

## Everybody's Business – Health, Social Care and Sport Committee Report – December 2018

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### Committee Recommendation 1

*We recommend that a **suicide prevention training framework** should be adopted and implemented across all public services in a similar way to the framework for domestic violence, where training requirements are specified depending on the role. In particular, GPs would be one of the groups of professionals with greater training / skills requirements, and it is important that they and their practice staff have confidence to ask the right questions, and respond compassionately and effectively when dealing with patients who may be at risk of suicide. We believe that the National Advisory Group should take this forward as an immediate priority, particularly given that a training framework has already been developed and is being launched in England.*

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### Welsh Government response - ACCEPT

The suicide prevention training framework in England was developed with input from over 100 qualified individuals, including advice and support from Professor Ann John, chair of the National Advisory Group (NAG) in Wales. There is a reciprocal agreement for the framework to be adapted for Wales. The NAG has committed to review the full content of each training module to ensure suitability for Wales and to consider additional Welsh content which will be required alongside the framework. This work will include support to GPs. This will be made available online and will be published in 2019.

We will also consider, with the NAG, how we promote this work and actively encourage public services to take up the opportunities outlined in the training framework.

#### Financial Implications

The development of the framework itself will have costs associated to translation and will be available online through an already supported website. Further work with the NAG, associated with the implementation of this action, have been factored into our budget next year.

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### Committee Recommendation 2

*We recommend that the **Welsh Government should take the lead in promoting existing materials**, such as the “See. Say. Signpost.” Training resource as part of a*

*campaign to raise public awareness and embed the message that suicide is everybody's business and can happen in any community at any time.*

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### **Welsh Government response - ACCEPT**

We recognise the importance of raising awareness of resources. A website for the work of the NAG is already being developed and will aim to improve the promotion of, and access to, related resources. It will be officially launched on 31 January 2019 and will include links to appropriate evidence-based programs and sources of support for individuals, families, schools, businesses and communities. The website content will be maintained by the NAG to ensure it remains current and relevant for Wales. To increase the reach, the website will be promoted via the multiagency membership of the NAG and other groups where appropriate, for instance the Mental Health Crisis Concordat Assurance Group.

As opposed to a stand alone 'campaign' where there is a limited evidence base regarding impact at a population level, we will continue our focus on increasing mental wellbeing and resilience, for instance through our work on ACEs and the Whole School Approach. We will continue to work with Public Health Wales to identify further opportunities, for instance through the Welsh Network of Healthy Schools and Healthy Working Wales to strengthen this approach. The Welsh Government communication team has access to an established group of communications leads across the NHS in Wales which can assist in facilitating the promotion of materials at appropriate times.

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### **Committee Recommendation 3**

*We recommend that the Assembly Commission offers suicide prevention training for Assembly Members, Assembly Members Support Staff, Commission staff and contractors. We hope that, as well as equipping Assembly Members and staff to respond appropriately, this will show an example to other employers, and we would urge the Welsh Government to promote suicide prevention training to all of its' staff.*

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### **Welsh Government response - ACCEPT**

The Welsh Government has a number of HR professionals that have undertaken suicide prevention training. The Welsh Government has also signed up to the Time to Change Wales pledge to tackle mental health stigma and discrimination and, in support of the pledge, has put a programme of awareness raising in place available to all staff. We are also preparing a Mental Health Strategy for Welsh Government staff which is led by HR.

We are aware that the Assembly Commission will respond directly in response to this recommendation.

#### Financial Implications

Costs associated with the implementation of this action will be included within existing training and development budgets.

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#### **Committee Recommendation 4**

*We recommend that the Welsh Government and National Advisory Group work with Network Rail and the Samaritans to evaluate the success of the Small Talk Saves Lives campaign with a view to rolling this out to a wider range of organisations.*

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#### **Welsh Government response – ACCEPT IN PRINCIPLE**

We recognise that there are a number of current suicide prevention initiatives in Wales, including the Small Talk Saves Lives campaign. The Welsh Government and the NAG will map current programmes and initiatives in Wales, including identifying if an evaluation is included as part of the initiative.

With our Knowledge and Analytical Services Team, we will explore options to strengthen the evaluation, where required, of initiatives that have the potential for scalability and to learn from those initiatives with robust evaluation. This will include consideration of the Small Talk Saves Lives campaign and others referenced throughout the recommendations. This will inform future areas for investment.

#### Financial Implications

Costs associated with the implementation of this action have been factored into our budget for next year.

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#### **Committee Recommendation 5**

*We recommend that the Welsh Government take urgent action to ensure that all GPs in Wales are aware of and understand the GMC guidelines on sharing information and the consensus statement agreed by the UK Department of Health, Royal Colleges and other partners. We support the campaign by Papyrus to encourage chief executives of NHS bodies to provide assurance that they will support staff who make a best interest decision to break patient confidentiality in order to protect life.*

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## **Welsh Government response - ACCEPT**

We will produce a Welsh Health Circular to ensure that all GPs in Wales are aware of and understand the GMC guidelines on sharing information and the consensus statement agreed by the UK Department of Health, Royal Colleges and other partners.

