



Suicide and Self-harm Prevention Strategy

What you told us about our plans



It is an easy read version of 'Consultation – summary of response: Draft Suicide and Self-harm Prevention Strategy'.

October 2024

How to use this document



This is an easy read document. But you may still need support to read it. Ask someone you know to help you.



Words in **bold blue writing** may be hard to understand. You can check what all the words in blue mean on page 38.



If you need support with your mental health you can ring the CALL Helpline: **0800 132 737**. Or for urgent support please call the NHS on **111** and press **2**.

The pictures in this summary are from Photosymbols: **www.photosymbols.com/**



Llywodraeth Cymru Welsh Government Where the document says **we**, this means the **Welsh Government**. For more information contact:



Website: <u>www.gov.wales/draft-suicide-and-</u> <u>self-harm-prevention-strategy</u>



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What this booklet is about





In February 2024, we published our **plan** called the **Suicide and Self-harm Prevention Strategy** for 16 weeks.

Suicide is what we call it when a person ends their own life.

Self-harm is when someone hurts themselves on purpose.

This was a draft plan because we wanted to get people's views about it. And use these views to make the final plan.

We have now collected people's answers to our questions.

Report







This is a report of what people said.

126 different people and organisations gave us their views. We also asked young people what they thought about our plans. We have a report about what they said too.

People who responded came from different backgrounds. For example:

- people affected by suicide and self-harm
- organisations that help people
- staff who work in the NHS
- carers and others.

We held events online and in person to get views from people.

Click on this link to view the <u>Draft</u> <u>suicide and self-harm prevention</u> <u>strategy</u> plan.

Strong support for our plans









Most people either strongly agreed or agreed with our plans. People gave us ideas too.

There was a lot of support for the big ideas we had. For example:

- Doing more to help people feel safe and able to get help.
- Building kind and strong communities.
- Getting support early on to stop problems getting worse.
- Making sure people respond kindly and support puts people and their needs first.

• Getting support when someone is in **crisis** and afterwards.

A **crisis** is when someone is going through a very difficult situation and needs help quickly.







A lot of people thought there should be separate plans for **suicide** and **self-harm**. This is because they are different issues.

People said there needed to be clearer goals about dealing with **self-harm**.

People thought there needed to be a better definition of **self-harm**. This is because the one we used could mean many people are left out.

People said it is important that we continue to work with people affected by **suicide** and **self-harm**.



It is so important that those voices are listened to and heard.

There was strong support for dealing with **stigma**.

Stigma means having negative beliefs about something. Sometimes this happens when people don't have the facts about a topic.





People talked about the importance of having kind and strong communities.

People said plans must be realistic and have the resources they need. And for funding to be fair and to last.

A lot of people said the plan did not have enough detail about how it would be achieved.





People said there must be better ways to make sure those in charge do what they say they will. It must be clear who has to do what.

People also said there needs to be more detail about supporting children and young people.



People were pleased we talked about the effects **suicide** can have. For example, upon the family.

People also said it was important to think about the **social determinants** of suicide and self-harm.



Social determinants means the things going on around someone that can affect them. For example, not having enough money, poor housing, disability and many other things. Some people may be at a higher risk of suicide or self-harm because of their background.

What people said



Our Aim

We said we wanted to stop people from:

- ending their own lives
- and hurting themselves.

We also said we wanted people in Wales affected by **suicide** and **self-harm** to:

- feel safe and not judged
- get help when they need it
- be able to help others.





Most people agreed with this aim. But there were some ideas like:

- We need to be careful people do not think **suicide** or **self-harm** are normal behaviours.
- We need to think about how to support people early on, so they don't go on to self-harm or want to end their own life.
- We need to make the vision stronger and make a real difference. Some people thought we should include targets.
- We need to think about the different areas people live in.
 For example, it may be harder to ask for help in smaller communities.
- We need to make sure people get the support that is right for them.



