



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Talk to me

The National
Action Plan to
Reduce Suicide
and Self Harm
in Wales
2009-2014

Working Together to Save Lives -

Welsh Assembly Government, NHS Wales, local authorities, justice agencies,
voluntary organisations, employers, education and community groups.



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The National Action Plan to Reduce Suicide and Self Harm in Wales 2009-2014

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The National Action Plan to Reduce
Suicide and Self Harm in Wales 2009-2014

Foreword

Many people know of family, friends, neighbours or colleagues who have experienced the social and emotional consequences of suicide. Suicide and its prevention is both a community and a public health challenge. That is why we need an approach which spans national government departments, and requires co-ordinated action from local authorities, the NHS, third sector organisations, community groups and the business community. We need to see a shift in our culture ensuring that people in Wales feel more confident and comfortable in seeking help. When people do seek help, services need to be more responsive and flexible in delivering care.

On average, 300 people die by suicide each year in Wales. This number is low compared to other causes of death, but it ranks among the highest in young people, accounting for almost one in five deaths among men aged between 15 and 24 and almost one in ten deaths in women of that age. Each year, almost double the number of people in Wales die by suicide than in road traffic accidents within all age groups. While the statistics are particularly striking among children and young people, suicide affects people across the whole life-span. Delivering effective interventions for children and young people and for people who are in middle-age and later life are therefore crucial to providing a comprehensive approach.

Recent years have seen significant development of mental health services for adults, children and young people. Mental health remains one of the top health priorities in Wales. However, improving mental health services is not enough. A public health approach is necessary to tackle suicide and self harm in Wales which has a focus upon the whole population and which requires action from all sectors of society. For suicide prevention to be successful it has to be truly everybody's concern.

The primary aim of this action plan is to reduce the rate of suicide and self harm in Wales by targeting people who are at highest risk. It will also impact positively on the mental health and wellbeing of people in the wider population who experience emotional, social and psychological distress. It will contribute to action on wider community cohesion and tackle social exclusion. It will also assist in achieving wider public health goals by, for example helping to tackle substance misuse, which is known to play an important part in suicide and self harm.

The plan's publication coincides with a significant economic recession. Research and history have shown that during such times rates of suicide tend to increase as a consequence of the resultant economic and social pressures. Publication of the plan at this time is therefore of particular importance and forms but one strand of the actions being taken by Welsh Assembly Government to minimise the impact of the recession on the people of Wales.

The Welsh Assembly Government has already made significant strides to improve mental health and wellbeing in Wales and to improve the quality and opportunities in people's lives. It has achieved this by tackling poverty, deprivation, homelessness, social inequalities, substance misuse and social exclusion and through its mental health strategies and National Service Frameworks. It has established a suicide reduction Health Gain Target

and introduced specific approaches to reduce the suicide rate within mental health services and across the wider community.

Significant investment of over £10 million in a number of programmes that directly or indirectly deliver the aim and objectives of this plan will help. However, for the plan to succeed it will require a change in culture and attitude among professionals and the wider public tackling the stigma associated with emotional distress and mental illness and encouraging people to seek help when they feel hopeless.

The Welsh Assembly Government will provide leadership and focus to support national and local action to implement this plan. It will help to create the conditions and opportunities for this work to make a positive impact, raising public and professional awareness, and encouraging local partnerships to benefit the people and especially the children and young people of Wales.

This action plan spans the five years from 2009-14. It will be reviewed within the first three years with a report to Ministers on progress made in order to ensure that it is delivering improvements. I am particularly concerned that this action plan should reach people who are most vulnerable. Therefore, I specifically require that interventions to build confidence, self esteem and resilience in socially excluded groups are a priority. I wish to see support in settings such as schools, colleges of further and higher education and workplaces, with outreach provided to ensure that people who are not in these settings are also helped. This will require imaginative and innovative approaches to delivering psychosocial support in the places in which people congregate. This approach includes ensuring outreach to rough sleepers and homeless people. The Welsh Assembly Government will work closely with the Big Lottery to draw on the learning gathered from the evaluation of the Mental Health Matters programme, testing methods for reaching and building resilience in vulnerable groups.

As a priority I wish to see steps taken throughout the five years of the plan to engage with children and young people, especially people who are socially excluded, to ensure that the problems that affect them are understood and influence our delivery of this plan. I wish to see programmes reaching older people and people living within our rural communities. Although socially excluded groups are targeted it must be remembered that suicide and self harm can affect all people and universal approaches will be required.

I commend this action plan to you and look forward to the improvement that can be made in tackling the highly important and sensitive issues of suicide and self harm in Wales.



Edwina Hart AM OStJ MBE
Minister for Health and Social Services

1. Introduction

Suicide and self harm are serious public health issues, and whilst neither can be entirely avoided, much can be done to reduce the rates in Wales. This is why in Wales a Health Gain Target to reduce the suicide rate has been in place since 2002.

Wales is a vibrant nation with a renewed confidence in its own identity. This renewed confidence can help to change the way we think feel and talk about our emotions. In order to bring about lasting change in the rates of suicide and self harm in Wales there is a need to change public perceptions of emotional and mental health. This will require a new relationship between the citizens of Wales the communities in which they live and the services provided to them. Following the recent economic downturn this will have particular importance during the lifetime of this National Action Plan.

The plan has been developed to inform statutory, third sector and community organisations of the Welsh Assembly Government's strategic approach to reduce suicide and self harm in Wales. It sets out the actions to be taken at a national level and requires services operating at a local (local authority) level to coordinate actions in line with the plan.

A summary version has also been produced to inform the general public of WAG's strategic intent. This version is entitled 'Talk to Me'.

The plan requires action on three levels:

- Whole population approaches addressing public mental health and raising general awareness
- Identification and delivery of targeted intervention to people at raised risk of suicide
- Indicated suicide prevention interventions for those people engaged in specialist services.

This approach requires a response from across Government Departments and within all sectors of society. Action to reduce suicide in Wales must be everybody's concern including: individual people, families, friends, youth and community leaders, police and prison services, faith communities, local authorities employers, schools, colleges, universities, health services, and social care and housing agencies.

Suicide Prevention Health Gain Target: To reduce the European Age Standardised rate by 10% by 2012.



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2. Strategic Aim and Objectives

Strategic Aim

To deliver co-ordinated action across all sectors of society for improving the mental health and wellbeing of the population of Wales, promoting resilience within individuals and communities, delivering timely and effective services to those people identified as being at risk and thereby reducing the rate of suicide and self harm in Wales.

Strategic Objectives

In order to achieve this aim, seven strategic objectives have been established to underpin this action plan. They are:

Objective 1: Promote mental health and wellbeing

Objective 2: Deliver early intervention

Objective 3: Response to personal crisis

Objective 4: Manage the consequences of suicide and self harm

Objective 5: Promote learning and research and improve information on suicide and suicide prevention

Objective 6: Work with the media to ensure appropriate reporting on mental health and suicide

Objective 7: Restrict access to the means of suicide.