We will work with the Chief Medical Officer to consider further opportunities to raise awareness with health boards and will draw this recommendation to the attention of Chief Executives of NHS bodies in Wales.

### Financial Implications

None.

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## **Committee Recommendation 6**

*We recommend that the Welsh Government must take all necessary steps to ensure parity between mental and physical health services. This should be tied to “A Healthier Wales”, and the Welsh Government must ensure that its plans for the development of health and social care services give the same priority to mental health and wellbeing as to physical health. This includes ensuring the allocation of appropriate resources, and that patient outcomes, in terms of improved mental health, are measured and reported. If the Welsh Government is serious about achieving parity between mental and physical health, it must consider whether the introduction of meaningful targets would ensure health boards give sufficient focus to improving mental health services and patients’ experience of care.*

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## **Welsh Government response - ACCEPT**

We have already committed to working towards ensuring parity for physical and mental health. Prosperity for All positions mental health as one of six priorities for Welsh Government and commits us to improving services and addressing mental health and physical health in tandem. A Healthier Wales builds on this, committing to provide equitable level of treatment, care or support irrespective of whether it is a matter of physical or mental health.

The transformation fund was established to ensure that proposals are appraised against the design principles set out in A Healthier Wales, and several bids have already been approved with a focus on mental health. These proposals are endorsed by one or more Regional Planning Boards who consider them in light of regional population needs assessments and area plans, in line with current legislation and Welsh Government policies which reinforce the parity of mental and physical health. The Social Services and Well-being (Wales) Act requires local authorities and health boards to carry out an assessment of population needs,

highlighting the care and support needs in an area, and setting out the range and level of services required to meet those needs. Area Plans developed by Regional Partnership Boards set out how local authorities and health boards will meet the needs identified in the population assessments.

The current mental health transformation fund, which commenced in 2018/19 and the new money for mental health being made available from 2019/20 also includes a requirement for alignment with 'A Healthier Wales'. In addition the draft *Together for Mental Health Delivery Plan 2019-2022*, which will be formally consulted upon in the spring, includes a substantive theme on parity between physical and mental health.

In relation to meaningful targets, the current work being undertaken to develop the Mental Health Core Dataset (MHCDS) will capture person-level data from information entered by clinicians at point of assessment, care and treatment planning, and review. These data items have been developed by a multi-agency national project steering board and are currently being taken through the Welsh Information Standards Board (WISB) to ensure that they are collected in a consistent way. This work is currently phased but is due to conclude by the end of 2019. This dataset will be captured within the Welsh Community Care Informatics System (WCCIS), which is a technology platform for both health and social care.

As part of the core dataset project plan, there is also a work stream looking at reporting requirements. This will include current Welsh Government targets such as referral to treatment times under the Mental Health Measure, but also how we capture outcomes. We are working closely with the peer group; areas currently live on WCCIS and NWIS to enable this work to progress.

In line with the wider WCCIS programme, the system is anticipated to be fully operational by 2022. From a mental health perspective we have employed staff to support work directly with teams across Wales throughout 2019, to pilot forms and data collection using existing IT systems, in preparation for WCCIS. This includes work to inform outcome focused practice, capture service user experience, and to improve the consistency in using outcome measures for progress in recovery. The work will extend across all mental health teams in 2020-2021, creating a culture of outcome-focused practice.

### Financial Implications

There are no additional financial implications – this work has already been factored into existing work programmes.

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## **Committee Recommendation 7**

*We recommend that the effectiveness of the urgent referral route for GPs implemented by Hywel Dda Health Board be evaluated with a view to rolling this approach out across all health boards in Wales.*

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## Welsh Government response - ACCEPT

Standards are already in place requiring health boards to meet target times from referral to assessment. The Welsh Government Guidance '*The Role of Community Mental Health Teams in Delivering Community Mental Health Services: Interim Policy Implementation Guidance and Standards (2010)*' includes the expectation that people who are referred as an emergency are assessed within 2-4 hours, urgent referral within 48 hours, and routine referrals within 28 days as per the *Mental Health Measure Wales (2010)*. We will continue to monitor this through regular Together for Mental Health Updates.

Hywel Dda health board has confirmed that they do not have a protocol that differs from the existing expectations around GP referrals to Community Mental Health Teams (CMHTs) which exist across Wales.

### Financial Implications

There are no financial implications.

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## Committee Recommendation 8

***Part A** - We recommend that the Welsh Government develops of an all-Wales triage model which would see community psychiatric nurses based in police control rooms. We believe this work should be carried out in line **with the six month timescale** set out in the Children, Young People and Education Committee's Mind Over Matter report (its recommendation 15):*

- *That the Welsh Government, **within six months** of this report's publication, in relation to crisis and out-of-hours care:*
  - *Work with Welsh police forces to scope an all-Wales triage model which would see mental health practitioners situated in police control rooms to provide advice when children and young people (and other age groups, if appropriate) present in crisis;*
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## Welsh Government response - ACCEPT IN PRINCIPLE

Improving access to out of hours and crisis care is a priority area in our mental health transformation fund and we have committed nearly £1 million for a range of approaches to improve support, including liaison services, crisis support and street triage from 2018-19. This builds on the range of approaches that have already been implemented by the Regional Mental Health and Criminal Justice Partnerships.

