



Response to:

**Welsh Government: Talk to me 2 – Suicide and Self Harm
Prevention Strategy and Action Plan for Wales**

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**MAE POB PLENTYNDOD WERTH BRWYDRO DROS
EVERY CHILDHOOD IS WORTH FIGHTING FOR**

About us:

The National Society for the Prevention of Cruelty to Children (NSPCC) believes that every childhood is worth fighting for. To do this we fight for **children's** rights, listening to them, helping them and making them safe. We share our experience with governments and organisations working with children so together we improve the protection of children and challenge those who will not learn or change. We campaign for better laws and we educate and inform the public to improve understanding about child abuse and neglect.

The NSPCC provides national services such as ChildLine and our Helpline for adults concerned about a child. Our local services in Cardiff, Prestatyn and Swansea provide services that support children who are most vulnerable to abuse, providing help, advice and treatment to children at risk or those who have been abused or neglected.

The NSPCC Strategy to 2016 identifies the following priority themes:

- Sexual abuse
- Neglect
- Physical abuse in high risk families
- Children under one
- Looked After Children (LAC)
- Minority Ethnic Children (MEC)
- Disabled children
- Online safety

The NSPCC is an independent charity that works to improve the safeguarding and protection of children from abuse and neglect. The Children Act 1989 gives the NSPCC the power to make certain applications to the family court to safeguard the welfare of children at risk of significant harm. The NSPCC is the only charitable organisation with this power in England and Wales (we also have similar powers in Northern Ireland).



Introduction

NSPCC Cymru/ Wales welcomes the opportunity to comment on the Talk to Me 2 Suicide and Self Harm Prevention Strategy and Action Plan for Wales. Suicide and self-harm are issues that affect a large number of children and young people across Wales and the UK. Through ChildLine the NSPCC provides support to thousands of children/young people suffering with issues of suicide and self-harm. Last year across the UK (2013/14) ChildLine provided 34,517 counselling sessions about suicide to children and young people an increase of 18 per cent on 2012/13 and a staggering 116 per cent since 2010/11. Worryingly 5,846 ChildLine counselling sessions were provided to children/young people who had previously made an attempt on their life¹.

Further to the large increase in young people contacting ChildLine with issues of suicide and self-harm, the Child Death Review Programme for Wales has also noted that suicide is a major cause of deaths amongst children and young people aged 12-17². Clearly there continues to be a need for further development of a national prevention strategy/action plan on suicide and self-harm.

¹ NSPCC/ChildLine (2014) *On the edge - ChildLine spotlight: suicide*, Available at <https://www.nspcc.org.uk/globalassets/documents/research-reports/on-the-edge-childline-suicide-report.pdf> (Accessed 27.01.15)

² Public Health Wales (2014) *Thematic review of death of children and young people through probably suicide, 2006-2012*, Available at [http://www2.nphs.wales.nhs.uk:8080/ChildDeathReviewDocs.nsf/5633c1d141208e8880256f2a004937d1/ce6956a584dd1f6b80257c9f003c3fa1/\\$FILE/PHW%20probable%20suicide%20web.pdf](http://www2.nphs.wales.nhs.uk:8080/ChildDeathReviewDocs.nsf/5633c1d141208e8880256f2a004937d1/ce6956a584dd1f6b80257c9f003c3fa1/$FILE/PHW%20probable%20suicide%20web.pdf) (Accessed 27.01.15)

Question 1 – Is the strategy focussed on the right areas to deliver improvements in Wales? Are there any issues that should be addressed? Is so, please provide evidence and suggestions.

The NSPCC broadly supports the areas identified in the strategy. Specifically we strongly support the strong emphasis of a holistic approach to working with suicidal individuals. The multi-faceted nature of suicide means that being able to work across professional and agency boundaries is fundamental to reducing suicides across Wales. Further to this we support the requirement for suicide prevention be built into the Single Integrated Plans.

The importance of not living in poverty has rightly been identified by the draft strategy and we welcome the naming of the Child Poverty Strategy in the action plan. We would, however, urge that the strategy emphasise more explicitly the impact of the economic downturn on rates of suicide³. Given the current economic climate and the strained financial situation of statutory services we would urge that the importance of economic prosperity generally be more carefully considered.

