



Our ref MA/EM/0941/21

Dai Lloyd MS  
Chair, Health, Social Care and Sport Committee  
Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

24 March 2021

Dear Dai,

In a recent response during the Health, Social Care and Sport Committee's scrutiny of the Welsh Government's draft budget I undertook to provide a more detailed update on progress against the recommendations within your report entitled 'Everybody's Business'. This letter provides additional context and information to support the attached update against each of the recommendations in your report. Whilst overall progress against this programme of work is good there are areas that are more advanced than others as we have prioritised our effort in those areas that will have the greatest impact and which align with other Committee reports. All recommendations have shaped our broader mental health work programme as set out in the *Together for Mental Health Delivery Plan*.

Clearly, the focus of the programme of work to prevent suicide and self-harm remains of crucial importance and has shifted over the last 12 months in response to the pandemic. Part of this shift was, and still is, to respond to concerns about the possible impact that Covid-19 and the associated restrictions might have on suicide in Wales. In early 2020, we commissioned the NHS Delivery Unit, working with key partners to look more closely at the available data to enable us to have an up to date understanding of any impact from the pandemic and to inform our programme of work. Whilst no rate of suicide, whether it is rising or falling is acceptable, this work concluded that it is too early to tell what the overall effect of the pandemic on suicide rates will be. However, recent reports provide some reassurance with a reasonably consistent picture across high income countries suggesting no rise in suicide rates during the early part of the pandemic. Whilst we continue our efforts to work with partners to review the data, this is an area of deep concerns to me and, given the delay that exists before suicide verdicts are confirmed, I have asked officials to accelerate plans to develop an all-age real time suicide surveillance system for Wales. This work is underway and a joint health and policing group has been established to oversee it. The aim is to provide better and more timely access to information about suspected suicides to help inform our

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

preventative approach and to ensure support, for instance for bereavement, is offered at the earliest opportunity.

Since the last update we provided to Committee, the National Suicide and Self-Harm Prevention Co-ordinator is established in her role, and the three regional co-ordinators have been appointed. This, of course, was a key recommendation of the Committee and we are already seeing the benefits of this new resource which is helping us to better understand the needs, strengths and gaps across Wales. The new coordinators are now driving the programme of work to reduce suicide and self-harm and further strengthening the partnership working that had already been established to deliver on regional and local suicide and self-harm action plans. At a national level, this work is focused in three key areas: to establish the real time surveillance system for suspected suicide in Wales; to develop a Wales wide response to bereavement by suicide; and to develop a capability framework to maximise opportunities for prevention by ensuring a minimum level of skills and understanding in suicide prevention in the NHS, wider public and third sectors and communities in Wales.

The Committee will be aware that we have confirmed an additional £42million for mental health services next year. This represents significant and recurrent investment to continue to improve and expand access support in response to mental health needs. This will build on our previous investment and the additional £11.5m that we provided this year to ensure services have been maintained during the pandemic. In particular, this funding will support a number of key areas as part of our approach to reduce suicide and self-harm, including expanding tier 0 support and improving access to crisis services. Some of this work is already underway and we have already established pathfinders in three health boards to improve the mental health response to crisis through 111 and we are looking to expand this work through 2021-22. We have also established mental health conveyance pilots in four health boards to reduce waits for transportation to appropriate support for people in mental health crisis. This is another area where I expect approaches to be scaled up at pace, informed by learning from the pilots. Through the recently revised Together for Mental Health Delivery Plan, we are also continuing to support vulnerable groups by developing bespoke materials on mental health and wellbeing. For those in prison in Wales, this also includes the development of new standards for mental health services and providing access to the CALL Mental Health Helpline across the prison estate.

However, I have been clear that we need a cross-Government and multi-agency approach to truly respond to mental health needs in Wales, including our commitment to prevent suicide and self-harm. I have recently taken a paper to Cabinet to seek agreement to strengthen this approach in the context of the wider socio-economic impact of the pandemic. The mental health urgent access review, *Beyond the Call*, has shone a light on the breadth of social and welfare issues that can push people beyond their ability to cope and to present in crisis – and we can expect this to be exacerbated by the impact of the pandemic. I am clear that we all have a role to play in preventing suicide and I have set the platform for a cross-Government and multi-faceted approach to do this.

