infrastructure who may come into contact with vulnerable persons. This includes the British Transport Police and personnel involved in traumatic incidents i.e., train drivers. Public health campaigns and messaging originating from the rail partnership but which can be used more widely within local suicide prevention plans and programmes. These include Real People Real Stories[73], Small Talk Saves Lives[74] and Brew Monday[75] on the third Monday of January. Regional grant funding has supported the adaptation and delivery of training for people working with young people, and those working with debt advisors and citizens advice during the pandemic 2020/21 on both non-suicidal self-harm, and suicide prevention	
Objective 2	Deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm
Progress:	
Samaritans South Wales Valleys project has trained local volunteers to provide support	

HMPPS offers Assessment, Care in Custody and Teamwork (ACCT)

No young people in Wales have been detained in custody suites under Section 136 of the Mental Health Act (2007) for the last 2 years – UK-wide target/action

Objective 3	Provide information and support for those bereaved or affected by suicide and self-harm

Progress:

'Help is at Hand Cymru' updated and distributed and available on PH Wales[76] and other organisation websites in Welsh and English

Support groups were developed by Cruse and Samaritans – 'Facing the Future'

Regional grant funding has support three bereavement support projects, one in each region during 2020-21

Objective 4	Support the media in responsible reporting and portrayal of suicide and suicidal behaviour

Progress:

Samaritans provide media guidance[77] that has been disseminated to local media outlets

NAG Chair sits on the Wales Internet Safety Partnership Board

Objective 5	Reduce access to the means of suicide

Progress:

Network Rail, the train operating companies, including the new Transport for Wales, BTP and Samaritans have worked together since 2010 to reduce suicides on the rail infrastructure. Three community outreach locations have been identified in North Wales, Cardiff and Bridgend/ Neath Port Talbot. The partnership focusses good practice within these 7 key areas –

- Engaging the rail industry in suicide prevention and support activities
- Reaching out to those most at risk through our awareness campaigns
- Training rail industry staff in suicide prevention
- Supporting people affected by a suicide
- Volunteer outreach and support at stations after a suicide
- Working with the media to encourage responsible reporting of rail suicides
- Working with police and health services

In addition, Network Rail mitigate the railway infrastructure as an access to means by assessing engineering improvements at priority locations and locations where a suicide has taken place. These include measures such as improved fencing, trespass guards, platform end gates and CCTV.

Good progress for rail, Motorway and Trunk Road bridges – see 'Well Managed Highway Infrastructure – Code of Practice' published 28 October 2016. Case study produced by the NAG

Work in HMPPS to reduce access to means, camera surveillance and 'Safer Cells' access

Regional grant funding has supported improvements to frequently used sites in North Wales	
Objective 6	Continue to promote and support learning, information and monitoring systems and research to improve our understanding of suicide and self-harm in Wales and guide action
Progress:	
Research ongoing in Swansea, Cardiff and Bangor Universities SID-Cymru Thematic review of deaths of children and young people through probable suicide[78] (2013-2017) published on PH Wales website in December 2019 Activity is underway to establish a real time surveillance system for suspected suicides working with the Police and other partners	

4. A Programme Management approach to implementation

Programme and project management approaches are increasingly being applied across public sector organisations to deliver transformational programmes of work, as the demands on public services, resources available and operational models continue to evolve. They are also applied when the operating environment is risky, uncertain, or unpredictable, and where a wide range of stakeholders are likely to be affected. The recognition that public services need to build greater agility into their service planning and delivery supports a more adaptive approach to needs and developing capabilities e.g. digital technologies. Hence, the approach supports constant and expected **change**, and that scale of change can include changes required across society.

A programme management approach has a number of components. First, there needs to be a clear and shared **vision** to guide the overall direction of travel, with the concept of a desired future state or **'blueprint'** towards which the workflows will be driven. The design of a delivery model will be built around desirable **outcomes,** with longer-term ambitions around what the ultimate **benefits** or measurable improvements will be for all stakeholders (**benefits realisation**). Individual and inter-related projects under the programme's coordination will focus on the delivery of specific **outputs**. Workforce capacity will be required to implement changes to delivery, and to embed change into 'business as usual', through the identification and engagement of **business change managers**, deployed across the organisational landscape where implementation is required.

All of this work needs to be carried out within a **governance framework** that provides clear lines of accountability for planning; allocating resources; identifying and managing any risks to realising the benefits; and performance reporting. For the purposes of this programme of work, the **Senior Responsible Officer (SRO)** is based in the sponsoring team in Welsh Government, who updates the cross- party Health, Social Care and Sport Committee or **Sponsoring Group** on progress. The **Programme Manager** is commissioned through the NHS Wales Health Collaborative in the role of national coordinator, supported by a **Programme Office** within the Collaborative. (*The NHS Wales Collaborative is a transitionary body hosting programmes and networks supporting Wales-wide collaboration across the NHS, in preparation for the establishment of a new NHS Wales Executive*).

