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Ymchwiliad i'r Adolygiad Blaenoriaethau ar gyfer y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Inquiry into the Priorities for the Health, Social Care and Sport Committee

Ymateb gan: Y Samariaid Cymru

Response from: Samaritans Cymru

Samaritans Cymru consultation response

Priorities for the Health, Social Care and Sport Committee

About Samaritans Cymru:	Samaritans is a registered charity aimed at providing emotional support to anyone in emotional distress. In Wales, Samaritans work locally and nationally to raise awareness of their service and reach out into local communities to support people who are struggling to cope. They seek to use their expertise and experience to improve policy and practice and are active contributors to the development and implementation of Wales Suicide and Self Harm Prevention Action Plan 'Talk to Me 2'.
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Samaritans Cymru welcomes the opportunity to respond to the consultation on Priorities for the Health, Social Care and Sport Committee.

Samaritans Cymru exists to reduce the number of people who die by suicide. Whilst suicide can often be viewed in isolation, it is important to identify the breadth and complexity of risk factors which preclude suicide and suicide attempts. Actions to mitigate suicide risk support the wider public health initiative of increasing the resilience of communities, increasing public awareness and improving access to appropriate emotional or mental health support services.

Key Priority Areas

1) Implementation of Talk to Me 2: Action Plan

We have been active contributors to the Suicide and Self Harm Prevention Strategy for Wales, Talk to Me 2. However, there needs to be a clear and revised framework for its implementation.

- **Objective 1: Priority Action 6** - *Ensure the engagement of LHBs and local authorities in Regional Multi-Agency Suicide Prevention Fora*

As a priority, under objective 1, we support the action of ensuring engagement of local health boards and local authorities in Regional Multi-Agency Suicide Prevention Fora.

Suicide is the result of many different factors which interact in complex ways. Suicide prevention therefore requires the action of many agencies across sectors. This is why suicide prevention strategies and action plans are a key component in reducing suicide. We need to act locally to make sure the most effective ways of reducing suicide are in place.

The TTM2 priority action concerning Regional Multi-Agency Suicide Prevention Fora must be given precedence throughout the life of the strategy. The guidance detailing the creation and implementation of RMASPFs across local communities in Wales must be monitored and regularly reviewed.

Every local area in Wales has a unique profile: a unique geography, economy, and population. It follows that a profile of deprivation and associated suicide risk will also vary between local populations.

The link between socio-economic deprivation and increased risk of suicide is well established. Previous academic studies have shown us, for example, that men from the lowest social class living in the most deprived areas are at approximately ten times greater risk of suicide than those in the most affluent group living in the most affluent areas.

Local implementation of suicide prevention plans is vital for efforts to reduce suicide rates in Wales.

- **Objective 2: Priority Action 8** - *Improve the health care response to self harm*

Self harm is an important cause of admission to hospital and a risk factor for suicide. We need improved care and follow-up support for people attending A&E and returning home after a self-harm or a suicide attempt.

Self-harm among young people in Wales is currently at a five-year high. More than 1,500 patients aged between 10 and 19 were treated at Welsh hospitals between 2013 and 2014. Almost four times as many girls as boys were admitted for self-harm treatment in Wales in 2014.

For many individuals attending A&E for self-harm, this may be their first interaction with primary care staff. Those who are experiencing emotional distress or symptoms of mental illness need to access the appropriate care pathway through primary or secondary mental health support. However, due to a lack of mental health training and provision of staff and services, individuals at risk of continuing self harm or suicide are often discharged with no follow-up support.

It is vital that we ensure appropriate training is given to priority care providers who first come into contact with people who are at risk of self harm or suicide. This needs to be in conjunction with appropriate follow-up care for those individuals who are at risk and discharged from A&E. This should be viewed as a form of prevention.

2) Improving Access to Psychological Therapies

Timely access to psychological therapies has been identified by primary mental health staff as the top barrier to the successful delivery of primary mental health services in Wales. People with mental health problems, health professionals and charities are united on this issue - access to psychological therapies must be improved. As members of the Wales Alliance for Mental Health, we are working together to advocate for better access to psychological therapies in Wales. Access to the right talking therapy at the right time can be a form of prevention for those who may in the future need a more acute service and be at risk of suicide.

We would like to see an effective and full implementation of the Wales Psychological Therapies Plan for Adult Mental Health. We support the shared policy objectives of 'Putting Mental Health on the Agenda' of introducing waiting time measures for English and Welsh language psychological therapies across primary and secondary care and recording and publishing patient outcome data in relation to psychological therapies.

3) Loneliness and Isolation among older people

Older people are especially vulnerable to loneliness and isolation which can have a serious effect on mental and physical health. Half of those over 75 in the UK live alone[i] and 1 in 10 experience intense loneliness[ii]. Loneliness and

isolation is a major public health issue which increases the risk of mental health conditions and suicide.

Older people can become socially isolated for a variety of reasons such as poor health, no longer being the hub of their family, retirement, lower income, becoming a carer, and the deaths of spouses and friends.

One of the barriers to tackling loneliness and isolation in older people is difficulty in identifying those who are most at risk.

Studies have shown that people who are socially isolated experience more stress, have lower self-esteem and are more likely to have sleep problems than people who have strong social support. Loneliness and isolation puts individuals at greater risk of cognitive decline and is a risk factor for suicide in older age. Worldwide, the highest rate of suicide is seen in those over the age of 75, yet suicide prevention in older people is often a neglected area.

We believe that Loneliness Mapping should be considered as a priority action in order to reduce the rate of loneliness and isolation in Wales. Loneliness mapping allows local services and local authorities to work collaboratively to use existing data to predict where the most lonely and isolated residents live, allowing limited resources to be targeted at people and places that need them most. Loneliness mapping should be viewed as a preventative measure which can alleviate this risk in the most vulnerable individuals.

Essex County Council was the first to design and implement the use of loneliness mapping which was then further adapted by Gloucestershire County Council. Following on from this, the University of Kent and the charity, Campaign to End Loneliness, analysed the success of mapping and the positive benefits it yielded[iii].

4) **Alcohol Misuse in Wales**

In its primary context, alcohol can contribute to the development of mental health problems and can hinder or worsen diagnosed mental health management. Individuals may use alcohol to self-medicate or to manage their mental health. If suicidal ideation features as a symptom of a diagnosed or undiagnosed mental health condition, alcohol can be a risk factor. Alcohol misuse reduces inhibitions and makes acting on suicidal thoughts more likely, with as many as 65% of suicides being linked to excessive drinking. Misuse of alcohol increases the risk of suicide, particularly for men, who are 8 times more likely to kill themselves under the influence.

We believe that the introduction of Minimum Unit Pricing (MUP) would help save lives and make a significant contribution to public health in Wales, In

addition to this, we have pushed for suicide prevention training for frontline staff who work in addiction services and for others such as police officers and health officials. More widely, we believe that whilst most people are aware that drinking too much alcohol is bad for us, many are unaware of the long term effects. In particular, evidence shows that people who consume high amounts of alcohol are vulnerable to higher levels of mental health problems. Young people, men, and socially isolated and/or deprived individuals are high risk groups and as such, measures should be taken to ensure effective and targeted campaigning.

[i] **'Loneliness Research'** Retrieved from http://www.campaigntoendloneliness.org/loneliness-research/
[ii] **'Find out how we're working together to end loneliness in later life'** The Campaign to End Loneliness: London
[iii] Goodman, A.,Adams, A.,& Swift H.J. 2015.**Hidden citizens: How can we identify he most lonely older adults?** The Campaign to End Loneliness: London