



LIFE MATTERS

A Suicide and Self Harm Prevention
Plan for Cwm Taf Morgannwg
2020-2022

Foreword

In Cwm Taf Morgannwg, over the three years from 2017 to 2019, on average 60 people per year took their own lives. When it happens, the impact of suicide on families, friends and communities is devastating and has long lasting consequences. But suicide is preventable; it is not inevitable.

A new, multi-agency strategic partnership (Appendix 1) has been established to develop this draft suicide and self-harm prevention plan, in recognition that no single organisation or government department can tackle this issue in isolation. The plan is based on the national 'Talk to me 2' strategy. It uses national and local data, as well as knowledge of the social and economic circumstances of the Cwm Taf Morgannwg area to inform our priorities.

This plan concentrates on specific actions aimed at preventing suicide and self-harm. In addition, the priorities detailed in the [Cwm Taf Well-being Plan](#) and the [Bridgend Well-being Plan](#) will also add support to wider suicide prevention work by:

- Building resilience in our communities,
- Supporting children and young people and the prevention of adverse childhood experiences (ACEs)
- Reducing inequalities.

“How do you put into words the loss of someone so young, talented and loved by so many people? Like many around him, he made my life better and I will never forget that. I am just one person out of many who he had this impact on. You would never think he was going through what he was going through.”

Craig Jenkins, talking about the loss of his friend by suicide

10 things everyone needs to know about suicide prevention

1	Suicides take a high toll	There were 330 deaths from suicide registered in Wales in 2019 (Source: ONS) For every person who dies, at least 10 people are directly affected ⁱ .
2	The social and economic cost of suicide is substantial	The economic cost of each death by suicide of someone of working age is estimated to be £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering ⁱⁱ .
3	Suicide is everybody's business	Prevention of suicide and self-harm is a major challenge but no single organisation or government department can tackle this issue in isolation.
4	Suicide is preventable; it is not inevitable	It is crucial to co-ordinate local suicide prevention efforts in a plan which combines a range of integrated interventions that build community resilience and target groups of people at heightened risk of suicide.
5	Local suicide prevention strategies must be informed by evidence	National evidence alongside local data and information are important to ensure local needs are addressed.
6	There are specific groups of people at higher risk of suicide	In Wales, from 2017-2019, three out of four suicides were by men. In Wales, rates of suicide are highest in the 30-44 age group. Suicide rates are two to three times higher in the most deprived neighbourhoods compared with the most affluent ⁱⁱⁱ .
7	There are specific factors that increase the risk of suicide	A range of individual, relationships, community and societal factors are known to increase the risk of suicide. These are outlined on page X
8	Restricting access to the means for suicide works	There is considerable evidence that this is an effective suicide prevention measure.
9	Supporting people bereaved by suicide is important	People who have been bereaved by suicide can themselves be at a higher risk of suicide.
10	Responsible media reporting is critical	Research has shown links between certain types of media coverage of suicide, and increases in suicidal behaviour among vulnerable people.

Adapted from: Public Health England^{iv}

Foreword

10 things everyone needs to know about suicide prevention

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1.Introduction

Suicide, self-harm and thoughts of suicide are a cause of distress for many people - the individual, family, friends, and the wider community. There is no single reason why someone may take their own life or harm themselves. It is usually in response to a complex series of factors that are both personal and related to wider social and community issues.

Purpose of the plan

Our aims are to:

- Reduce the suicide and self-harm rates in Cwm Taf Morgannwg
- Promote, co-ordinate and support plans and programmes for the prevention of suicidal behaviours and self-harm in our area.

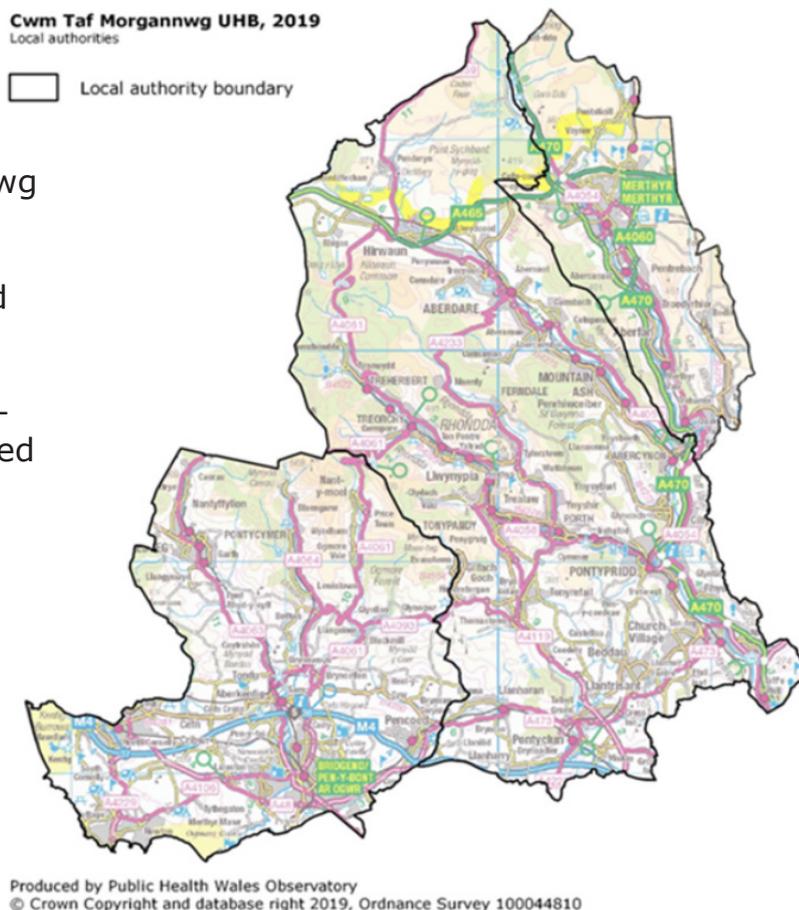
The Cwm Taf Morgannwg Suicide & Self-harm Prevention Plan 2020-2022 is based on the national strategy 'Talk to Me 2'. It uses national and local data, as well as knowledge of the socio-demographic circumstances of the Cwm Taf Morgannwg area to set out specific actions that will be taken to reduce suicide and self-harm in our local community.

We will work to achieve our aims by:

- Considering the wider determinants and socio-economic factors in people's lives in order to reduce inequalities
- Developing skills in our services and communities to ensure a compassionate and appropriate response
- Linking with other strategic partnerships and plans to build individual and community resilience.

Cwm Taf Morgannwg

The area we call Cwm Taf Morgannwg covers the local authorities of Merthyr Tydfil, Rhondda Cynon Taf and Bridgend, and has the same boundary as Cwm Taf Morgannwg University Health Board.



National policy context

Talk to Me 2 is the national strategy and action plan to prevent suicide and self-harm in Wales⁵. The overall strategic aims are to:

- Reduce the suicide and self-harm rates in the general population in Wales; and
- Promote, co-ordinate and support plans and programmes for the prevention of suicidal behaviours and self-harm at national, regional and local levels.

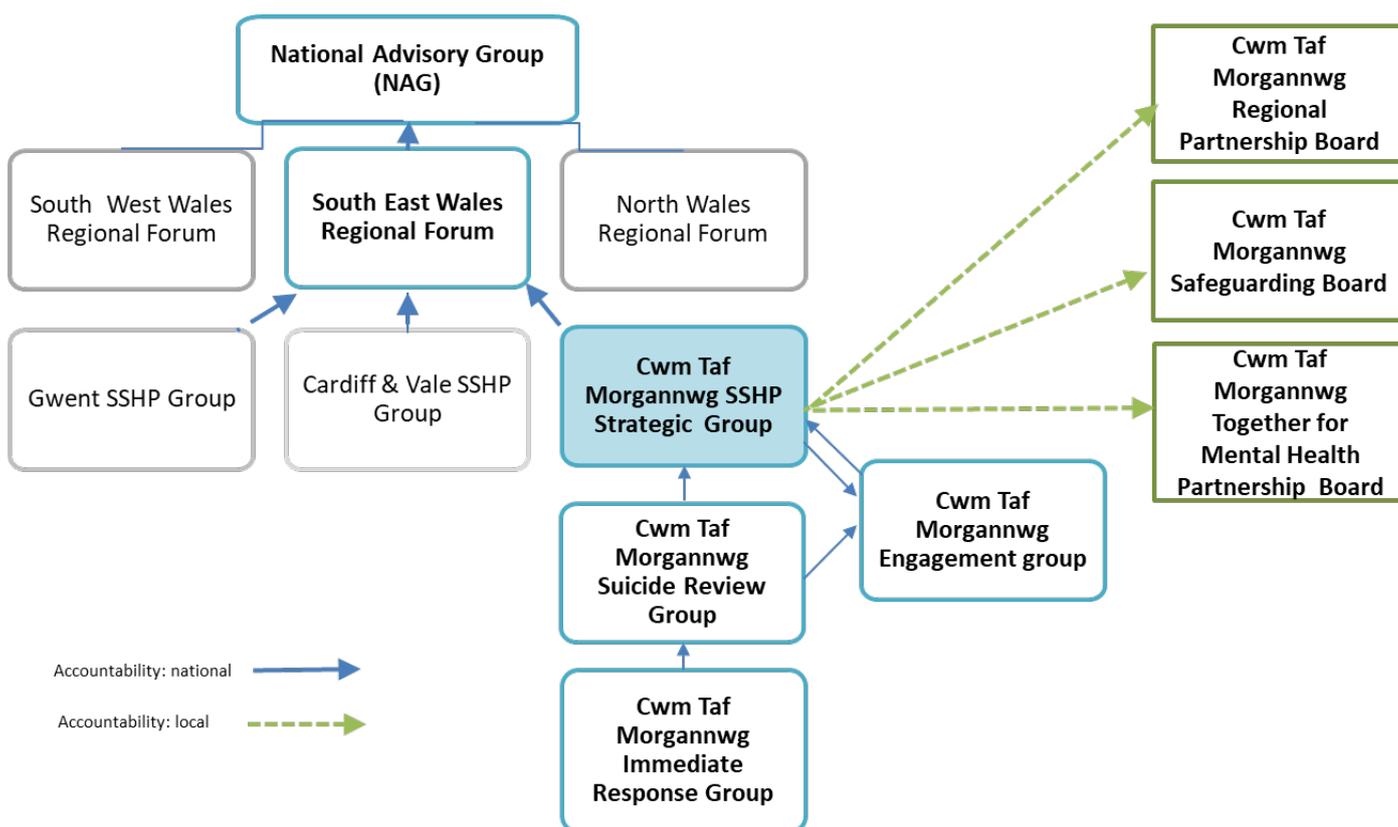
Talk to Me 2 identifies six strategic objectives:

These national objectives are reflected in the Cwm Taf Morgannwg Suicide & Self-harm Prevention Plan (SSHP).