The work of the programme to implement the Talk to Me 2 strategy is guided by the expert reference National Advisory Group (NAG).

4.1 Programme Management Components

The overall **vision:**

> A country where people feel confident to talk about their feelings and seek help, and where there is a compassionate and effective response at every opportunity to prevent self-harm or loss of life through suicide

Ultimate benefits to be realised (what we will see, and can measure as improvements, if the programme of work is successful):

- reduced rates of suicide and better support for those affected
- reduced incidence of self-harm and improved care and support
- sustainable evidence-based and effective interventions, services and processes embedded across public and third sector organisations, within a system of continual improvement

What good will look like **(blueprint):**

The inquiry and strategy documents identify the following characteristics of a successful infrastructure to support suicide and self-harm prevention:

- collaborative, cross-government, and cross sectoral (3Cs) working at all levels
- local ownership and implementation supported by national leadership and a national framework
- local strategies developed according to local circumstances
- a governance network including a national forum advising government and the regions, and regional forums reporting to the national forum and overseeing local implementation
- clear reporting arrangements between the forums and other accountable entities across Wales
- sustainable funding and resources, including personnel, to support the development and implementation of the suicide and self-harm agenda
- a Wales-wide strategic approach to postvention
- the engagement of people with lived experience in planning and development at all levels

Programme objectives will relate to:

The 'what':

- The six overarching strategic objectives set out in the suicide and self-harm prevention strategy, 'Talk to me 2' and their reflection in local, regional and national action plans

The 'how':

- Governance, accountability, and transparency frameworks for programme delivery, and for the national and regional forums (**EB Recommendation 30**), including performance management (e.g. an outcomes framework)

- Digital strategy, including the overall digital presence (includes **EB Recommendation 29** re: issues relating to social media), and the capture and sharing of information, knowledge and intelligence (data and data visualisation) and information flows/pathways

- Spirit of 'Everybody's Business' – engaging stakeholders including key agencies and all citizens including those with lived experience (**EB Recommendation 16**)

- Driving innovation and service improvement (e.g. through a regional grants process and improvements to follow-up care and care pathways) (**EB Recommendations 5 - 15 and part of 31**)

- Increased capacity, capability and understanding through awareness raising activity, training, and development (**EB Recommendations 1 - 4**)

- Wider context of community resilience, the bigger picture, full range of settings, (**EB Recommendation 17** re: links to workplaces/employers), and embedding/cross-referencing of suicide and self-harm prevention across government department strategies, documents and services

- Laying the foundations for the preparation of a third iteration of the 'Talk to me' suicide and self-harm prevention strategy for Wales from 2022-2027

