Consultation response

Draft Suicide and Self-harm Prevention Strategy 2024-2034 (Welsh Government)

Question 1) To what extent do you agree with this vision? "People in Wales will live in communities which are free from the fear and stigma associated with suicide and self-harm and are empowered and supported to both seek and offer help when it is needed."

We agree that this vision offers a comprehensive and attainable target for this strategy.

Question 1a) What are your reasons for your answer to question 1?

Our view is that this offers a positive vision to work towards – one that acknowledges the social impact of suicide and self-harm and that emphasises the need to empower at-risk individuals, rather than adopting a top-down, prescriptive approach to suicide and self-harm prevention. This second point is particularly pertinent to Age Cymru, which counts 'empowering' among its key values and aims to give people (especially those who are disadvantaged) the tools to take control of their own lives and lead them in a positive direction.

Question 2) In the strategic vision section there are 6 principles that underpin the strategy. Do you agree these principles are the right ones?

We agree with that the 6 principles provide a useful underpinning for the strategy.

Question 2a) What are your reasons for your answer to question 2?

These principles cover several important points that we feel should be central to any strategy concerning mental health and related issues. These include:

- Acknowledging the social aspect of suicide and self-harm, both in terms of the social damage it causes and the responsibility across society for preventing it.
- The emphasis of multi-sector collaboration: we agree that suicide and self-harm are linked to a multiplicity of factors, including poor mental health but

also more structural and environmental factors such as social deprivation, isolation, disability, etc (we note, for example, that the strategy makes the point on page 7 that 'suicide and self-harm are not diagnosable mental health conditions and most people who die by suicide are not known to NHS mental health services'). By acknowledging that the response to suicide and self-harm must stretch across sectors, this strategy takes a step towards a more mature and nuanced approach to preventing these issues, rather than treating them simply as an isolated mental health problem.

- The person-centred approach to preventing suicide and self-harm is in line with Age Cymru's broader aim of shifting public services to a more person-centred footing, so that individuals are able to receive support that suits their needs rather than 'one size fits all' solutions.

Question 3) The strategy identifies priority and high-risk groups. Do you agree that these are right?

We broadly agree with the choice of priority and high-risk groups listed in this strategy. In particular, we support including disability as a key factor in increasing suicide risk, as well as the mention of both older people and veterans as being at higher risk.

However, more emphasis could be placed on 'social isolation and loneliness' as a key factor in increasing the likelihood of suicide and self-harm. Age Cymru has found that a large proportion of older people experience isolation and loneliness, and that these factors can not only impact upon their mental health but also lead to suicide ideation. For example, our 2023 annual survey noted that 21% of respondents (all over 50) found loneliness and isolation a frequent challenge, and that some had even considered suicide. Indeed, the severe impact of loneliness and isolation on the mental health of older people has pushed Age Cymru and its local Age Cymru partners to address this issue directly. Since 2020, Age Cymru has run the Friend in Need telephone befriending service to support older adults experiencing loneliness or social isolation. It also runs the Community Assistance Project (CAP), which helps older people to participate in community groups and access local services. Meanwhile, Age Cymru Powys has (with Care & Repair) recently been undertaking the Mamwlad project among over-50s in farming communities in Mid-Wales, which looks to provide practical support to those experiencing the negative impact of isolation and loneliness.

Isolation and loneliness also link up with many broader policy areas, including mental and physical health (especially linked to disability), transport and housing provision.

We therefore believe that this factor should receive greater attention in the strategy, owing to its commonality among the older population and its close links with other important policy areas. By focusing on isolation and loneliness as a key warning sign of potential suicide and self-harm, the strategy may be able to more accurately address the mental health struggles of older people in Wales.

Question 3a) What are your reasons for your answer to question 3?

Please see above.

In the strategy there are six high-level objectives. We have also suggested some sub-objectives to deliver each one. We will be publishing 3–5-year delivery plans which will sit alongside the strategy. The delivery plan will include more detailed actions to deliver our objectives.