TARGETS		







- And to look into different ways of getting support when someone is in a crisis
- Some people said staff needed to be kinder and more understanding
- There needs to be more education and information about the issues.

Principles

We said the plan should be based on 6 principles. This means the values we want to see throughout the plan.

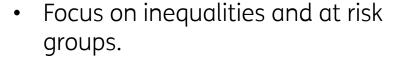
The 6 principles were:

 Leading and managing services well.



 Suicide and self-harm are everybody's business – anyone can be affected by it.





- Working together.
- Person-centred with the involvement of those with lived experience of the issues.
- Based on facts and real information.

Most people strongly agreed or agreed with these principles.

Some people said better definitions were needed. Also, more detail about what each would achieve.

Some people thought an important principle was missing. This was to do with prevention. This means supporting people so they do not get to become **suicidal** or want to **self-harm**.









Some people are more likely to end their own lives than others. We call them **priority groups**.

We have talked about them in the **draft plan**.

We asked people if they agreed with the **priority groups** we talked about.

Many people agreed with the groups and how they can be more at risk.

People thought it was important that we think about these groups when delivering this plan.



But people also said many groups were missing. For example, people in certain jobs and people living in rural areas.







Some people thought there were too many groups, and this could be confusing.

They thought we needed to think about everyone equally. Because anyone can be at risk at some point in their lives.

People thought it was really important that people who have attempted **suicide** get the support they need.

This is to help them, so they do not feel the need to do this again.

People also said that often people are at risk in different ways. They may be in more than one group.

Another topic people felt was important here was **stigma**. There was concern that having high-risk groups could increase giving people labels and causing **stigma**.



They said that lots of people who would fall into the groups listed would not be at risk. We must be careful not to make those people feel like they are at risk.

There was also concern that people who fell into a high-risk group might not ask for help. This is because of being seen as a risk.

Stigma is an important subject when it comes to young people and **self-harm**. They said some feel they can't talk about it.





Goal 1: Collect facts and information on suicide and self-harm in Wales. Use this to make policy and actions.

This goal means we want to learn and understand as much as we can about these issues.

We will collect information and use it to make changes.

We asked people what they thought about this goal.

Most people thought it was important for us to collect information to help us learn more.

People also pointed out that there is lots of information already available for us to learn from.





People thought it was important to keep collecting information throughout this plan. Also, finding new ways to learn more about why people might **self-harm** or want to end their lives.

People also said it can be difficult to collect information from other organisations. For example, because of rules about keeping personal information safe and private.

People said we need to learn more about:

- Reasons people do not ask for support.
- What support is needed in different communities.
- The causes of suicide and self-harm.





Goals

Goal 2: Work with everyone in the government to deal with the reasons for suicide. Do something about them.

This goal is about working together to help stop **suicide** and **self-harm**.

We asked what you thought about this goal.



Nearly everyone agreed with this goal. Government departments need to work together well. But some people thought there needed to be clearer plans about working together and the actions needed.



A lot of people said this should also mean working with the UK Government and other countries.



Goal 3: Give support to vulnerable groups in society.

Vulnerable means people who might need help and support to stay safe and well.

This goal is about providing support to people who are most **vulnerable** to **suicide** and **self-harm**. And who are most at risk.



We want to improve support in places where the most **vulnerable** people are.

We asked what you thought about this goal.



A lot of people were concerned about people who are not supported by services.





People gave ideas for other places and ways **vulnerable** people could be supported. For example, in libraries, community centres or places of worship.

People said we need to learn more about the places and ways people are already being supported across Wales. This would help us to understand what more is needed.

A lot of people said online places should be included.

Many people talked about people getting the support they need and that is right for them.



People also said support was needed quickly. And early on. This can stop problems getting worse.



Most people said services should work together to support people in the best ways.

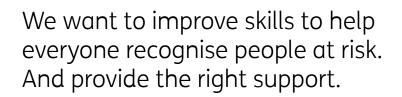


People talked about the importance of **peer-support groups**.