Crisis and out of hours care has also been identified as a priority area for investment in 2019-20. We continue to work with partners, including the four police forces in

Wales, via the Mental Health Crisis Concordat Assurance Group, to target this investment to maximise impact. This prioritisation will also be informed through the reporting to the Welsh Government and the Mental Health Crisis Concordat Assurance Group on the progress of the current range of approaches. This will include consideration of the impact of the approaches already operating in some areas to ensure we identify evidenced based approaches that should be supported at a national level.

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***Part B** - outline how resources could be directed towards enabling crisis teams in all health boards to provide training and cascade expertise to other frontline services, particularly colleagues in A&E, in border areas (to improve cross-border relations with those centres most often accessed by Welsh domiciled patients), and in schools (to normalise conversations about suicide and self-harm in particular);*

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### **Welsh Government response - ACCEPT IN PRINCIPLE**

The approach to this will be informed by our work detailed in Part A. The pivotal role of crisis teams in providing expertise to other front line services are acknowledged and supported by current CMHT guidance. Crisis teams are not resourced to deliver direct training and we would not see this as a core role of the team, however we will consider training requirements as part of the approach outlined in Part A of this recommendation .

The CAMHS in-reach pilot has been running since 2017 in an effort to up skill school staff to help children and young people before they reach crisis point. This includes training and resources for school staff on how to discuss suicide and self-harm with children and young people. Our future actions in this area will be informed by the findings from the formal evaluation of the in-reach pilots which is expected in Autumn 2020. This work is overseen by the Ministerial T&F Group to ensure it is integrated as part of the whole school approach to mental health and well-being.

Part I of the Mental Health (Wales) Measure 2010 seeks to strengthen the role of primary care in delivering effective mental health care and treatment, and sets out the legal requirement for the delivery of LPMHSS throughout Wales. One of the five key functions of LPMHSS is to provide information, advice and other assistance to primary care providers to support and improve the mental health services that they provide or arrange.

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***Part C** - ensure that follow-up support is being provided by health boards after discharge, provide information on how health boards monitor this provision, and*

*commit to making this information publicly available to ensure transparency and accountability;*

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### **Welsh Government response - ACCEPT**

It is already an expectation that health boards provide follow up at discharge, as per action 1.2 in the 2016-19 Together for Mental Health delivery plan and in the Talk to Me 2 delivery plan. We recognise that the standard has recently been revised to 3 days as part of the National Confidential Inquiry into Suicide and Homicide (NCISH). Reporting of this standard will be considered as part of the work of the mental health core dataset, detailed in recommendation six, although it is recognised that current IT systems do not support this data collection. We will be requesting that health boards prioritise this data collection as part of the draft 2019-2022 delivery plan. As part of this, we will work with health boards to identify the most appropriate way of following individuals who are signposted to other teams / services from A&E.

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***Part D** - ensure that all health boards are adhering to the requirement to hold designated beds that could be staffed adequately for unders-18s in crises, indicating how this will be monitored and reported in future, and what steps will be taken if such beds are not available;*

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### **Welsh Government response - ACCEPT**

In 2015 we published [Admissions guidance](#). This provides direction on the importance of effective support and treatment of young people under the age of 18 years. The guidance details the pathways, processes and procedures that health boards are expected to adhere to, to ensure children and young people receive treatment in a timely and appropriate manner and are cared for in an age appropriate, caring and supportive environment.

In circumstances where admission to an adult ward is unavoidable, children and young people should be cared for by suitably qualified staff and, as soon as practicable, they should be moved to a more appropriate facility. It is also a requirement that these incidents are recorded and reviewed to ensure the correct processes have been followed and that lessons can be learned to inform the future management of similar incidents.

With effect from 1 April 2015, all admissions to adult mental health wards of children and young people aged 16 and under; admissions to adult wards of people aged 16 to 17 years of age deemed inappropriate to needs and patient choice; and children and young people aged 16 and under taken to a place of safety under section 136 which includes a police station as defined under section 135 of the Mental Health Act



1983 ( MHA) should be reported to the Welsh Government in accordance with its serious incident

learning framework (as set out in the Putting Things Right guidance).

<http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=898&id=194173>

Health Boards confirm their designated wards to Welsh Government annually by 1 April. Inappropriate admissions to adult wards for children and young people aged 16-18 are deemed to be serious untoward incidents and must be reported to Welsh Government – these incidents have reduced year on year.

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***Part E** - implement with pace and in a uniform way across health boards the single point of access approach to specialist services, to ensure timely and appropriate access to support, urgent or otherwise; and*

▪ *reflecting on the results of the review of crisis care, outline what more needs to be done to deliver a safe and cost-effective 24/7 crisis care service in all areas of Wales, how that will be done, and by when.*

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## **Welsh Government response - ACCEPT IN PRINCIPLE**

As set out in our response to the Mind Over Matter report, the Together for Children and Young People Programme as part of its 2018-19 work-programme are considering the merits of introducing a single point of access across health boards.