We would like to know:

- **what you think of the objectives**
- **if you think the sub-objectives will deliver the high-level objectives**
- **what actions you think we could include in the delivery plan to deliver the objectives.**

You can answer questions about as many of the statements that are of interest to you.

Question 4) To what extent do you agree with the following high-level objective?

Objective 1: Establish a robust evidence base for suicide and self-harm in Wales, drawing on a range of data, research and information; and develop robust infrastructure to facilitate the analysis and sharing of information to focus resources, shape policy and drive action.

We agree that there is a considerable need for more robust evidence on suicide and self-harm in Wales, as well as the evidence on the impact of policy.

Question 4a) What are your reasons for your answer to question 4?

Existing data on suicide and self-harm in Wales (and the UK more widely) is limited. While the ONS maintains data on registered suicides, this information only provides a broad overview of the number of suicide deaths, plus factors such as age group and method. There is relatively little analytical breakdown and discussion of this information, and little on the wider socio-economic factors that influence an individual's decision to take their own life.

Furthermore, this data is limited to registered suicides, which means there is an inevitable delay in the reporting of the death, as it can take a long time for a coroner's inquest into a suspected suicide to be completed. As of 2022, the median time taken to register a suicide in Wales was 309 days, resulting in official data being significantly out of time with actual instances of death.

Official data on self-harm appears is patchy, with information focusing primarily on younger age groups. It also tends to view self-harm mostly through the lens of mental health, rather than analysing it in the context of wider socio-economic factors as well. There is no clearly available public data on self-harm in Wales.

Question 4b) Two sub-objectives have been suggested to achieve the objective 1. Do you agree with the sub-objectives identified?

We agree with the sub-objectives identifies, as these, if achieved, should allow for the development of a robust and useful body of data to inform policy on suicide and self-harm in a Wales-specific context.

Question 4c) What are your reasons for your answer to question 4b?

Please see above.

Question 4d) Alongside the strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

It is important that delivery plans for High-Level Objective 1 include a provision for including data specifically looking at the situation of older people re. suicide and self-harm. Older people often experience specific circumstances that can have an adverse effect on mental health, sometimes resulting in suicide or suicide ideation. This includes a higher likelihood of experiencing bereavement, depression (often linked to disability and loneliness/isolation) and a sense of guilt due to feeling like a 'burden' on their relatives.

We are concerned that these older people-specific issues are often overlooked in discourse around mental health, and by extension suicide and self-harm. As such, we would like to see these included in any plans for developing a robust evidence base for suicide and self-harm in Wales.

Question 5) To what extent do you agree with the following high-level objective?

Objective 2: Co-ordinate cross-Government and cross-sectoral action which collectively tackles the drivers of suicide, and reduces access to means to suicide.

We agree with this high-level objective and welcome a more cross-government and cross-sector approach to tackling the drivers and means of suicide and self-harm.

Question 5a) What are your reasons for your answer to question 5?

Age Cymru has found that preserving good mental health among older people is linked to a variety of socio-economic factors that are spread across different government departments, including isolation (itself linked to limited public transport), delays to health and social care, and rising care costs. Any realistic attempt to tackle the issue of suicide and self-harm must also tackle these problems too, and as such it is encouraging to see this strategy take a more joined-up, holistic approach that includes input from different government departments as well as from actors in local government, social services and the third sector.

We also welcome the decision to include third sector organisations in planning responses to suicide and self-harm in Wales, as the third sector can provide invaluable expertise on specific issues and maintains close connections with specific elements of society, providing a useful channel for research and for disseminating information.

Question 5b) Four sub-objectives have been suggested to achieve the objective 2. Do you agree with the sub-objectives identified?

We agree that the sub-objectives are appropriate to establishing a cross-Government and cross-sector approach to tackling the drivers of suicide and the means by which it is accessed.

Question 5c) What are your reasons for your answer to question 5b?

These sub-objectives provide a clear path towards an approach to suicide and self-harm prevention that factors in the wider determinants of poor mental health and which encourages the involvement of different government departments and actors in local government, social services and the third sector.

Question 5d) Alongside the strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

Delivery plans must set out the exact terms of Welsh Government collaboration with third-sector organisations when tackling suicide and self-harm. It must be made clear exactly what role will be filled by the third sector and how any collaborative efforts will be funded.