The National Advisory Group for Suicide and Self-harm Prevention oversees the Talk to Me 2 strategy and action plan, which is implemented at regional and local level. The relationships between the Cwm Taf Morgannwg multi-agency SSHP group and the regional and national fora are shown in Figure 1.



Figure 1. Suicide and self-harm prevention (SSHP): national and local structure.



Together for Mental Health⁶ is the age inclusive, cross-government strategy for Wales. It emphasises the need:

- To promote better mental wellbeing among the whole population
- To ensure that the needs of vulnerable people with mental health problems receive the appropriate priority
- To adopt a recovery and enablement approach to improve the lives of service users and their families
- To work in partnership, acknowledging that no single body or sector can transform mental health in Wales.

The Mental Health (Wales) Measure 2010⁷ places legal duties on local health boards and local authorities about the assessment and treatment of mental health problems.

The Well-being of Future Generations (Wales) Act 2015 asks all public services to come together so that they can work better together to improve the economic, social, environmental and cultural well-being of people and communities in an area. Within Cwm Taf Morgannwg there are currently two well-being plans, with similar objectives.

Figure 2. Well-being objectives in Cwm Taf Morgannwg

Cwm Taf	Bridgend
Support communities in Bridgend County to be safe and cohesive.	To promote safe, confident, strong, and thriving communities, improving the well-being of residents and visitors and building on our community assets.
Best start in life.	To help people live long and healthy lives and overcome any challenges.
Healthy choices in a healthy environment.	
Reduce social and economic inequalities.	To grow a strong local economy with sustainable transport that attracts people to live, work and play in Cwm Taf.

It has been acknowledged that suicide and self-harm are largely preventable if risk factors at the individual, group or population level are addressed. Equally, no one single organisation can take sole responsibility for suicide and self-harm prevention. It is important therefore, that the actions outlined in this plan link to the objectives of our well-being plans as part of the wider response to suicide and self-harm.

The Social Services and Well-being (Wales) Act 2014 imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support. The Act has the following principles:

- The Act supports people who have care and support needs to achieve well-being
- People are at the heart of the new system by giving them an equal say in the support they receive
- Partnership and co-operation drives service delivery
- Services will promote the prevention of escalating need and the right help is available at the right time.

The care and support needs of different client groups were assessed in 2017/18 and a Cwm Taf Morgannwg Local Area Plan has been developed to address those needs. The client groups are:

- Carers
- Children and young people
- Learning disability
- Mental Health
- Older people
- Physical disability and sensory impairment
- Violence against women, domestic abuse and sexual violence.

Individuals in these client groups are among the most vulnerable in our communities and it is relevant to make the links between the Local Area Plan and this plan.

2.The case for suicide and self-harm prevention in Cwm Taf Morgannwg

Definitions

Talk to Me 2 provides the following definitions:

- Suicide: death resulting from an intentional self-inflicted act.
- Self-harm: intentional, non-fatal self-poisoning or self-injury, irrespective of the degree of suicidal intent or nature/purpose of other types of motives.

Research highlights the association between self-harm and suicide. Those who repeatedly self-harm are at significantly greater risk of completing suicide than those who have a single episode. Many actions to prevent and reduce suicide will have benefits for those who self-harm.

Risk and protective factors for suicide

Certain factors are known to increase the risk of suicide. Given the socio-economic circumstances in Cwm Taf Morgannwg, the risk factors outlined below are common in many of our communities.

Figure 3a: Factors that increase the risk of suicide



Figure 3b: Protective factors in mitigating the risk of suicide.



Source: Mental Health Foundation (2019)

Suicide and inequalities

Increased suicide rates are associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events. Negative impacts of unemployment include:

- Financial strain caused by loss of income
- Difficulty in finding alternative employment
- Loss of social role
- Anger and frustration about the situation
- The stigma attached to being unemployed

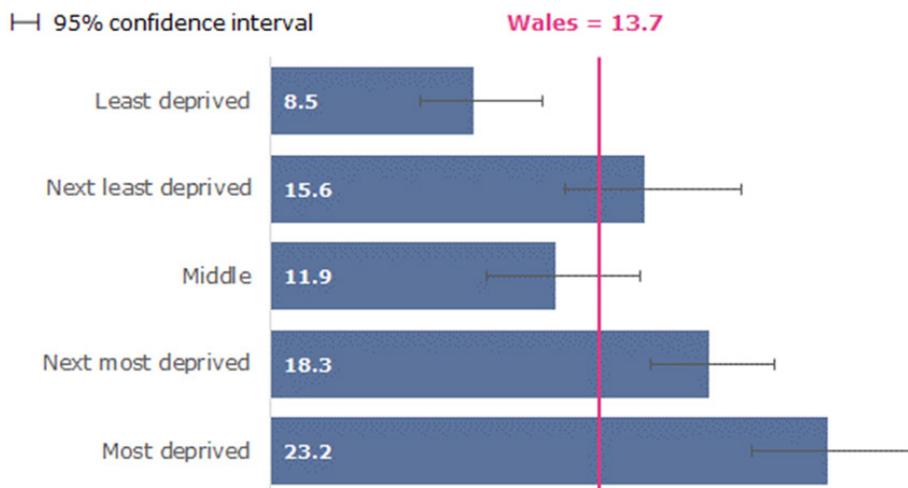
Evidence shows that the strongest negative effect of economic downturn is on mental health⁸, and that economic recessions are linked to increases in suicide rates. In addition, Cwm Taf Morgannwg has also been especially hard hit by austerity measures and welfare reforms, and this may lead to increased inequalities.

The Welsh Index of Multiple Deprivation (WIMD) sorts data by fifths of deprivation. Suicide rates are two to three times higher in the most deprived neighbourhoods compared with the most affluent. This is reflected in Figure 3.

Figure 4. Suicides by deprivation fifths

Suicides, European age-standardised rate per 100,000, persons aged 10+, Cwm Taf Morgannwg UHB, Wales, 2010-19

Produced by Public Health Wales Observatory, using PHM & MYE (ONS) & WIMD 2019 (WG)



The rates of suicide in the most deprived, and next most deprived fifths in Cwm Taf Morgannwg are statistically significantly higher than the Wales average.

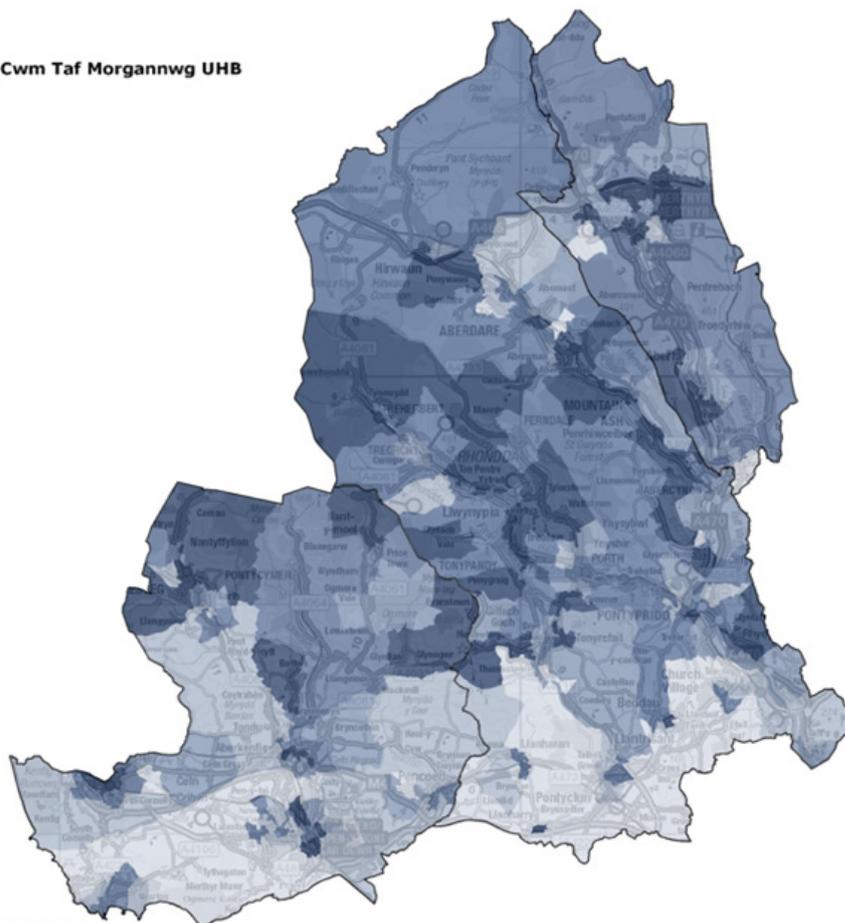
Figure 4 confirms that 59% of the neighbourhoods in Cwm Taf Morgannwg fall into the bottom two fifths of deprivation.