The strategy correctly notes that many groups of young people are at an elevated risk of suicide; however, there appears to be no clear reference to the All Wales Child Protection Procedures. While we acknowledge that child protection mechanisms may not always be the most appropriate method of intervening there are many instances when the issues facing young people are linked to safeguarding and protection issues. As such we would ask that some more explicit reference be made to these important procedures.

Perhaps more worryingly the strategy does not seem to have made reference to the relatively poor provisions of Child and Adolescent Mental Health Services (CAMHS) in Wales⁴. The limited availability of inpatient care and the patchy and variable coverage of out-of-hours highlighted by the Welsh Audit Office (WAO) and Healthcare Inspectorate for Wales (HIW)⁴ seems likely exacerbate the evaluated risk of suicide faced by children and young people. We strongly urge that the strategy highlight the need for improved CAMHS provision across Wales.

Further to this the transition from CAMHS to Adult Mental Health Services (AMHS), often in the form of Community Mental Health Teams (CMHTs) is an area where there are well established issues⁵. We would urge that some

³ Reeves A, McKee M, Stuckler D. (2014) Economic suicides in the Great Recession in Europe and North America. *British Journal of Psychiatry*. **205**, pp.246-247.

⁴ Wales Audit Office and Health Inspectorate Wales. 2013, *Child and Adolescent Mental Health Services: Follow-up Review of Safety Issues*, http://www.hiw.org.uk/Documents/477/CAMHS_Final_english.pdf (Accessed 12.02.14)

⁵ Brodie, I., Goldman, R. and Clapton, J. (2011) *Mental Health Service Transition for Young People*, Research Briefing 37. London: Social Care Institute for Excellence (SCIE).

Lamb, C and Murphy, M. 2013. The divide between child and adult mental health services: points for debate, *The British Journal of Psychiatry*, **202**, pp.41-44

Street, C. (2000), *Whose Crisis? Meeting the Needs of Children and Young People With Serious Mental Health Problems*, London: Young Minds.

progress might be made in preventing suicide by improving the transition between these services.

In addition to this the lack of support being offered to those caring for children and young people is felt to be of grave concern. The proposed closure of the Cyd Unit in Cardiff for new mothers with mental health/illness needs represents a considerable setback in support for those caring for children and young people. As the only unit of its type in Wales we would ask that this decision be reconsidered.

The importance of school based interventions⁶ is clearly articulated in the strategy as is the strong link between suicide and employment status⁷. Specifically those young people with limited employment opportunities are highlighted as being at elevated risk of suicide. Despite this there does not seem to be any mention made of those young people who are Not in Education, Employment or Training (NEET). This groups who are often disengaged from statutory services pose a high risk group that would likely benefit from further support and assistance.

Question 2 – Are there other reference materials which could be included in the Strategy? If so, please provide details.

In Annex 3 we would ask that the following be added to the list of policies/activities contributing to the prevention of suicides and self-harm:

- Mental and emotional wellbeing -
 - **Children’s Commissioner for Wales**
- Adverse Life Events -
 - All Wales Child Protection Procedures 2008
 - Safeguarding together under the Children Act 2004

The ChildLine *On the edge* spotlight report¹ on suicide provide details of a marked increase in children and young people contacting ChildLine for support with suicide and self-harm. ChildLine is unique in the reach it has with children

⁶ It should be noted that Scott and Guo (2012:8) in their synthesis of systematic reviews of suicide prevention interventions and strategies noted that school based interventions can improve awareness, knowledge and help-seeking behaviours amongst young people but there appears to be no evidence that such prevention programmes prevent suicide. Despite this PSE and schools generally have a critical role in challenging the stigma that can be associated with suicide and self-harm. We, however, would urge that any programmes utilised in schools be subject to robust evaluation to evidence their effectiveness.