Yours,



**Eluned Morgan AS/MS**

Y Gweinidog Iechyd Meddwl, Llesiant a'r Gymraeg  
Minister for Mental Health, Wellbeing and Welsh Language

	Recommendation	Welsh Government Update.
1	<p>We recommend that a suicide prevention training framework should be adopted and implemented across all public services in a similar way to the framework for domestic violence, where training requirements are specified depending on the role. In particular, GPs would be one of the groups of professionals with greater training / skills requirements, and it is important that they and their practice staff have confidence to ask the right questions, and respond compassionately and effectively when dealing with patients who may be at risk of suicide. We believe that the National Advisory Group should take this forward as an immediate priority, particularly given that a training framework has already been developed and is being launched in England</p>	<p>We have previously reported that Professor Ann John (Chair of the Suicide and Self Harm National Advisory Groups) contributed to the children and young person's component of the <a href="#">self harm and suicide prevention framework</a> (Health Education England, University College London (UCL), National Collaborating Centre for Mental Health (NCCMH)) (published October 2018), which is in 3 parts:</p> <ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Adults and older adults</li> <li>• Public (community and public health).</li> </ul> <p>The National Lead (Claire Cotter) is currently leading on the development of a 'capability framework'. This will set out the capabilities required at a universal level across multi-sectoral workforces, working with Health Education and Improvement Wales (HEIW), and digital experts. Specific groups of front-line workers are engaged to develop this resource through co-production, to build capability and confidence in the system e.g. local area coordinators; further education welfare officers; primary care teams; a health board. We expect this work to be concluded by the end of the secondment period (March 2022).</p> <p>The training material for the GP DES is complete but the necessary engagement with GPs has been delayed due to the pandemic. New timescales will be agreed in due course.</p>
2	<p>We recommend that the Welsh Government should take the lead in promoting existing materials, such as the "See. Say. Signpost." training resource as part of a campaign to raise public awareness and embed the message that suicide is everybody's business and can happen in any community at any time.</p>	<p>We continue to share and promote resources and the National and Regional Co-ordinators will play a key role in identifying further opportunities to raise awareness of materials.</p> <p>The <a href="#">NHS Wales Health Collaborative</a> now includes specific information on suicide and self-harm and signposts to other key websites for information.</p>

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		<p><a href="#">The Public Health Network Cymru</a> website also has a page, and is developing a new page on suicide and self-harm on the revised platform (currently being updated). This website has facility for a community of practitioners and professionals.</p>
3	<p>We recommend that the Assembly Commission offers suicide prevention training for Assembly Members, Assembly Members Support Staff, Commission staff and contractors. We hope that, as well as equipping Assembly Members and staff to respond appropriately, this will show an example to other employers, and we would urge the Welsh Government to promote suicide prevention training to all of its staff</p>	<p>The Assembly Commission will need to update separately regarding the implementation of the recommendation.</p> <p>The Welsh Government HR Directorate (Workforce Department) have reviewed the provisions that are available to staff in respect to support and have strengthened the offerings available. More widely, Welsh Government have an active Health and Wellbeing Strategy that encompasses mental health and wellbeing. This is featured on the staff intranet. The Health and wellbeing Strategy, Toolkit, Reasonable Adjustments Policy and training covers mental health. This is also covered in the Disability Confident training for SCS and line managers. 'Let's Talk' performance management process includes conversations about mental health and wellbeing. Support and resources have also been strengthened throughout 2020-21 including:</p> <ul style="list-style-type: none"> <li>• Training provided by Able Futures covering line manager capability in handling sensitive conversations and providing support to staff experiencing mental ill-health; peer to peer support; and how we can look after our own mental health;</li> <li>• A playlist of extensive resources available on the Welsh Government Learning Lab;</li> <li>• Recruitment of cohorts of Mental Health Allies and Respect Mentors due to commence late March 2021;</li> <li>• Bespoke support in mental health provided to specific business areas by Employee Assistance Programme provider and HR.</li> </ul> <p>This action is now considered complete.</p>
4	<p>We recommend that the Welsh Government and National Advisory Group work with Network Rail and the Samaritans to evaluate the success of the Small Talk Saves Lives</p>	<p>A wide range of initiatives are in place across Wales. Regional suicide prevention leads have now been appointed and are mapping what is available in each area, as well as the outcome measures that are available to evidence impact. Decisions around longer term funding or the upscaling of specific programs will be considered alongside setting</p>

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	<p>campaign with a view to rolling this out to a wider range of organisations</p>	<p>the priorities for our recurrent regional funding programme, led by the national coordinator in discussion with the National Advisory Group.</p> <p>Additionally, regional coordinators now attend a bi-monthly Wales and Borders multi-agency meeting organised by Network Rail, and attended by rail operatives including Transport for Wales (TfW), Samaritans and the British Transport Police. This group will link with the Real Time Surveillance work, and they continue to develop opportunities for suicide prevention.</p> <p>We have also strengthened our engagement with our Knowledge and Analytical Services Team, through the recently established Delivery and Oversight Board so as to ensure that all interventions that are developed have a clear evidence base. A number of work streams are reported to this board, one of which being suicide and self-harm prevention.</p>
5	<p>We recommend that the Welsh Government take urgent action to ensure that all GPs in Wales are aware of and understand the GMC guidelines on sharing information and the consensus statement agreed by the UK Department of Health, Royal Colleges and other partners. We support the campaign by Papyrus to encourage chief executives of NHS bodies to provide assurance that they will support staff who make a best interest decision to break patient confidentiality in order to protect life</p>	<p>Whilst we have highlighted this issue internally with policy leads, we have not been able to prioritise further work on this action. This will be taken forward as part of our staged approach to respond to recommendations in this report and the broad range of recommendations across other related Committee reports.</p>
6	<p>We recommend that the Welsh Government must take all necessary steps to ensure parity between mental and physical health services. This should be tied to “A Healthier Wales”, and the Welsh Government must ensure that its plans for the development of health and social</p>	<p>In the budget for 2021/22, an additional £42 million for mental health has been allocated to support the delivery of priorities laid out in the Together for Mental Health Delivery plan 2019-2022. This represents significant additional and recurrent funding for mental health services that will increase the baseline to support services to meet changing mental health needs. This additional investment takes total spending on mental health to £783m in 2021-22. Included within this total is £726 million that will be provided to</p>