4.2 Governance and accountability

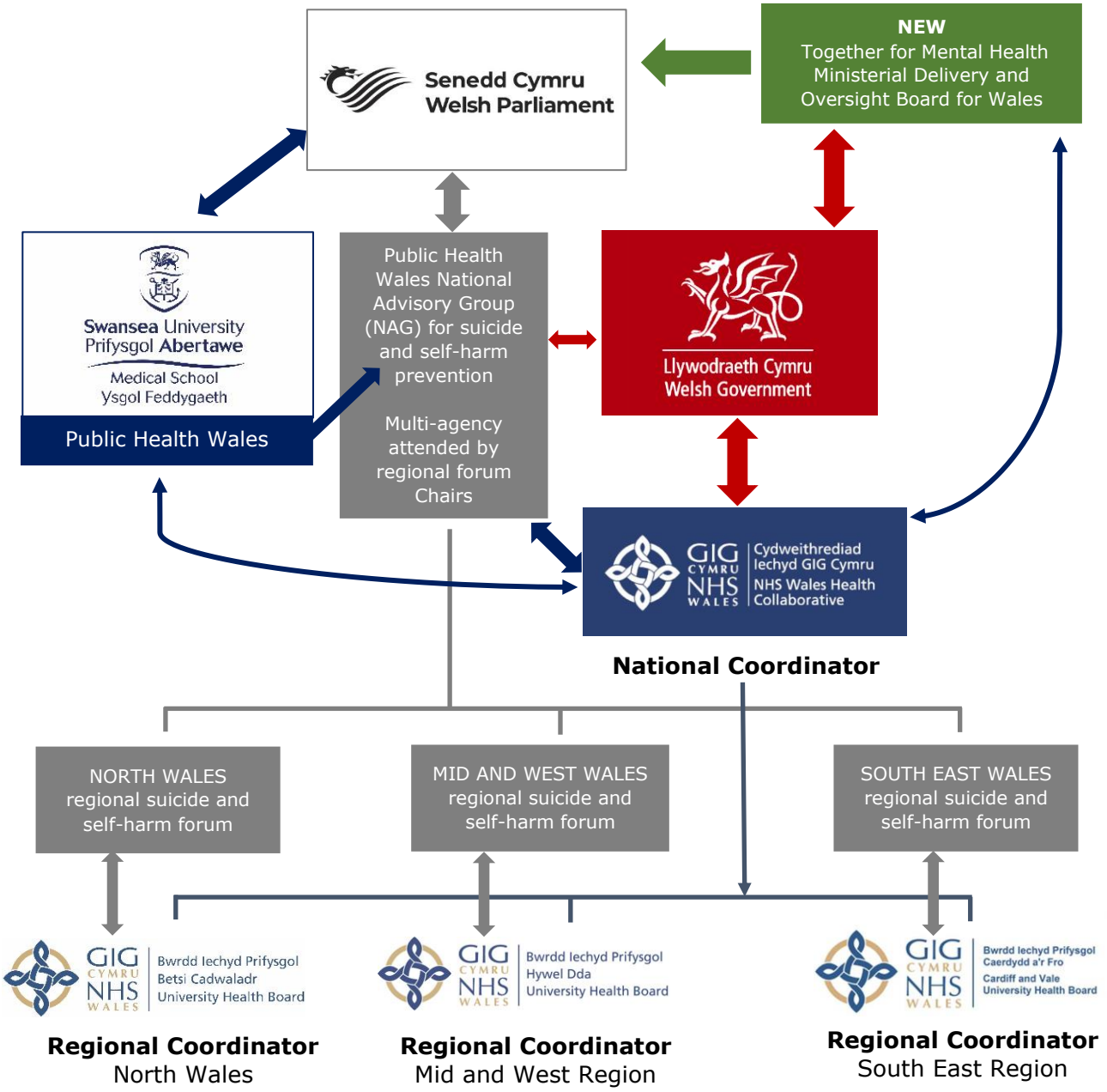
A **Governance** Framework reflects the **programme organisation**, with the sponsoring organisation (Welsh Government (WG)) holding the delivery system to account.

EB Recommendation 30 in the Senedd Inquiry report recommends that *'the Welsh Government/National Advisory Group provides a clear steer to the regional forums to ensure a consistent approach to their membership, structure and reporting arrangements. The Welsh Government should monitor*

the effectiveness of the regional forums to ensure that they deliver sustainable and consistent outcomes across Wales, and provide regular updates to the Committee'

Regional suicide and self-harm prevention forums (via the Regional Coordinators and Forum Chairs) inform the National Advisory Group (NAG) of local and regional activity designed to address local, and regional suicide and self-harm prevention action plans; and in turn, the NAG advises the WG on priorities for strategy and policy development.

Regional Forums and their newly appointed Regional Coordinators will ensure that the distribution and performance monitoring of resource allocation, including regional funding allocations, is managed through the regions.



As part of the information flow, and to ensure collaboration and shared learning with key service providers, Regional Coordinators will also understand the regional and local landscape of statutory and non-statutory forums and networks across their footprint (see Appendices 2).

At the time of preparing this report, the North Wales regional forum updates the North Wales Together for Mental Health Partnership Board bi-monthly. The NW suicide and self-harm prevention forum meets quarterly and receives updates from sub-groups.

The Mid and West suicide and self-harm prevention regional forum provides updates to the Mental Health Partnership Boards. The forum also shares information with the Safeguarding Boards (Mid and West, Swansea Bay), which have executive level attendance though this is not for reporting purposes.

The South East region has three sub-groups – Gwent, Cardiff and Vale and Cwm Taf. The Cwm Taf group updates the Together for Mental Health Partnership Board, and the regional suicide and self-harm prevention forum has recently been re-formed.

The National Coordinator, based in the NHS Wales Collaborative provides bi-monthly performance reports into the newly formed Together for Mental Health Ministerial Delivery and Oversight (D&O) Board for Wales[79], on the progress of key work-streams delivering the Talk to me 2 suicide and self-harm prevention strategy objectives.

4.3 Membership of national and regional forums

Membership of the multi-agency forums include many of the agencies identified below. Executive level representatives attend the National Advisory Group for the key agencies. These forums provide expertise and guidance and receive updates relating to the progress and impact of prevention activity across the system.

