Llywodraeth Cymru
Welsh Government

Understanding

The Suicide Prevention and Self-harm Strategy for Wales

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Contents

Foreword

I am proud of the comprehensive work we have carried out in Wales to strengthen services and support for people facing suicidal thoughts, dealing with self-harm and for the many families and individuals who have lost loved one to suicide.

Sarah Murphy MS

Minister for Mental Health and Early Years

We have made a lot of progress through the lifetime of the Talk to Me 2 Strategy which, importantly, was informed by the voices of those with lived experience. The publication of this new strategy represents a real opportunity to go even further and begin to turn the tide on suicide and self-harm; to reframe the narrative from one of judgement to one of compassion and ensuring support is available wherever and whenever someone reaches out.

As we embark on a new 10-year, cross-government approach we are making a series of commitments to people and communities throughout Wales. We will take a person-centred, non-judgemental approach and we will work to break down the stigma which acts as a barrier to people seeking support, and to receiving a compassionate response.

The factors which contribute to suicide and self-harm are complex and multi-faceted – they need genuine understanding and, if we are to be successful in preventing suicide and supporting people who self-harm, we must take a cross-government approach to enabling appropriate support, tackling stigma and ensuring services are fit for purpose.

At the heart of this approach is a recognition that people do not always need to access specialist services. Often people just need someone to talk to without fear of being judged or labelled. We are adopting a whole society and whole-system approach to breaking down stigma, which will help people to access the support they need sooner.

By working seamlessly across social services, welfare support, health and the criminal justice system we will be able to respond faster, with compassion, to prevent escalation to crisis point.

My focus for suicide is on prevention, earlier intervention and tackling stigma. For self-harm my focus is on shifting negative perceptions and fear; to understanding it can be a coping mechanism for people experiencing difficult emotions or situations. An enhanced understanding of self-harm will empower people to offer safe, compassionate and person-centred support.

This strategy should be read in connection with the Mental Health and Wellbeing Strategy. The risk factors for poor mental health, self-harm and suicide are similar and sometimes inter-related.

Both strategies adopt a preventative approach, working across government departments to tackle the issues which impact on our mental and emotional wellbeing.

This strategy is interdependent on its sister strategy to deliver improvements in mental health support so it accessible for people who self-harm or have suicidal thoughts, providing a timely, compassionate and person-centred offer when needed. Having a separate Suicide Prevention and Self-harm Strategy allows us to take forward actions which reflect the needs of people who self-harm, have suicidal thoughts or have been impacted by suicide and truly make a difference.

We will be publishing a series of delivery plans, which will set out in more detail the actions we will be taking forward over a three-year horizon to deliver on the commitments and ambitions in this strategy.

The strategy speaks to the progress we have already made and the work still to be done. I want to thank all of those who have played a role across the public and third sectors, volunteers, peer support workers and academics who contribute so much to this agenda.

I also want to thank everyone who has shared their own experiences to help shape the way forward. Your contributions have required reflecting on some of the most challenging, and difficult times, but your continued support will help us deliver real change to people throughout Wales.

Overview

Welsh Government is publishing a Suicide Prevention and Self-harm Strategy (2025-2035), which replaces the previous strategy Talk to me 2: the suicide and self-harm prevention strategy for 2015 – 2022.

The Suicide Prevention and Self-harm Strategy aims to reduce the number and rates of suicide deaths that have endured over recent years. It also aims to establish a pathway to support people who self-harm and to improve support for those bereaved by suicide.

The strategy sets out our overarching vision for suicide prevention and self-harm in Wales, alongside sixteen core principles, and six strategic objectives.

Help and support for your own mental health

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**.

If you're affected by suicide, the National Advisory and Liaison Service Cymru offer free and confidential support to people in Wales: **08000 487742**.

Contact details

For more information:

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How to use this Strategy

This is a 10-year Strategy that sets out our strategic objectives to deliver our ambitions to create a more compassionate understanding of suicide and self-harm; reduce the number of people who die by suicide; provide holistic and person-centred support for people who self-harm; and support those affected by self-harm and suicide.

The Strategy is accompanied by Delivery Plans which set out the more detailed actions over shorter timeframes, which will collectively contribute to delivering our objectives.

