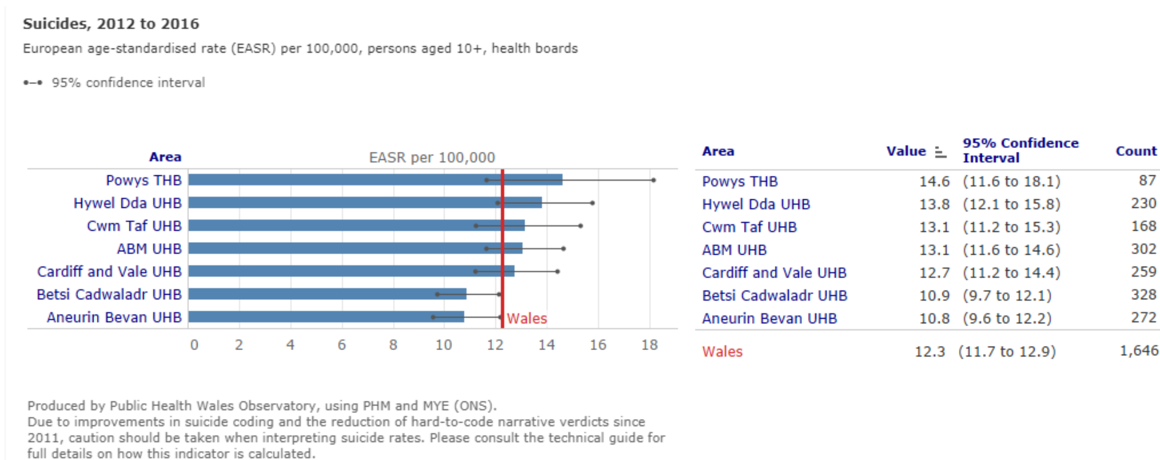
HEALTH, SOCIAL CARE AND SPORT COMMITTEE CONSULTATION: INQUIRY INTO SUICIDE PREVENTION

Evidence from South East Wales Regional Group

1. The South East Wales Regional Multi-Agency Suicide Prevention Forum (SEWRMASPF) promotes the sharing of learning and good practice, highlights current issues and supports collaborative work across the Cardiff and Vale, Cwm Taf and Aneurin Bevan University Health Board areas.

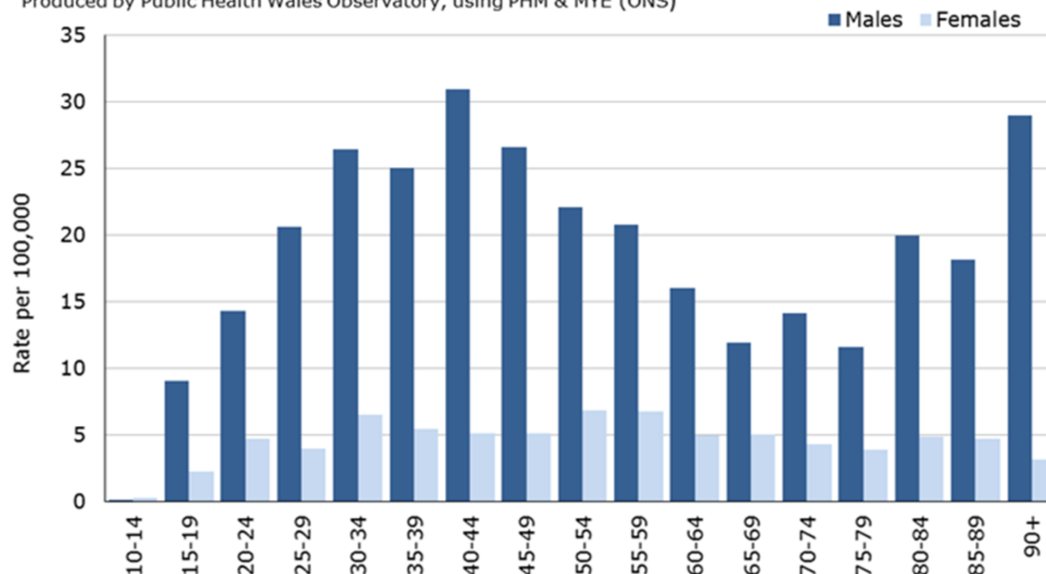
The extent of the problem of suicide in Wales and evidence of its causes

2. The combined populations of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf UHB in total account for 44% of the population of Wales. The total number of suicides in these three health board areas for the period 2012-2016 is 42% of the Wales figure. Cardiff and Vale and Cwm Taf have suicide rates higher than the Wales average, while Aneurin Bevan's is lower, and is the lowest in Wales.