Figure 5. Map of Cwm Taf Morgannwg, by deprivation fifths

Welsh Index of Multiple Deprivation (WIMD) 2019, Cwm Taf Morgannwg UHB

LSOA, national fifths of deprivation

- Most deprived (73)
- Next most deprived (92)
- Middle (37)
- Next least deprived (34)
- Least deprived (42)
- Local authority boundary

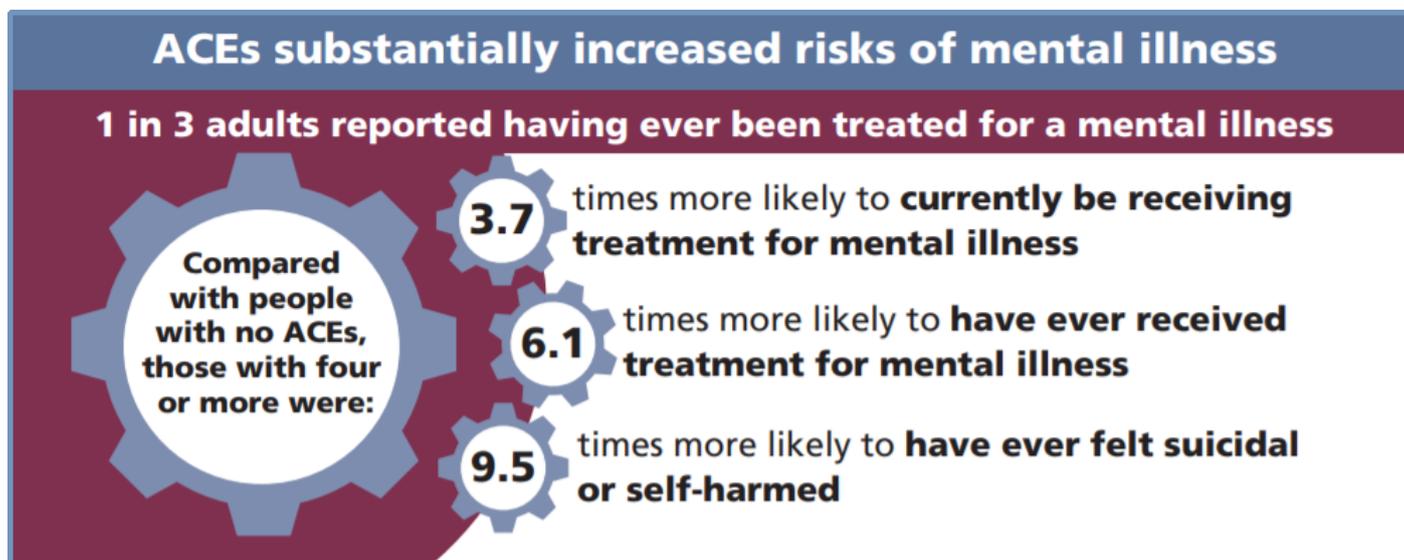


Produced by Public Health Wales Observatory, using WIMD 2019

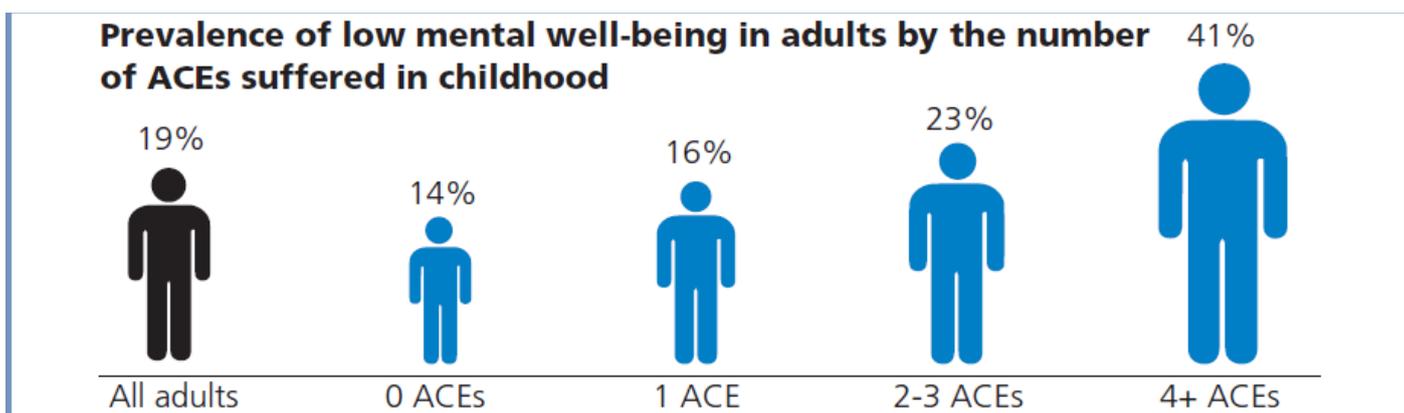
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Adverse Childhood Experiences (ACEs)

ACEs are potentially traumatic events in childhood that can have negative, lasting effects on physical and mental health and well-being into adulthood. These experiences range from physical, emotional, or sexual abuse of the child, to parental separation, parental substance misuse, domestic violence, parental mental illness, or the incarceration of a parent or guardian. Research by Public Health Wales⁹ has shown that 47% percent of adults in Wales had suffered at least one ACE during their childhood, while 14% had suffered four or more.



Additionally, the prevalence of low mental well-being in adults increased with the number of ACEs suffered in childhood.



ACEs have a major impact and multiple long last effects into later adult life; the wide-ranging health and social consequences of ACEs emphasise the importance of preventing them before they happen.

A universal population approach is needed which seeks to build mental well-being across the whole population and create the conditions in which the likelihood and impact of mental health problems and mental illness can be reduced. There is evidence¹⁰ to show that a number of preventative interventions are both effective, and cost-effective in promoting good well-being. These include:

- Supporting parenting
- Building relationships and resilience
- Early identification of adversity
- Responding to trauma and specific ACEs

An example of building relationships and resilience is the Welsh Government's statutory framework on embedding a whole-school approach to emotional and mental well-being.¹¹ This seeks to support good emotional and mental well-being by promoting a positive cultural environment in schools, where children and young people form positive relationships with staff and other learners, and relationships are strengthened:

- Between teaching staff
- With the school senior leadership team and wider school staff
- With parents and carers
- With other professionals working with the school
- With the wider community that surrounds the school.

Forty schools across Cwm Taf Morgannwg have signed up to pilot this approach, starting in September 2021.

Whilst efforts are needed to reduce exposure to ACEs, strengthening resilience in children and adults is also important to protect against the impact of ACEs through the life course. This will require a collaborative, multi-agency approach.

Covid-19 and well-being

The following definition of well-being has been adopted by Cwm Taf Public Services Board:

Well-being is the balance point between an individual's resource pool and the challenges they face¹²



In life, we face challenges every day. Well-being is when people have the psychological, social and/or physical resources they need to meet a particular psychological, social and/or physical challenge. When people have more challenges than resources, the see-saw dips, along with their well-being.

It will be some time before all the consequences of the Covid-19 are known, pandemic, but there is already evidence to show that it has impacted on the psychological, social and physical resources of people living in our communities. It has caused significant loss of life and disruption to health and support services. The associated lockdown restrictions have had widespread and negative economic consequences, affected everyday life, enforced social isolation, and exacerbated health inequalities¹³. All of these factors can trigger mental health conditions or exacerbate existing ones.

The latest Office for National Statistics report¹⁴ found that:

- Nearly half (49%) of adults reported that their well-being was being affected (for example, boredom, loneliness, anxiety and stress) by the coronavirus pandemic.
- A higher percentage of those aged 16 to 29 years (60%) reported that their well-being is being affected by the coronavirus pandemic compared with all other age groups.

A recent evidence review¹⁵ indicates that Covid-19 and lockdown have had significant impacts on the mental health and wellbeing of children and young people at three levels:

- Direct impact on individuals
 - o Increased levels of distress, worry and anxiety;
 - o Increased feelings of loneliness and worries about school and the future.

- Impacts within the family context
 - Families where parents/carers are key workers, are younger, and have a history of mental health/physical health conditions
 - Families within disadvantaged communities, BAME groups, and those affected by violence are more likely to be negatively affected by lockdown
- Impacts within the context of education
 - Worries and anxieties related to returning to school, missing school, and the future
 - Disrupted engagement with the curriculum for those without sufficient digital access, physical space, and other resources to support their learning.

It is worrying that the anxieties and stressors that children and young people have experienced during the pandemic are among the ten common themes identified in suicides by children and young people¹⁶.

Ten common themes in suicide by children and young people

Family factors such as mental illness
Abuse and neglect
Bereavement and experience of suicide
Bullying
Suicide related internet use
Academic pressures, especially related to exams
Social isolation or withdrawal
Physical health conditions that may have a social impact
Alcohol and illicit drugs
Mental ill health, self-harm and suicidal ideas

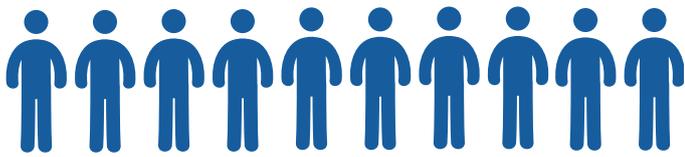
The relationship between suicide and self-harm is complex. While it is a strong risk factor for suicide, self-harm is often not suicidal. Self-harm is a sign of serious emotional distress and it is vital that timely, effective support is available following self-harm.

A recent, large scale study in Wales¹⁷ examined contacts for self-harm across GP, hospital admissions, outpatients and emergency departments. It found that rates of emergency department (ED) attendance and hospital admissions are increasing for those aged 10–19 years. Approximately twice as many people who self-harm seek help in primary care than access secondary care, and many are managed in primary care. Males were less likely than females to be admitted to hospital following ED attendance for self-harm. The study concluded that:

- Patients who are admitted to hospital make up only a small proportion of individuals presenting to services with self-harm, with a large proportion of individuals presenting to GP or ED only.
- GPs are an important setting for intervention, and would welcome training in communication with children and young people and practical information about self-harm.
- Understanding patterns of presentation will inform service planning and configuration for follow-up care and could inform tailored support.

Samaritans Cymru reported¹⁸ that, due to limited self-harm data and evidence in Wales, this remains an issue that is often hidden and poorly understood. This detailed study provided the following recommendations:

1	Thresholds for therapies and other sources of help for people need to be set at a level which means they are available as an early intervention, rather than depending on the level of self-harm itself.
2	There needs to be wider recognition of the importance of a compassionate response to self-harm.
3	There needs to be proactive follow up of people who have been discharged from A&E following self-harm.
4	We need to establish a known, central repository for information and good practice on self-harm, bringing together the many examples of effective projects and good practice which exist.



60 THE AVERAGE NUMBER OF **SUICIDES** IN CWM TAF MORGANNWG **2017-2019**

IN WALES

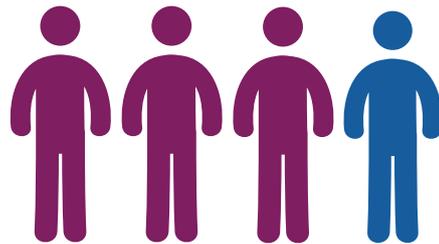
THE HIGHEST RATE OF **SELF-HARM** IS IN **FEMALES AGED 15-19**

CWM TAF MORGANNWG HAS HIGHER RATES OF MENTAL DISORDERS AND POORER WELL-BEING COMPARED WITH WALES

IN CWM TAF MORGANNWG

3 OUT OF 4

SUICIDES ARE BY MEN



THE HIGHEST RATE OF SUICIDE IN CWM TAF MORGANNWG IS IN:

MEN AGED 30 - 44

What the data tells us

For technical details and data, please see Appendix 3.

Well-being and mental illness in Cwm Taf Morgannwg

Cwm Taf Morgannwg has higher rates of mental disorders and poor well-being compared with Wales. Both of these factors influence self-harming and suicidal behaviours.