The title of the Strategy is 'Understanding' as this is the principle upon which the success of the strategy ultimately rests. Part of this is about gathering and consolidating evidence to equip us with the knowledge and skills to understand who is affected, why and what support is needed. It is also about expanding people's basic understanding that suicide and self-harm can often be responses to difficult emotional situations, such as grief and trauma.

It is a lack of understanding that creates a stigma around suicide and self-harm, and this in-turn makes people fearful of accessing support in the same way that we would for a physical illness – those delays can cost lives.

Suicide and self-harm are unique to an individual, in their causes, the way that they present, the impacts on those around them and the support required for everyone affected.

This Strategy and the Delivery Plans have been designed to help people access the information which is relevant to them whether they want to take action to help themselves; seek advice for supporting a friend or loved one; or better understand suicide and self-harm so they feel confident in talking about the issues in a way that ensures those affected feel understood, safe and supported.

To understand more about suicide and self-harm, please refer to page 4 which explores the definitions of suicide and self-harm and the complex relationship between the two.
You may also be interested to read **Objective 1: Listening and Learning**, which, alongside the Delivery Plan explains how we are seeking to better understand suicide and self-harm by listening to those affected and making sure that all of our other actions are meeting the needs of those who are, or could be, affected.

To learn about what we are doing to tackle the issues which can lead to people harming themselves, please refer to **Objective 2: Preventing,** and the accompanying Delivery Plan which details how we are creating structures to work with other Government departments and agencies to tackle issues such as mental health, bullying, domestic abuse and trauma. Reducing the risk factors associated with suicide and self-harm will result in fewer deaths by suicide and a reduction of people using self-harm as a coping mechanism. This section also explores issues like the internet, media and people's ability to access means and locations which they could use to harm themselves.

To understand how we will help everyone to be able to help others, then please refer to **Objective 3: Empowering**, which recognises that people who self-harm and are at risk of suicide are people with whom we might engage with in our everyday lives and might need our support.

This objective and accompanying Delivery Plan set out how we can help people identify others who might need our help, how to have a compassionate conversation and how to sign post those people to services as needed.

To know more about how we will work to improve relevant services for people with suicide ideation and self-harm, please refer to **Objective 4: Supporting**, and the accompanying Delivery Plan which details how we will make sure relevant services are available to support somebody in need by equipping staff with the knowledge and skills through training and support, and filling gaps in provision.

To understand how services and sectors across Wales can work together to identify people in need and provide support, please refer to **Objective 5: Equipping**, and the accompanying Delivery Plan which details how we will identify other services where people might present to share learning and ensure holistic support is provided. Services include but are not limited to domestic abuse services, education settings, prisons and youth offender institutions, and employment support services.

To learn about how we will support those affected by suicide, then please refer to **Objective 6: Responding**, and the accompanying Delivery Plan which detail how we will respond following a suspected suicide. This includes providing timely support to those who are affected and how multiple agencies will come together to manage the wider impacts.

To learn about how we are tackling stigma and increasing compassion, these are intrinsic aspects of each objective whether that is increasing our understanding through **Objective 1**, sharing that information to influence policy and action through **Objective 2**, increasing knowledge and understanding through **Objectives 3**, **4** and **5**, or educating and guiding the agencies who respond following a death via **Objective 6**.

Defining suicide and self-harm

Understanding suicide and self-harm is the fundamental starting point in helping those in need. It is through this understanding that we can start the conversation, educate others, increase compassion, reduce stigma and ensure people feel safe and supported.

Suicide

Suicide is defined as death caused by an intentional, self-inflicted act.

Suicidal ideation refers to thinking about, considering or planning suicide. Thoughts can range from a detailed plan to a fleeting consideration.

Self-harm

The definition of self-harm is subject to continuous debate. Our working definition of self-harm is in line with the widely accepted definition published by The National Institute for Health and Care Excellence (NICE) in their recent guidelines (2022) – self-harm is an intentional act of self-poisoning or self-injury, irrespective of the motivation or apparent purpose of the act. In this definition self-harm includes suicide attempts as well as acts involving little or no suicidal intent.