Some respondents to the consultation exercise queried the appropriateness of objective 7 on the basis of how it can be met. Whilst the issues are recognized, the evidence base demonstrates that targeted approaches such as closing in high risk bridges and the provision of signage can have a positive impact.

There are a number of key initiatives, being rolled out in Wales that have particular significance to this plan. They include:

- Mind Cymru delivering Mental Health First Aid
- Mind Cymru delivering Applied Suicide Intervention Skills Training (ASIST)
- CALL Helpline operating a 24-7 service
- The Welsh Mental Health Promotion Network hosted by Public Health Wales. Bringing together, informing and equipping a broad range of stakeholders to participate in improving the mental health and wellbeing of the people of Wales
- The School-based Counselling Strategy in Wales
- Implementation of Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018.

Strategic Priorities

Responses to the consultation document published in 2008 identified a number of issues that should be progressed as key strategic priorities. These were:

- Promoting the mental health and wellbeing of all people in Wales with particular reference to child development, youth work and healthy ageing approaches
- Training and awareness raising on mental health and suicide prevention, for the population at large but most specifically for people working in schools, colleges, universities, primary care teams including GPs, emergency departments, care environments, emergency services and justice agencies
- Access to psychiatric liaison for people who have self harmed in line with NICE guidance and Royal College of Psychiatry advice and improved collaborative working between general care and specialist mental health services
- The early diagnosis and intervention in common mental illnesses, especially depression
- For those people with more severe mental health problems, timely access to Crisis Resolution and Home Treatment services for adults and Child and Adolescent Mental Health Services (CAMHS) for children and young people.

Underpinning Principles

The Principles of Effective Action

Underpinning the delivery of this action plan is the need to change the behaviour of the public and the agencies that are responsible for positively engaging with the public. This change in behaviour will only be achieved if the following principles impact directly upon members of the public and professional staff:

1. Raising public awareness by changing public attitudes to mental health and mental illness, suicide and self harm with the intention of enhancing people's willingness to seek help.
2. Tackling social exclusion through practical intervention.
3. Ensuring that services respond to people who are in need at the point at which they request help.
4. Changing professionals' awareness and attitudes through training will assist in improving their willingness to provide help at the point at which people request it. Awareness-raising should include diversity awareness and the risks faced by people from particular sections of the population. Examples of these groups include young men, people who grew up in the care system, minority ethnic communities and people who are lesbian, gay, bisexual or transgendered. Specific attention should be paid to the reasons some people from such groups may find it difficult to seek help.
5. Raising awareness and delivering training to professionals who provide services. This training should include diversity awareness and anti discriminatory training in line with organisations' equality action plans addressing all of the equality strands.

6. Promoting research and development into patterns of suicide and self harm, the effectiveness of education and awareness raising and the effectiveness of psychosocial interventions.

Statutory and third sector organisations should pay particular attention to principles three and four, ensuring that in implementing the plan these principles underpin their organizational development response to suicide and self harm.

The plan has been developed to address the needs of all of the people of Wales regardless of age, gender, religion, race, sexual orientation or ethnicity. However, where it addresses the needs of children and young people it is underpinned by some specific principles.

Underpinning Principles Concerning Children and Young People

In line with the policy of WAG the action plan is underpinned by the United Nations Conventions on the Rights of the Child (UNCRC). Furthermore people intervening with children who are at risk of suicide or have self harmed shall do so in line with local child protection procedures.



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3. Suicide and Self Harm

Suicide

The reasons for suicide are complex and multi-factorial; they are best understood in the context of each person's individual life and life circumstances.

Suicide

Suicide may be defined as intentionally killing oneself.

Anyone can have suicidal thoughts as a consequence of distressing events at any stage of their life and regardless of lifestyle. It is estimated that between 3% and 5% of the population experience suicidal thoughts in any one year. These thoughts lead some people to harm themselves or to complete suicide. The recent Confidential Enquiry into Maternal and Child Health (CEMACH) report 'Why Children Die: A Pilot Study 2006' suggests from the cases included in the study that suicide was the largest single category of non-natural deaths in children after road traffic accidents. Wales specific data indicate that this is the case in Wales.

The causes of suicide are complex and derive from both personal and wider community factors. Frequently there are cultural issues that are associated with suicide, especially for young men. These cultural factors need to be understood in terms of the needs of the local community served and the needs of particular communities of interest across Wales. There are also issues in how services respond to people engaging in harming themselves. As a nation we need to change this culture. Encouraging people to open up, developing resilience to cope with the difficult experiences with which life can confront us, and to seek and give help with emotional and mental health problems.

People who die by suicide represent only a fraction of the number who contemplate suicide or who harm themselves in response to a series of features of their lives. These factors can include their life circumstances, their relationships, their sexuality, their age, ethnicity, a sense of alienation and social exclusion, feelings of hopelessness or the effects of a mental or physical illness.

While few of the total number of people who harm themselves die from suicide, self harm is a very significant risk factor, cause for concern and an indication of a person's need for support. This support may be social, spiritual, psychological, medical practical or a combination of these.

The Rate of Suicide in Wales

Between 1996 and 2006, approximately 300 people per year died in Wales as a result of suicide. The suicide rate has remained nearly constant during this period. Within this total figure, rates vary between ages, genders and localities. This reflects the presence of suicide risk factors that affect particular people and communities. These risk factors are not specific to Wales; international research has shown a consistent correlation of these factors with an increased risk of suicide. They do, however, give rise to variation in the rates of suicide within Wales.

Suicide rate

The rate of suicide is calculated by dividing the number of suicides in a particular group or population by the total number within that group or population per year. Within England and Wales deaths attributed to deliberate self-injury, deliberate self-poisoning or to injury or poisoning where the intention could not be determined at inquest are included among suicides. It is expressed as all ages but reflects people aged 15 or over. Deaths under the age of 15 where the intention is undetermined are considered to be different in nature to older age groups and so these ages are not included. The numbers of self-inflicted deaths in this age group are extremely small.

The rate of male suicide in Wales (2004-06) was approximately 20 per 100,000 and peaked between the ages of 20 and 39. This compared with a female rate in Wales of approximately 5 per 100,000 during this time. The rate among men in Wales is higher than the UK rate whereas for women it is equivalent to the UK rate.

Suicide rates in Wales are higher than in England but lower than in Scotland and Northern Ireland. Within Wales, rates vary between local authorities. During the period 1996- 2006, rates among men ranged from 16 per 100,000 in the Vale of Glamorgan to 30 per 100,000 in Neath Port Talbot. Among women the rates ranged from 2.6 in Newport to 11.9 in Conwy. Details of suicide and self harm data are available on the NPHS website.

Self Harm

Self harm

Self harm may be defined as intentional self-poisoning or self-injury, irrespective of the nature of motivation or degree of suicidal intent.