Interventions to prevent mental disorder and promote well-being would also reduce suicide and self-harm. Actions being developed in the Cwm Taf Morgannwg Well-being Plan¹⁹ which focus on building resilience on our communities can contribute to improvements in population well-being.

Suicide in Cwm Taf Morgannwg

The latest Office for National Statistics (ONS) data shows that suicide rates in Cwm Taf Morgannwg are above the Wales average. The suicide rates relevant to our area for the period 2017-2019, are given in Figure X.

Figure 6: Age-standardised suicide rates per 100,000 population, rolling three-year averages, Wales and Local authorities in Cwm Taf Morgannwg

	Suicide rate,2017-2019
Bridgend	16.2
Merthyr Tydfil	15.7
Rhondda Cynon Taf	15.2
Wales	12.7

Suicide rates in Cwm Taf Morgannwg are three times higher in men than in women.

In Wales and Cwm Taf Morgannwg, the highest suicide rate occurs in males aged 30-44, and this rate is statistically significantly higher than Wales. The rate for males ages 18-29 in Cwm Taf Morgannwg is also statistically significantly higher than the Wales figure.

Cwm Taf Morgannwg Safeguarding Board has developed a [Protocol for the immediate response to critical incidents \(2020\)](#). This provides support to manage the consequences of critical incidents (including suicide) in Cwm Taf Morgannwg in order to ensure that those who are affected, including friends, family, professionals and the wider community, are effectively supported.

Self harm in Cwm Taf Morgannwg

Self-harm happens more often in females, with the highest prevalence in Wales being in the 15-19 age group. Self-harm also happens more often in:

- Prisoners, asylum seekers, and veterans of the armed forces
- Gay, lesbian and bisexual people: this seems, at least in part, due to the stress of prejudice and discrimination
- A group of young people who self-harm together: having a friend who self-harms may increase your chances of doing it as well
- People who have experienced physical, emotional or sexual abuse during childhood; these are called Adverse Childhood Experiences (ACEs).

Data for Cwm Taf Morgannwg shows that emergency admissions for self-harm are highest in the 10-17 age group, followed by the 17-29 age group, and both of these are statistically significantly higher than Wales. However, self-harm is difficult to measure; it may not be reported or may not be recorded as self-harm, as people may not present to services.

Cwm Taf Morgannwg Safeguarding Board has developed a [Protocol for the management of self-harm in the community](#) which provides information for professionals about how to manage disclosures or suspicions of self-harm in children and young people. Training in suicide and self-harm awareness is available in Cwm Taf Morgannwg in order to help staff understand more about these behaviours and how better to meet the needs of children and young people who may be at risk.

3. Developing our action plan

This Cwm Taf Morgannwg plan was initially developed, taking into consideration:

- Talk to me 2: Suicide and Self Harm Prevention Strategy for Wales 2015-2020 (now extended to 2022)
- The Suicide and Self-harm Prevention Strategy for Bridgend 2017-2020
- #Project 34+: A Suicide and Self-harm Prevention Plan for Cwm Taf
- South Wales Police Suicide Prevention Action Plan 2020
- CTM UHB Suicide Prevention Steering Group Action Plan (CAMHS)

The first draft of the plan was shared with members of the Cwm Taf Morgannwg Suicide and Self-Harm Prevention Steering Group. Following this, a workshop was organised to support wider engagement of the draft Suicide and Self Harm Prevention plan for our area.

Engagement event

Partners were invited from a range of organisations across Cwm Taf Morgannwg who were identified as potentially having a key role to play in preventing suicide and self-harm.

Over 40 partners attended the half day virtual workshop; feedback received has been overwhelmingly positive. The workshop was facilitated by an external organisation Sglein, and funded by the Welsh Government Regional Coordinator Suicide and Self Harm prevention fund.

The purpose of the workshop was to provide an opportunity for partners to consider and contribute to the Cwm Taf Morgannwg Suicide and Self-Harm Prevention plan. Lisa Curtis-Jones, Vice Chair of the Cwm Taf Morgannwg Safeguarding Board welcomed participants to the session and Ann Unitt, Principal Public Health Practitioner, Public Health Wales presented an overview of the draft prevention plan. Participants then had the opportunity, in smaller groups, to discuss the six objectives in the Talk to me 2 Welsh Government strategy and offer suggestions for action in Cwm Taf Morgannwg. Paul Mee, Chair of the Cwm Taf Morgannwg Safeguarding Board summarised the session, thanking all for their participation.

During the break out groups, participants were asked to focus their discussion on the six Talk to me 2 objectives in relation to the following three questions:

1. What can we do collectively that will make a difference?
2. What part does your organisation play/what is your duty as an organisation?
3. What needs to happen to help you achieve the collective goals?

A summary report of the workshop has been provided to the participants.

The main themes from the workshop in relation to each of the national objectives are summarised in Figure 7.

Figure 7. Discussion themes and emerging priorities

Objective 1. Improve awareness

- Education around suicide and self harm needs to start at an early age including in secondary schools by raising awareness and considering mindfulness and wellbeing for students.
- A national training framework is being developed. This should inform the development/rollout of a training programme in CTM, taking into account what training provision we currently have. Awareness training should be implemented across all sectors.
- We need to have a better understanding of self-harm:
 - The extent of self harm across CTM
 - The support needs of those who self-harm
 - The training needs of those who encounter self harm
- We need to make effective use of communications and social media to promote campaigns, services and reduce stigma.

Objective 2. Respond to crisis

- A multi-agency immediate response process is in place to manage threat, risk or harm to others following a critical incident, including suicide. A crisis in terms of suicide may be very different to a crisis of self harm. An acute mental health crisis may also result in either outcome.
- Data from near misses and admissions could be used to understand crisis and ensure that support is put in place to prevent further incidents.
- There was a strong call from the group to have primary care representation at suicide and self harm forums with regard to earlier identification of risk, appropriate intervention and crisis avoidance.
- Staff working services where people present in crisis should receive appropriate suicide/self harm training.
- Support should be mapped on a tiered level ensuring the right support at the right level with a clear understanding of support provision in the area.

Objective 3. Provide better information / support

- There is a need for better information, support and signposting for people who are homeless/in housing need, who are vulnerable/have complex needs/mental health problems and who present at crisis services.
- A national bereavement framework is being developed which will support the establishment of clear referral pathways, risk and needs assessments, training for staff and volunteers and a directory of available bereavement provision. Once published, it was felt that all partners in the CTM suicide and self-harm prevention steering group should:
 - Understand the bereavement pathway
 - Identify and develop key actions for Cwm Taf Morgannwg
 - Ensure that organisations deliver the key actions with sensitivity and dignity.
- Appropriate dissemination and use of Help is at Hand resource.

Objective 4. Support the media in responsible reporting and portrayal of suicide and suicidal behaviour

- Communication teams/leads across partners in CTM should undertake Samaritans e-learning training on media guidelines and implement that guidance, including their 2020 guidance on reporting of youth suicides and suicide clusters.
- NICE Quality Standard on suicide prevention²⁰ suggests that Multi-agency suicide prevention partnerships have a local media plan that identifies how they will encourage journalists and editors to follow best practice when reporting on suicide and suicidal behaviour.
- More guidance is needed on reporting of/comments on suicide in social media as this can add to the distress of families, friends and communities.
- Consideration should be given to media training for those who may be asked to comment following a death by suicide e.g. head teachers, elected members.

Objective 5. Reduce access to the means of suicide

- It is acknowledged that this objective requires the involvement of multiple partners who may work on a wider South East Wales footprint including:
 - o South Wales Police, Gwent Police
 - o South Wales Fire and Rescue Service
 - o Network Rail
 - o Transport for Wales
- The usage of a combination of cocaine and alcohol was highlighted as an area of concern which has led to fatal consequences.
- Information and data from suicide reviews could be used to inform:
 - o Local authorities regarding signage and any other physical risk reduction measures at high risk locations
 - o Planning departments with regard to suicide-safer new developments.

Reference: Public Health England (2015)²¹. Preventing suicide in public places: A practice resource.

Objective 6. Support learning, information and research

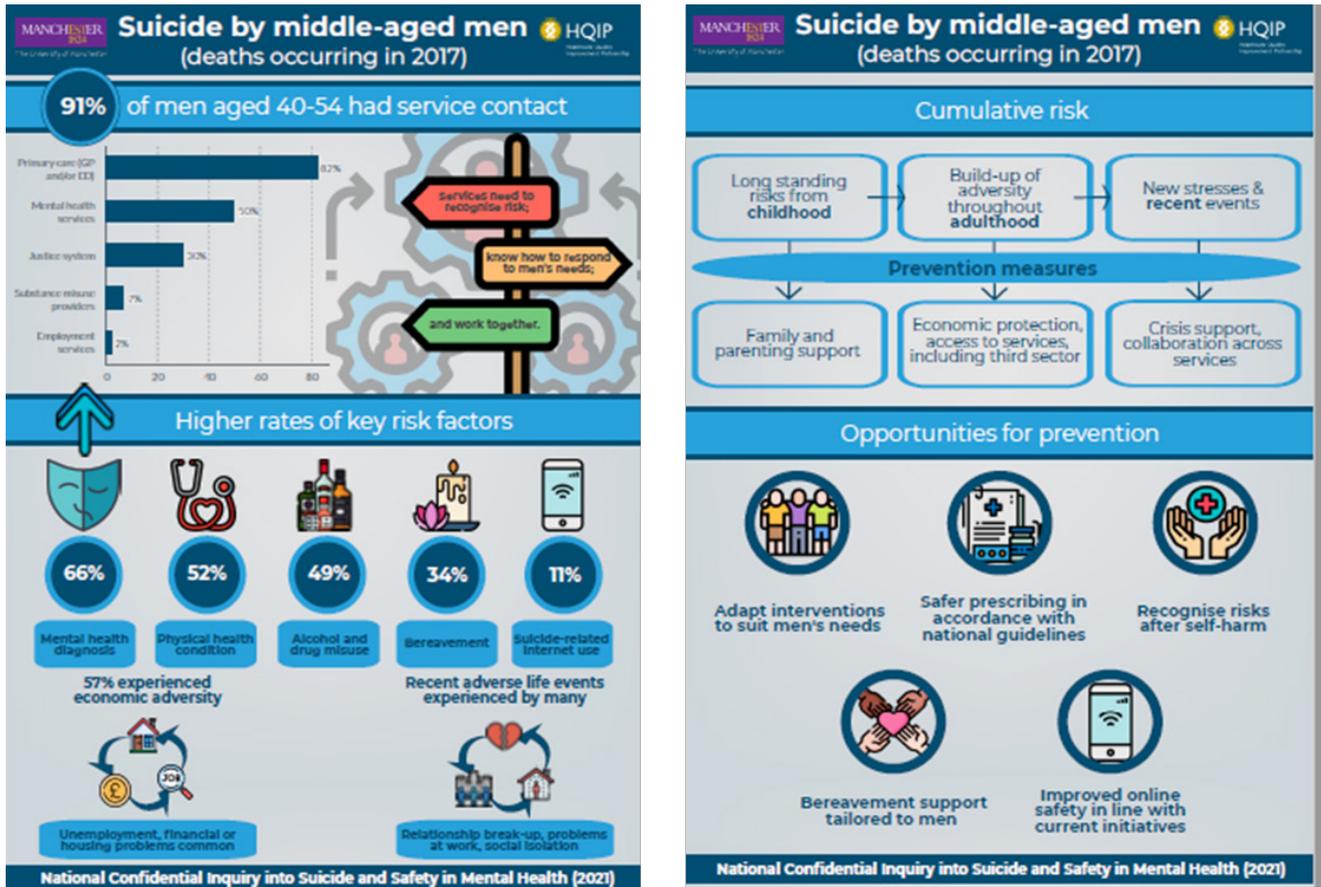
- An Immediate Response Group and a Suicide Review Group have been established. These multi agency groups are able to use real-time data to inform the appropriate response or to act on lessons learned from previous incidents.
- It is important that partners share information and resources to inform best practice
- There is a need to establish/build on existing monitoring systems.resource.