However, we understand that the definition, underlying causes and functions of self-harm are **personal** and **individual**. For other health harming behaviours, such as harmful eating, smoking, alcohol use, substance use, risky sexual behaviours, violence and gambling, the primary factor is not usually intentional self-poisoning or injury. Even so, both self-harm and other health harming behaviours often share similar underlying risk factors and consequently, behaviours and motivations can become blurred.

This strategy emphasises the importance of working with services who offer support to people with other health harming behaviours to share learning and ensure that holistic support is provided to avoid people being passed between services – consistent with a no wrong door approach to mental health and wellbeing.

Self-harm and suicide attempts

Not everyone who dies by suicide will have previously self-harmed, and not everyone who self-harms will go onto end their own lives. However, according to the National Confidential Inquiry into Suicide and Homicide (NCISH), previous self-harm is the single biggest indicator of future suicide risk. NCISH report that approximately 60% of people who die by suicide have a history of self-harm[1].

In some cases, differentiating between a suicide attempt and an incident of self-harm can be difficult. For example, when self-harming, some people may not be sure of the outcome they intend or are ambivalent about whether they want to live or die. Some have clear suicide intentions while others desire to escape an unbearable situation or emotional pain; to reduce tension and stress; to take control; or to punish self or others, and they do so without suicidal intent. It is also important to note, although the majority of people who self-harm do not die by suicide, self-harm can escalate into suicidal behaviours and intent to die can change with each episode of self-harm.

Consequently, the primary aim of this strategy is to ensure that anyone who self-harms, **regardless of intent**, is provided with compassionate, person-centred support which focuses on ensuring safety. That being said, we will take forward actions which aim to better determine intent and improve our understanding of this complex relationship.

Strategic vision / intent

Our Vision for Wales is:

The annual rates of suicide in Wales will continuously decrease. People who self-injure, self-poison, who have suicidal ideation or have attempted suicide will feel safe and understood. They will belong to informed and compassionate communities and will be able to access support and services which meet their needs when and where they need them.

The objectives within this Strategy are designed to:

- **Increase our understanding of suicide and self-harm by listening and sharing learning to ensure that people's individual needs are met when they reach out for support.**
- **Recognise and develop the contributions of all Government departments' to tackling the issues which increase the risk of a person self-harming and / or ending their own lives.**
- **Improve support for people who self-harm, irrespective of suicidal intent.**
- **Improve support for family, friends or anyone impacted by self-harm and suicide.**

The outcomes we aim to achieve through delivering on our objectives are:

1. An annual reduction in the number and rates of suicide and attempted suicides.
2. Better outcomes for people accessing support for self-harm and suicidal ideation.
3. Better outcomes for people affected by suicide and self-harm.

The relationship between suicide and self-harm

We know that suicide and self-harm share a range of underlying contributing factors (also known as 'risk factors'). Risk factors include interpersonal factors (e.g., unemployment, peer victimisation, substance use, a history of trauma or abuse, relationship breakdown[2,3,4,5]), psychological factors (e.g., negative affectivity[6], emotional dysregulation[7]) and health factors (e.g., severe and enduring mental health conditions[8], chronic physical health conditions across the life course[9]).

We also know that suicide and self-harm prevalence is associated with sociodemographic inequalities where people, or groups of people, with certain characteristics are at greater risk, through no fault of their own[10,11,12]. Examples include living in poverty, a person's ethnicity, age, gender or sexual orientation.

According to the theory of intersectionality[13], the effects of multiple social inequalities can combine in unique ways to enhance disadvantage, further increasing the risk of suicide and self-harm[14].

Inequality issues are not only linked with suicide and self-harm but are societal issues which, when addressed would solve a multitude of problems. Additional risk factors for suicide and self-harm include access to means, inappropriate media reporting and stigma preventing people from seeking help.

These issues are being addressed by Welsh Government as strategic priorities and we are, in part reliant on the success of those cross-government and multi-sectoral activities to achieve our ambitions within this Strategy.

We recognise that suicide and self-harm are complex. There is rarely a single cause and a holistic, whole-system approach is required. We also require leadership and accountability at all levels, particularly from the Welsh Government, to bring the changes required. As a result, we have the same strategic objectives for both self-harm and suicide.

However, we recognise that self-harm and suicide differ in many ways.

As noted above, whilst self-harm is a strong risk factor for suicide not everyone who self-harms will go onto end their own lives[15,16].