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	<p>care services give the same priority to mental health and wellbeing as to physical health. This includes ensuring the allocation of appropriate resources, and that patient outcomes, in terms of improved mental health, are measured and reported. If the Welsh Government is serious about achieving parity between mental and physical health, it must consider whether the introduction of meaningful targets would ensure health boards give sufficient focus to improving mental health services and patients' experience of care</p>	<p>Local Health Boards in 2021-22 as part of the mental health ring-fenced allocation to support current mental health services and support.</p> <p>Work continues to better integrate mental health services with physical health services, for instance plans are being finalised for the mental health crisis programme of work to become part of the Urgent and Emergency Access Programme Board. Similarly, as part of the Strategic Programme for Primary Care work is being taken forward to ensure mental health is integrated element of this work.</p> <p>During the pandemic, mental health services have been prioritised and positioned as essential services alongside key 'physical' health services which demonstrates the level of importance that we place on our mental health services Wales.</p> <p>In terms of waiting times, there are good examples where mental health and physical health targets align, for instance for emergency care where the 4 hr emergency assessment criteria for mental health is aligned with the waiting time target in A&amp;E. In addition, targets for routine assessments and referrals to treatment for mental health both have a 28 day target compared with the 26 week referral to treatment for physical health conditions. We are also strengthening the leadership for the Core Data Set work to ensure a focus outcomes and to identify opportunities to accelerate progress ahead of the implementation of WCCIS.</p>
7	<p>We recommend that the effectiveness of the urgent referral route for GPs implemented by Hywel Dda Health Board be evaluated with a view to rolling this approach out across all health boards in Wales</p>	<p>As stated within our original response, standards are already in place requiring health boards to meet target times from referral to assessment. The Welsh Government Guidance 'The Role of Community Mental Health Teams in Delivering Community Mental Health Services: Interim Policy Implementation Guidance and Standards (2010)' includes the expectation that people who are referred as an emergency are assessed within 2-4 hours, urgent referral within 48 hours, and routine referrals within 28 days as per the Mental Health Measure Wales (2010). Hywel Dda health board has confirmed that they do not have a protocol that differs from the existing expectations around GP referrals to Community Mental Health Teams (CMHTs) which exist across Wales and therefore this recommendation is deemed complete. However to note that</p>

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		<p>the update of this guidance is included within the work programme of the Mental Health Network in 2021/22.</p> <p>This action is now considered closed.</p>
8	<p>We recommend that the Welsh Government develops an all-Wales triage model which would see community psychiatric nurses based in police control rooms. We believe this work should be carried out in line with the six month timescale set out in the Children, Young People and Education Committee’s Mind Over Matter report (its recommendation 15):</p> <ul style="list-style-type: none"> <li>▪ That the Welsh Government, within six months of this report’s publication, in relation to crisis and out-of-hours care: <ul style="list-style-type: none"> <li>▪ work with Welsh police forces to scope an all-Wales triage model which would see mental health practitioners situated in police control rooms to provide advice when children and young people (and other age groups, if appropriate) present in crisis;</li> <li>▪ outline how resources could be directed towards enabling crisis teams in all health boards to provide training and cascade expertise to other frontline services, particularly colleagues in A&amp;E, in border areas (to improve cross-border relations with those centres most often accessed by Welsh domiciled patients), and in schools (to normalise conversations about suicide and self-harm in particular);</li> <li>▪ ensure that follow-up support is being provided by health boards after discharge,</li> </ul> </li> </ul>	<p>Improving all age crisis care is a priority in our 2019-22 Together for Mental Health Delivery Plan, including ensuring 24/7 provision. Previous updates have included information about the range of pilot projects to test models of telephone based triage. We have made good progress in improving crisis care which has been supported by £3.4million of funding over the last 3 years (£1m 2018-19, £1.4m in 2019-20 and £1m in 20/21) to support a range of approaches (telephone triage, conveyance and crisis cafes).</p> <p>Findings from a recent Welsh Government commissioned review of all age urgent access (‘Beyond the Call’ Report, published 21 December 2020) demonstrate the breadth of needs that people in crisis experience. These include a broad range of social and welfare issues and all partners agree that a multi-agency pathway is required to respond to needs. To support the improvements needed from a health perspective as part of the multi-agency approach, I have committed an additional £6m for crisis care in 2021-22. Work is already underway to test a 111 crisis pathway in three health board areas with a view to scaling up this work. We have also established mental health conveyance pilots with St John Cymru to provide more appropriate and timely mental health transportation. The aim is to roll this work out further during 2021-22.</p> <p>We have also commissioned a review of crisis and psychiatric liaison services by the NHS Delivery Unit to inform our ongoing response. The timescales for this review has been delayed due to the pandemic. This has primarily been due to allowing services to concentrate on sustaining essential services during very challenging times, including the need to adapt services models within the restrictions. However, the review is underway and the aim is to complete fieldwork by the end of October 2021. At the conclusion of each HB review a full local report will be provided to the relevant Board by the NHS Delivery Unit. Therefore the majority of HBs will have received their local</p>