Our priorities

Subsequent to the workshop, the National Confidential Inquiry into Suicide and Safety in Mental Health was published by Manchester University²²; it focussed on suicide by middle aged men. Its findings are particularly pertinent to Cwm Taf Morgannwg; the risk factors for suicide by men in this age group, as well as the circumstances for cumulative risk, as shown in Figure 8, are all prevalent in our communities.

This report, as well as our local intelligence will be used to inform the inclusion of key actions in the plan targeted at this group as our main priority.

Figure 8. Suicide by middle aged men.



Draft Action plan – see Appendix 2

Monitoring and evaluation

When the actions in the plan are agreed, information will be collected on a regular basis to monitor progress against the objectives in the plan.

The relatively small number of suicides at a local level can make it difficult to measure a significant change in rates. Additional outcome measures will need to be agreed.

Accountability and reporting

Regular updates, and an annual report on the progress of this plan will be submitted to Cwm Taf Morgannwg Mental Health Partnership Board, for onward approval by the Cwm Taf Morgannwg Safeguarding Board and the Cwm Taf Morgannwg Regional Partnership Board. In addition the plan will be submitted to the National Advisory Group for Suicide and Self-harm Prevention.

This plan will be used to inform the well-being assessment currently being undertaken for the Cwm Taf Morgannwg Well-being Plan.

There is no single cause and no single solution to suicide and self-harm. Improving well-being in our communities post-Covid-19 will be challenging for our strategic partnerships, but this is a vital component of suicide and self-harm prevention.

Partners must work together using intelligence and evidence-based interventions to reduce suicide and self-harm in Cwm Taf Morgannwg and to improve support to individuals, families and communities.

Suicide is preventable; it is not inevitable.

Appendix 1.
Cwm Taf Morgannwg Suicide and Self Harm Prevention Steering Group membership

TITLE	ORGANISATION
Chair/Vice Chair of the Regional Safeguarding Board	MTCBC/RCTCBC
Chair of the Suicide and Self Harm Engagement Group and VC	CTM MIND
Assistant Director for Quality, Safety and Safeguarding	CTMUHB
Head of Safeguarding	CTMUHB
Corporate Director, Social Services	BCBC
Chair of Community Safety Partnership	BCBC
Superintendent	South Wales Police
Principal Public Health Practitioner	Public Health Wales
Director of Primary Care and Mental Health	CTMUHB
Deputy Head of Nursing	CAMHS
Regional Coordinator Suicide and Self-Harm	Welsh Government
Harm Reduction Co-ordinator	CTM Substance Misuse
Community Safety & Strategic Partnerships Service Manager	Community Safety Partnerships
Education Psychology Manager	Cwm Taf and Bridgend
Safeguarding Manager	Parc Prison
Cabinet Member for Social Services and Early Help	Bridgend

Action	Lead	Timescale	Resource	Outcome measure	Progress/ Comments
Objective 1. Improve awareness of suicide and self-harm amongst the public and professionals					
Scope professional training needs in relation to suicide and self harm prevention across partner agencies in Cwm Taf Morgannwg including the Third Sector.	All partners	March 2022		Training needs identified and plan in place to address this for each partner organisation.	Need to agree approach
Ensure that Suicide and Self Harm Prevention training is delivered on a multi-agency basis across CTM. This should include schools staff.	CTMSB Training and Learning Group	Annually	Each agency will take responsibility	Number of staff receiving training and are able to demonstrate an understanding of suicide prevention	Data collected at the end of March each year
Develop and implement Project SPEAK to include: <ul style="list-style-type: none"> • Suicide prevention • Training programmes • Awareness campaigns • Postvention support 	Cwm Taf Morgannwg Mind	November 2020 – October 2023	£353k	By 2023: 450 Professionals trained - Improved learning 1000 people trained (community) - Improved learning 1800 people reached via Awareness Raising events - Improved awareness 45 families supported via postvention counselling - outcome measure CORE-34	Big Lottery funding secured

Action	Lead	Timescale	Resource	Outcome measure	Progress/ Comments
<p>Plan and coordinate awareness campaigns to ensure consistent messaging across partners without restricting innovation.</p> <p>For example:</p> <p>ACTivate Your Life – free online self-help course to improve mental health and well-being:</p> <p>https://phw.nhs.wales/services-and-teams/activate-your-life/0g</p> <p>An area of focus should be awareness raising in relation to self-harm.</p>	Multi-agency Comms sub group	Ongoing	CTMSB Other partnerships to identify resource	<p>Evaluation measures incorporated into campaigns and reported to strategic group.</p> <p>Number of campaigns</p> <p>Social media and website analytics</p>	<p>Safeguarding Week took place in November 2020 with the theme of suicide</p>  <p>Safeguarding Week 2020 - Evaluation.doc</p> <p>Talking Saves Lives posters circulated. Social media campaigns.</p>
<p>Kooth - emotional wellbeing and early intervention mental health support for children and young people, including one-to-one, anonymous counselling sessions and 24/7 access to self-help resources commissioned for young people aged 11-18 living in CTM.</p>	CTMUHB	12 months from May 2021	£89,010 (plus VAT)	<p>Kooth to provide quarterly reports on uptake of the service</p> <p>School Health Research Network (SHRN) Student Well-being and Emotional Health measures</p>	<p>Initial report 01/06/21 – 30/06/21</p>  <p>Kooth Cwm Taf Morgannwg Summary</p>
<p>The Welsh Government's Framework on embedding a whole-school approach to emotional and mental well-being provides statutory guidance to address the emotional and mental well-being needs of all children and young people, as well as school staff, as part of the whole-school community.</p> <p>https://gov.wales/framework-embedding-whole-school-approach-</p>	Public Health	June 2021-March 2022	£51,117 Welsh Government funding, via Public Health Wales	<p>No. of pilot schools completing the assessment phase.</p> <p>No. of schools with action plans in place.</p> <p>School Health Research Network (SHRN) Student Well-being and Emotional Health measures</p>	<p>40 schools across Cwm Taf Morgannwg signed up to pilot starting September 2021</p>

Action	Lead	Timescale	Resource	Outcome measure	Progress/ Comments
emotional-and-mental-well-being To pilot the implementation of the Framework across Cwm Taf Morgannwg					
Objective 2. Deliver appropriate responses to crises and managing suicide and self-harm					
Establish Cwm Taf Morgannwg Immediate Response Group (IRG) to ensure an appropriate and timely response to critical incidents and to provide support to those affected.	South Wales Police/Cwm Taf Morgannwg Safeguarding Board	Ongoing		Number of IRGs held and people supported	The IRG process is already well established in CTM. The protocol has been reviewed and published November 2020 Protocol for the Management of Self Harm updated in 2020 and evaluated in 2021.
Establish Cwm Taf Morgannwg Suicide Review Group (SRG) to analyse the circumstances of completed suicides and implement lessons learned.	CTMSB	January 2021		Group established, terms of reference agreed	First meeting held 14/01/21, chaired by CTMUHB Assistant Director
Objective 3. Provide better information and support to those bereaved or affected by suicide					
Develop a system to distribute 'Help is at Hand' widely across Cwm Taf Morgannwg as part of the initial response to a bereavement by suicide http://supportaftersuicide.org.uk/wp-content/uploads/2016/10/Wales-	South East Wales Regional Coordinator	Ongoing	Help is at Hand booklets	Monitor the number of individuals who have received a copy through IRG/Suicide review process.	

Action	Lead	Timescale	Resource	Outcome measure	Progress/ Comments
HIAH.pdf <ul style="list-style-type: none"> • A&E Departments • Funeral Services • Blue light services 					
Develop a resource to signpost individuals to the digital version of Help is at Hand. To be distributed widely across the region. <ul style="list-style-type: none"> - GP practices - Other Care Centres - Counselling services - Mental health provision - Third sector 	South East Wales Regional Coordinator	Ongoing	Signposting resource	Ongoing review and audit of availability throughout the region.	
Develop a system to distribute 'You are not alone' resource widely across Cwm Taf Morgannwg  2682-19 You are not alone (April 2020).pc	Regional Coordinator	Ongoing	Signposting resource	Ongoing review and audit of availability throughout the region.	
Support the National Bereavement Pathway work as this becomes available – ensuring CTM have services that meet the national standards.					Not yet available
Objective 4. Support the media in delivering sensitive approaches to suicide and suicidal behaviour					
Ensure all communication teams are aware of the Samaritans media guidelines (2021) for reporting suicide in the CTM area and adhere to these.	Communication leads in partner organisations			A measurable increase in the number of local articles adhering to national guidelines.	