We know that self-harm and suicide can affect anyone at any age. However, the **groups with the highest prevalence rates are different for suicide than they are for self-harm**. The evidence suggests that suicide is most prevalent in middle aged men between 30-55 in Wales[17] and self-harm is most prominent amongst young girls between the ages of 15 and 19[18]. This is fundamental in terms of the different pressures each group will be facing,and people's experiences of stigma.

The **data and evidence** relating to self-harm and suicide are of a different quality and nature. Accurate data representing self-harm prevalence are hampered by under-reporting, due in part to people's reluctance to access medical or psychological services for self-harm treatment, and the poor quality of reporting and recording of incidents of self-harm. However, research has been undertaken to better understand self-harm, informed by those who have lived experience[19,20,21,22].

Conversely, while mortality data, used for determining suicide prevalence, is of good quality, more work is needed in terms of developing the evidence base exploring the thoughts, behaviours and experiences of those who experience suicidal thoughts, feelings and behaviours.

We also need better structures and processes to collect data, evidence and information for both so that it can be interpreted in a more meaningful way to inform an agreed way forward.

The strategy's **measures of success** will also be different for self-harm and suicide. Through tackling social inequalities, reducing stigma and increasing support, we hope to see the rates of suicide come down. We also anticipate that this would have a significant effect on the number of people who self-harm. However, due to the lack of data, this will be difficult to determine. Moreover, monitoring reductions in self-harm as a mark of success could be misleading as, paradoxically, an increase in self-harm prevalence based on our ambitions could be the could be something we see. For example, more accessible and welcoming services and communities could result in more people who self-harm having the confidence to come forward and ask for help.

For all these reasons, whilst we have a combined strategy for suicide and self-harm (which allows us to address the commonalities in a consistent way), we have specific actions targeted at suicide and self-harm independently which enables the differences between self-harm and suicide to be addressed through alternative approaches and measurements.

Self-harm and suicide have a devastating impact on families, loved ones, professionals and communities. Suicide is preventable and our ambitions for both suicide and self-harm can be achieved if managed in a safe and non-judgemental way. The response does not belong to any one sector and instead we need to adopt a public health approach to achieve our ambitions driven by effective leadership and support.

Core Principles

There are important principles that are fundamental in delivering both our vision and objectives for self-harm and suicide in a sustainable and meaningful way, but also in the wider policy context within which this Strategy is set. Therefore, throughout the development and delivery of this Strategy and accompanying Delivery Plans the following questions will be considered:

- Is this consistent with the principle that **self-harm and suicide is everybody's business**? This principle recognises that self-harm and suicidal thoughts, feelings and behaviours are different for everyone in terms of their causes, how they present, their impacts and how people manage them. Some people may seek or need support from their GP or specialist services, and it is important that they have the correct information and training to offer that support in a meaningful and compassionate way. However, some people may prefer to talk to a friend, a family member, a work colleagues, their hairdresser or barber, or even a complete stranger. The purpose of making it everyone's business does not mean that individuals are responsible or accountable for supporting the person who confides in them but about recognising that with the right training and support everyone can make a difference, whether that's simply listening and showing compassion or signposting them to support.
- Is it clear who has **leadership, ownership and accountability** over the policies and actions? Although everyone can play their part in offering support to those who need it there will be objectives and actions within the Strategy and Delivery Plans which will need to be 'owned' if they are to be successfully delivered, whether that's a government department, the NHS, local authorities or third sector organisations – or a combination of the aforementioned. The Strategy and Delivery Plans need to be clear on these roles and responsibilities so those responsible can plan effectively in terms of funding and staffing, to ensure there is transparency in terms of everyone understanding who is doing what, and to allow for effective monitoring and reporting to take place.
- Is the focus on **prevention**? This strategy and its actions are guided by an overall focus on prevention. This includes tackling the upstream 'risk factors' which can lead to self-harm and suicide and interventions which provide people with the right support to keep them safe.
- Does this promote **equity of access, experience and outcomes without discrimination**? Services and support should be accessible and appropriate for all. This means understanding the barriers people face and putting necessary systems in place so that when people get support, there is equity in terms of experiences and outcomes. To achieve this, support and services will need to be culturally and age appropriate and meet the needs of Welsh speakers, ethnic minority people, LGBTQ+ communities and people with sensory loss. Services should adopt an approach consistent with the social model of disability focussed on the removal of barriers – structural, cultural, and ableist, which hinder disabled people's participation and will also need to meet the needs of under-served groups such as people with co-occurring substance misuse, people who are care experienced, neurodivergent people, people who are experiencing poverty and people who are experiencing homelessness.