Self harm, as elsewhere, is a significant issue in Wales. There are as many as 6,000 hospital admissions each year as a consequence of people harming themselves. Probably this figure grossly underestimates the number of occasions when people harm themselves because many people who do so do not request healthcare or go to hospital. Of those people who do attend hospital, only a percentage is admitted.

The national inquiry into youth self harm, 'Truth Hurts' (2006), found that self harm is usually intended to harm; not kill, or even to inflict serious and/or permanent damage. It is a strategy which (however maladaptive and damaging) makes it possible for the young person to continue with life not to end it. Some people who self harm do also try to kill themselves at some point but these are a very small minority. Fox and Hawton (2004) estimate that between 40-100 times as many young people have engaged in self harm than those who have actually ended their own lives. This is lower in adulthood and especially older adulthood where the ratio of self harm to completed suicide may be as low as 3:1.

Many people who die from suicide have harmed themselves in the past and it is not always possible to predict which of the people who harm themselves will go on to complete suicide. Furthermore, interventions with people who harm themselves are

legitimate in their own right, and are not solely suicide prevention measures. Self harm is particularly prevalent in young people and is an indication of underlying social, relationship, emotional and psychological problems. Sometimes, it is a way of expressing and coping with the emotional pain that they are experiencing. Intervening in a timely and empathetic manner with those people who self harm plays a critical role in improving the mental health and wellbeing of the people of Wales and in preventing suicide.

It is crucial to ensure that front-line services are equipped to address these needs in a sensitive and effective manner. Better care and management of people who harm themselves will increase the likelihood of reducing the suicide rate, improve the mental health and quality of life of many thousands of people and reduce demand on our stretched emergency services.

Risk and Protective Factors

There are a number of factors which raise the risk of suicide and a number that reduce the risk. These are known as risk and protective factors. The focus of this plan is to minimize where possible risk factors and promote protective factors.

Risk Factors

A multiplicity of factors are associated with increased risk of suicide. They include:

- being socially or economically deprived
- experiencing a relationship break up or divorce
- having a serious physical or mental illness
- experiencing domestic violence
- loss of employment
- bereavement
- experiencing bullying and discrimination
- being in chronic pain
- having a history of sexual, physical or emotional abuse
- having been arrested or otherwise having lost one's liberty
- harming oneself
- having a family history of suicide
- substance misuse
- transitions in life such as retirement, puberty and leaving full-time education

This is not a comprehensive list of the factors that increase risk but are illustrative of the factors that can affect anybody. In addition to these factors certain groups of people are at increased risk these include:

- Males of age 15-44
- People who are gay, lesbian, bisexual, or transgendered

- People with a severe mental illness such as schizophrenia, particularly during the early phase after diagnosis
- People with depression
- People with long term health conditions such as Chronic Fatigue Syndrome
- Some people with disabilities, for example children and young people who are deaf or hard of hearing have a greater prevalence for mental illness than hearing children and young people.

Substance misuse

The definition of substance misuse used throughout this document refers to the range of substances that are misused in Wales including:

- illegal drugs
- Alcohol
- prescription-only medicines
- over-the-counter medicines
- volatile substances

There are significant substance misuse problems in many communities. Drug misuse is known to increase the risk of suicide twenty fold and substance misuse is particularly associated with impulsive suicide in young men.

While many Welsh communities are cohesive, there is still a stigma attached to mental disorder. Many people, especially young men, are reluctant to discuss their mental health or to seek help when they are distressed. This combination of bottling up feelings and problems and the misuse of substances can significantly heighten the risk of suicide. This is especially the case among people living in socially deprived communities, isolated rural communities and some population groups such as offenders, homeless people, members of minority ethnic communities and people who are lesbian, gay, bisexual or transgendered.

Protective factors

Protective factors relate to good personal and social relationships, experiencing good mental health and the absence of many of the dynamic risk factors that are identified above.

Mental health

The strength and capacity of our minds to grow and develop; to be able to overcome difficulties and challenges and to make the most of our abilities and opportunities.

There is a range of protective measures that can be taken to help to reduce the risk of suicide. They include encouraging people to open up about their problems, reducing stigma associated with emotional and mental health problems, providing better help

and support to cope with emotional distress and adverse life events, unmanaged debt, and relationship breakdown, and raising awareness about suicide. Alone, however, these actions are not enough; tackling substance misuse, improving life chances through employment and educational attainment and delivering good mental health services are all equally important in tackling suicide. Reducing risk factors and promoting protective factors form the basis of this action plan.

Building Resilience

Building resilience begins at the earliest stage of our lives and can continue throughout the lifecourse. This can be achieved through good parenting, the promotion of good mental health and healthy ageing initiatives. Links between this action plan to other strategies in support of these factors is therefore critical together with Welsh Assembly Government initiatives to tackle poverty social inequalities and to minimize the consequences of the recession.

The term resilience can be applied to communities (collective resilience) or to individual people (personal resilience).

Personal resilience

Resilience is 'a person's capacity for adapting psychologically, emotionally and physically reasonably well and without lasting detriment to self, relationships or personal development in the face of adversity, threat or challenge' (Williams, 2008).

Resilience is not static. It consists of a dynamic range of personal characteristics, experiences and relationships that provide protection in the face of stress. These features include how people look at the world and their place in it and their esteem and personal skills. Their abilities for making and sustaining relationships with other people are particularly important.

People may need assistance to develop personal skills. These skills include the capacity to receive social support, good thinking and communication skills, active problem solving and flexibility. Also organisations should support people to develop their personal beliefs and attitudes. These include good self esteem, hopefulness, strong social networks a sense of purpose, a sense of belonging or spiritual belief, positive emotion and humour, the acceptance of negative feelings and a belief that stress can be strengthening. Developing these personal skills and beliefs make people feel more competent and confident and improve their ability to cope with stressful events. Developing resilience is important throughout life and begins in early child development. Strong attachments and relationships are important throughout life but especially at times of transition and times of bereavement and other losses. Carers and young people under peer pressure to conform or to succeed particularly require resilience to cope with stressful life events. Of particular support in these times is peer support gained through individual or group support.

Strong personal relationships and community networks can assist people to develop both personal and collective resilience. This helps them to deal with adverse life events. Frequently, people who are socially isolated and socially excluded lack personal resilience

and may be alienated from support that can be offered by resilient communities. They are, therefore, at greater risk of not coping well with challenges. Consequently, they may be at risk of harming themselves and of suicide, especially if their isolation is due to bereavement, abandonment, relationship breakdown, retirement or loss of employment. Two features of resilience stand out. They are, the importance of providing people with the support and encouragement they need and their being willing to accept and use the support that is being provided. Therefore the assistance provided to people in developing relationship and other social skills, belief in themselves and providing socially responsive communities are key to them developing resilience. In other words improving resilience and addressing the risk factors for suicide requires community and social action and a robust public health approach.