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	<p>provide information on how health boards monitor this provision, and commit to making this information publicly available to ensure transparency and accountability ensure that all health boards are adhering to the requirement to hold designated beds that could be staffed adequately for unders-18s in crises, indicating how this will be monitored and reported in future, and what steps will be taken if such beds are not available;</p> <ul style="list-style-type: none"> <li>▪ implement with pace and in a uniform way across health boards the single point of access approach to specialist services, to ensure timely and appropriate access to support, urgent or otherwise; and</li> <li>▪ reflecting on the results of the review of crisis care, outline what more needs to be done to deliver a safe and cost-effective 24/7 crisis care service in all areas of Wales, how that will be done, and by when</li> </ul>	<p>reports during the spring and summer with the final HB being reviewed in the Autumn. At the conclusion of the local reviews a national report will be produced and published before the end of the calendar year. This timetable is dependent on restrictions and health boards' ability to engage fully with the review.</p> <p>Schools <a href="#">guidance</a> in respect to responding to issues of self-harm and thoughts of suicide in young people was published in 2019.</p>
9	<p>We recommend that the Welsh Government takes urgent action to establish to what extent those discharged from inpatient care are currently receiving follow-up care within the targeted timescale and provide an update to the Committee within three months. This should include steps to ensure that IT systems can identify whether this is happening</p>	<p><b>Response to 9, 10 and 11:</b></p> <p>As part of the Mental Health Core Dataset, contact within 2 days of discharge is a key target – WG is working with NWIS and stakeholders to implement robust performance monitoring around this target via Welsh Information Standards Board procedures. In the meantime, officials are working with health board to ensure follow-ups post discharge are undertaken and recorded locally.</p>
10	<p>We recommend that the Welsh Government introduces six monthly monitoring and reporting of the target in the Together for Mental Health Delivery Plan that all patients discharged from</p>	

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	inpatient care receive follow up care within the specified timescale	
11	We recommend that, in light of the evidence that suicide risk is greatest on the third day after discharge, the target for patients discharged from inpatient mental health care to receive a first follow-up appointment should be changed to ensure that patients are followed up within 48 hours	
12	We recommend that a target be introduced for waiting times for psychological therapies to ensure that those in need receive this support within a suitable timescale. Accessing appropriate therapy early can provide the intervention that's needed and prevent someone from requiring crisis care at a later stage	<p>Since the publication of these recommendations, we continue to support work to improve access to psychological interventions and therapies and it remains a priority area within the <i>Together for Mental Health Delivery Plan 2019-2022</i>. In 2018/19, we provided £4m of extra funding direct to health boards to support them to improve access to psychological therapies and further investment was made in subsequent rounds of service improvement funding (n 2019/20 and 2020/21), totalling an additional £3.5m.</p> <p>This funding was allocated on the basis it should build on previous investment and that health boards could demonstrate how the funding would support the implementation of <i>Matrics Cymru</i>, the <i>Guidance for Delivering Evidence-Based Psychological Therapy in Wales</i> published in 2017. The supporting <i>National Psychological Therapies Management Committee (NPTMC) Action Plan</i>, published in 2018 was designed to assist health boards evaluate and plan their services against the guidance and the accompanying evidence tables.</p> <p>Following the initial audits undertaken in 2018 in respect to the <i>NPTMC Action Plan</i>, we will be asking health boards to review the implementation of those plans as part of this years' work programme. We will request evidence from them about how they intend to focus on areas where further development is required. This will be supported by service improvement funding where needed.</p> <p>This year, work has also been undertaken to assess and map the current psychological workforce including capacity, supervision and training needs. This</p>