Action	Lead	Timescale	Resource	Outcome measure	Progress/ Comments
<p>English: https://media.samaritans.org/documents/English_Media_Guidelines_LoRes.pdf</p> <p>Cymraeg: https://media.samaritans.org/documents/Welsh_Media_Guidelines_LoRes.pdf</p>				Number of guidelines disseminated	
<p>Communication teams/leads? To undertake Samaritans e-learning training on media guidelines?</p> <p>https://www.samaritans.org/wales/about-samaritans/media-guidelines/samaritans-media-guidelines-e-learning/</p>	Communication leads in partner organisations				
Understand the process and mechanisms for raising concerns and offering support if suicide and self-harm are miss-reported in the media.	Regional Coordinator				
Work with local media sources to ensure to support sanative reporting and appropriate use of language across the South East Region.	South East Wales Regional Coordinator				
Objective 5. Reduce access to the means of suicide					
<p>National suicide prevention alliance – A great ‘hub’ to resources and toolkits (England Only)</p> <p>To support regional and national partners to develop an equivalent resource for Wales</p>	Ceri Fowler	3 years	Investment required	To develop a national suicide prevention resource for Wales.	National and Regional leadership required.
<p>Over the counter pain killers - Legislation (1998) limits the sale of</p>	CTMUHB Pharmacy	Ongoing	Pharmacy	Reduces means by dying from overdoses –	Ongoing review.

Action	Lead	Timescale	Resource	Outcome measure	Progress/ Comments
painkillers to packs of 16 in all shops except pharmacies which may sell packs of 32 to minimise the risk of overdosing.	Services		provision	unless stockpiled.	
Request reviews on areas of concern with appropriate authorities, for example Network rail and local authority.	CTM Regional Suicide and Self-harm Prevention Partnership				
Work with Planning teams across the three local authorities to make sure that measures to reduce access to the means of suicide are included in the planning guidance as a requirement for future developments.	Public Health team	RCTCBC revising their LDP in 2021/22 – opportunity to input here.	Time		
Objective 6. Support research, data collection and monitoring					
Agree a system for the appropriate sharing of data on suicide and self-harm in real time/timely manner.	South Wales Police/Suicide Review Group/ CTM Regional Suicide and Self-harm Prevention Partnership?	Data sharing system agreed at SRG and in place.	South Wales Police provide written update to SRG	No specific outcome measure required. Awaiting a data sharing policy – lead Ceri Fowler via advice from National Advisory Group (NAG).	Quarterly real time data drops being provided to the SRG.
Monitor COVID-related suicides to understand and enhance response.	South Wales Police – Superintendent Karen Thomas	Quarterly SRG – real time data drop	South Wales Police scoping	ONS Data measure – Number of deaths by suicide (April – July 2020)	Note – No evidence of increased rates at the moment
Third Sector Organisations to provide 'people's stories / case studies', to help understand the impact as well as the numbers	Julian John	Annually	WG pilot grant funding	Tom Smerdon story Let's Talk Men's Mental Health Lost Boys – Josh Downes story	A suite of user stories and organisational showcase has been achieved by sixty six /

				#ItTakesBallsToTalk	ninety nine
<p>Sources of research – 'go-to' sites. To keep track of research and developments and report to the SRG.</p> <p>@ProfLAppleby (govt advisor on suicide and mental health) – Twitter profile.</p> <p>@ProfAnnJohn (Wales NAG Chair) – Twitter profile.</p> <p>National Confidential Inquiry into Suicide and Safety in Mental Health – research publications</p> <p>Samaritans facts and figures</p> <p>UK Government – Suicide in England and Wales 2020 registrations</p> <p>ONS – Deaths from suicide that occurred in England and Wales</p> <p>National Institute for Health and Care Excellence – suicide research</p>	<p>Julian John</p> <p>Julian John</p> <p>Julian John</p> <p>Local Branch</p> <p>Public Health Team</p> <p>Public Health Team</p>	<p>Quarterly update on any new data sets</p> <p>Quarterly update on any new data sets</p> <p>Annual data sources: ONS PHOF StatsWales</p>	<p>Quarterly scoping – lead presents new data.</p> <p>Quarterly scoping – lead presents new data.</p> <p>Time</p>	<p>To determine how new emerging research, together with local 'Real Time Suicide Data' impacts on our work and sets the future direction.</p> <p>Changes to this Action Plan</p> <p>To determine how new emerging research, together with local 'Real Time Suicide Data' impacts on our work and sets the future direction.</p> <p>Changes to this Action Plan</p>	<p>Action Plan subject to Annual update - Monitored via MHPB</p>
<p>To monitor this strategy and action plan and apply necessary changes.</p>	<p>Editorial group Group: Principal Public Health Practitioner, Regional SSHP Co-ordinator, CTM Safeguarding Board Business Manager Third Sector representative</p>	<p>Annually</p>	<p>Time, planning and commitment</p>	<p>To maintain annual updates and ensure this plan remains up-to-date and reflective of suicide and self-harm prevention across CTM.</p>	

Interpreting data on suicide and self-harm

In order to understand and prevent suicide, it is very important that suicide data is as accurate and as comprehensive as possible. Collecting national and local data can help identify high risk groups, locations of concern, any patterns or trends and provide evidence for targeted interventions as part of our SSHP Action Plan.

It's all about rates per 100,000

The **number** of suicides in an area or age group can give a misleading picture of the incidence of suicide when considered on its own. **Rates per 100,000 people** are calculated in order to adjust for the population size. An area or group with a larger population may have a higher number of suicides than an area or group with a smaller population, but the rate per 100,000 may be lower.

Different areas also have different demographics (population age profiles). Because of this it is also important to use 'age standardised' rates when comparing rates between areas

Population size

The size of populations need to be considered when looking at suicide rates. Smaller populations often produce rates that are less reliable as the rates per 100,000 are based on small numbers. Therefore, differences in the **number** of suicides may have a bigger impact on the **rate** in a smaller population than in a larger population. This is particularly relevant for our area, where the population in Merthyr Tydfil is approximately 60,000, whereas Bridgend's is almost 145,000 and Rhondda Cynon Taf's is approximately 238,000.

Year-on-year variations can be misleading

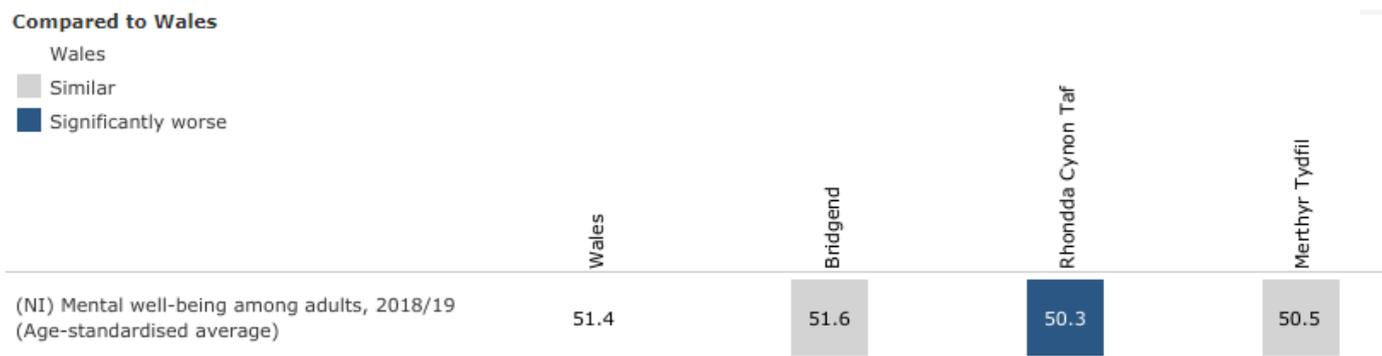
Suicide is a relatively rare event. There were 330 deaths from suicide registered in Wales in 2019. At individual Local Authority level, the numbers are much smaller, and vary from year to year. The statistics presented in this document combine at least five years' worth of data to ensure reliability.

Confidence Intervals

Confidence intervals are a way of showing how certain we are about data. The size of the confidence interval depends on the number of events occurring, and the size of the population from which the events came. Generally speaking, rates based on small numbers of events and small populations are likely to have wider confidence intervals. Conversely, rates based on large populations are likely to have narrower confidence intervals. A 95% confidence interval represents a range of values that we can be 95% confident contains the 'true' underlying rate. Where confidence intervals are shown in this document they look like this:

—■ 95% confidence interval

Figure 9. Mental well-being among adults in Cwm Taf Morgannwg 2018/19

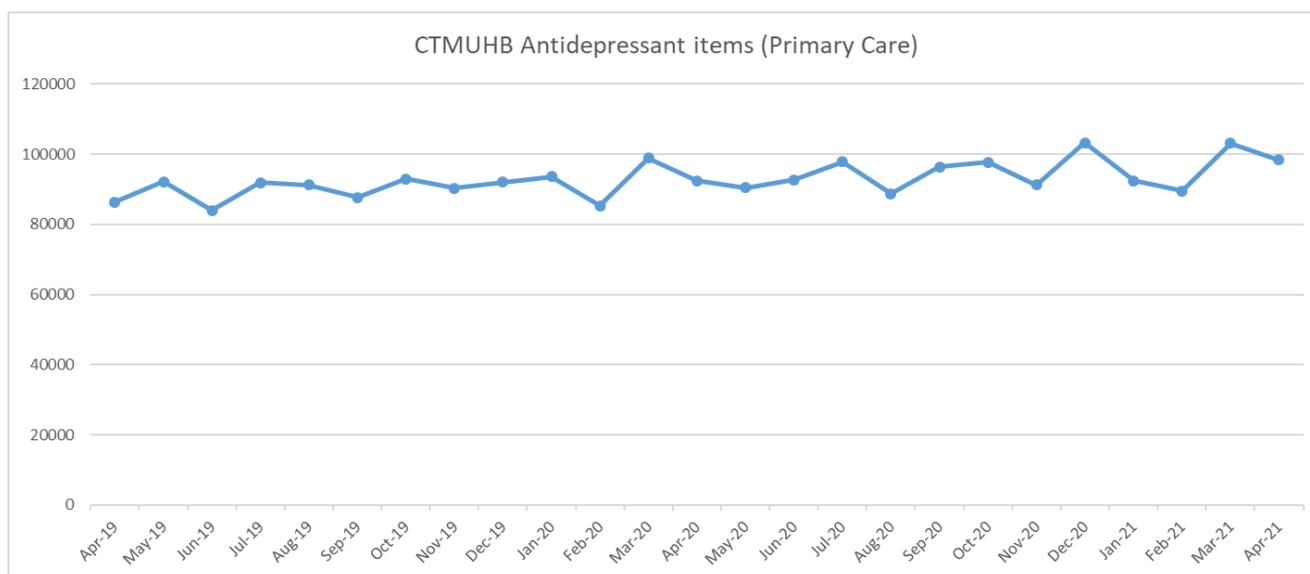


Produced by Public Health Wales Observatory

Antidepressant prescribing in Cwm Taf Morgannwg

In the two year period from April 2019 – March 2021, the number of anti-depressant items prescribed increased by 19% as in Figure 10a below.