Suicide and Mental Health Services

The most recent five year report 'Avoidable Deaths'(2006) from the National Confidential Inquiry into Homicides and Suicides identified that 73% of people who had completed suicide had not been in contact with mental health services in the year prior to their death. However, many more were in contact with other services and agencies. Whilst mental health services must focus on reducing suicide, in order to implement this action plan effectively and reduce suicides, a variety of approaches in addition to specialist mental health care is required. Action is needed from a variety of agencies working in partnership in a number of settings. This includes national and local government, community groups, third sector services, the media, employers, trades union, transport services, youth workers, community leaders and faith communities.

Mental health problems

Mental health problems are emotional or behavioural difficulties that cause distress or concern. They are relatively common.

Mental disorders

Mental disorders are problems that meet the requirements of ICD 10, an internationally recognised classification system, for disorder. The distinction between a problem and a disorder is not exact but hinges on the severity, persistence, effects of and the combination of features found.

Mental illness

This term is used to describe the most severe cases of mental disorder, more severe cases of depressive illness, psychotic disorders and severe cases of Anorexia Nervosa for example.

4. Scope of the Action Plan

This action plan draws together a broad range of existing Welsh Assembly Government policies and programmes and establishes a number of additional programmes. Together, they, and actions taken at local community levels, will ensure a comprehensive strategic approach to suicide prevention in Wales. This approach includes improved surveillance and longer-term research into suicide and self harm.

This is not a strategic plan for NHS and local government organisations to deliver in isolation. These organisations are to play a key role and, sometimes, have responsibility for delivering the plan, but the nature of suicide prevention is such that, without a broad approach, the action plan will fail to deliver its intent. A comprehensive approach is needed which promotes resilience, addresses risk factors and develops protective factors at both population and personal levels.

This will be delivered through the implementation of this action plan together with 'Wales' Health in Mind', the Mental Health Promotion Action Plan for Wales, due to be published in the near future. Both of these plans are to be used to inform the mental health component of 'A Healthy Future', the public health strategic framework for Wales.

It is well recognised that some people are at greater risk of suicide than the general population and help can be delivered to them through targeted and indicated services.

Universal services

Universal services are those directed at whole population (e.g. healthy schools schemes that are directed at entire school populations).

Targeted services

Targeted services are services that are directed at particular groups of people within the population who are considered to be at greater than the overall population of developing problems or disorders or of becoming isolated, alienated or excluded (an example is the schools counselling service).

Indicated services

Indicated services are those general and specialist services that are provided for the benefit of people who have a specific need for them because they have a problem or have developed a disorder (e.g. access to primary healthcare services for diagnosis and non-specialist treatments, or specialised psychotherapy services that are delivered by a clinical psychologist).

Targeted and indicated services are delivered by a range of agencies in the form of social and psychological support. They include services that are generally available to the wider community. For example bereavement, relationship and debt counselling services, primary care services of all kinds, and specialist mental health services that may require a referral. Local systems should be in place to ensure that, if a person is identified as requiring help, assessment and intervention are available in a timely

manner. Particular attention should be paid to ensuring delivery of services to people living in rural communities where access to local services may be more problematic due to issues of proximity.

This action plan addresses mental health promotion but needs to be read in conjunction with 'Wales' Health in Mind', the Mental Health Promotion Action Plan for Wales. This covers the breadth of mental health promotion across the age span in community and workplace settings.

This version of the suicide prevention action plan is aimed at the broad range of professionals who work in statutory and third sector organisations. They include the staff of our schools and education services and the people who work in substance misuse, social care, healthcare, and justice agencies. Importantly, it is also aimed at a much broader base of people who work in wider community settings. They include employers, community leaders, faith leaders, youth leaders, transport and building planners and managers; in fact, anybody who is in direct contact with members of the public. This plan may also be of interest to lay people, parents and young people with an interest in helping a neighbour family member or colleague whom, they fear, may be at risk of harming themselves.

The aims and objectives of this action plan are set out below, with supporting actions set out within grids in the main body of the plan. The supporting actions include both existing and new initiatives which will impact directly or indirectly on reducing self harm and suicide in Wales.

5. Implementing the Action Plan

National Oversight

In order to ensure delivery of this plan action at both national and local levels will be required. Action should ensure that links to other relevant policy and strategies are developed for example the Delivering Emergency Care Strategy (DECS).

Welsh Assembly Government

The Welsh Assembly Government will provide national leadership and oversight of the implementation and evaluation of the action plan. It will follow up with local agencies the progress they are making in implementing the seven strategic objectives in their area. It will receive reports on the evaluation of pilot projects and will track progress in realising the action plan's aim and objectives. Where actions involve matters that are not devolved, the Welsh Assembly Government will engage with the relevant UK Government Departments to ensure a collaborative approach is taken to realise the ambition of this plan.

National Networks

The newly developed Mental Health Promotion Network will play a central role in bringing together key stakeholders to share experience and to learn from each other. The Network will provide models of promising practice and act as a conduit for information, research, and developments in the evidence base on suicide prevention.

An annual Suicide Prevention Summit will provide a focal point for local services to share experience and local developments.

Consideration will be given to co-ordinating national suicide and self harm surveillance capacity to deliver an observatory function. This, together with the suicide and self harm research group of the Mental Health Research Network, will provide Welsh Assembly Government, and local services with appropriate data, data analysis and advice on monitoring the effectiveness of interventions.

Local Implementation

Local implementation shall be driven at local authority level. The lead responsible agencies are local authorities working in partnership with Local Health Boards, justice agencies, third sector agencies and community organisations. Where appropriate Local Service Boards (LSB) may provide local coordination and if necessary the use of a major incident approach.

Health Social Care and Wellbeing Strategies, Local Mental Health Promotion Action Plans, Local Children's Plans, Community Safety Strategies and Local Safeguarding Children Boards' work programmes should adequately address issues to reduce suicide and self harm. They should include actions that contribute to reducing the suicide rate within their locality taking local population and geographical factors such as rurality into consideration.

In order for local action planning to be successful local community ownership of the plan will be required with broad-based participation of statutory, non-statutory and community-based organisations. This will require actions to be proactive rather than reactive and that plans are publicised and disseminated by partners to community groups and interested parties. This dissemination should use channels of communication to community services and groups, ensuring that particular communities of interest are targeted.

6. The Seven Objectives of Suicide and Self Harm Prevention

Objective 1: Promote mental health and wellbeing

- to promote mental health and wellbeing in the wider population, create greater public and professional understanding of mental health and wellbeing, suicide risk factors and encourage people to seek timely help
- assist in improving the mental health and wellbeing of the people of Wales in line with the Public Health Strategic Framework for Wales 'A Healthy Future' and the Mental Health Promotion Action Plan for Wales 'Wales' Health in Mind' and the implementation of Local Mental Health Promotion Action Plans
- assist in reducing the stigma and discrimination associated with emotional problems and mental illness in line with the adult and children and young people's mental health strategies for Wales and their accompanying National Service Frameworks
- develop healthier school, college and working environments and ensure access to information for people not in those environments
- improve awareness and understanding of emotional problems and mental illness in the wider population and among professionals and others working with people experiencing such problems
- develop healthier and safer prison mental health ward and secure care environments which promote people's health while detained
- safeguard and promote the welfare of children and young people
- promote awareness of mental health, mental illness and suicide.