It is also important to have safeguards in place to ensure that the third sector is not expected to pick up the slack for inadequately funded public services, whether run by Welsh Government, local government or other public bodies.

Question 6) To what extent do you agree with the following high-level objective?

Objective 3: Deliver rapid and impactful prevention, intervention, and support to those groups in society who are the most vulnerable to suicide and self-harm through the settings with which they are most engaged.

We agree with this high-level objective as a means of developing a targeted support system for those who most at risk of suicide and self-harm.

Question 6a) What are your reasons for your answer to question 6?

There are many reasons behind why people decide to take their own lives or harm themselves, with each case being informed by the individual's personal circumstances – medical, social, economic, cultural and more. In order to produce an effective strategic response to suicide and self-harm, it is therefore important that the Welsh Government adopts a person-centred approach that takes into account the increased vulnerability of specific social groups.

Similarly, it is important that vulnerable individuals are engaged with in settings that suit them. This active, targeted approach will most likely yield better results than expecting a vulnerable person to reach out and contact mental health or other support services by themselves. At present, we are concerned that it is becoming harder for vulnerable individuals to access support in a setting that is suitable for them. For example, we have heard that many of the Men's Sheds groups in Wales, which provided a safe and accessible place for many older men to discuss mental health, have tailed off since the pandemic, thereby removing an important avenue for older men to access mental health support.

Question 6b) Three sub-objectives have been suggested to achieve objective 3. Do you agree with the sub-objectives identified?

We agree with the three sub-objectives suggested to achieve objective 3, with some qualifiers (see below).

Question 6c) What are your reasons for your answer to question 6b?

Firstly, Age Cymru takes the position that a person's mental health is unique to them as an individual and that there are no one-size-fits-all approaches to treating it. We therefore agree with sub-objective 3a in that it addresses those specific categories of people who are more vulnerable to suicide and self-harm, and acknowledges that treatment must occur via settings and programmes that suit them. It is also encouraging to see that 'people experiencing problems related to old age', as well as those with disabilities and physical illnesses, have been included on this list.

However, the sheer number of vulnerable categories creates the risk of overcomplication. We would therefore suggest that the delivery plans (as below) for meeting this sub-objective clearly explains how each category of vulnerable person will be approached, how treatment will be funded, and how individuals who meet the criteria for more than one category will be supported.

We are pleased to see a reference to the Welsh language in sub-objective 3b. It is vital that any support for mental health is provided in the chosen language of the individual, as language plays an important role in how we interpret the world and our interactions with it. Accessing support in the language of our choice also decreases the chance of error in treatment, as the individual is able to express themselves and their conditions clearly and without fear of mistake.

Question 6d) Alongside the strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

Please see above for suggestions.

Question 7) To what extent do you agree with the following high-level objective?

Objective 4: Increase skills, awareness, knowledge and understanding of suicide and self-harm amongst the public, professionals and agencies who may come into contact with people at risk of suicide and self-harm.

We agree with this objective.

Question 7a) What are your reasons for your answer to question 7?

Fulfilling this objective would serve to broaden public and professional understanding of suicide and self-harm. This could potentially serve to remove much of the stigma around suicide and self-harm and provide a greater number of people and organisations with the appropriate skills and confidence to support those most vulnerable.

Furthermore, broadening public and professional knowledge of suicide and self-harm may encourage a more person-centred approach to tackling these issues, as people and organisations who already work with vulnerable individuals on specific issues (e.g., disability, substance misuse, homelessness) may be able to offer support that is more tailored to the specific needs of that individual.

Question 7b) Two sub-objectives have been suggested to achieve objective 4. Do you agree with the sub-objectives identified?

We largely agree with these sub-objectives, which if fulfilled would mark significant steps towards achieving this objective. However, there are some ways in which these sub-objectives could be developed:

Sub-objective 4a:

It is important to recognise that, while expanding suicide and self-harm awareness and training to a wider audience would be a positive step, it could also potentially

result in the outsourcing of support for vulnerable people to individuals and organisations outside of health and social care services – carrying the risk of a lack of public oversight of suicide and self-harm support. As such, these sub-objectives should include a safeguard to ensure that there remains robust oversight of the process of sharing ‘skills, awareness, knowledge and understanding of suicide and self-harm' across the public and organisations.