Similarly, Welsh Government has committed to revisiting the 2010 interim CMHT guidance to explore the possibility of single point of access model as part of the review. This is an identified action in the draft 2019-2022 Delivery Plan.

Again this implementation will be informed by the outcome of the work in Part A. We have made available almost £7m [£2.7m CAMHS / £4m adults] annually since 2015-16 to improve provision for people who present in crisis. We are aware from health board returns that CAMHS Crisis Teams and Adult Psychiatric Liaison Services are working extended hours and at weekends and in partnership with others are developing working relationships to enable a person who presents in crisis to be quickly assessed and access appropriate support.

### Financial implications.

There are no additional financial implications – this work has already been factored in to existing work programmes which will allow us to make progress on this agenda.

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## **Committee Recommendation 9**

*We recommend that the Welsh Government takes urgent action to establish to what extent those discharged from inpatient care are currently receiving follow-up care within the targeted timescale and provide an update to the Committee **within three months**. This should include steps to ensure that IT systems can identify whether this is happening.*

#### **Committee Recommendation 10**

*We recommend that the Welsh Government introduces six monthly monitoring and reporting of the target in the Together for Mental Health Delivery Plan that all patients discharged from inpatient care receive follow up care within the specified timescale.*

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#### **Welsh Government response – ACCEPT**

We recognise the importance of follow up support within 3 days of discharge. However following work to understand health board data capabilities, we are aware that only one health board has the IT infrastructure to capture this data currently. Support can be provided by a range of services including those in the third sector, and it is difficult to capture the information to meet reporting requirements. As outlined in our response to 8c, consideration to the best approach for assuring compliance and capturing information is being explored as part of the work on the mental health core dataset. Throughout 2019, reporting requirements are being defined for the WCCIS. In 2020, these will be built into the IT infrastructure. Data Standard Change Notices (DSCNs) will be issued to health boards as the work is finalised. The final core dataset in its entirety is due to be signed off in Q2 of 2020. However, until the data set is fully operational and rolled out, it will not be possible for Welsh Government to collect this data.

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#### **Committee Recommendation 11**

*We recommend that, in light of the evidence that suicide risk is greatest on the third day after discharge, the target for patients discharged from inpatient mental health care to receive a first follow-up appointment should be changed to ensure that patients are followed up **within 48 hours**.*

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#### **Welsh Government response - ACCEPT IN PRINCIPLE**

It is agreed that any follow up should take place as soon as possible and therefore we accept this in principle but have to consider it against the NCISH report recommending the standard for follow up is three days. There will be structured negotiation with the participation of all health boards to establish the detail of the

implementing the standard as per the WISB process (as detailed in response to 9/10) We will ensure that this recommendation is considered as part of the work.

### Financial Implications

There are no additional financial implications – this work has already been factored in to existing work programmes.

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### **Committee Recommendation 12**

*We recommend that a target be introduced for waiting times for psychological therapies to ensure that those in need receive this support within a suitable timescale. Accessing appropriate therapy early can provide the intervention that's needed and prevent someone from requiring crisis care at a later stage.*

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### **Welsh Government response – ACCEPT**

There are already targets in place for accessing Local Primary Mental Health Support Services (LPMHSS). For these services health boards are expected to undertake an assessment within 28 days of receiving a referral and a therapeutic intervention (which might include a psychological therapy) should start within 28 days of the assessment outcome. Both access standards have a target of 80%. Published data from October 2017 to September 2018 shows that on an all-Wales, all-ages basis, Health Boards met and exceeded both targets on 10 out of 12 occasions. This performance is in the context that LPMHSS services now receive an average of over 1,500 additional referrals a month across Wales compared to the same period in 2013-14 when reporting performance data started and neither target was met.

We are continuing to implement our commitment to improve access to psychological therapies and are providing an additional £5.5M a year of recurrent funding to support this. With further investment and support planned for next year. The National Psychological Therapies Management Committee has produced an implementation plan to assist health boards to assess their current position and to make improvements locally. This plan conveys expectations for delivery, including staff training and supervision and service user choice. In 2018, health boards undertook an audit against this plan and Matrics Cymru which sets out the range of psychological therapies to be delivered in Wales. This work is informing their investment plans.

We have already committed to introducing a target for specialist psychological therapies and we will commence formal reporting of this in April 2019. Health boards will be expected to have started treatment of 80% of patients within the 26 week

target. It is our intention to reduce this target once the new investment we are making from this year enables us to do so.

### Financial Implications

There are no additional cost considerations for this recommendation.

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### **Committee Recommendation 13**

***Part A** - We recommend that the Welsh Government accepts the call made in the mid point review of Talk to me 2 to develop and implement a **Wales-wide postvention strategy for suicide**, and that this work should be taken forward as **an immediate priority**. This should include details of follow up support for individuals bereaved by suicide, and in organisational settings.*

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### **Welsh Government response – ACCEPT**

We will urgently review the post-vention pathway now in place in England and work with the NAG to adapt it where necessary for Wales.