See Table 1 overleaf for supporting actions.

Table 1: Promote mental health and wellbeing

Supporting Actions	Agencies Involved	Lead Organisation	Implementation date
1.1 Roll out of Mental Health First Aid and consideration of tailored materials which are age and language appropriate for minority groups and children and young people	Mind Cymru Welsh Assembly Government Local Health Boards Local Authorities	Mind Cymru	Roll out from 2008-10
1.2 Roll out of ASIST programme	Mind Cymru Welsh Assembly Government Local Health Boards Local Authorities	Mind Cymru	Roll out from 2008-13
1.3 Improving children and young people's mental health through the Network of Healthy Schools Schemes and the implementation of the Personal and Social Education (PSE) curriculum and the provision of pastoral care	Welsh Assembly Government Local Authorities School Governing Bodies Teachers Lecturers	Children and Young People's Partnerships Local Safeguarding Children Boards	Roll out has commenced further development 2009-13
1.4 Mental health promotion network and website established to improve sharing and learning	All Wales Mental Health Promotion Network Welsh Assembly Government	Public Health Wales	Completed
1.5 Consideration of the development of a suicide prevention specific website as an element of the mental health promotion network website with links to relevant sites	Mental Health Promotion Network Board Welsh Assembly Government Public Health Wales Mind Cymru	Welsh Assembly Government	September 2009 Establishment by December 2009

Supporting Actions	Agencies Involved	Lead Organisation	Implementation date
1.6 Production of mental health promotion information and materials to be made available on the mental health promotion network website	Welsh Assembly Government All Wales Mental Health Promotion Network Public Health Wales	Welsh Assembly Government	Develop between 2009-13
1.7 Ensure integration of suicide prevention activity into all relevant local plans and planning mechanisms	Local Health Boards Local Authorities Prison Service Public Health Wales Local Public Health Teams	Health Social Care & Wellbeing Partnerships	2009-11
1.8 Assessment Care in Custody and Team Work (ACCT)	Prison Service Approved premises LHBs Samaritans	Prison Service	Implemented from April 2008
1.9 The development and implementation by Wales Mental Health in Primary Care Network of primary care mental health gold standards	Wales Mental Health in Primary Care (WAMHinPC) project board Welsh Assembly Government	WAMHinPC	2009-10
1.10 Expansion of school-based counselling services through the implementation of the national strategy	Welsh Assembly Government Local Authorities Local Health Boards Schools	Children and Young People's Partnerships	Initial Implementation September 2008
1.11 Using the emergent Family Nurse Role in taking forward suicide prevention interventions in school and family settings and ensuring collaborative links with the Schools based counseling services	Welsh Assembly Government Local Health Boards	Local Health Boards	Roll out from September 2008

Supporting Actions	Agencies Involved	Lead Organisation	Implementation date
1.12 Develop additional approaches to providing the general population with information on where to go for help, advice and support	Welsh Assembly Government Local Health Boards Local Authorities Call Helpline Samaritans PAPYRUS HOPElineUK Childline NHS Direct Library Services CLIC online The Room	Welsh Assembly Government	Methodology for dissemination developed 2009 Implementation during 2009-14
1.13 Delivery of training programmes to develop professional understanding of mental health, mental illness and suicide	Local Health Boards Police Prison Service Ambulance staff Local Authorities Schools Youth services Crime and Disorder Partnerships Local Authorities Samaritans Mind Cymru PAPYRUS Other 3rd Sector organisations	All agencies	Roll out of programmes to commence 2009 Programmes to continue 2009-14

Objective 2: Deliver early intervention

- provide early intervention and support to reduce risks factors for suicide
- encourage people to seek help when they are experiencing emotional distress or mental illness, self harm or are contemplating suicide. To encourage them to seek help early from people who are close to them or directly from appropriate agencies
- develop the range and availability of services offering social and psychological support in universal and specialist services
- improve the availability of information about the range of services that can deliver help and the means to access them
- improve the identification and management of depression, including postnatal depression, in primary and secondary care
- improve the identification of trauma and depression in children and young people leading to timely intervention from CAMHS
- improve the identification and risk management of and aftercare for people with a diagnosis of personality disorder
- improve awareness recognition and treatment of psychiatric illness, mental distress and suicidal ideation in people with chronic physical illnesses
- improve the prevention and treatment of substance misuse
- improve prevention of suicide and self harm in psychiatric wards, prisons and police custody
- improve knowledge and awareness of suicide risk among staff working in schools colleges and universities
- improve specialist and emergency services including emergency departments responsiveness to people identified as having a raised risk of suicide
- enhancement of psychosocial support services.

See Table 2 overleaf for supporting actions.

Table 2: Deliver early intervention

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
2.1 Expansion of school-based counseling services through the implementation of the national strategy	Welsh Assembly Government Local Authorities Local Health Boards Schools	Children and Children and Young People's Partnerships	Initial implementation September 2008
2.2 Ensuring timely access to a range of information, counseling and support services to include help with debt & welfare benefits, relationships and bereavement	Local Health Boards Local Authorities Prison Service Public Health Wales CRUSE Cymru Relate Cymru Age Concern Lesbian and Gay switchboard 3rd Sector organisations	Local Authorities Local Health Boards	Map existing service provision & raise awareness in local community of services by June 2009 identified service deficits to be filled by 2011
2.3 Structured counseling to be available in primary care settings in line with key action 26 'Raising the standard'	Local Health Boards 3rd Sector organisations	Local Health Boards	2009-10
2.4 Employers to be encouraged to be alert to risk of suicide among staff and encourage and facilitate uptake of help and support	Samaritans Mind Cymru Department of Work and Pensions		
2.5 Full range of psychosocial interventions to be available in secondary care settings in line with key action 26 'Raising the standard' and NICE guidance on the stepped care model	Local Health Boards	Local Health Boards	2009-10

Improving the responses of primary care and specialist services

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
2.6 Full development of crisis resolution and home treatment services focusing upon intervention in crisis and follow up post hospital discharge	Local Health Boards Local Authorities	Local Health Boards	Services have commenced audit and service improvement to be complete 2009
2.7 Improving mental health liaison delivered in emergency departments and other healthcare settings as required, providing a psychiatric and psychosocial assessment	Local Health Boards	Local Health Boards	Pilot 2009-10
2.8 CAMHS Primary Mental Health Workers offer consultation and advice to professionals in Tier 1 within 2 weeks	CAMHS commissioning networks CAMHS staff	CAMHS commissioning networks	31st March 2008
2.9 CAMHS systems will be in place to ensure that: All patients referred to Specialist CAMHS are assessed and intervention plans initiated within 16 weeks	Local Health Boards Regional CAMHS Commissioning Networks	Local Health Boards	2008-09
2.10 Mental Health Advisers are available to each Youth Offending Team	Local Health Boards Regional CAMHS Commissioning Networks	Local Health Boards	2008-09