Sub-objective 4b

Adopting a more continuous and connected approach to sharing information on suicide and self-harm should also include learning in different yet related fields. For example, those individuals and organisations likely to deal with suicide and self-harm among older people may benefit from a greater understanding of disabilities, social isolation, bereavement and dementia (among other issues). Learning how to support individuals experiencing these issues may complement any training on suicide and self-harm prevention.

Question 7c) What are your reasons for your answer to question 7b?

Please see above.

Question 7d) Alongside the strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

As discussed above, any proposed delivery plans should include the following:

- Safeguards against the overreliance on individuals and organisations outside of health and social care services to support individuals at risk of suicide and self-harm.
- The sharing of complementary learning on issues relating to certain social groups that may have a link to suicide and self-harm, e.g., disabilities, social isolation, bereavement, dementia.

Question 8) To what extent do you agree with the following high-level objective?

Objective 5: Ensure an appropriate, compassionate and person-centred response is offered to all those who self-harm, have suicidal thoughts, or who

have been affected or bereaved by suicide promoting effective recovery and reduced stigma.

We strongly agree with this high-level objective.

Question 8a) What are your reasons for your answer to question 8?

This objective addresses two important elements of suicide and self-harm prevention:

- The importance of preventing suicide and self-harm by identifying and offering appropriate, person-centred support at an early stage, as well as by reducing stigma around reporting thoughts of suicide/self-harm.
- Acknowledging that suicide and self-harm affect people beyond the individual attempting to self-harm or take their own life. There is always a wider community of people around any person who will be affected by a suicide or self-harm attempt, and it is vital that they receive trauma-informed support.

Meeting these two objectives would go a significant way towards a more effective, person-centred suicide and self-harm support system.

Question 8b) Two sub-objectives have been suggested to achieve objective 5. Do you agree with the sub-objectives identified?

We agree that these sub-objectives would mark practical steps towards achieving high-level objective 5.

Question 8c) What are your reasons for your answer to question 8b?

These sub-objectives cover the key points listed in the high-level objective, namely:

- Joint working across sectors.
- The development of pro-active, person-centred responses to those at risk of suicide or self-harm.
- The reduction of stigma.
- Plans for a multi-sector rapid response to suicide and self-harm at local, regional and national levels.

However, it is important that the ideas raised in these sub-objectives are subject to a robust monitoring system, to ensure that they are met across all sectors.

Question 8d) Alongside the Strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

As above, it is important that the objectives are robustly monitored and enforced across different sectors, to ensure that all organisations work to the same standard and are able to cooperate seamlessly on suicide and self-harm prevention.

Question 9) To what extent do you agree with the following high-level objective?

Objective 6: Responsible communication, media reporting, and social media use regarding self harm, suicide and suicidal behaviour.

We agree with this objective in principle. However, we have some comments on the implementation of this objective (please see below).

Question 9a) What are your reasons for your answer to question 9?

This objective rightly recognises the important role played by the media and social media in shaping people's understanding suicide and self-harm, as well as mental health more generally. As such, we support any attempt to ensure that suicide and self-harm are reported and discussed in a responsible way and in a manner that can help vulnerable people find the support they need.

However, we would question the extent to which this objective offers a viable means of changing how the media report suicide and self-harm. While the objective may help the Welsh Government and partners ensure responsible and empowering messaging within public and (potentially) third-sector communication channels in Wales, it does not contain any robust means of influencing how these issues are presented in wider media channels or social media. This represents a considerable challenge, particularly due to the difficulties around regulating social media and the reliance of social media platforms on provocative content as a means of gaining interaction from users.

We would therefore like to see a more determined commitment to promote the responsible communication around suicide and self-harm across all media and social media channels. This would mean going beyond recognising the importance of responsible communication and instead taking an active role in promoting it.