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		<p>broad analysis has been shared with Health Education and Improvement Wales (HEIW) to inform the workforce planning they are undertaking. Following discussions, this rapidly included additional places to train psychologists from the 2020-21 academic year.</p> <p>We are also supporting an interim infrastructure to support the ongoing provision of psychological therapies, ensuring that the range of therapies available is strengthened, and that service user choice is embedded as routine practice across mental health services. This work includes the systematic and robust review of the evidence tables that underpin Matrics Cymru as it is crucial that they remain updated to ensure that the health boards are able to provide evidence based interventions.</p> <p>Work has also been commissioned to produce a report on the most effective mechanisms for safety planning and it is anticipated the principles identified there will further inform the most appropriate psychological interventions for those experiencing suicidal thoughts and those that have self-harmed.</p> <p>The national coordinator is also working with the National Liaison Psychiatry steering group and the core data set project board to ensure that there is consistency of assessment in liaison psychiatry settings. We are also committed to ensuring that any new evidence based practice identified in this area is shared with all appropriate colleagues.</p>
13	<p>We recommend that the Welsh Government accepts the call made in the mid-point review of Talk to me 2 to develop and implement a Wales-wide postvention strategy for suicide, and that this work should be taken forward as an immediate priority. This should include details of follow up support for individuals bereaved by suicide, and in organisational settings. It should incorporate the recommendation in Mind over matter that</p>	<p>The Welsh Government has provided grant funding (2020/21) for a bereavement support project/service within each of the three regions involving SOBS (NW), MIND (Mid/West), and 2WishuponaStar (Gwent) and these will provide valuable insights to inform a pan-Wales approach</p> <p>The National Coordinator attends the National Bereavement Steering Group which is currently developing a framework for all types of bereavement, this will be going out to formal consultation on the 22 March.</p>

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	guidance should be issued to all schools on talking about suicide (and as a priority, to schools where there has been a suicide or suspected suicide). The Welsh Government should ensure that sufficient ring-fenced resource is available to implement this postvention strategy.	People with lived experience of bereavement by suicide are currently being engaged, with the support of voluntary agencies, to share their bereavement journeys so that we can better understand the challenges and opportunities to provide the right support in the right way. This is due to report 31st March 2021, and will form the basis for a postvention strategy, which will set out the costs that will need to be met and the resources that will be required to provide a national response during 2021/22
14	We recommend that the Welsh Government and Public Health Wales actively promote the availability of the Help is at Hand Cymru resource. This should include proactively engaging with third sector support groups and ensuring that frontline staff, particularly emergency services, who have contact with those bereaved by suicide are not only fully aware of Help is at Hand Cymru but, crucially, have access to copies of the resource so that this can be distributed to those bereaved at the point of need. As this resource is already available, this should be implemented within 3 months	<p>A version of 'Help is at Hand' has been produced for Wales and is available on-line (<a href="#">Dewis Cymru</a>) in English and Welsh. Funding has been made available to support ongoing printing and distribution costs. Recent print runs were distributed directly to Local Health Boards, a number of third sector organisations, police forces and Public Health Wales for dissemination to wider stakeholders.</p> <p>It is noted that 'Help is at hand' is now due for review and the National Coordinator is linking with colleagues across the 5 UK/Ireland nations who all use the 'Help is at Hand' resource in order to consider further amendments needed, which will also be informed by the recent English review. Early discussions point towards a potential digital option that could be developed collaboratively with other nations. Work around a Real Time Surveillance system will also provide opportunities to enable use of this resource to become more embedded and ensure that the information is available at the point of need.</p>
15	We recommend that the Welsh Government should, as part of an all-Wales postvention pathway, give active consideration to providing funding for support groups for those bereaved by suicide, so that people across Wales are able to access much-needed support. We believe such groups can play a key role in supporting the mental health and wellbeing of those bereaved through suicide. This could in turn lead to reduced demand for NHS services	Response to this recommendation will be considered as part of our work detailed in recommendation 13.
16	We recommend that the National Advisory Group and regional suicide forums should	Engagement with people with lived experience is currently through those voluntary agencies who are directly involved with those affected by suicide, and there is also

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	engage with people who have personal experience of suicide ideation, including survivors of suicide attempts and people bereaved by suicide to ensure that all suicide prevention activity is informed by lived experience	<p>representation from people with lived experience on the National Advisory Group and the regional and local suicide prevention forums. Each region has also allocated an administrative funding pot to cover the costs of coproduction, travel expenses etc. as appropriate to facilitate this ongoing work.</p> <p>Recent examples of people with lived experience being involved in suicide prevention activity include sitting on interview panels for national / regional leads and direct engagement in the development of a national response to bereavement by suicide</p>
17	We recommend that the Welsh Government works with NHS employers in Wales to ensure that all employees who have dealt with cases of suicide/attempted suicide are able to access appropriate support	<p>Welsh Government has worked with social partners within NHS Wales employers and trade unions to make available a multi-layered wellbeing offer for health and social care workers in Wales, including a confidential Samaritans listening support helpline, funded by Welsh Government, which is dedicated to all health and care workers in Wales.</p> <p>There are also a number of free-to-access health and wellbeing support resources and apps such as Mind, CALL, Sleepio &amp; Daylight and SilverCloud.</p> <p>All NHS employers continue to have Employee Assistance Programs, with wellbeing services offering a range of support. There is also a number of support resources that staff are sign-posted to through <a href="#">HEIW's webpage</a> specifically on suicide, trauma and bereavement:</p> <p>One significant avenue of support is through the Health for Health Professionals Wales Service (HHP). HHP Wales provides all doctors in Primary and Secondary Care with access to British Association for Behavioural and Cognitive Psychotherapy (BABCP) in their area. Doctors can self-refer and are assessed by a doctor adviser, qualified in physicians' health, before being referred for face to face counselling. The service consists of four elements:</p> <ul style="list-style-type: none"> <li>• A helpline, which explains what the HHP service can provide and puts clients in contact with a doctor adviser;</li> <li>• A network of doctor advisers who ring the client within 24 hours to discuss their concerns;</li> <li>• Access to a network of British Association of Behavioural and Cognitive Psychotherapies (BABCP) accredited counsellors;</li> </ul>