Representation on National Advisory Group (NAG) Chair: subject expert and Government advisor, Swansea University	
Welsh Government	Mental Health and Vulnerable Groups Policy Team (sponsors); Transport; Education; Police Liaison
Public Health Wales	Improvement Cymru; Health Board Public Health Team Leads; Public Health Observatory
Local Authorities	Carmarthenshire County Council (Adult Social Care);
Mental Health Services	Family and Therapy Services; Clinical Psychology Services

NHS organisations	National and regional suicide and self-harm coordinators; NHS Wales Delivery Unit
Fire and Rescue	South Wales F&R Service
Police Constabularies	British Transport Police
Her Majesty's Prisons	Prison and Probation Service
Voluntary and Charity Agencies	CRUSE Bereavement Care Cymru; PAPYRUS; MIND Cymru; Samaritans; Heads above the Waves; Jacob Abraham Foundation
Office for National Statistics (ONS)	Lifestyle and Risk Factors Analysis team

The three regional forums are currently reviewing their membership, terms of reference, and local action plans supported by the newly appointed regional coordinators. Membership will continue to develop to ensure the forums are able to respond to local needs, taking a systems approach.

The positioning of the regional forums in relation to other networks and forums may also influence membership and representation eg: regional partnership boards, crisis care concordat groups, together for mental health delivery boards (see governance and accountability arrangements Appendix 2).

5. Intelligence driven programme delivery

5.1 Evidence informed planning

The National Institute for Health and Care Excellence (NICE) provides evidence-based guidance on a number of areas relating to suicide and self-harm management and prevention, including:

Suicide Prevention Quality Standard [QS189][80] – including Quality Statement 5: Supporting people bereaved or affected by suspected suicide, September 2019

Preventing suicide in community and custodial settings [NG105][81] NICE guideline, September 2018

Self-harm Quality Standard [QS34][82] June 2013

Self-harm in over 8s: long-term management (CG133)[83], November 2011

Self-harm in over 8s: short-term management and prevention of recurrence (CG16)[84], July 2004

A series of shared learning examples on aspects of self-harm services[85] ongoing

NICE guidance on self-harm prevention is currently being revised and is expected to be published in May 2022.

Academic research that explores and reviews factors informing suicide and self-harm prevention and management, is carried out by teams at Swansea, Cardiff and Bangor Universities in Wales, who collectively form the National Centre for Mental Health[86], and at institutions across the UK and wider. Notable centres of research include the University of Nottingham Self-Harm Research Group[87]; The University of Manchester Self-Harm Project[88] (MASH); The University of Manchester Centre for Mental Health and Safety - centre for suicide prevention[89]; the University College Cork National Suicide Research Foundation[90]; and the University of Glasgow Suicidal Behaviour Research Laboratory[91] (SBRL).

Public Health Wales and SURE (Support Unit for Research Evidence) Cardiff University produced 'Suicide prevention: update of the summary of evidence'

in July 2010[92]. This was an update on a report originally published by the National Public Health Service for Wales in 2007.

A further report 'Map of guidance and evidence: interventions to prevent and manage suicide and self-harm'[93] (2017) was produced by the Public Health Wales Observatory following a request by the North Wales Suicide and Self-harm Prevention Working Group.

A further update of research evidence and implications for practice would be particularly useful to support service planning and delivery in the context of COVID, both in the research enlightening our understanding of those most affected by suicide and self-harm, and the evidence underpinning interventions that have been successful in their prevention.

Better quality information is also required in relation to the particular health needs of the groups affected by suicide and self-harm in Wales.

Mid-point review report (March 2018)

Recommendations regarding evidence-base

- implement NICE guidance where appropriate
- the prevention needs of age and sex specific vulnerable groups should be considered and addressed, with a particular focus on males

5.2 Data and intelligence to monitor and evidence progress

Data relating to suicide and self-harm is challenging, as data capture and reporting can often be incomplete or delayed, and because of low numbers, patterns or trends need to be carefully observed over time at appropriate intervals. However, there are different sources of data that can provide an indication of the level of success a prevention strategy might be having. Public Health England, in their guidance document Local suicide prevention planning: a practice resource[94] (PHE January 2020) include the following options for monitoring:

- Local rates of suicide, attempts or self-harm
- Help-seeking behaviour such as use of telephone helplines or entry into treatment
- Service use and engagement such as primary care and mental health services
- Suicidal ideation, from fleeting consideration to detailed plans

- Views and experiences of professionals and people involved with suicide-prevention interventions
- Numbers of people receiving assessment following self-harm in line with NICE guidance and nature of onward referrals

The World Health Organisation has developed guidance on developing, implementing, and evaluating comprehensive multi-sectoral national suicide prevention strategies (WHO 2018),[95] including monitoring and evaluation indicators, which can help to inform our future work.

A systematic way of collating and analysing these sources of information needs to be developed. An **outcomes framework** and performance management system including reporting channels and publications is required. This could include a Health Impact Assessment (HIA) or evaluation to inform the next iteration of the strategy (2022-2027).