- Does this promote a **focus on at risk groups**? Self-harm and suicide can affect anyone at any point in their lives and we need to make sure that the Strategy and Delivery Plan recognise that, to ensure that everyone has the support they need when they need it. However, there will be people who are disproportionately affected for a variety of reasons so a proportionate approach will be required to identify and mitigate these risks.
- Is this consistent with a **No wrong door** approach? This principle recognises that people need to be able to present at any point in the system and be guided to the right support without delay and without having to explain their needs multiple times. This will involve the strengthening of multi-sector and multi-agency collaboration through effective governance, training, data sharing and funding arrangements.
- Does this reflect the voices of those with **lived experience** and promote a **person-centred** approach? This means treating people as individuals and as equal partners in co-producing policies, services and responses. It is about recognising and respecting individual needs (e.g. a person's preferred language – including British Sign Language and Makaton), providing any reasonable adjustments to meet needs and providing compassionate care.
- Is this supportive of the **Welsh Language**? Welsh language belongs to us all and our aim is for this to be embedded across Wales so that individuals receive care and support that meets their language needs without having to ask for it (the Active Offer), leading to safer and better outcomes.
- Is this **based on robust evidence** and is it **outcome focused**? We will ensure our actions in the strategy are informed by evidence and can be monitored and evaluated.
- Is this consistent with being **trauma-informed**? We will be guided by the Trauma-Informed Wales Framework to ensure any support or services delivered through our strategy are trauma-informed, kind, compassionate and understanding. The Framework will also allow us to play our part in helping everyone in Wales understand how trauma and adversity can impact people and their role in supporting those affected by trauma. It is also important to consider **vicarious trauma** as part of this, recognising that those who offer support can themselves be affected.
- Does this help **tackle stigma** associated with self-harm and suicide and **promote compassion**? We will tackle stigma and societal views associated with self-harm and suicide.
- Is this consistent with adopting a **rights-based** approach? We will respect, protect and fulfil the rights of individuals in the care they receive. This includes taking account of the specific rights some groups have, for example protecting, promoting and embedding children's rights and disability rights into service design and delivery.
- Does this reflect the need of **all-ages**? We have taken an all-age approach to develop this strategy to ensure we have a system which will support everyone, and which promotes better integration between services. Throughout this strategy, when we say "people" we are talking about all ages including babies, children, young people and older people (more detail on the all-age nature of the strategy can be found on page 10).
- Does this recognise the **wider determinants of health**? This recognises that the economic and social conditions that people live and work in are fundamental to their wellbeing, and that good health, and good mental health particularly, is dependent on a wide range of factors.

- Has the **role of digital and technology** been considered? The role of digital and technological solutions could provide a better, more sustainable outcome. Whilst this might not always be the case it should be explored for this reason.
- Is the **funding and resources** available to deliver this? Over the lifetime of the Strategy the availability of funding and resources will change. Self-harm and suicide are serious health issues and the strategic objectives in the Strategy need to be ambitious in its aspiration to support those at risk or affected. The Delivery Plans will have shorter-term focus and contain more SMART actions to deliver the objectives providing the opportunity to test the deliverability of actions based on the financial landscape at that point in time. The development of each delivery plan will provide an opportunity to test the deliverability of the strategic objectives against finance, resources, and the remaining lifetime of the Strategy.

An all-age approach

The Strategy proposes a comprehensive approach across the life course, recognising that people can experience a range of needs and risks across their lifespan, and that there are opportunities which exist, especially in the younger generation to educate and build resilience against the inevitable challenges which will occur in later years.

Table 1 below provides examples of some of the challenges and opportunities across the life course.