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***Part B** - It should incorporate the recommendation in Mind over matter that guidance should be issued to all schools on talking about suicide (and as a priority, to schools where there has been a suicide or suspected suicide).*

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### **Welsh Government response - ACCEPT IN PRINCIPLE**

This was accepted in principle in Mind Over Matter Response and new curriculum referenced (recommendation 7). The new curriculum in development includes modules on wellbeing, with content around self harm and suicide prevention. This is being prepared with expert advice from the NAG. This work forms part of the Ministerial T&F's work programme to ensure it makes up part of the whole school and whole system approach to mental health and wellbeing. Please also see our response to recommendation 24.

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***Part C** - The Welsh Government should ensure that sufficient ring-fenced resource is available to implement this post-vention strategy.*

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## Welsh Government response – ACCEPT

We have committed to providing resources for the post-vention strategy.

### Financial Implications

Costs associated with the implementation of this action have been factored into our budget for next year.

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## Committee Recommendation 14

*We recommend that the **Welsh Government and Public Health Wales actively promote the availability of the Help is at Hand Cymru resource**. This should include proactively engaging with third sector support groups and ensuring that frontline staff, particularly emergency services, who have contact with those bereaved by suicide are not only fully aware of Help is at Hand Cymru but, crucially, have access to copies of the resource so that this can be distributed to those bereaved at the point of need. As this resource is already available, this should be implemented within 3 months.*

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## Welsh Government response – ACCEPT

We recognise the difficulties people have experienced in obtaining hard copies of Help is at Hand. Funding will be made available to support ongoing printing and distribution costs, and Welsh Government will work with Public Health Wales to clarify contact arrangements for those seeking to access hard copies. This will include signposting to the contact details of the appropriate person via the Welsh Government, Public Health Wales and national suicide websites.

We will work with the NAG to actively promote the website and Help is at Hand via the membership and their networks following the formal launch of the site in January. We will liaise with leads in the police and Wales Ambulance Service Trust (WAST) to ensure that frontline staff in emergency services are aware of Help is at Hand and are signposting appropriately. We will also contact all health boards to raise awareness of the resource and website both for their staff and to promote in their areas.

### Financial Implications

Costs associated with the implementation of this action have been factored into our budget for next year.

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## **Committee Recommendation 15**

*We recommend that the Welsh Government should, as part of an all-Wales post-vention pathway, give active consideration to providing funding for support groups for those bereaved by suicide, so that people across Wales are able to access much-needed support. We believe such groups can play a key role in supporting the mental health and wellbeing of those bereaved through suicide. This could in turn lead to reduced demand for NHS services.*

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### **Welsh Government response - ACCEPT IN PRINCIPLE**

We have recently commissioned a piece of work funded through the End of Life Board to undertake a scoping study into bereavement care services in Wales. Marie Curie and Cardiff University will lead on the study, which initially seeks to map existing support, ranging from signposting through to specialist counselling, and to identify areas where further resourcing is needed. This will ensure a coordinated approach to delivering bereavement care in Wales. As part of the study, one area where particular focus will be given is services to support to those who have had a sudden unexplained death or death by suicide. This will help to inform targeted investment in a cross-governmental way for bereavement support.

The NAG is also leading on the development of a bereavement pathway. This will begin with stakeholder events to explore current experiences, and will inform more coordinated local and national support streams.

We would also expect health boards to fund such services in their own areas or work together to do so.

#### Financial Implications

Costs associated with the implementation of this action have been factored into our budget for next year.

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## **Committee Recommendation 16**

*We recommend that the National Advisory Group and regional suicide forums should engage with people who have personal experience of suicide ideation, including survivors of suicide attempts and people bereaved by suicide to ensure that all suicide prevention activity is informed by lived experience.*

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### **Welsh Government response – ACCEPT**

Welsh Government is committed to co-production and has recently invested in developing this approach with service user and carers with lived experience of

mental health. This includes support to the national forum, the development of national guidance and strengthened links between existing groups and national policy development.

In recognition of the time and travel costs for people with lived experience to attend meetings, we have also included within the NAG budget a travel and reimbursement stipend which can be accessed.

#### Financial Implications

Costs associated with the implementation of this action have been factored into our budget for next year.

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### **Committee Recommendation 17**

*We recommend that the Welsh Government works with NHS employers in Wales to ensure that all employees who have dealt with cases of suicide/attempted suicide are able to access appropriate support.*

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### **Welsh Government response – ACCEPT**

All NHS employers have Employee Assistance Programs, with wellbeing services offering a range of support, including access to counselling. In the Talk to Me 2 strategy, workplaces are identified as ‘priority places’ for activity focusing on suicide and self harm prevention. This includes raising awareness, de-stigmatising mental health problems, and encouraging help seeking behaviour. In addition to reducing stress and recognising the early signs of mental health difficulties, workplaces are encouraged to provide appropriate intervention and supports through employee health and wellbeing services.