Area	Value	95% Confidence Interval	Count
Powys THB	14.6	(11.6 to 18.1)	87
Hywel Dda UHB	13.8	(12.1 to 15.8)	230
Cwm Taf UHB	13.1	(11.2 to 15.3)	168
ABM UHB	13.1	(11.6 to 14.6)	302
Cardiff and Vale UHB	12.7	(11.2 to 14.4)	259
Betsi Cadwaladr UHB	10.9	(9.7 to 12.1)	328
Aneurin Bevan UHB	10.8	(9.6 to 12.2)	272
Wales	12.3	(11.7 to 12.9)	1,646

3. Suicide rates across Wales are four times higher in men than in women. Half of all the suicides in men occur in the 30-50 age range, with the highest proportion (13%) happening in men aged 40-44. Suicide rates fall in late middle age, but there is a further increase after the age of 80.



4. There isn't any further evidence for regional statistics on risk factors for specific groups. However, the *Talk to me 2* Strategy does outline priority people, places and care providers in the context of suicide prevention, see Table below.

Priority People	**Priority Places**	**Priority Care Providers**
Men in mid life Older people over 65 with depression and co-morbid physical illness Adult Prisoners Children and young people with a background of vulnerability People in the care of mental health services including inpatients People with a history of self-harm	Hospitals Prisons Police custody suites Workplaces Schools, Further and Higher Education establishments Primary care facilities Emergency departments Rural areas Deprived areas	People who are first point of contact or first responders, including: Police Fire fighters Welsh Ambulance staff Primary care staff Emergency department staff

The social and economic impact of suicide

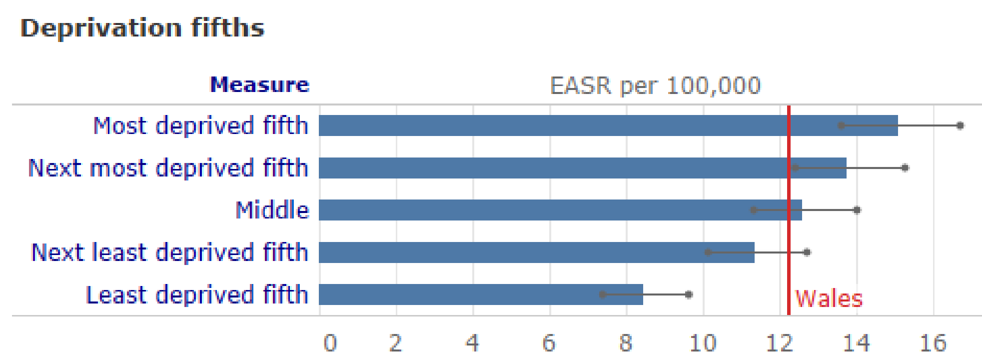
5. There were 332 deaths from suicide registered in Wales in 2016 (Source: ONS), and for every person who dies at least 10 people are directly affected[1]. The economic cost of each death by suicide of someone of working age is estimated to be £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering[2].

6. The Welsh Index of Multiple Deprivation (WIMD) can be categorised by fifths of deprivation. Suicide rates are two to three times higher in the most deprived neighbourhoods compared with the most affluent, see Figure below.

Suicides, 2012 to 2016

European age-standardised rate (EASR) per 100,000, persons aged 10+, Wales by area characteristics

•–• 95% confidence interval



Produced by Public Health Wales Observatory, using WIMD 2014 (WG), PHM, MYE and RUC2011 (ONS).
Due to improvements in suicide coding and the reduction of hard-to-code narrative verdicts since 2011, caution should be taken when interpreting suicide rates. Please consult the technical guide for full details on how this indicator is calculated.