Peer-support groups are groups where people meet who have similar issues or experiences.

Goal 4: Make people aware of suicide and self-harm and how to help people.

This goal is about wanting to help people and groups understand how they can stop **suicide** and **self-harm**.





We asked what you thought about this goal.



Most people agreed with this goal.

People said this was really important to achieving the plan as a whole.

People said those in **crisis** do not always reach out for help from **crisis** services. We need to make sure there are other places for them to turn to.

People said more training is needed on who needs support. And when and where to give them support.





People who do certain jobs, should learn about **suicide** and **self-harm** when they are training to do their jobs. For example, doctors and teachers. People said those who support people who have feelings of **self-harm** and **suicide** also need support too.

People thought there needs to be more training about the groups of people who are at risk.

There needs to be more training about supporting children and young people. And how to speak to them. They need to understand **self-harm** is a way of coping with difficult emotions.

People said there should be better understanding about **trauma**.

Trauma is any experience that can cause distress. **Trauma** can be a one-off event, a number of events. Or it could be an ongoing situation.







There were views on having a national service for dealing with **suicide** and **self-harm**.

Also, that a lot of good work is happening already and this could be used by more people.

People said there needs to be training about supporting people with more than 1 issue. For example, people with drug and alcohol issues. And knowing what services are available.

People said services should work together across Wales..

Everyone should be able to spot the signs of **suicide** risk and **self-harm** and know how to support people.

There were strong views about supporting staff dealing with **suicide** and **self-harm**. And support to deal with their own issues so they can support others well.







Also, it is likely that there are services and places in the community. These could be used and developed to give people the support they need.

People said training needs to be more than just a 1 off session. It should be an important part of all learning.

People also said that they lacked understanding about the term 'emotional distress'.

Groups of people may view terms differently. For example, people have different ideas about what stress is.

There needs to be better definitions of terms used.













Goal 5: Be kind and caring to people who:

- self-harm
- have thoughts of suicide
- have lost someone to suicide

This goal is about wanting to make services better. So they are kind when people reach out for help.

We want professionals, employers, family and friends to know how to give and get support.

We asked what you thought about this goal.

Almost everyone agreed with this goal.

But a lot of people thought it was important that **suicide** and **self-harm** are thought of separately.







Support quickly People talked about supporting people according to their needs.

And supporting people in certain stages of their lives. For example, young people moving to adult services.

People talked about the importance of a '**no wrong door**' approach.

No wrong door means whichever service someone turns to, they get directed to the right help.

People also talked about the importance of **trauma-informed** services and support.

Trauma-informed services is about services understanding the impact difficult life situations have on people.

People thought it was really important that those who needed support got it quickly.



Facts

There should be a fast response for those who feel **suicidal** and those who have attempted **suicide**.

People should be able to get lots of clear information in a way that they understand. And in the language they use.

This is to make sure they learn the facts about **suicide** and **self-harm**, and can access support. Also, so they can feel confident to support others too.

People said those who had lost someone to **suicide** should get support quickly. And there should be better services here.

People who **self-harm** need help early on, before issues get worse.

People felt this work was urgent and that sometimes **self-harm** support is missed out.







It needs to be clear how people are to be supported. For example, from being assessed to being supported after.

There were calls for an NHS 24 hour helpline. And a service that provides longer-term support.

Young people said there must be more support in schools for students if there has been a **suicide**.

People said they often felt they were 'passed around' from one person or service to the next. Things need to improve here.

Also, how people need to be given the support time that they need.



Stigma was another issue that was raised again here. Sometimes people don't reach out for help because of **stigma**.



Goal 6: Make sure people writing about self-harm and suicide in the media and online, help.

This goal is about agreeing plans with media to make sure they help and say the right things.



Sometimes the media can help people learn more about **suicide** and **self-harm**. But sometimes they can make things worse.

We asked what you thought about this goal.

Most people agreed with our goal to make sure the media are helpful and responsible.

People said it is really important to listen to those who have been affected by **suicide** and **self-harm**.