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
<p>2.11 Where Specialist CAMHS staff believe a young person requires admission to an adolescent psychiatric unit they will be assessed within 2 weeks.</p> <p>Where admission is necessary it will occur within 3 weeks</p> <p>Emergency assessment will be within 24hours</p> <p>Where emergency admission is necessary it shall occur within 24 hours from assessment</p>	CAMHS commissioning networks CAMHS staff	CAMHS commissioning networks	31st March 2008
<p>2.12 Improving observation, supervision and patient engagement in inpatient settings to reduce the rate of absconding</p> <p>Improvement in the management of Leave of absence</p>	Local Health Boards	Local Health Boards	2008-09
<p>2.13 The rapid reporting of absconding from inpatient care alerting the police to any risk of self harm or suicide</p>	Local Health Boards Police Service	Local Health Boards	Systems established by January 2009
<p>2.14 Provision of information on support services to people post arrest on release from custody</p>	Police service Prison Service Local Health Boards Local Authorities Public Health Wales WAG Samaritans PAPYRUS HOPELineUK	Police service	Information collated 2009 Info packs available from 2009

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
2.15 Thorough investigation of the circumstances of the death in any deaths where suicide is suspected Sharing of this information to improve surveillance of themes, patterns or trends	Police Prison Service Local Safeguarding Children Boards Local Authorities Local Health Boards Coroners Service Public Health Wales	Local Safeguarding Children Boards (in respect of the suicide of a child) Local Authorities Local Health Boards Police Service	Pilot in one constabulary area during 2009 Roll out 2010-13
2.16 Development of early Intervention in mental health care in line with AOF target 2008-09	Local Health Boards	Local Health Boards	2008-09
2.17 Work to develop professional understanding of mental health, mental illness and suicidal behaviour	Police Prison service NHS Ambulance Trust Local Health Boards Local Authorities Youth services Schools	All agencies	Roll out during 2009-14
2.18 Ensuring rigorous follow up and support for care leavers	Local Authorities Local Health Boards Youth Services 3rd Sector organisations	Local Authorities	Ongoing
2.19 Develop outreach mechanisms to ensure that services are fully accessible to homeless people in line with Key action 9b 'Raising the standard'	Local Health Boards Local Authorities 3rd Sector organisations	Local Health Boards Local Authorities	Pilot programme to be rolled out 2009-12
2.20 Developing a recovery approach in the delivery of mental health services central to which will be providing hope to service users and their carers	Local Health Boards 3rd Sector organisations	Local Health Boards	Ongoing

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
2.21 Primary care gateway workers in place to deliver screening assessment gate-keeping and signposting to relevant services in line with Primary Care Policy Implementation Guidance	Local Health Boards Primary Care practices	Local Health Boards	Commenced review by all LHBs 2008 full compliance by 2009-10
2.22 Development of Assertive outreach ensuring rigorous intervention where care breaks down due to relapse or other change of circumstance in line with AOF target 2008/09	Local Health Boards Local Authorities 3rd Sector organisations	Local Health Boards	2008-09
2.23 Monitor the effectiveness of in-reach to all prison services and secure facilities for Children and young people	Cardiff, Swansea Bridgend and Monmouthshire LHBs Local Authorities Welsh Assembly Government Ministry of Justice Prison Service	Local Health Boards	Ongoing
2.24 Ensure NICE guidance on managing depression in primary and secondary care has been Implemented	Local Health Boards	Local Health Boards	Ongoing
2.25 Implementation of the recommendations on Safer Custody emerging from the All Wales Secure Services Review	Local Health Boards CSPs Local Authorities Welsh Assembly Government Police Service Probation Service Ministry of Justice Prison Service	Welsh Assembly Government	2009-14

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
2.26 Implementation of <i>Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-18</i>	Welsh Assembly Government CSPs Local Health Boards Local Authorities Police Service Probation Service Ministry of Justice Prison Service Third Sector Organisations	Welsh Assembly Government and Community Safety Partnerships (CSPs)	2008-18
2.27 Implementation of the revised Prison Service Order 2700 Suicide Prevention and Self-Harm Management	Prison Service LHBs	Welsh Assembly Government	Monitor Progress Implementation was required by End of April 2008

Training and Awareness Raising

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
2.28 Development of children and children and young peoples advocacy service	Welsh Assembly Government Local CHYP partnerships	Welsh Assembly Government	2009-14
2.29 CAMHS primary mental health work service to deliver training to staff of hospital emergency departments on recognising and responding to children and young people who have depressive disorders or eating disorders and managing deliberate self harm	Local Health Boards CAMHS Commissioning Networks	Local Health Boards	2008-09
2.30 Development of new child and adolescent mental health inpatient units for North and South Wales enabling the emergency admission of children and young people where appropriate	Abertawe Bro Morgannwg University Local Health Board Betsi Cadwaladr Local Health Board Welsh Assembly Government	Abertawe Bro Morgannwg University Local Health Board Betsi Cadwaladr Local Health Board	South Wales by 2010 North Wales by 2010
2.31 The development of processes to engage with children and young people to ensure that services are tailored to meet their needs and are appropriate and acceptable to children and young people	Local Safeguarding Children Boards, Children and Young People's Partnerships Office of the Children's Commissioner for Wales	Children and Young People's Partnerships	Process for engagement to be developed by end 2009 roll out of programme 2009-13

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
2.32 Delivery of Applied Suicide Intervention Skills Training (ASIST) Skills based Training On Risk Management (STORM) and other quality assured awareness raising courses to staff who come in to contact with people at raised risk of suicide	Police Prison service NHS Ambulance Trust Local Health Boards Local Authorities Youth service Schools Universities	Local Authorities Local Health Boards	Roll out of programmes 2008-14
2.33 Delivery of training on risk assessment and risk management	Police Prison service NHS Ambulance Trust Local Health Boards LSCBs CYPPs	Local Authorities Local Health Boards	Ongoing 2009-14
2.34 Work with colleges on the delivery of training on mental health, suicide and self harm on undergraduate training for all medical, nursing and social care professionals	Colleges of Medicine and Higher Education Institutions	Colleges of Medicine Higher Education Institutions	Fully developed by 2012
2.35 Continuous professional development training on mental health, suicide and self harm available to all teachers, lecturers, health and social care professionals and emergency services personnel	LSCBs CYPPs Local Authorities Prison Service Colleges FE&HE	All agencies	Roll out of programmes 2009-14

Objective 3: Response to personal crisis

- reduce the risk of suicide by providing an effective and immediate response to people who are in a crisis and to people who seek help with managing the risk of harming themselves
- improve the accessibility of a broad range of crisis services in statutory and third sector agencies offering social support, counselling and psychosocial interventions. Where appropriate, to improve access to more specialist mental health care for children and children and young people, adults and older adults who harm themselves or express suicidal intentions
- ensure that the voices of people who have self harmed or have survived a suicide attempt are heard in order to ensure the appropriateness of service responses
- improve professional understanding of and empathetic response to people who harm themselves
- improve public awareness of the crisis services available and how to contact them
- consider the development of a system to monitor health service contacts for people who harm themselves to ensure that they receive appropriate care.