Data relating to suicide and self-harm in Wales is currently available from the following platforms:

Office National Statistics (ONS)

Registered deaths by **suicide** in the UK[96] – latest report September 2019
Reported annually (September) for the previous year (suicides defined as deaths from intentional self-harm for all persons aged 10 and over)

ONS **suicide** in Wales data set[97] – published 27th June 2019 (can be repeated Spring 2021). Provides registered deaths by sex, local authority, local health board, deprivation – trends over time

ONS **suicide** by occupation (aged 20-64): Wales (2011-2015)[98] **-** published 27th June 2019

Public Health Wales Observatory

Self-harm hospital admissions[99] – figures up to 2017
Breakdown by local authority, local health board

SID-Cymru[100] (the suicide information database-Wales) anonymously links, at an individual level, electronic routinely collected data about all persons in Wales, over 10 years of age, who were recorded to have died by suicide between 1st January 2001 and 31st December 2015. This is hosted within the Secured Anonymised Information Linkage (SAIL) Databank, which links

together the widest possible range of person-based data using robust privacy protection.

Mid-point review report (March 2018)

Recommendations regarding the development of systems to improve data capture and presentation, including:

- real-time surveillance and mechanisms to improve timeliness of data with regards to suicide such as improving access to data from coroners or the police
- self-harm surveillance through the creation of self-harm register similar to that operated in England and Northern Ireland or by using routinely available data
- a review of suicide deaths in people not in contact with mental health services (adults and children) but in contact with other services

'Improving the information available in Wales for the remainder of the duration of 'Talk to me 2' will better inform the longer-term suicide and self-harm prevention agenda' (final paragraph, page 36).

5.3 Priorities identified by existing data and intelligence

The Talk to me 2 strategy and the mid-point review identify key areas for action and these are clearly set out in these documents. Areas for particular attention include:

People	Places/setting	Intervention or support
Men in mid-life	Those linked to socio-economic factors e.g. employment or worklessness, deprived areas Rural areas	Measures to strengthen social relationships, improve recognition and management of mental health issues, in particular depression, reduce alcohol misuse, and support employment and debt management
Vulnerable young people, particularly female, aged 11-19 (self-harm)	Schools, further and higher education Primary Care Emergency Departments Digital/social media	Efforts to support and promote the wellbeing of children and young people Consistent response across health and care
Older people over 65 with depression and physical illness	Community-based Primary Care	Measures to strengthen social relationships, support the bereaved, improve recognition and management of mental health issues, in particular depression

The latest statistics, and factors influencing rates of suicides amongst men are outlined in the Wales Centre for Public Policy briefing on Male Suicide[101] (December 2020), commissioned by the First Minister.

Datasets and accessibility

outcome	dataset	custodian	accessibility	Limitations
Suicide	National coroners Information System	Coroners	Difficult	Rare event – larger population data Delayed
	All-cause, all-age mortality	Office for National Statistics (ONS)	In public domain	As above
	Mortality data	Births, Deaths and Marriages registry	Requires application	As above
Suicide attempt or self-harm	Hospital admissions	Health Boards		Inconsistent coding and quality of data
	Presentations to Emergency Departments	Health Boards		Inconsistent coding and quality of data
	Ambulance callouts	Wales Ambulance Service NHS Trust (WAST)		Inconsistent coding and quality of data
	Police data	Regional Constabulary	Data sharing protocols need to be in place	Potentially different data capture systems
Treatment provided by mental health services	Health Board SUI data identifies those known to services (Will be the WCCIS system beyond 2022)	Health Boards		Different IT systems are used by local HBs
Crisis line use	Calls to help-lines	Various statutory, voluntary and charity organisations	No agreed methodology for collating the information, and what is recorded highly variable	Method of recording calls varies Not all calls may be suicide related
Table adapted from: https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/an-evidence-based-systems-approach-to-suicide-prevention.pdf?sfvrsn=0[102] (page 35)				

6. Delivering the suicide and self-harm prevention strategy in Wales

6.1 Approaches to suicide prevention across global regions

For almost two decades, countries worldwide have developed suicide prevention strategies. For example, 'Choosing Life' (Scotland 2002); 'Protect Life' (Northern Ireland 2006); 'Living is for Everyone' (LIFE) Framework (Australia 2007); 'Talk to me' (Wales 2008); 'Connecting for Life' (Ireland 2015-2020); 'Talk to me 2'[103] (Wales 2015); The Federal Framework for Suicide Prevention[104] (Canada 2016); 'Every Life Matters'[105] (Scotland 2018); 'Every Life Matters'[106] (New Zealand 2019).

Where some of these strategies once had dedicated websites, rapid developments in the way public sector information is presented on-line has led to content relating to the matured strategies being mainstreamed on government and other national agency digital platforms.

