

Dear Sir/Madam

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**Joint response of the Powys
Mental Health Planning and
Development and Children and Young People's Partnership to the
Health, Social Care and Sport Committee consultation on suicide
prevention.**

Powys Position statement

In Powys, suicide and self harm prevention planning is mainly informed by ONS data, learning from SUI, Suicide, and fatal and non fatal poisonings case review processes, referral data and information from specific pieces of work such as 'A desk based review of probable suicides amongst children and young adults in Mid and West Wales – Concise Report' by Dr. Tom Slater at Cardiff University.

The rural nature of Powys can lead to isolation for many people particularly older age groups. Farming communities are still a vulnerable group that the Partnerships consistently seek to engage with, more recently working with 'The Farming Community, an organisation providing peer/volunteer led targeted support for this at risk group.

A recent study (summer 2017) of three months of referrals to CAMHs in Powys showed that self harm, suicidal intent, thoughts or overdose represented the highest percentage of referrals to the CAMHS service (38.3%), whilst depression, low mood and sadness represented the next highest figure (19%).

Work is ongoing under the auspices of the National mortality review to bring together serious and untoward incident processes to ensure membership is correct and that learning is captured effectively, shared with the right networks and improvement activity is monitored.

The Welsh Government's approach to suicide prevention, most specifically the suicide prevention strategy Talk to Me 2 has focussed local activity in terms of multi-agency approaches to suicide prevention; public awareness campaigns; reducing access to the means of suicide is delivered locally through the Powys Hearts and Minds: Together for Mental Health Delivery Plan ensuring a cross sector approach. Guidance associated with the strategy became available in October 2017 which has supported development of a local plan which is due for submission to the Regional fora in Wales in February 2018. The Mental Health Planning and Development Partnership will be monitoring the effectiveness of this important work stream at a local level.

One of the local priorities for suicide and self harm prevention is to tackle stigma and to encourage innovation in early intervention enabling individuals and their families or carers to access the right support at the right time and at the right level. Partnerships will be working with communities to encourage a similar approach to that taken by Dementia Friends.

To this end, a resource support list has been produced to share with primary care, third sector, 'blue light' services and other partners to ensure the pathway for accessing support is clear. However, whilst help lines and internet based offerings are numerous, work needs to be undertaken to develop local support groups for those bereaved by suicide.

Emotional Health and Wellbeing services, activity and support are numerous in Powys and the Families First programme and commissioning of Xenzone to provide school based and online counselling for children and young people has yielded much benefit but as part of a current CAMHs review this agenda is being revisited to identify any gaps in localities and areas where more focussed work can be undertaken which will include suicide and self harm prevention.

A powerpoint presentation is appended to this response to provide further information on key issues and activity in Powys.

Yours faithfully

Louisa Kerr
Mental Health Partnership Manager