Table 1: Changing risks and intervention points across the life course

Children and Young People	In these early years of a child's life the direct risk of self-harming or suicidal behaviour is low. However, during this developmental period there are the potential for risks to begin to develop as a result of: • parents poor physical and mental health • deprivation • bereavement • bullying • sexual and physical abuse • social isolation • physical, neurodevelopmental and mental health issues • Adverse Childhood Experiences (ACEs) • attachment and bonding. It is vital that effective interventions are offered at this young age to mitigate future emotional challenges. There are also opportunities which exists at this stage to instil habits which can help strengthen their own health and resilience through good education, healthy eating habits and exercise. There is also an opportunity to promote behaviours which contribute to others' well-being through, for example education around social matters such as race, gender, mental and physical health issues and faith. This will contribute to creating more understanding and more compassionate and effective future generations.

Adolescents and young adults	There will be additional pressures and risks which can emerge during these critical years including: • puberty • sexuality • exam pressures • work pressures • transitions between services • Adverse Childhood Experiences (ACEs) • relationships • moving from the family home and living independently • planning for the future / career and further education decisions. These may be in addition to some of the pressures identified in relation to children and young people and, at the time of writing this strategy, children aged between 15-19 were most vulnerable to using self-harm as a coping mechanism. Opportunities must exist to build on and sustain healthy habits instilled during younger years and ensure that services are available to support this age group.
Adults	The adult years present a particularly difficult time for people with: • work and financial pressures • parenting responsibilities • physical and mental health illnesses • issues with substances • relationship challenges. There are particular challenges faced by women and men during these years. Women may face challenges linked with pregnancy, childbirth and menopause. Men may face distinct challenges linked with stigma. At the time of writing this strategy this age group are the most vulnerable to suicidal behaviour and there is a heightened need for targeted and meaningful interventions that make it easier for people to find and access the right support.
Older adults	Retirement, loss of work and reduced financial stability. Physical and neurological challenges will be heighten during the later years of a person's life – which can also lead to social isolation and loneliness. Access to good quality health support from home and continued belonging to communities are vital to reducing risk in later life.

Strategic context

This strategy has been developed following extensive engagement with stakeholders across Wales. It has been written in the context of A Healthier Wales: our Plan for Health and Social Care ("A Healthier Wales")[23] which sets out the vision for a whole system approach to health and social care in Wales and the recently refreshed actions supporting the delivery of A Healthier Wales published in December 2024.

A Healthier Wales lays out the Welsh Government's ambitions for progress and improvement, and describes the core values that underpin the system in Wales, including:

> *Proactively supporting people throughout the whole of their lives, and through the whole of Wales, making an extra effort to reach those most in need to reduce the health and wellbeing inequalities that exist.*

It is also set in the context of the Well-being of Future Generations (Wales) Act 2015 which aims to improve the social, economic, environmental and cultural wellbeing of Wales. Achieving the wellbeing goals set out in the Act is vital in relation to tackling some of the key drivers of self-harm and suicide in Wales.

Receiving treatment in one's preferred language is particularly important for those requiring support for suicide and self-harm because much of the assessment and treatment relies on direct communication rather than objective tests or medication.

We have ensured the strategy is supporting delivery of the More than just words Five Year Plan (2022 – 2027) which is the Welsh Government's strategic framework for promoting the Welsh language in health and social care, and which identified mental health service users as one of the priority groups. Our vision for "More than just words" is for Welsh to belong and be embedded in health and social care services across Wales so that individuals receive care that meets their language needs without having to ask for it, leading to better outcomes. The More than just words Framework seeks to drive progress through a focus on the three themes of Welsh language planning and policies including data; supporting and developing the Welsh language skills of the current and future workforce; and sharing best practice and an enabling approach. At the core of the Framework is the principle of the Active Offer which places a responsibility on health and social care providers to offer services in Welsh, rather than the onus being on the patient or service user to have to request them.

The Welsh Language (Wales) Measure 2011 gives the Welsh language official status in Wales and reinforces the principle that the Welsh language should not be treated less favourably than the English language when providing services. Ensuring that suicide and self-harm services are provided through the medium of Welsh, and that this is actively offered to people receiving support, is crucial.

This strategy is separate from, but connected to, our Mental Health and Wellbeing Strategy. It is connected because having a mental health issue is a risk factor for suicide and self-harm. However, a separate Suicide Prevention and Self-harm Strategy in Wales recognises that neither are diagnosable mental health conditions.