Scott, A, and Guo, B. (2012) *For which strategies of suicide prevention is there evidence of effectiveness?* World Health Organization (Europe), Available at http://www.euro.who.int/_data/assets/pdf_file/0003/168843/HEN-Suicide-Prevention-synthesis-report.pdf (Accessed 03.02.14)

⁷ Ford, E., Clark, C. McManus, S. Harris, J., Jenkins, R., Bebbington, P., Brugha, T. Meltzer, H and Stansfeld, S. A. (2010) Common mental disorders, unemployment and welfare benefits in England. *Public Health*, **124**(12), pp. 675-681

Platt, S. and Hawton K. (2000) Suicidal behaviour and the labour market. In: Hawton, K. and van Heeringen, K. (eds). *International Handbook of Suicide and Attempted Suicide*. John Wiley and Son: London, pp. 309-384.

and young people. We would strongly urge that the findings from this report be used to help inform our understanding of the challenges faced by children and young people.

Question 3 – Are the Priority Actions within the Action Plan appropriate to ensure delivery of the Strategy? Are any Priorities missing? If so please set them out here.

The priority actions in the action plan cover a diverse range of topics and issues. We have the following comments to make about the priority actions:

Objective 1

Priority Action 1 – We would suggest that local authority training departments and Safeguarding Children Boards (SCBs) also be included in this priority action. Social services⁸ and early intervention services such as Flying Start have contact with families and young people who are often at elevated risk of suicide. As such they should also be seen as a priority group that is able to feed into a framework for training professionals.

Further to this we would ask that e-learning opportunities be made available for non-health professionals. The flexibility of these modules mean that professionals from a range of backgrounds would be able to access them at times that suited them.

Priority Action 3 – We welcome the focus on promoting staff and pupil awareness training and the adoption of a policy on managing the consequences of suicide and self-harm in schools. As previously noted we would urge that any specific interventions be carefully chosen and evaluated.

Priority Action 4 – ChildLine and the NSPCC have a considerable amount of child/young people focused material and would be keen to feed into this priority action. While our websites are predominately mono-lingual we would happily provide information advice, support and translate appropriate documentation.

Priority Action 5 – Consideration might also be given to engaging with the Social Services Improvement Agency (SSIA) or the Care Council for Wales (CCW).

Priority Action 6 – Consideration should be given to engagement with SCBs and the National Independent Safeguarding Board when formed.

Priority Action 7 – We would ask that this website be young person friendly or have clear links to services such as ChildLine that can help engage with children and young people.

⁸ It is important to note that social workers from local authorities often form a significant part of CAMHS and CMHTs.

Objective 2

Priority Action 8 – As indicated in our response to question 1 we remained concerned that services for supporting children and young people with mental health needs are under-resourced and struggle to meet the demands being placed upon them. We hope that this Action Plan will specifically examine the support available to children and young people.

Objective 3

Priority Action 9 – We welcome the focus on information for parents and those supporting children but more work is needed to make the *Help is at Hand Cymru* resource more children/young person friendly. Alternatively a separate document specifically designed for children and young people should be developed. Specifically, we would like to see the development of a child focused piece of work for children bereaved by parental/familial or peer suicide.

Objective 4

Priority Actions 10 and 11 – We welcome the adoption of the Samaritans Media Guidelines as a guide for reporting suicide in Wales. The importance of the Werther effect is well established and having effective measures to reduce incidents of 'copycat' or 'social contagion' suicides is greatly welcomed⁹. We would however also ask that ChildLine be more explicitly identified as a source of support where those completing the act of suicide are young people. ChildLine is able to provide support not only to those young people experiencing suicidal thoughts and feelings but also support other young people who might be supporting their peers or are affected by the loss of a friend by suicide.

Objective 5

Priority Action 14 – The NSPCC and ChildLine are heavily engaged with partners in the internet industry on a variety of issues ranging from child pornography through to issues of self-harm and suicide. We are currently member of the UK Council for Child Internet Safety, Wales Internet Safety partnership and work closely with the Child Exploitation and Online Protection Centre (CEOP) to safeguard and protect children from abuse and neglect. As such we strongly support a focus on how safeguards can be put in place to reduce incidents of suicide and self-harm. We would, however, urge that this work have a broad scope so as to capture a diverse range of issues that might serve as causal factors for suicide. For example, both CEOP and YoungMinds have identified how online sexual abuse has been linked to suicides amongst young people¹⁰.