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		<ul style="list-style-type: none"> <li>• Access to expert clinical support/opinion for all doctors and counsellors in more complex cases.</li> </ul> <p>It was agreed that Welsh Government should access UK Government funding announced on the 11 March 2020 for a number of measures to assist the NHS, public services and businesses with the preparation and response to COVID-19. An additional funding amount of £1m was requested for 2020-21 to enhance service delivery and upscale psychological support and extend outreach across <u>the whole of the NHS workforce</u>. Funding is now further agreed for 2021-22.</p> <p>The HHP Wales expansion has created an established provider service for the entire NHS Wales workforce that has demonstrated itself to be reliable, responsive and trustworthy. HHP Wales has been designed to work in conjunction and to be complementary to the services offered by occupational health departments and the support available to an individual through their GP and other NHS services. By continuing to work closely with Traumatic Stress Wales (also accelerated in its implementation to support the Covid response), HHP Wales will be well placed to assist NHS staff with presentations directly related to Covid-19 experiences such as post-traumatic stress disorder, prolonged grief disorder and moral injury. It is also expected that NHS staff will present with mental health symptoms related to economic and other family impacts.</p>
18	<p>We recommend that the Welsh Government recognise male suicide as a national priority and allocate appropriate funding to identify and implement new approaches to reducing the stigma associated with mental health to encourage men to talk about and seek help. This should include scope to roll out existing projects more widely</p>	<p>The Welsh Government is providing grant funding (2020/21) to support a number of projects in the regions that focus specifically on men, to develop ways of engaging particular groups of men and encouraging help-seeking behaviour. The National Coordinator is also establishing a forum to bring all of the projects together to learn from good practice. Alongside this work regional coordinators are mapping initiatives in all areas of Wales to feedback on what is available and to consider any perceived gaps in this area.</p> <p>Wales is also represented by Professor Ann John on the Advisory Group for the National Confidential Inquiry into Suicide and Safety In Mental Health. Under these arrangements, a study is currently being under taken to examine the characteristics of</p>

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		<p>middle age men who die by suicide and to make recommendations to strengthen preventative action. The report will be published in 2021 and will inform our next steps</p> <p>An Independent Advisory Group (IAG) provides independent external oversight of the work of the National Confidential Inquiry into Suicide and Safety in Mental Health. The IAG includes representatives from key stakeholder groups, and lay member</p>
19	<p>We endorse the recommendation of the mid-point review of Talk to me 2 that the implementation of NICE guidance on self-harm be a priority for the Welsh Government. This should be implemented within 6 months of the publication of this report</p>	<p>The National Coordinator is currently working with Improvement Cymru and the Liaison Psychiatry teams to identify challenges and opportunities to improve services in secondary care where NICE guidance is not being met</p> <p>We will also liaise with the NICE Improvement Facilitator for Wales to explore other areas where we need to focus on to ensure the implementation of NICE guidance, for instance primary care.</p>
20	<p>We recommend that the Welsh Government ensures that its forthcoming loneliness strategy reinforces the message that loneliness and isolation should be central considerations when budget and policy decisions are made</p>	<p>The <a href="#">strategy</a> was published in February 2020. Within the document there is a section specifically addressing mental health and suicide prevention and a number of references to ensuring loneliness is considered within budget and policy decisions throughout. This recommendation is considered complete.</p>
21	<p>We recommend that the Welsh Government takes a lead in the current work with <a href="#">HEFCW</a> and for it to expect further and higher education providers in Wales to introduce Student Mental Health Charters. This work should be done in time for the start of the 2019-20 academic year to ensure that students in Wales benefit from the work as soon as possible</p>	<p>The Minister for Education has remitted HEFCW to work with partners in the HE sector to address student mental health and well-being. This included allocating HEFCW £3.5m in 2019 to support well-being and health in higher education, including student mental health.</p> <p>HEFCW worked with universities in Wales and students to develop a Wales-wide, strategic approach to well-being and health, including mental health. In November 2019, HEFCW published its Well-being and health Policy Statement, in which it commits to ensuring providers' Wales-wide commitment to well-being and health, including through support for Student Charters, #stepchange [now Step Change: mentally healthy universities] and Suicide-safer Universities.</p>