#### Financial Implications

There are no additional financial implications – this work has already been factored in to existing work programmes.

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### **Committee Recommendation 18**

*We recommend that the Welsh Government recognise male suicide as a national priority and allocate appropriate funding to identify and implement new approaches to reducing the stigma associated with mental health to encourage men to talk about and seek help. This should include scope to roll out existing projects more widely.*

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## Welsh Government response – ACCEPT

We recognise male suicide as a national priority. Middle aged men are identified as priority people in Talk to Me 2 strategy and action plan. The NAG have produced guidance to each region to ensure that priority people, places and care providers were targeted in the development of local implementation plans.

We also currently fund programs working specifically with this cohort, including funding to expand Men's Sheds and the Samaritans through the section 64 mental health scheme.

Phase III of the Time to Change Wales program is funded by Welsh Government and has a focus on middle aged men for the 2018-2021 period.

As with recommendations 4 and 15, funding in support of initiatives supporting priority areas will be made available, and Welsh Government will work with the NAG to prioritise investment.

### Financial Implications

Costs associated with the implementation of this action have been factored into our budget for next year.

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## Committee Recommendation 19

*We endorse the recommendation of the mid-point review of Talk to me 2 that the implementation of NICE guidance on self-harm be a priority for the Welsh Government. This should **be implemented within 6 months** of the publication of this report.*

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## Welsh Government response – ACCEPT

It is already expected that health boards adhere to NICE guidelines. In response to this recommendation, Welsh Government will reinforce this expectation by writing to health boards within the timescale identified.

### Financial Implications

There are no additional financial implications and will be done within existing resources.

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## **Committee Recommendation 20**

*We recommend that the Welsh Government ensures that its forthcoming loneliness strategy reinforces the message that loneliness and isolation should be central considerations when budget and policy decisions are made.*

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### **Welsh Government response – ACCEPT**

Our strategy 'Connected Communities - Tackling loneliness and isolation' recently went out to formal public consultation which closed on the 15 January. The consultation document included:

- Setting out our suggested approach for the future, and why, and where we think we should be focusing our efforts in partnership with others.
- Posing a series of questions designed to facilitate discussion amongst organisations and individuals about what more needs to be done to effectively tackle loneliness and social isolation, including access to services.

The consultation asks a number of questions on how we should consider loneliness and isolation in the work that we do which will address this recommendation. Our finalised strategy will be published in 2019 following consideration of the consultation responses.

#### Financial Implications

The financial implications of the implementation of the Loneliness and Isolation Strategy will be considered as part of the development of the finalised document in 2019.

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## **Committee Recommendation 21**

*We recommend that the Welsh Government takes a lead in the current work with HEFCW and for it to expect further and higher education providers in Wales to introduce Student Mental Health Charters. This work should be done in time for the start of the 2019-20 academic year to ensure that students in Wales benefit from the work ASAP.*

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### **Welsh Government response - ACCEPT IN PRINCIPLE**

The Minister for Education has already remitted HEFCW to work with partners to address health and well-being, including adverse factors affecting mental health. As highlighted in the then Cabinet Secretary for Education's letter to the Committee in November last year (following-up on queries raised during its general scrutiny on FE and HE issues in October) universities in Wales have in place a range of mental

health and well-being initiatives and interventions to support students and staff. We will explore with HEFCW the potential for Welsh HE institutions' Student Charters, which have been in place since 2012/13, to take account of student mental health activity.

HEFCW is also progressing development of its Strategic Approach to well-being and mental health and associated action plan informed by, and in discussion with, a range of stakeholders, including Universities Wales, NUS Wales, AMOSSHE Wales (Student Services organisation), representatives from the Future Generations healthy universities and colleges group, Public Health Wales and other interested parties.

Higher Education Institutions in Wales are committed to working to improve the mental health and wellbeing of students and staff and a lot of good work is already being done in collaboration with other agencies and organisations, some of which is sector leading. We will continue to prioritise activity in this important area to ensure staff and students have access to the help and support they need.

In addition, Swansea and Cardiff Universities have adopted the suicide safe universities booklet produced by Papyrus. The NAG is exploring the potential to further implement this work.

#### Financial Implications

No additional funding implications for this recommendation.

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### **Committee Recommendation 22**

*We recommend that relevant staff from the Welsh Government and other agencies receive appropriate training, such as the Samaritans' "Working with compassion" kit, to show a greater awareness and understanding of the higher suicide risks associated with rural communities, particularly among farmers and their families. This would enable them to respond compassionately when dealing with bereaved families, and promote a greater understanding of the difficulties families in this situation can face in not only carrying on with their day to day farming business, but also in meeting timescales associated with Welsh Government farming processes. We would encourage relevant Government staff to use their discretion to alleviate further stress on bereaved families, for example by deferring farm inspections in appropriate circumstances.*

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### **Welsh Government response – ACCEPT**

Welsh Government supports the development of the working with compassion toolkit, through section 64 funding to the Samaritans. The Samaritans have

circulated electronic and hard copies of the toolkit widely, targeting front line staff , Citizens Advice Bureau's, Job Centres, all AMs and MPs, DWP, public health nurses, and Foodbanks in rural areas.