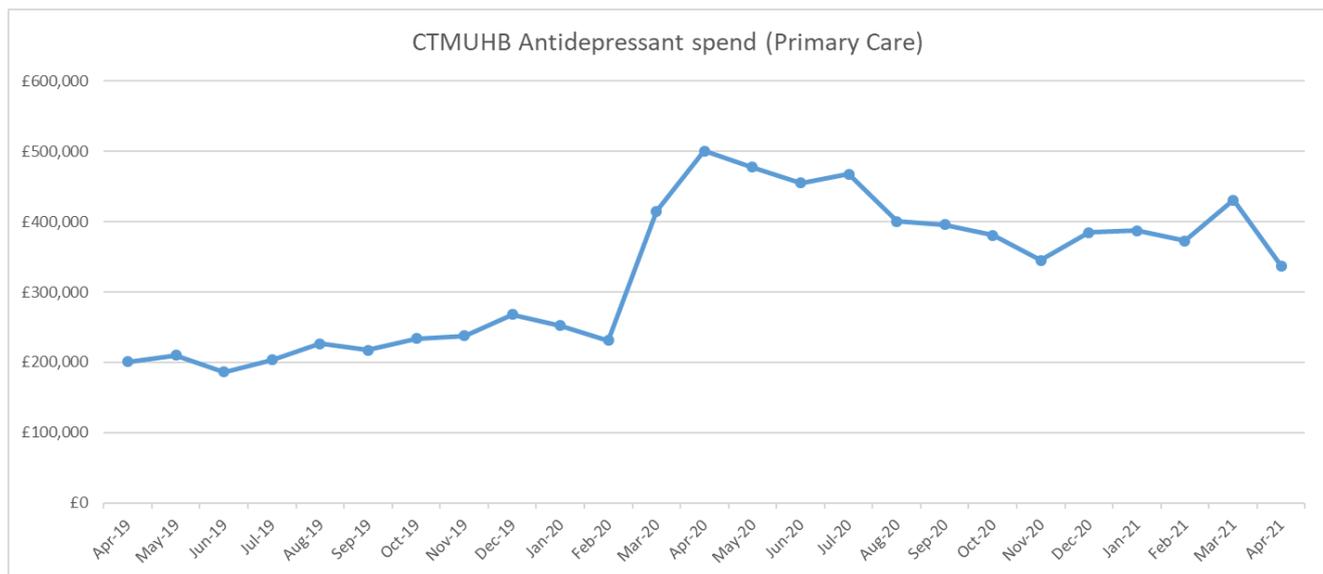
Figure 10a. Antidepressant prescribing in Cwm Taf Morgannwg April 2019-March 2021



Source: Pharmacy, CTMUHB

Total antidepressant prescribing costs increased significantly from £2,882,425 in the financial year 2019/20 to £4,997,083 in the 2020/21 financial year, as given in figure 10b.

Figure 10b. Antidepressant prescribing costs in Cwm Taf Morgannwg 2019-2021

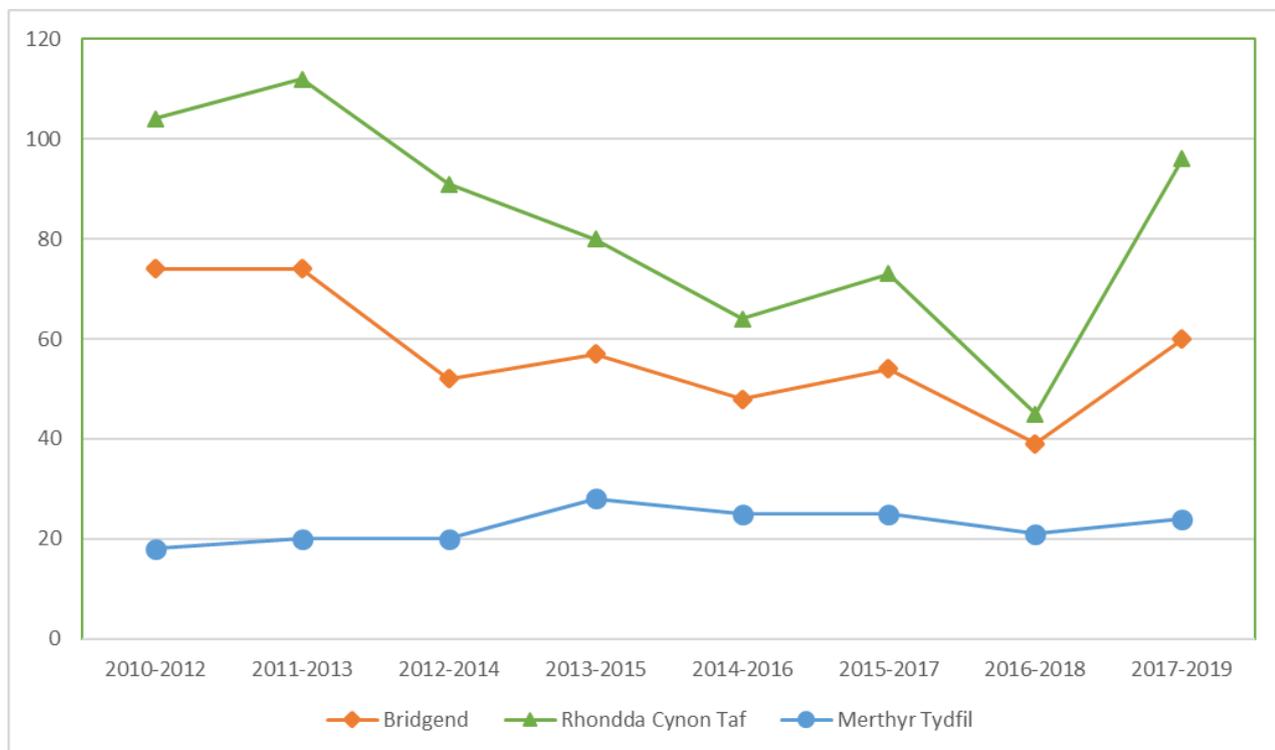


Source: Pharmacy CTMUHB

Deaths by suicide in Cwm Taf Morgannwg

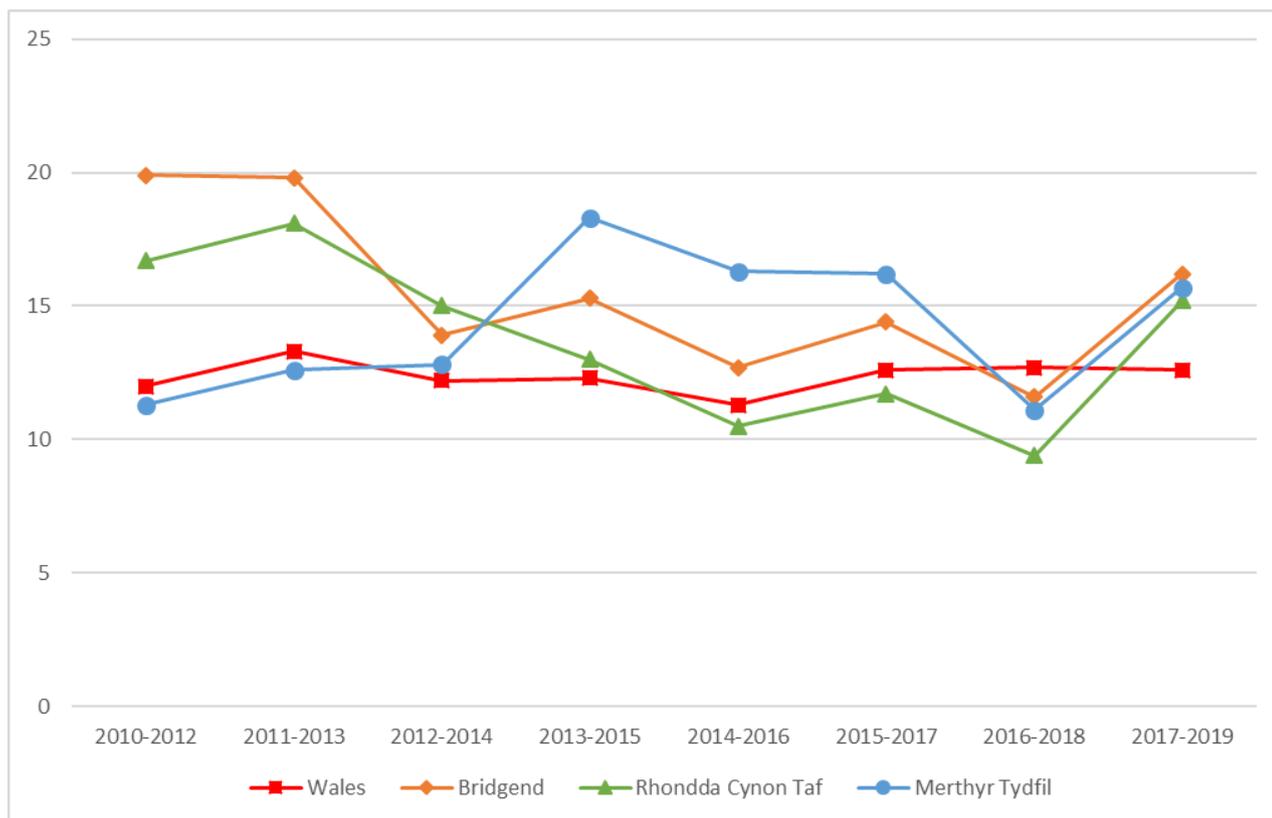
The latest data from the Office for National statistics (ONS) shows the trends in the number of deaths by suicide in Bridgend, Rhondda Cynon Taf and Merthyr Tydfil.

Figure 11. Number of deaths by suicide, three year rolling average, by local authorities in Cwm Taf Morgannwg, 2010-2019



In the latest three-year rolling time period, 2017-2019, suicide rates in our area are among the highest in Wales.