Suicide and self-harm are behaviours in response to emotional pain caused by factors including, but not limited to, mental and physical health conditions, trauma, addiction, poverty and financial strain, bereavement, job losses and relationship breakdowns. Many of the risk factors for self-harm, suicide and poor mental health are the same and actions taken forward through the Mental Health and Wellbeing Strategy have a vital role to play in treating and preventing suicide and self-harm.

For example, through tackling the upstream issues leading to poor mental health, the offer of crisis support, and establishing a pathway for people who self-harm. However, a broader and more specific set of interventions are required to tackle suicide, such as looking at the physical environment (land and buildings), suicide surveillance, rapid response to suspected suicides, and the provision of specialist bereavement support.

As well as the Mental Health and Wellbeing Strategy, the successful delivery of the objectives within this strategy are also reliant, in part, on the successful delivery of other Welsh Government policies which have identified links with self-harm and suicide, such as:

- The new Child Poverty Strategy for Wales.
- Connected Communities: A Strategy for tackling loneliness and social isolation and building strong social connections 2020.
- The Substance Misuse Delivery Plan 2019 and Substance Misuse Treatment Framework.
- The Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Strategy 2022 – 2026.
- Challenging Bullying – Rights, respect, equality: Statutory guidance for governing bodies of maintained schools 2019.
- A Guide to Fair Work 2022.
- Anti-Racist Wales Action Plan 2024.
- The LGBTQ+ Action Plan 2023.
- The work of the Disability Rights Taskforce.

In 2023, the Welsh Government also gave legislative consent to the UK Government to introduce regulations within the Online Safety Act (OSA) which received Royal Assent on 26 October 2023.

The Act establishes a new regulatory regime to address illegal and harmful content online, with the aim of preventing harm to individuals. Welsh Government will continue to work with the UK Government on wider regulatory reforms to keep people safe on and offline.

Other key achievements

The cross-Government policies and programmes identified above collectively provide a robust response to some of the key drivers of self-harm and suicide in Wales, delivered through effective cross-Government working. Below are some of the other key achievements we have made since the publication of Talk to Me 2 in 2015.

These have contributed to a step change in our approach to prevent suicide and support those who self-harm and experience suicidal thoughts, feelings and behaviours in Wales. However, with enduring rates of self-harm and suicide in Wales, we recognise that more needs to be done. This strategy provides an opportunity to critically review progress and identify what further action is required.

Other key achievements include:

The appointment of a National Suicide and Self-Harm Programme Lead for Wales with Regional Leads to drive national and local partnership action. We have established local partnerships with the aim of preventing and supporting the response to self-harm and suicide. This national programme of work is accessible via a digital platform for self-harm and suicide prevention and support.

In 2019, we published "Responding to issues of self-harm and thoughts of suicide in young people: Guidance for teachers, professionals, volunteers and youth services". The guidance provides information for adults who work with children and young people regarding how to respond to issues of self-harm and suicide. It addresses how to ask questions to children and young people who may have suicidal feelings or be self-harming, and how to respond to disclosure of these feelings and behaviours. It provides guidance on confidentiality, safeguarding and routes of escalation.

In 2022, we established a Cross-Government Suicide and Self-Harm Prevention Strategic Group. It has since been reshaped and renamed to form the Self-harm and Suicide Prevention Strategy Board. The Group has been established to drive forward cross-Government and multi-sectoral work to improve prevention and the response to self-harm and suicide in Wales.

In the same year, we also launched Real Time Suspected Suicide Surveillance (RTSSS) in Wales which was developed in partnership with Public Health Wales, the four police forces in Wales and the British Transport Police, and the NHS Wales Executive. The RTSSS collects data directly from police forces relating to sudden or unexplained deaths that are suspected to have been by suicide. The second RTSSS report was published in December 2024.

We have published guidance entitled "Responding to people bereaved, exposed or affected by suicide". The guidance has been informed by insights into the needs and experiences of people living with bereavement by suicide in Wales. The guidance aims to ensure services provide a more compassionate response.

We have also commissioned a National Advisory and Liaison Service for those impacted by deaths that might be a suicide. This provides a single point of contact for people across Wales who have been affected by a death by suicide and can be used as a key touch point, and by a wide range of agencies, to signpost people to support.