	Recommendation	Welsh Government Update.
		<p>In 2019, HEFCW also published updated guidance on Student Charters. This included the addition of a requirement to include a statement of commitment to supporting student well-being, including mental health and signposting to related well-being and health, including mental health</p> <p>In 2020, HEFCW required universities to submit well-being and health strategies. HEFCW will monitor the implementation of the strategies to ensure they remain fit for purpose.</p> <p>The National Coordinator for Suicide and Self-Harm is also working with the national network of Welfare Officers for Further Education colleges, to discuss their experiences of managing suicidal ideation and self harm and is working with them on policy development. Similar links have been made with HEIs and the national network of Student Services Directors. This recommendation is now considered complete.</p>
22	<p>We recommend that relevant staff from the Welsh Government and other agencies receive appropriate training, such as the Samaritans' "Working with compassion" kit, to show a greater awareness and understanding of the higher suicide risks associated with rural communities, particularly among farmers and their families. This would enable them to respond compassionately when dealing with bereaved families, and promote a greater understanding of the difficulties families in this situation can face in not only carrying on with their day to day farming business, but also in meeting timescales associated with Welsh Government farming processes. We would encourage relevant Government staff to use their discretion to alleviate further stress on bereaved families, for example by deferring farm inspections in appropriate circumstances</p>	<p>We are taking a range of approaches including through public awareness messaging and improving the information that is available on health board websites. We also work closely with the third sector to ensure information on mental health and mental health services is shared widely.</p> <p>We have also invested in a range of easy to access support – both online and via the telephone. Some of this support is also available 24/7 to ensure support is available at any time. The roll-out of online Cognitive Behavioural Therapy in Wales was based on a successful pilot by Powys Local Health Board which includes some of our most rural communities in Wales. Powys are also working to develop intelligence led services for the prevention of suicide and self-harm, including support pathways for those bereaved by suicide. Data collation and analysis is in progress to understand if there are trends within particular Powys communities /demographics; to map and gap service provision and ultimately to target identified need and ensure clear pathways are in place as a means to early intervention and prevention. This work also ties in with a focus on Substance Misuse "Harm Reduction", particularly in relation to Drug Related Deaths and will support the delivery of appropriate responses to personal crisis', early intervention and management of self-harm.</p>

	Recommendation	Welsh Government Update.
		<p>We are also aware of other sources of support, for instance, FarmWell Wales; an online information hub part-funded by the Welsh Government EU Transition Fund which is available to farmers throughout Wales, this aims to provide farmers with the most up-to-date information and details of support services available. These resources are actively promoted by stakeholders who have given positive feedback on the initiative.</p> <p>On the Welsh Government <a href="#">website</a> we have also ensured that mental health and wellbeing support for farming families is effectively signposted so people know where to access support.</p> <p>Welsh Government Farm Liaison Staff and Farming Connect front line contracted staff have attended Mental Health First Aid training which was delivered by the DPJ Foundation and tailored to the farming Industry. In addition visiting officers within Rural Payments Wales have received training on mental health awareness and managers have also attended additional on-line mental health awareness training with the DPJ Foundation.</p>
23	We recommend that the Welsh Government liaises with the Home Office with regard to reviewing the process for assessing and managing prisoners' risk of suicide and self-harm to ensure that it is sufficiently robust to identify those at risk and provides the right support for those who are managed through the process	The Ministry of Justice and HMPPS Wales has been working with health boards to revise to the Assessment, Care in Custody and Teamwork (ACCT) process for the case management approach for people at risk of suicide and self-harm within prisons. HMPPS piloted a revised version of ACCT including HMP Swansea, from February to June 2019. The revised guidance is now complete and will now be signed off formally by Prison Health and Social Care Partnership Boards before being implemented in Wales.
24	We recommend that the Welsh Government ensures that the Children, Young People and Education Committee's Mind Over Matter recommendations are implemented in order to improve and protect the mental health and wellbeing of children and young people in Wales. On suicide specifically, we recommend that the Mind Over Matter recommendation on	The Committee received a full update on progress with Mind Over Matter recommendations in <a href="#">February 2020</a> , this included confirmation that <u>Guidance: responding to issues of self harm and thoughts of suicide in young people</u> , was published September 2019