Our suicide and self-harm prevention strategy for Wales, Talk To Me 2, identifies people at risk of suicide which includes high risk occupational groups, including farmers and other agricultural workers. Further activity will be considered alongside the training framework (see recommendation 1).

The former Cabinet Secretary for Energy, Planning and Rural Affairs recently announced a donation of £500,000 to rural charities operating across the whole of Wales to help provide short-term support to those families who are least able to meet their living costs. The funding awarded to the three national charities is conditional on them working closely with the network of local charities, such as Tir Dewi and the DPJ Foundation, to deliver the initiatives.

The Welsh Government's Farm Liaison Service (FLS) also plays a pivotal role in helping farming families deal with difficult situations such as bereavement or financial hardship. FLS work closely with the farming charities – R.A.B.I, Tir Dewi, the Addington Fund and the Farming Community Network and regularly signpost farmers to these charities for additional help. FLS have also recently attended mental health awareness training – this has helped them recognise the signs and support people with mental health issues.

#### Financial Implications

No additional financial implications see detail above.

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### **Committee Recommendation 23**

*We recommend that the **Welsh Government liaises with the Home Office** with regard to reviewing the process for assessing and managing prisoners' risk of suicide and self-harm to ensure that it is sufficiently robust to identify those at risk and provides the right support for those who are managed through the process.*

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### **Welsh Government response – ACCEPT**

We continue to work closely with Her Majesty's Prison and Probation Service (HMPPS) to improve health and well-being in prisons in Wales. The process for assessing suicide and self harm risk is the responsibility of the Ministry of Justice and we will raise this issue with both HMPPS in Wales and the Ministry of Justice (MOJ).

## Financial Implications

There are no additional financial implications and will be done within existing resources.

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### **Committee Recommendation 24**

*We recommend that the Welsh Government ensures that the Children, Young People and Education Committee's Mind Over Matter recommendations are implemented in order to improve and protect the mental health and wellbeing of children and young people in Wales. On suicide specifically, we recommend that the Mind Over Matter recommendation on guidance to schools (its recommendation 16) should be taken forward as an immediate priority:*

*That the Welsh Government, in relation to suicide specifically, work with expert organisations to:*

- provide, within three months of this report's publication, guidance to schools on talking about suicide and self-harm, to dispel the myth that any discussion will lead to "contagion";*
  - work with expert organisations to prioritise the issuing of guidance to schools where there has been a suicide or suspected suicide; and*
  - ensure that basic mental health training, including how to talk about suicide, becomes part of initial teacher training and continuous professional development, so that all teachers are equipped to talk about it.*
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### **Welsh Government response - ACCEPT IN PRINCIPLE**

Welsh Government has responded to Mind Over Matter recommendation 16. This recommendation was accepted in principle and has been included in the Ministerial T&F Group's work programme. Work is already in progress on all three aspects of this recommendation:

- Guidance will be published in April 2019 on management of Self Harm and Suicide in schools after a collaborative workshop with education, health and Samaritans representatives that build on existing good practice.
- Reform of initial teacher education (ITE) will require accredited providers to design and deliver courses that support the four purposes of a new curriculum for Wales and address the six areas of learning and experience, including Health and well-being.

- From the Autumn Term 2018, Professional Learning Pioneers have been leading cycles of action inquiry with the wider schools network, focused on early interaction with the draft curriculum to identify immediate professional learning requirements.

#### Financial implications

There are no financial implications – this work has already been factored in to existing work-programmes

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### **Committee Recommendation 25**

*We recommend that the Welsh Government writes to all planning authorities in Wales emphasising the importance of ensuring that all new structures include measures to prevent them being used as a means of suicide.*

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### **Welsh Government response - ACCEPT IN PRINCIPLE**

There is a range of existing guidance for new structures that provide safeguards and reduce the risk of using structures as a means for suicide. For example:

- Welsh Government Infrastructure Investment Guidance (2015) provides detail on balancing risk and patient dignity.
- The Health and Safety at Work Act (1974) details safeguards to maintain safety in workplaces.
- Building Regulations Part K - Protection from falling, collision and impact. Ensures the safety of buildings with balconies, for example
- New national planning policy issued in 2018 promotes the principles of place-making to help support well-being. This includes policies on inclusive design.

The legislative framework sets out the law with respect to new structures, and planners must comply with this.

We will write to all planning authorities in Wales to draw attention to the Committee's report and remind of them the existing related guidance. We will also review the need for any further guidance in this area.

#### Financial Implications

No additional financial implications.