The US Suicide Prevention Resource Center[107], funded by the US Department of Health and Human Services provides a model for developing and managing a strategy:

The World Health Organisation[108] has published an implementation guide for suicide prevention in countries. The guide identifies six cross-cutting pillars which are fundamental for implementation:

- Situational analysis
- Multisectoral collaboration
- Awareness-raising and advocacy
- Capacity-building
- Financing
- Surveillance, monitoring, and evaluation

These pillars are common to other areas of public health, and they form the foundation that strengthens implementation of the key evidence-based interventions that contribute to suicide prevention:

- Limit access to the means of suicide
- Interact with the media for responsible reporting of suicide
- Foster socio-economic like skills in adolescents
- Early identify, assess, manage and follow up anyone who is affected by suicidal behaviours

Ref: LIVE LIFE cross-cutting foundations and key effective evidence-based interventions, WHO

6.2 Areas of focus for delivering the strategy in Wales

The tenure of the Talk to me 2 Strategy has been extended to 2022, due to the interruption of the COVID-19 pandemic. The strategy will be reviewed, and a subsequent strategy developed from 2023 onwards. The following presents the priority areas or work-streams for the continued implementation of 'Talk to me 2' strategy, over the next two years, working with the additional capacity of a team of suicide and self harm coordinators.

Area of focus (See page 5)	**Activities**
The right **data and intelligence** are available in a timely way to help us to identify and analyse problems and opportunities for intervention, and that this information is readily accessible to all those planning and delivering services	**Develop a real time suicide surveillance system (RTSSS)**, working with Welsh Government, and partner agencies such as police, ambulance services, Public Health Wales, to develop a real time surveillance system to monitor suicides, and support those affected **Improve the quality of data** being captured in primary care, emergency and secondary care,

that prevent suicide and self-harm or support those affected by it	working with Welsh Ambulance Service NHS Trust (WAST), psychiatric liason and other teams
Research and other evidence that shine a light on 'what works' and provides deeper insight into what puts people at risk, or best supports those affected, is readily available in a way that informs practice	**Facilitate the implementation of NICE guidance** in relation to self-harm in NHS services such as ED, working with Psychiatric Laison colleagues; and NICE quality guidance relating to suicide prevention in custodial and community settings; and the provision of bereavement support; making the case for funding, workforce development and other resources if necessary **Produce up-to-date and accessible reports** available on-line, presenting data and appraising the evidence base, to support those developing local interventions and services
The **voices of those with lived experience** are heard at all levels (strategic to the operational) in the planning and delivery of programmes, interventions and services, and inform different approaches that might be needed to enable and support help-seeking behaviour by different groups in society	**Support strategies to improve transitions** eg: between children and young persons and adult mental health services (CAMHS); between different parts of the criminal justice system; between hospital (secondary) and community mental health services; and the links between substance misuse and mental health services; and how these might be monitored, ensuring the patient voice is heard throughout **Develop service user pathways** to inform service design, identifing opportunities for the proactive offer of support, and the nature of support required following a death by suicide (Postvention) **Evaluate the 'help is at hand' leaflet** with service users, and determine how best to make the content accessible to different groups, both digitally and non-digitally **Develop a framework, pathway or service** definition for bereavement support, and develop a business case for sustainable funding
All sectors of the community (work, education, health and social care provision, housing, welfare) are equipped and informed to create a compassionate and tolerant environment for everyone living, learning and working in	**Highlight and promote links** between the need for connectedness for suicide and self-harm prevention, and initiatives such as connected communities e.g. Welsh Government strategy for tackling lonliness and social isolation, and building stronger social connections[109], and the establishment of a compassionate cymru[110], through which citizens of Wales support each other through life and death, including the roles of workers such as primary care based

Wales in the context of suicide and self-harm prevention, whether through guidance, education and training, or sector-based policies	community connectors and social prescribing link workers, and others engaged in community based work **Develop a system for continual audit and needs assessment for ongoing training and development:** • audit and appraise different types of training and development relating to suicide and self-harm prevention • identify training and development needs across agencies • identify resources to meet skills and knowledge gaps in the system **Work with HEIW to embed SSH content** into existing training and development programmes across health and social care **Ensure media guidance** is being adhered to in the reporting of deaths by suicide
Sufficient sustainable resource is available to sponsor the design and implementation of specific interventions that will facilitate the reduction in suicides and self-harm for areas or groups **where there is heightened risk**	**Link with the Crisis Care Condordat network** to help to deliver Wales Crisis Care Concordat National Action Plan 2019-2022,[111] looking at provision to support citizens before crisis point, and access to crisis services 24/7 **Work with colleagues in planning and transport** departments across Welsh Government and local authorities, including the Police, Transport for Wales, and Network Rail, to mitigate risks at key sites or locations of concern
Realisation of the **added value of digital technologies** and provision of information in consistent and responsible ways, particularly in the context of COVID-19	**Develop help-seeking pathways for men,** and other target groups, through co-production and effective messaging **Promote and align digitally accessed services**, including help-lines across a range of statutory and voluntary agencies **Conduct user research (UX)** into how people access information digitally, and non-digitally, in relation to self-harm, and suicidal ideation, working with Welsh Government/NHS digital teams, and engaging service users and those with lived experience to improve access to existing resources, and to develop new resources to support both the public and the front-line workforce