Recommendation	Welsh Government Update.
<p>guidance to schools (its recommendation 16) should be taken forward as an immediate priority: That the Welsh Government, in relation to suicide specifically, work with expert organisations to:</p> <ul style="list-style-type: none"> <li>▪ provide, within three months of this report’s publication, guidance to schools on talking about suicide and self-harm, to dispel the myth that any discussion will lead to “contagion”;</li> <li>▪ work with expert organisations to prioritise the issuing of guidance to schools where there has been a suicide or suspected suicide; and</li> <li>▪ ensure that basic mental health training, including how to talk about suicide, becomes part of initial teacher training and continuous professional development, so that all teachers are equipped to talk about it</li> </ul>	<p>The Welsh Government is providing grant funding (2020/21) in the Mid/West region for the delivery of NSSI (non-suicidal self injury) training to people who work with young people, which includes promotion of the published guidance.</p> <p>In October 2020 the CYPE Committee published its Mind over Matter: two years on report. This highlighted the progress that has been made, particularly in the field of Education, in addressing the issues and recommendations contained in the original Mind over Matter report. The Welsh Government’s response to the follow-up report (2 December 2020), noted that given the progress made to date on many of the Mind over Matter recommendations, we have already agreed to review the membership and expand the scope of the Joint Ministerial Task and Finish Group on a Whole School Approach to Emotional Wellbeing and Mental Health (JMT&amp;FG) to become a ‘Whole System’ Ministerial Task &amp; Finish Group to drive progress for the remainder of this Senedd term. Whilst the focus will remain around school age children, the whole system approach better reflects the current work of the group and enable it to provide leadership and expand across the additional relevant areas. In particular health and social services led actions. The group has been meeting monthly since the start of the year, with the last meeting before the Senedd elections taking place on 22 March.</p> <p>In relation to schools guidance on suicide and self-harm people working with children and young people can now access guidance <a href="#">‘Responding to Issues of Self-harm and Thoughts of Suicide in Young People’</a> which was published on 10 September 2019. The document is available online and hard copies have been made available to schools and youth services. The guidance aims to support people who have direct contact with children and young people, providing them with practical advice about what to do if they have concerns or are faced with self-harm or suicide. Further activity has been commissioned by the Welsh Government and developed by Swansea University and co-produced with young people. With the aim to address the link between online bullying and suicidal and self-injurious behaviour and will provide a better understanding of what to do when they encounter these issues.</p> <p>As part of our whole school approach, we have also developed new framework <a href="#">guidance</a> for schools. The guidance has been designed to help schools develop and</p>

	Recommendation	Welsh Government Update.
		build their own consistent and equitable whole school approaches to meet the wellbeing needs of learners. We have made available £9m in our 2021-22 budget to support this work.
25	We recommend that the Welsh Government writes to all planning authorities in Wales emphasising the importance of ensuring that all new structures include measures to prevent them being used as a means of suicide	Letter published on GOV.WALES <a href="#">suicide prevention measures in building design and planning</a> (April 2019).  This recommendation is therefore considered complete.
26	We recommend that the Welsh Government identifies the most appropriate agency to identify known suicide locations and places signage in those areas encouraging people to seek help	Since the publication of this inquiry, we have invested in both the national and regional infrastructures. Now at a regional level we are establishing forums and local multi-agency groups are responding to themes that are highlighted. This work has evidenced that it would not always be appropriate for one single agency to respond as we need to ensure that we are flexible within our response .
27	We recommend that the Welsh Government explores what formal arrangements could be put in place to promote and monitor adherence to the guidelines, given the negative impact that the irresponsible reporting of suicide can have. This should include looking at arrangements in place elsewhere, including the Republic of Ireland	<a href="#">Samaritans</a> and the <a href="#">Independent Press Standards Organisation</a> (IPSO) continue to develop and publish media guidance, both of which the Welsh Government continues to work with as key stakeholders.
28	We recommend that the Welsh Government engage with universities, the Samaritans and other relevant parties such as the National Union of Journalists and publishers to explore how training for journalists at university, through continuous professional development or on the job training could include the importance of adhering to the guidelines on reporting suicide and promoting an	

	Recommendation	Welsh Government Update.
	understanding of the negative impact of irresponsible reporting	
29	We recommend that the Welsh Government engages with the UK Government on its Internet Safety Strategy Green Paper to ensure that action is taken to protect children and young people online. Additionally, we are keen to see the potential for social media to have a positive impact on people's mental health and wellbeing maximised. We believe that all opportunities to promote good mental health through social media/internet sites should be explored, for example through more active promotion of sources of support	<p>Welsh Government liaised with UK Government in respect of the publication of the Green Paper.</p> <p>We continue to look at opportunities to use social media and digital media to raise awareness of support and this been a particular focus during Covid 19 and working with Public Health Wales on the <i>How are you doing campaign</i>, to promote positive mental health and signpost to support.</p>
30	We recommend 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	Now that the National and Regional Coordinators are in place, we will review the regional forums, including membership and governance structures. This work will be undertaken in the context of the new Together for Mental Health Ministerial Delivery and Oversight Board for Wales that I have convened. A key function of the board is to hold the key work streams that make up the mental health programme of work to account and to provide assurance on delivery. The suicide and self-harm programme is one the work streams that will report in to the board. The board first met in February and will meet again on 24 March.
31	We recommend that the Welsh Government / other public bodies (LHBs / LAs) make specific funding available for suicide prevention to ensure that it is sustainable in the long term. The Welsh Government should work with the National Advisory Group to ascertain how much funding is needed to ensure this sustainability, and ring-fence the appropriate amount	<p>The National Coordinator and the coordinator team are looking at how suicide prevention can be better integrated and embedded in public service delivery across the board/government departments; how this can be more explicit in policy/strategy.</p> <p>In the meantime, we have provided seed funding to regional forums in order to take forward local approaches in their areas, however this funding should not be seen in isolation as laid out in the covering letter.</p>