People said it was important that we all use the same words when talking about **suicide** and **self-harm** so it's clear and easy to understand.

People thought the media can have a positive impact when used well.

The **Samaritans** charity have made a guide for the media to use. Many people thought this was good.

Some thought the Welsh Government should make their own guide. Or work with the UK Government to make one.



A lot of people were worried about how the media can talk about **suicide** and **self-harm** too. Sometimes they may make people want to do these things more. People worried about social media – such as Facebook, Instagram and TikTok making this popular. Some people thought it is important to regularly check how the media talks about **suicide** and **self-harm**.



People asked that the Welsh Government use TV, social media and newspapers to talk about **suicide** and **self-harm**. And direct people to support.

Making a plan for all ages



We made this plan to cover people of all ages, children and adults.

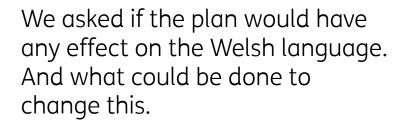
We wanted to know if you thought this was clear.

There were mixed views on this.



Just over half said yes. But just under half said no. People said there was a lack of clear goals for each age group. Especially younger people and older people.

The Welsh Language



Some people said they did not understand the question.

Some said there would be no effects.

Some said this question was not needed.

Some people thought it would have a good effect. And thought it was good that the Welsh language was being thought about.



Cymraeg





People also said being able to receive services in Welsh was important.

People thought staff working in health should have the chance to learn Welsh.

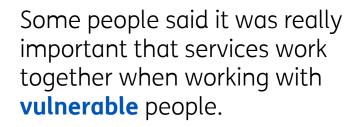


Some people also said that there should be support available in all languages, whichever a person chooses to use, including British Sign Language – BSL.

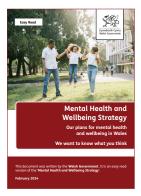
Anything else

We asked for any other views people wanted to share.

Most of these have been covered already.







Some people asked about the definitions of **suicide** and **self-harm**.

We have also made a plan called the **Mental Health and Wellbeing Strategy**.

Some people think the 2 plans could be made into 1 plan.

People said it was difficult to support people well with lots of different needs. And they must be planned carefully.

Also, how people should be referred to the right kind of support. For example, it may not help someone **suicidal** to be referred to the accident and emergency department.

People had concerns about the definitions of **suicide** and **self-harm** and what they included. For example, does self-harm include eating disorders?







People felt there was not enough thought given to older people as being an important group. This group are at high risk of **suicide**.

Some people said the plan needs to talk more about the range of backgrounds and needs people have in Wales. And making sure people are treated fairly.

What happens next





We will use the feedback to help shape:

- the final version of the strategy
- and its delivery plan.

We will publish the strategy and delivery plan together.



We will work with our partners to make sure there are clear, measurable actions in the plans to achieve the goals.

Hard words

Crisis	A crisis is when someone is going through a very difficult situation and needs help quickly.
Mental health	Everyone has mental health. It is about how someone is feeling in their mind. It is about our feelings, thoughts and wellbeing. Wellbeing is about feeling comfortable, healthy, and happy.
No wrong door	This means whichever service someone turns to, they get directed to the right help.
Peer-support groups	These are groups where people meet who have similar issues or experiences.

Self-harm	This is when someone hurts themselves on purpose.
Social determinants	This means the things going on around someone that can affect them. For example, not having enough money, poor housing, disability and many other things. Some people may be at a higher risk of suicide or self-harm because of their background.
Stigma	This means having negative beliefs about something. Sometimes this happens when people don't have the facts about a topic.
Suicide	This is what we call it when a person ends their own life.
Trauma	This is any experience that can cause distress. Trauma can be a one-off event, a number of events. Or it could be an ongoing situation.

Trauma-informed	Trauma-informed services are about services understanding the impact difficult life situations have on people.
Vulnerable	This means people who might need help and support to stay safe and well.