Resource is funded and managed within **clear governance and accountability frameworks** and agreements, with clarity on everyone's responsibilities, and transparency in funding channels, across what is a complex organisational landscape	**Develop an effective programme management function** to support the implementation of the national strategy, and the delivery of the required benefits and outcomes **Support collaboration** between services, agencies, people with lived/living experience and service users, through joint planning, better understanding, and training and development, to enable people affected by suicide and self-harm to feel better connected to others, and to see connectivity between services

Appendices

Plan-on-a-Page 2020-2022

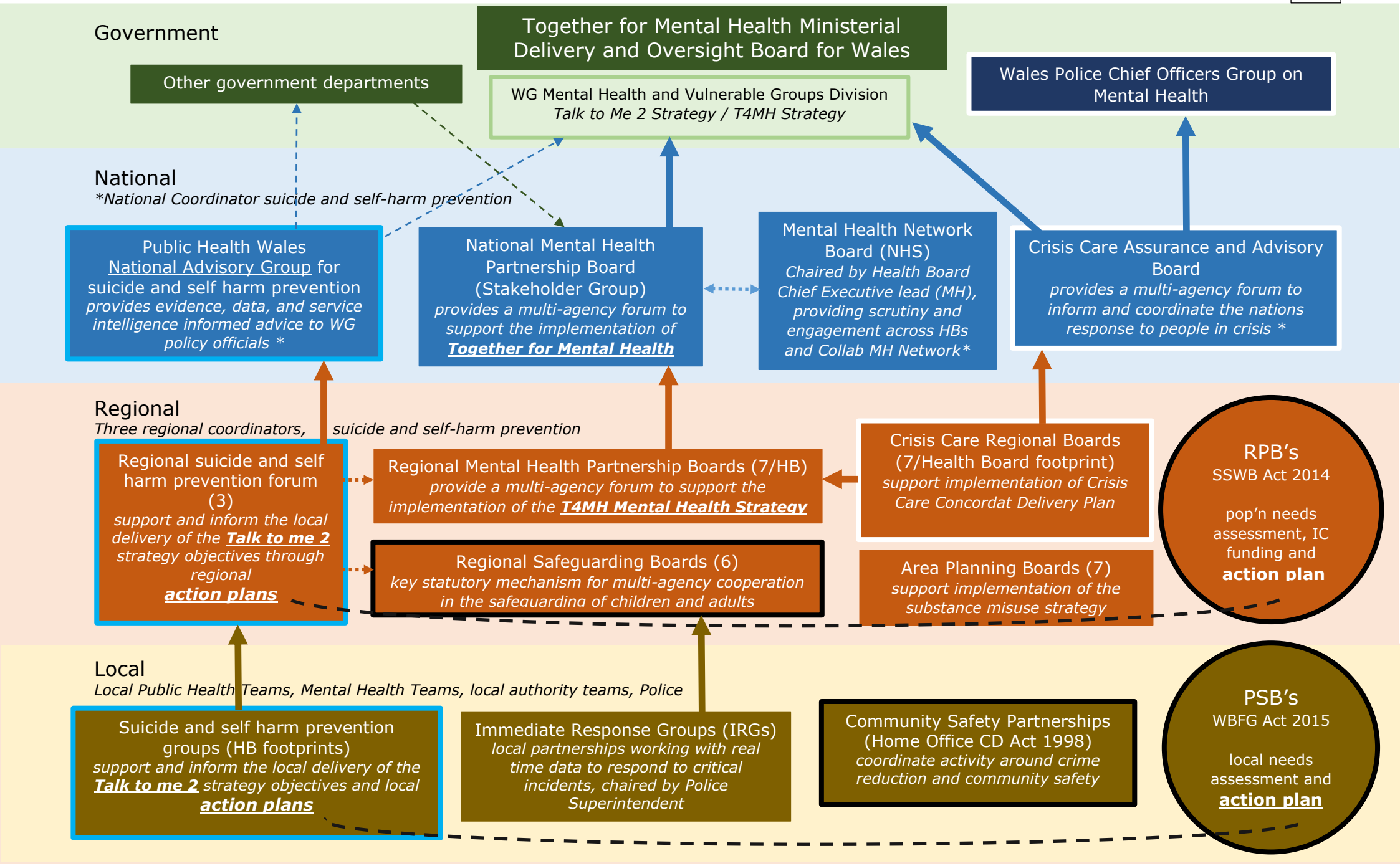
A

Working collaboratively across disciplinary, sector and geographical boundaries, to reduce the risk of suicide and self-harm, in the context of COVID-19