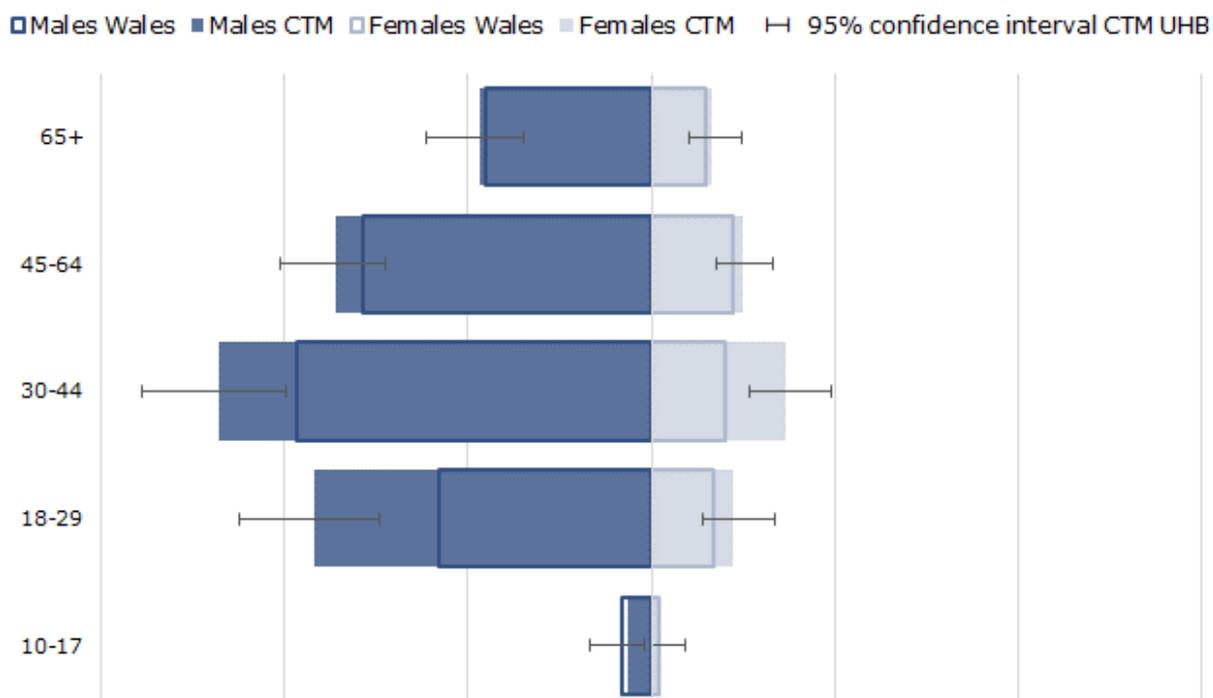
Figure 12. Deaths by suicide, three year rolling average, age standardised rate per 100,000, local authorities and Wales, 2010-2019



Source: ONS 2020

In Cwm Taf Morgannwg, the suicide rate is highest for males aged 30-44 and this is statistically significantly higher than Wales. Although rates for female suicides in this age group are much lower, they too are statistically significantly higher than the Wales average, as are the rates for men aged 18-29 in Cwm Taf Morgannwg.

Figure 13. Suicides, age-specific rate per 100,000, males and females, aged 10+, Cwm Taf Morgannwg UHB and Wales, 2010-2019



The Office for National Statistics (ONS) provides data on methods of suicide at England and Wales level, and this is presented in Figure 14.

Figure 14. Proportion of suicide deaths by method and sex, England and Wales, 2019

Method	Males (%)	Females (%)
Drowning	3.6	5.0
Fall and fracture	3.6	4.0
Poisoning	16.0	32.8
Hanging, strangulation or suffocation	61.7	46.7
Jumping, or lying in front of a moving object	4.5	3.1
Sharp object	3.6	1.9
Other	6.8	6.2

Self-harm in Cwm Taf Morgannwg

Figure 15. Self-harm emergency admissions

Self-harm emergency admissions, age specific rate per 100,000, persons aged 10+, Cwm Taf Morgannwg UHB, 2010/11 - 2019/20
 Produced by Public Health Wales Observatory, using PEDW (NWIS) & MYE (ONS)

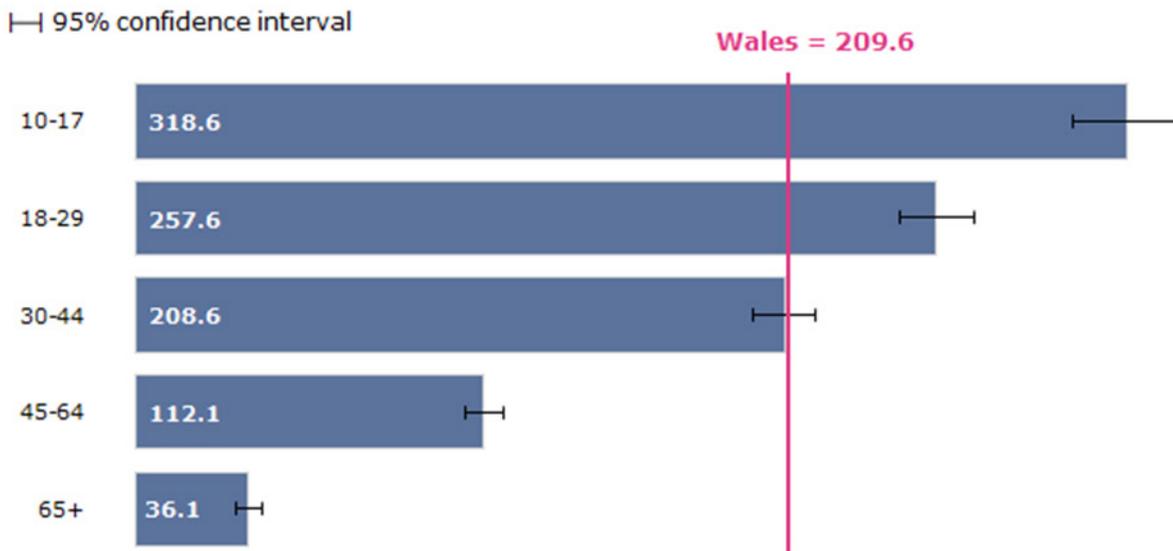


Figure 15. Indicators for 15 year olds in Wales, Health Behaviour of School Children Study 2014 and 2018

	Girls		Boys	
	2014	2018	2014	2018
Sleep difficulties more than once per week	35	37	21	26
Feel pressured by schoolwork	67	75	52	55
Report feeling low more than once a week	32	39	15	18
Been bullied at school at least twice in the past couple of months	13	13	11	12
Been cyberbullied at least once in the last couple of months		19		12

Appendix 4

If you need help or are worried about someone else, you can find immediate assistance from the following support services:

Helplines...

Samaritans 24/7 ☎Free 116 123

Whatever you're going through, a Samaritan will face it with you. They are available 24 hours a day, 365 days a year. For the Welsh Language line please call **0808 164 0123** (not 24 hour, check website). www.samaritans.org

CALL 24/7 ☎Free 0800 132 737

Community Advice & Listening Line: Wales based mental health information and support. Text help to **81066**. www.callhelpline.org.uk

Childline 24/7 ☎Free 0800 1111

Free and confidential information and advice for anyone under 19 years. www.childline.org.uk

Beat ☎Free 0808 801 0677

Advice on eating disorders. Mon-Fri, 12pm – 8pm. Weekends & bank holidays, 4pm – 8pm. www.beateatingdisorders.org.uk

CALM ☎Free 0800 58 58 58

Campaign Against Living Miserably: Support for young men aged 15 to 35. Daily, 5pm – midnight. www.thecalmzone.net

Combat Stress ☎Free 0800 138 1619

Mental Health support for veterans & their families. For Serving Personnel. ☎Free 0800 0323 4444 www.combatstress.org.uk

Cruse ☎Free 0808 808 1677

Bereavement Care and support for anyone grieving. Mon-Fri, 9am – 5pm, Tues, Wed & Thu until 8pm. For support, find your nearest branch. www.cruse.org.uk/wales

2 Wish Upon a Star *01443 853125

2 Wish Upon a Star provides bereavement support for families who have suddenly and traumatically lost a child or young adult aged 25 years and under. www.2wishuponastar.org/contact-us

Dan 24/7 24/7 ☎Free 0808 808 2234

Support with drug and alcohol problems. Text DAN to: **81066**. www.dan247.org.uk

Family Lives ☎Free 0800 800 2222

Mon-Fri 9am – 9pm Sat / Sun 10am – 3pm.

Bullying UK www.bullying.co.uk

Advice & support on all forms of bullying.

Parentline Plus www.parentlineplus.org.uk

Listening, support & non-judgemental help for families.

HOPELine UK ☎Free 0800 068 4141

Suicide prevention advice & support for anyone under 35. Weekdays 10am – 10pm, weekends & bank holidays 2pm – 10pm. www.papyrus-uk.org

LGBT Foundation *0345 3 30 30 30

Support services for lesbian, gay, bi & trans people. Weekdays (excl bank holidays) 10am – 10pm. www.lgbt.foundation

Meic ☎Free 0808 80 23456

Information & advice for children & young people in Wales under 25. Daily 8am – midnight. Text to **84001**. www.meicymru.org

Mind *0300 123 3393

Information on any aspect of mental health. Mon-Fri 9am – 6pm (except bank holidays). www.mind.org.uk

National Debt Line ☎Free 0808 808 4000

Providing free debt advice. Mon-Fri 9am – 8pm, Sat 9.30am – 1pm. www.nationaldebtline.co.uk

No Panic *0844 967 4848

Supporting people who experience panic attacks & Obsessive Compulsive Disorder. Daily 10am – 10pm. www.nopanic.org.uk

Rape Crisis ☎Free 0808 802 9999

Signpost to your local services. Daily, midday – 2.30pm & 7pm – 9.30pm. www.rapecrisis.org.uk

Welsh Women's Aid

Live Fear Free helpline 0808 80 10 800

Domestic violence helpline provide life-saving services & advice. www.welshwomensaid.org.uk

SANEline *0300 304 7000

Support & information for people affected by mental illness, their families & carers. Daily 4.30pm – 10.30pm. www.sane.org.uk

SOBS *0300 111 5065

Survivors of Bereavement by Suicide: Support, information & advice. Mon-Fri 9am – 9pm. www.uk-sobs.org.uk

The Silver Line 24/7 ☎Free 0800 4 70 80 90

Information, friendship & advice for older people. www.thesilverline.org.uk

Victim Support 24/7 ☎Free 0808 168 9111

Help for people affected by crime or traumatic events. www.victimsupport.org

Wales Dementia Helpline 24/7 ☎Free 0808 808 2235

Supporting people affected by dementia. www.dementiahelpline.org.uk

Support for Emergency Services Crews

Mind Blue Light Infoline *0300 303 5999

Mental Health support for Team 999. Email: bluelightinfo@mind.org.uk www.mind.org

Woody's Lodge

Support for Emergency Service veterans & families. North Wales, Mon-Fri 10am – 3pm. *01492 533954 South Wales, Mon-Thu 10am – 3pm. *01446 781792 www.woodyslodge.org

*There could be call charges for these numbers, please check. All signposting information is correct at time of being published. 06/19

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