See Table 3 overleaf for supporting actions.

Table 3: Response to personal crisis

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
3.1 Training to improve professional understanding and awareness of suicide	Emergency Services Primary Care Practitioners GPs Youth services Old age Services 3rd Sector organisations Emergency Departments Schools Colleges Universities	All agencies	Training to commence 2009 to roll out throughout 2009-14
3.2 Improve management of people who harm themselves in hospital and primary care	Local Health Boards	Local Health Boards	Ongoing 2009-14
3.3 Consider the development of a system to monitor health care contacts for treatment of people who harm themselves	Swansea University Suicide Research Group	Welsh Assembly Government	Group established to explore the development of a system by August 2009 following completion of self harm protocol development
3.4 Ensure access to psychosocial interventions for people who have harmed themselves	Local Health Boards	Local Health Boards	Systematic development of psychological interventions 2009-11

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
3.5 Development of CALL Helpline to be available 24 hours and ensure information is widely available regarding access to all help lines	Welsh Assembly Government NE Wales NHS Trust	Welsh Assembly Government	
3.6 Appointment of Samaritans National Co-ordinator for Wales ensuring improved collaboration with other Welsh Helplines	Welsh Assembly Government Samaritans	Samaritans	April 2009
3.7 Local mental health services to be contactable 24 hours in line with Key action 13 'Raising the standard'	Local Health Boards Local Authorities	Local Health Boards Local Authorities	Services to review 24 hour responsiveness by Dec 2008 All non compliant services to have systems in place by April 2009
3.8 Crisis resolution and home treatment services established in all areas in line with key action 23 'Raising the standard'	Local Health Boards Local Authorities	Local Health Boards Local Authorities	Services to be fully operational by April 2010
3.9 Self harm discharge follow-up and protocols in place in line with 'Raising the standard' key action 41	Local Health Boards	Local Health Boards	All Trusts to review protocols by Dec 2008 non Trusts to have protocols in place by April 2010

Objective 4: Manage the consequences of suicide and self harm

- improve the care and support offered to people who are bereaved by suicide and to professionals who are affected by the aftermath of suicide ensuring that peoples emotional psychological and spiritual needs are met
- improve the care and support offered to people and their families when people have harmed themselves
- assist communities to cope with the aftermath of suicide, developing community capacity, especially in the event of a cluster of suicides, through provision of information and enhanced access to service support.

See Table 4 overleaf for supporting actions.

Table 4: Manage the consequences of suicide and self harm

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
4.1 Ensure that support and counselling services are available for families and other people who are affected by suicide and self harm this should include the provision of bereavement support tailored to meet the needs of children and young people	Police Prison Service Local Authorities LSCBs Cruse Churches and faith communities PAPYRUS Childline Relate Cymru HOPELineUK Bipolar Cymru Other 3rd Sector Services	Local Authorities Local Health Boards	Local services to review practices and plan the delivery of support by November 2009 Implementation from April 2010-14
4.2 The provision of specifically designed information packs to families bereaved by suicide	Cruse Police Coroner Service Welsh Assembly Government	Cruse	Packs to be available from 2010
4.3 Ensure that appropriate support is available to health & social care staff, teachers and lecturers and other professionals groups for example the police and ambulance and fire crews who are exposed to people who harm themselves	Local Health Boards Local Authorities Police Service Prison Service Other emergency services	Local Health Boards Local Authorities Police Service	All agencies to review supervision processes by Dec 2009 support systems to be in place by April 2010
4.4 Develop guidelines for local partners on responding to a suspected cluster of suicides	Public Health Wales LSCBs Local Authorities Local Health Boards 3rd Sector organisations	Public Health Wales	Guidelines to be developed and disseminated for consultation by April 2009 Guidelines finalised by August 2010

Objective 5: Promote learning, research and improve information on suicide and suicide prevention

- support and encourage research on suicide prevention, improve the quality and availability of information on suicide and self harm and ensure that they are used in developing better service responses
- learn lessons from completed suicide that inform future suicide prevention
- roll out the child death review scheme to cover all children and young people under 18 subject to a positive evaluation of the pilot scheme
- ensure that services monitor the rate of self harm and completed suicide in Wales for trends and patterns in time and place in order to better inform local and national agencies on how to tailor services to best meet the needs of the communities they serve
- review completed suicides in order to learn lessons and apply them to future suicide prevention. To consider the development of a process to review suicides of adults not known to the mental health services
- consider reviewing and learning more about suicide and self harm in populations of people and how best to respond to apparent clusters of suicide
- consider ways in which the quality and availability of information on suicide and self harm in Wales can be improved, including working with the coroner service and safeguarding children boards
- undertake action research on outreach work to investigate the impact such methodology can have on improving the mental health and wellbeing of children and young people and encouraging help seeking behaviour
- set up a Wales wide group to improve understanding of and response to people who harm themselves
- work with research institutions to develop suicide research programmes that have practical application and ensure rapid dissemination of findings.

See Table 5 overleaf for supporting actions.

Table 5: Promote learning, research and improve information on suicide and suicide prevention

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
5.1 Implement the Local Safeguarding Children Board Serious Case Review process into child deaths by suicide	Local Safeguarding Children Boards	Local Safeguarding Children Boards	Pilot commenced October 2006 Roll out to a full child death review scheme from April 2010
5.2 Consider reviewing and learning more about suicide and surveillance of self harm in populations of people and how best to respond to apparent clusters of suicide	Public Health Wales WAG Prison Service	Welsh Assembly Government	
5.3 Improve the quality and availability of information on suicide and self harm in Wales	Public Health Wales Welsh Assembly Government 3rd Sector PAPYRUS Samaritans NSPCC Childline	Welsh Assembly Government	Initial evaluation to be completed by August 2010
5.4 Consider the development of a process to review suicides of adults not known to the mental health services and explore appropriate methodology to facilitate this	Public Health Wales Welsh Assembly Government Police Service	Welsh Assembly Government	Establishment of group to explore options by February 2010
5.5 Undertake action research on outreach work to investigate mental health and wellbeing needs and encourage help seeking behaviour in children and young people	Local Health Boards Local Authorities Swansea University 3rd Sector	Local Health Boards Local Authorities	To run concurrently with pilot programme 2009-12