1	**Data and evidence**	**5**	**Responding to crisis**
	We will design and establish a national **Real-time Suicide Surveillance System (RTSSS)**, sharing data on suspected suicides as they occur to monitor trends and inform prevention		We will endeavour to better understand 'help seeking' behaviour, including how people search for help on-line or via digital means, and how people can be better connected to where they can find the help they need
	We will conduct evidence reviews and engage academic partners so that we continuously work to the evolving evidence base and conduct our own local research and evaluation to inform practice		We will work with colleagues in Emergency Departments (EDs) e.g. liaison psychiatry teams, to continue to improve how we respond to people who present with self-harm and suicidal ideation
	We will analyse local service data and other data sources to better understand local needs and provision, taking steps to improve data quality to be better informed		We will work with first responders, and participate in the Crisis Care Concordat work streams, to ensure a response to suicide and self-harm is embedded in provision
2	**Focusing our resources on groups known to be at heightened risk**	**6**	**A proactive response for those bereaved by suicide**
	We will continue to explore and develop opportunities for people to seek and find help for particular groups, such as **middle-aged men**, who may not identify with or access mental health or other statutory or traditional services, and **people over 65** who are isolated, depressed or unwell		We will work in partnership with voluntary and statutory agencies to conduct a listening exercise to **capture and present the bereavement journeys of those who have been impacted by a death by suicide**, and identify the opportunities for the proactive offer of support
	We will seek to influence the development of a more coherent and appropriate response to **people who self-harm** across Wales**,** who are often young people		We will engage those agencies and services who interface with the bereaved and ensure that they are skilled and equipped to provide the **right support at the right time**
	We will strengthen links with other work streams eg: substance use, gambling, housing and homelessness, to identify opportunities for intervention		We will evaluate Help is at Hand[112], and review other similar resources to find ways to make information available to different groups in the most accessible way, including digitally
3	**Reducing access to means**	**7**	**Building workforce skills and confidence**
	We will look to the evidence and local data on possible links between occupation, and other factors that could provide access to means to inform intervention		We will work with front-line staff across sectors, to understand their training and development needs and inform action to increase confidence and capability
	We will identify key sites and work with planning and transport authorities, and third sector agencies, to inform timely intervention and promote accessible support systems for those at risk		We will work with Health Education and Improvement Wales (HEIW), who are focusing on the Mental Health Workforce[113], to develop readily accessible tools that provide bite-size access to learning around self-harm and suicide
4	**Service development**	**8**	**Providing systems leadership and accountability frameworks**
	Through the Welsh Government small grants process we will continue to **stimulate local innovative projects** that respond to the needs of priority groups in the regions, and that pilot new and emerging approaches		We will encourage a **whole systems approach** to suicide and self-harm prevention, highlighting links and inter-dependencies across government strategic and policy ambitions, and linking with our counterparts in the other UK nations
	We will identify where support is needed to **implement NICE and other quality guidance**, for suicide, and self-harm prevention and management		We will continue to service and support the **multi-agency regional suicide and self-harm forums**, support local action plans, and report progress to the National Advisory Group (NAG) and Welsh Government

Governance and partnership arrangements for suicide and self-harm

B



Governance and partnership arrangements for suicide and self-harm

Statutory Forums: Regional Partnership Boards Regional Partnership Boards (RPBs) | GOV.WALES[114]
Public Services Boards Public Services Boards | GOV.WALES[115]
Regional Safeguarding Boards Law Wales - Safeguarding boards (GOV.WALES)[116]
Community Safety Partnerships Working together for safer communities review | GOV.WALES[117]

Forums supporting strategy implementation:

T4MH: Together for mental health: our mental health strategy | GOV.WALES[118]

National Mental Health Partnership Board National Mental Health Partnership Board | GOV.WALES[119]
Regional Mental Health Partnership Boards (by Health Board (7))

T2M2: Suicide and self-harm prevention strategy 2015 to 2022 | GOV.WALES[3]

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Regional Suicide and Self harm Prevention Forums (3)
Local Suicide and Self harm Prevention Groups (by Health Board)

Crisis Care Concordat Agreement: Mental health crisis care agreement: action plan 2019 to 2022 | GOV.WALES[114]

Crisis Care Concordat Assurance Group
Mental Health and Criminal Justice Partnership Boards

Substance Misuse Strategy: Review of Working Together to Reduce Harm: Substance Misuse Strategy, 2008 to 2018 | GOV.WALES[120]

Area Planning Boards (by Health Board (7))

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