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## **Committee Recommendation 26**

*We recommend that the Welsh Government identifies the most appropriate agency to identify known suicide locations and places signage in those areas encouraging people to seek help.*

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## **Welsh Government response - ACCEPT IN PRINCIPLE**

Regional forums include representation from stakeholders from a wide range of agencies. The forums already consider known suicide locations but we recognise that this work is sensitive, particularly in terms of how and when signage is appropriate. The NAG, has agreed to review the guidance on *Preventing Suicide in Public Places* and to consider whether it requires adaptation for Wales and fits with existing guidance . The forums (with guidance from the NAG) will continue to consider places, though they recommend that this be done by a small nominated group for each region, rather than wider discussion due to the need to respond with care and sensitively when looking at identified sites.

### Financial Implications

Costs associated with the implementation of this action have been factored into our budget for next year.

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## **Committee Recommendation 27**

*We recommend that the Welsh Government explores what formal arrangements could be put in place to promote and monitor adherence to the [media] guidelines, given the negative impact that the irresponsible reporting of suicide can have. This should include looking at arrangements in place elsewhere, including the Republic of Ireland.*

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## **Welsh Government response – ACCEPT**

There are already protocols in place to work with the media around guidelines. This includes regular contact between the Samaritans and news organisations, as well as work with media including TV programmes to provide expert advice and to educate where inappropriate coverage has occurred or where suicide will be the subject matter. The Welsh Government communications team also monitors and work with media / Samaritans when media is observed that does not comply. However, there is always more work to be done, and we will work with the NAG continue to explore avenues to improve responsible reporting of suicide including looking at the work of

the Republic of Ireland. We will also include the media guidelines on the suicide prevention website and will continue to promote this work.

#### Financial Implications

There are no financial implications – this work has already been factored in to existing work-programmes.

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### **Committee Recommendation 28**

*We recommend that the Welsh Government engage with universities, the Samaritans and other relevant parties such as the National Union of Journalists and publishers to explore how training for journalists at university, through continuous professional development or on the job training could include the importance of adhering to the guidelines on reporting suicide and promoting an understanding of the negative impact of irresponsible reporting.*

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### **Welsh Government response – ACCEPT**

There is a current stream of work with universities and the Union of journalists, working to ensure training for media promotes the guidelines. The work is led by Professor Ann John.

Relationships with the media in Wales are well established. Strengthening progress against the media guidelines beyond Wales would require a joint effort with the UK Government and national organisations.

#### Financial Implications

None.

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### **Committee Recommendation 29**

*We recommend that the Welsh Government engages with the UK Government on its Internet Safety Strategy Green Paper to ensure that action is taken to protect children and young people online. Additionally, we are keen to see the potential for social media to have a positive impact on people's mental health and wellbeing maximised. We believe that all opportunities to promote good mental health through social media/internet sites should be explored, for example through more active promotion of sources of support.*

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## Welsh Government response – ACCEPT

As part of our extensive online safety programme of work the Welsh Government has committed to engage with the UK Government on the development of a UK Internet Safety Strategy and Green Paper. To ensure that Wales is represented at a UK level, the Welsh Government will continue to participate in the Executive Board of the UK Council for Child Internet Safety (UKCIS).

Welsh Government published An online safety action plan for children and young people in Wales in 2017, promoting the safe and positive use of the internet.

We will work with the Welsh Internet Safety Board to consider what action is necessary to protect children and young people online and this will include consideration of the UK Government Internet Safety Strategy Green Paper

### Financial Implications

None.

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## Committee Recommendation 30

*We recommend that the Welsh Government / National Advisory Group provides a clear steer to the regional forums to ensure a consistent approach to their membership, structure and reporting arrangements. The Welsh Government should monitor the effectiveness of the regional forums to ensure that they deliver sustainable and consistent outcomes across Wales, and **provide regular updates to the Committee.***

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## Welsh Government response – ACCEPT

Guidance for the regions to produce local implementation plans was published in 2018. We have also committed to working with the NAG to develop an expectations and standards document for regions clarifying responsibilities and reporting arrangements. This will be completed in 2019.

We already request that each region provides an update at each NAG meeting, to which we have membership. We also use the monitoring through the current Together for Mental Health delivery plan to monitor progress in this key area. We will ensure that this monitoring continues and will take into account the expectations and standards document above.

### Financial Implications

There are no financial implications – this work has already been factored in to existing work-programmes.



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### **Committee Recommendation 31**

*We recommend that the Welsh Government / other public bodies (LHBs / LAs) make specific funding available for suicide prevention to ensure that it is sustainable in the long term. The Welsh Government should work with the National Advisory Group to ascertain how much funding is needed to ensure this sustainability, and ringfence the appropriate amount.*

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### **Welsh Government response - ACCEPT IN PRINCIPLE**

We are committed to providing ongoing funding to support the implementation of our response to the recommendations in the Committee inquiry report and midpoint review of Talk To Me 2. We will continue to work with the NAG to maximise the impact of this funding.

Ring fencing provision provides no guarantee of impact or outcomes and diverts attention to what can be complex monitoring arrangements. This is particularly the case where the responsibility for action stretches across a number of organisations and policy areas. However, we would hope that the NAG and the regional groups provide the infrastructure across Wales to determine how resources from various organisations can be best targeted.

#### Financial Implications

Costs associated with the implementation of this action have been factored into our budget for next year.

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