Furthermore, any regulation of the media around suicide and self-harm reporting must also be applied equally to non-digital media.

Question 9b) Two sub-objectives have been suggested to achieve objective 6. Do you agree with the sub-objectives identified?

We agree with these sub-objectives but would like to see an additional sub-objective offering a stronger commitment to promoting responsible communication around issues of suicide and self-harm (extending to non-digital media too).

Question 9c) What are your reasons for your answer to question 9b?

We agree that it is important to develop/embed a shared language for the responsible communication of suicide and self-harm, and to maintain consistent policy and guidelines on this issue.

However, we would like to see a more robust commitment to the promotion of responsible communication across different media platforms. At present, these sub-objectives are largely internal in focus, offering the development of an official Welsh Government vocabulary on suicide/self-harm, and the commitment to develop a reporting, media and communications policy based on this. They do not provide a firm means of promoting responsible communication beyond the boundaries of the Welsh Government.

We believe that these sub-objectives must go further if they are to change public discourse around suicide and self-harm in a substantial way. We recommend that a further sub-objective is included that states how the Welsh Government will actively promote responsible communication in the public sphere.

Question 9d) Alongside the Strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

As discussed above, the delivery plans for this objective should include a clear plan for promoting responsible communication of suicide and self-harm across media channels. This would involve moving beyond the current sub-objectives' relatively internal focus and instead exploring ways of influencing media and social media on a broader scale.

Question 10) This is an all-age strategy. When we talk about our population, we are including babies, children and young people, adults and older adults. Do you feel the strategy is clear about how it delivers for various age groups?

While the strategy does mention older people, we do not feel it gives enough detail on how their specific needs will be addressed.

Question 10a) If you have answered "no", please tell us why.

We appreciate the inclusion of people experiencing problems related to older age (as well as those with disabilities and long-term health conditions, plus veterans – all of all of which are common among the older population). However, we do not believe that the strategy fully addresses many of the specific factors that affect the mental and physical health of older people, and which may lead them to consider suicide or self-harm.

These include, among others:

- Widespread loneliness and isolation, especially among those living alone and those in rural areas. This also applies to individuals living in care homes, who despite not living alone are often nonetheless lonely, due to a lack of social connection with staff and other residents, or because they miss their life outside the home.
- An increased likelihood of bereavement, due to the loss of a partner or close friend or relative.
- An increased likelihood of disability and long-term health conditions, as well as overlapping conditions.
- Feelings of guilt connected to be a 'burden' on family members due to care needs or cost of care.

While these issues do not exclusively affect older people, they are nonetheless more likely to do so.

As such, we would like to see more acknowledgement of the specific causes of suicide and self-harm among older people. It is understandable that these may not be included in the high-level objectives of this strategy, but they could nonetheless feature in the more practically orientated delivery plans.

Question 11) We have prepared impact assessments to explain our thinking about the impacts of the strategy. This includes our research on the possible

impacts. Are there any impacts, positive or negative, that we have not included?

We have no major comments on the possible impacts of this strategy.

Question 12) We would like to know your views on the effects that the Strategy would have on the Welsh language. Is there anything we could change to give people greater opportunities to use the Welsh language?

As mentioned in high-level objective 3, it is important that all support with suicide and self-harm prevention is offered through the medium of Welsh. This is important both in terms of showing respect to the Welsh language and its speakers, but also as a means of ensuring appropriate, person-centred care is offered to individuals who may not be able to (or not wish to) communicate in English.

Or, can we do more to make sure that the Welsh language is treated no less favourably than the English language?

n/a

Question 13) We have asked a number of specific questions. If you have any comments which we have not addressed, please use this space to make them.

We recommend that this strategy includes a formal evaluation stage, scheduled for the end of the strategy in 2034. This would permit the government at the time to learn the lessons of this strategy and ensure some continuity of policy in the long term,

This view has notably been expressed by attendees of Age Cymru's consultative forum, many of whom have witnessed the development and passing of multiple health strategies in Wales and have expressed frustration that they seem to lack long-term continuity, instead being limited to short-term plans.