⁹ Williams, J. (2011) The effect on young people of suicide reports in the media. *Mental Health Practice*, 14(8), pp. 34-36

¹⁰ CEOP (2013) *Alarming new trends in online sexual abuse*. Available at <http://ceop.police.uk/Media-Centre/Press-releases/2013/ALARMING-NEW-TREND-IN-ONLINE-SEXUAL-ABUSE/> (Accessed 04.02.15)

The NSPCC and ChildLine are currently running a series of internet safety awareness campaign for both children/young people and parents. Our Be Share Aware campaign¹¹ gives practical advice for both children/young people and parents on how to stay safe on social media. Additionally ChildLine has previously run campaigns specifically addressing issues of self-harm and suicide. These campaigns have been highly effective in encouraging children/young people to contact ChildLine for support with their suicidal thoughts and feelings. We would welcome the opportunity to engage more the Welsh Government and the National Advisory Group on Suicide and Self-Harm Prevention on issue of internet safety and suicide prevention.

Objective 6

Priority Action 15 and 16 – We welcome the **Child Death Review Programme’s** thematic review of **young peoples’ suicides in Wales**, and hope that follow up reviews will take place on a rolling programme.

Question 4 – We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

Resources – No additional resources appear to be being provided through the proposed strategy/action plan. For wider roll out of programmes such as ASIST resources are needed in both the provision of the programme and the freeing up of staff to attend the training.

Physical barriers to reduce suicide: The installation of physical barriers at suicide ‘hotspots’ should be included in the action plan. The effectiveness of such programmes has been validated by numerous studies¹². Restricting access to means of suicide whether in the form of limiting the availability of paracetamol¹³, or through physical changes to the build/natural environment¹², can reduce the completion rates of suicide and provide more time for services to intervene. Additionally suicidal thoughts and feelings can be fleeting for many, so small barriers can be sufficient to stop people acting on their feelings/thoughts.

YoungMinds (2013) *Children commit suicide following blackmail and abuse*. Available at http://www.youngminds.org.uk/news/blog/1628_children_commit_suicide_following_blackmail_and_abuse (Accessed 04.02.15)

¹¹ NSPCC (2015) *Share Aware: Helping your child stay safe on social networks*. Available at http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/share-aware/?utm_source=utm_internalcomms&utm_medium=utm_emailsig&utm_content=utm_emailsig1&utm_campaign=ShareAware2014 (Accessed 04.02.15)

¹² Scott, A, and Guo, B. (2012) *For which strategies of suicide prevention is there evidence of effectiveness?* World Health Organization (Europe), Available at http://www.euro.who.int/_data/assets/pdf_file/0003/168843/HEN-Suicide-Prevention-synthesis-report.pdf (Accessed 03.02.14)

¹³ Hawton, K. 2001. Effects of legislation restricting pack sizes of paracetamol and salicylate on self-poisoning in the United Kingdom: before and after study, *British Medical Journal*. **322**(1203)

United Nations Convention on Rights of the Child (UNCRC) – We are pleased to see that the Rights of the Children and Young People Measure (Wales) 2011 has been identified as contributing towards the prevention of suicide and self-harm (see Annex 3 of consultation documents). The Welsh Government’s determination to use this as the foundation for all work with children and young people is to be greatly applauded. However, we feel that some reference to the UNCRC in the course of this strategy/action plan would help to the commitment to a rights based approach in Wales. Specifically the following Articles of the convention may wish to be highlighted in sections 59 to 61 of the Strategy:

- Article 6 – All children have the right of life. Governments should ensure that children survive and develop healthily.
- Article 24 – Children have the right to good quality health care.

Feedback and queries – We are happy for our consultation response to be made public. If any further information is needed, then please contact the NSPCC Policy and Public Affairs Team for Wales via email – publicaffairs.cymru@nspcc.org.uk.