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
5.6 Evaluation of suicide and self harm programmes	Suicide and self harm research group Public Health Wales Mind Cymru Samaritans 3rd Sector	Suicide and self harm research group	Throughout lifespan of the Action Plan 2009-14
5.7 Set up a Wales wide group to improve understanding of and responses to people who harm themselves	Welsh Assembly Government Royal College of Nursing Royal College of Psychiatrists Royal College of Paediatrics and Child Health College of Emergency Medicine and the British Medical Association 3rd sector	Welsh Assembly Government	Group to be established by November 2009 initial report to be produced by April 2010
5.8 Continue Welsh involvement in National Confidential Inquiry into Suicide and Homicide	Local Health Boards Welsh Assembly Government Manchester University	Local Health Boards	Ongoing
5.9 Mental Health Research Network set up Suicide and self harm research group established	Welsh Assembly Government WORD Welsh Universities	Welsh Assembly Government	Completed
5.10 Support reform of the coroner service and implementation of the charter for bereaved people who come into contact with the coroner service	Welsh Assembly Government Coroners Service	Welsh Assembly Government	Ongoing subject to reform being made

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
5.11 Routine use of the preferred methodology of the National Patient Safety Agency (root cause analysis) to investigate suicide in people known to mental health services	Local Health Boards	Local Health Boards	Ongoing
5.12 Implementation of the findings of the National Confidential Inquiry into Suicide and Homicide	Local Health Boards Local Authorities	Local Health Boards	Ongoing

Objective 6: Work with the media to ensure appropriate reporting on mental health and suicide

- engage with the Welsh media on mental health matters mental health promotion messages, reducing stigma associated with mental illness
- encourage the media to improve the way in which suicide is reported
- promote national media guidance in collaboration with other UK home nations and Samaritans
- proactively use the full range of media to deliver positive mental health messages and raise awareness of suicide and self harm.

See Table 6 overleaf for supporting actions.

Table 6: Work with the media to ensure appropriate reporting on mental health and suicide

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
6.1 Work on developing national media guidance in collaboration with other home nations and Samaritans	Samaritans Welsh Assembly Government Public Health Wales	Welsh Assembly Government	September 2009
6.2 Engaging Welsh media on mental health matters mental health promotion messages, reducing stigma associated with mental illness, and the reporting of suicide and apparent suicide and self harm	Welsh Assembly Government Public Health Wales Samaritans Mind Cymru Welsh media	Welsh Assembly Government	January 2009
6.3 Work with media to ensure those bereaved by suicide are dealt with sensitively	Welsh Assembly Government Public Health Wales Samaritans	Welsh Assembly Government	September 2009
6.4 Use of various media including social networking to raise awareness of suicide and sources of support	Welsh Assembly Government Public Health Wales Samaritans Call Helpline Mind Cymru NSPCC Childline PAPYRUS	Welsh Assembly Government	Ongoing 2009-14

Objective 7: Restrict access to the means of suicide

- it has long been recognised that one of the most effective means of suicide prevention is removal of access to the means of suicide. Sometimes suicide is impulsive and making access to lethal methods more difficult can prevent it
- where possible take steps to control the environment and limit access to the means of suicide
- all custody and mental health in patient settings in which people at risk of suicide and harming themselves may be detained should be risk assessed and all potential aids to self harm/suicide, e.g. ligature points and points that may be used for self strangulation made safe.

See Table 7 overleaf for supporting actions.

Table 7: Restrict access to the means of suicide

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
7.1 Work with planning and building authorities to ensure that access to identified high risk buildings, bridges, open water etc, which constitute suicide 'hotspots' is restricted and where appropriate safety barriers are in place	Local Authorities Businesses Public bodies	Local Authorities	Ongoing 2009-14
7.2 Work with local authorities and British Transport Police to identify geographical suicide 'hotspots' and take measures to restrict access to roads and railways in these locations	Local Authorities Police Service British Transport Police Network Rail Arriva Trains Virgin Trains First Great Western Public Health Wales	Local Authorities Public Health Wales	Ongoing 2009-14
7.3 Continuing examination of the evidence base for the effectiveness of restricting access to the means of suicide	Public Health Wales Mental Health Research Network	Public Health Wales	Initial evidence review 2009 periodic review 2009-14
7.4 Inpatient services should be provided in fit for purpose environments 'Raising the Standard' key action 21, this includes removal or covering points of ligature; Ward structure and layout should facilitate observation of patients assessed as being at risk of suicide	Local Health Boards	Local Health Boards	Detailed evaluation to be concluded by August 2009 works to be completed by end Dec 2010

Supporting Actions	Responsible Agencies	Lead Agency	Implementation date
7.5 Enforcement of care standards in children's wards crisis houses special schools and secure care settings accommodating children and young people	Local Authorities Local Health Boards independent sector providers	CSSIW HIW Estyn	Ongoing 2009-14
7.6 Prison and police services strategy to reduce suicide and self harm	Prison Service Police service	Prison Service Police service	Prison Service Order 2700 by end of April 2008 Police Service to ensure safe custody schemes are effective 2009-13
7.7 Development of a task and finish group to consider the actions necessary to limit access to the means of suicide and the development of signage and telephones promoting access to telephone help lines in suicide 'hotspots'	Welsh Assembly Government Local Authorities British Transport Police Network Rail	Welsh Assembly Government	Group to be established Feb 2010



The National Action Plan to Reduce
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Annex A

Key Policy and Guidance Relevant to Preventing Suicide

14-19 Learning Pathways

All Wales Antenatal Routine Enquiry into Domestic Abuse

All Wales Youth Offending Strategy

Building Strong Bridges

Child and Adolescent Mental Health Services: Everybody's Business

Child Poverty Implementation Plan

Children and Young People: A Framework for Partnership

Children and Young People's Framework Partnership Plans (CYPFPP)

Children and Young People's Partnerships

Climbing Higher: A Strategy for Sport and Physical Activity

Communities First Programme

Community Safety Partnerships

Corporate Health Standard

Deputy Minister's Review of Over Indebtedness 2005

Designed for Life - A World Class Health Service for Wales

Education of Children with Medical Needs

Flying Start

Health Challenge Wales

Healthy Ageing Action Plan for Wales

Hidden Harm: Responding to the Needs of Children of Problem Drug Users

Inclusion and Pupil Support: Circular 47/2006 Special Educational Needs Code of Practice - Inclusion and Pupil Support Guidance

Local Authority Health, Social Care and Wellbeing Strategies

National Homelessness Strategy for Wales

National Partnership Forum

National Service Framework for Children, Young People and Maternity Services in Wales

National Service Framework for Older People in Wales

Parenting Action Plan: Supporting Mothers, Fathers and Carers with Raising Children in Wales

Prison Service Order (PSSO) 2700 ACCT: Suicide Prevention and Self-Harm Management
Race Equality Scheme

Raising the Standard: Adult Mental Health National Service Framework

Tackling Bullying - Respecting Others: Circular 23/2003

Rural Stress Scheme

Safeguarding Children: Working Together under the Children Act 2004

Senior Volunteer Network

Strategy for Older People in Wales

Supporting People Programme

Tackling Domestic Abuse: The All Wales National Strategy

Teacher Training Programme

Thinking Positively: Emotional Health and Well-being in Schools and Early Years Settings

Welsh Housing Quality Standard

Welsh Network of Healthy Schools

Workboost Wales

Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018