7. The size of populations needs to be considered when looking at suicide rates. There is more variance in rates at a Local Authority level, due in part to the relatively small numbers involved, and so there is a need to exercise caution in the interpretation of suicide data. The limitations of the data presents challenges for planning suicide prevention and responding to community needs at a local level.

[1] Pitman A, Krysinska K, Osborn D, King M. Suicide in young men. *Lancet*. 2012 Jun 23;379 9834:2383 –2392.

[2] McDaid D, Park A, Bonin E-M. Population level suicide awareness training and intervention. In Knapp D, McDaid D, Parsonage M, editors. Mental health promotion and prevention: the economic case. London: Department of Health; 2011. p.26-28

The effectiveness of the Welsh Government's approach to suicide prevention

8. The Talk to Me 2 Strategy and Action Plan has provided a structure and guidance for the development of local suicide prevention planning. The National Advisory Group (NAG) oversees the implementation of this strategy. There are three Regional Fora in Wales to support the implementation of the National Suicide and Self-harm Action Plan. Regional Fora report to and share minutes with the National Advisory Group to Welsh Government and chairs of the Regional Fora attend NAG quarterly meetings.

9. The South East Wales Regional Multi-Agency Suicide Prevention Forum (SEWRMASPF) promotes the sharing of learning and good practice, highlights current issues and supports collaborative work across the Cardiff and Vale, Cwm Taf and Aneurin Bevan University Health Board areas. The regional group provides leadership, influence and support to ensure successful regional and local delivery of the strategy and the action plan.

10. The South East Wales Group took the decision for the Chair of the group to be rotated. In this way, each health board area takes turns to Chair the regional meeting and also be responsible for reporting to the following NAG meeting on behalf of the Region. This was felt to be a more efficient use of resources, given the time pressures on members of the regional group, who are also responsible for leading suicide prevention work locally.

11. Local groups are responsible for the development and implementation of action plans which are based on the national objectives set out in Talk to Me 2, taking into account local evidence, needs and priorities. As well as reporting to their regional group and to the NAG, local groups are also accountable to the Mental Health Partnership Board in their area. Local Partnership Boards are responsible for reporting to Welsh Government on progress with local suicide and self-harm actions via the monitoring for Together for Mental Health.

The contribution of the range of public services to suicide prevention, and mental health services in particular

12. Some areas of suicide prevention work, for example, reducing access to means, lend themselves to discussion at a regional level due to the operational footprint of some key stakeholders such as:
    - South Wales Police/Gwent Police
    - South Wales Fire and Rescue Service
    - Welsh Ambulance Services Trust
    - Network Rail

13. Information sharing and learning from each other on this broader scale is helpful at the regional level. Regionally, we have agreed to use the same definition for suicide clusters, and have made contact with South Wales Fire and Rescue Service to obtain data on 'persons in distress'.

The contribution of local communities and civil society to suicide prevention

14. Whist it is clear that communities and civil society have a definite role to play in suicide prevention; much of this work occurs at a local as opposed to regional level in South East Wales currently.

Other relevant Welsh Government strategies and initiatives

15. The Well-being of Future Generations (Wales) Act 2015 provides a unique opportunity for all public services to work differently together, involving communities in shaping their long term future and improving well-being for all.

16. The Social Services and Well-being (Wales) Act (2014) provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales. This Act requires local authorities and health boards to look at the care and support needs of the following groups of people in particular:
    - Carers;
    - Children and young people;
    - People with learning disabilities;
    - People with mental health problems/illness;
    - Older people;
    - People with physical disabilities;
    - People with sensory impairments and;
    - Violence against women, domestic abuse and sexual violence.

17. Some of these groups are among the most vulnerable in our communities and may be at increased risk of suicidal or self-harming behaviours.

Innovative approaches to suicide prevention

18. Regionally, we share learning and best practice regarding locally innovative approaches, in order to see whether these can be scaled up to a regional level. One example is the work to identify suicide clusters on a regional footprint.