The digitisation of the nationally recognised Help is at Hand Cymru resource also enables its continual improvement as a resource for healthcare and other front-line workers to help people who have been affected by suicide or unexplained deaths.

Our wider improvements to mental health support through the delivery of the Mental Health and Wellbeing Strategy will continue to contribute to our efforts to reduce the prevalence of suicide and self-harm in Wales.

Key service transformation includes the establishment of single points of contact for Child and Adolescent Mental Health Services (CAMHS) the newly developed Sanctuary spaces for Children and Young People in emotional and mental health crisis, intended as an alternative to turning up at emergency departments, and the all-age national rollout of **111 press option 2** for vital and more accessible support.

Also, our Joint Ministerial Whole System Approach aims to improve the emotional wellbeing of our young people.

Within the education system and under the umbrella of the Whole School Approach to Emotional and Mental Wellbeing Framework there has been significantly extended support for all learners within schools via the local authority statutory schools counselling provision and roll out of the CAMHS School in-reach advice service, ensuring help and support for the wellbeing and mental health needs of learners, teachers and the wider school community.

What is the current picture? A summary of available evidence

This is a 10-year strategy and, throughout that time the evidence relating to suicide and self-harm will change, and our actions will need to change accordingly.

Therefore, the latest evidence will be published alongside each Delivery Plan which will detail those shorter-term 'SMART' actions based on the most up-to-date evidence.

Strategic Objectives

The objectives are as follows:

1. **Listening and learning**: We will have streamlined processes for the collection, analysis, and interpretation of data, evidence and lived experience testimony; and robust infrastructure to ensure the intelligence gathered is used to develop policies, support, and services.
2. **Preventing**: We will have a co-ordinated cross-Government and multi-agency response to:
    - Tackle the risk factors linked with self-harm and suicide;
    - Restrict access or exposure to harmful information online and in the media;
    - Limit access to methods which can be used to cause harm;
    - Identify and manage locations of concern.
3. **Empowering**: Everyone will be empowered with the knowledge and awareness to recognise those in need, offer kind and compassionate support; and help them access services if needed.
4. **Supporting**: People who have suicidal ideation or self-harm, or those supporting them, will have access to timely and person-centred support, intervention and treatment from all relevant services including primary care, mental health, urgent and emergency care, and third sector services.
5. **Equipping**: Services that support people with challenges which increase their risk of suicide and self-harm are equipped to identify people at risk and work with partner agencies to offer holistic, person-centred and compassionate support.
6. **Responding**: We will have timely responses to suicides and compassionate and person-centred support is available to all those affected.

By delivering the following objectives, we will achieve the outcomes set out on page 5.

Objective 1: Listening and Learning

We will have streamlined processes for the collection, analysis, and interpretation of data, evidence and lived experience testimony; and robust infrastructure to ensure the intelligence gathered is used to develop policies, support, and services.

What this objective means

Evidence already exists or is being developed which can inform actions to prevent, predict and respond to suicide and self-harm – including local intelligence and trends.

However, there are known gaps, particularly in relation to the prevalence and characteristics of self-harm in Wales. We therefore need to identify ways to better understand both suicide and self-harm and how we can most effectively help those affected by them.

Part of this will involve developing an infrastructure to gather, share and collectively interpret data and evidence at a national, regional, and local level, from civil servants, academics, services such as the NHS, and grassroots and third sector organisations to develop co-produced and consistent responses.

Most importantly, behind the facts and figures are people and each person's experience of self-harm and/or suicide is unique to them. This objective is also about having streamlined and effective processes in place so that we can continuously learn from those affected to ensure that the policies and services meet the needs for everyone, when and where they need help.

How we will do this

We will:

- Develop and maintain a robust evidence base for self-harm and suicide in Wales to better understand prevalence, causes, impacts and the most effective interventions.
- Ensure all suicide and self-harm policies and interventions are reported and monitored annually to evaluate effectiveness and impact.
- Develop a process to ensure lived experience becomes an integral part of research, policy and service development, implementation and evaluation.
- Strengthen and maintain more systematic structures and processes for the continued analysis, synthesis, sharing and presentation of data and research relating to suicide and self-harm, from within Wales, across the UK and wider to inform policy, practice and support service delivery.
- Explore technological and digital solutions to improve data quality and timeliness.

Objective 2: Preventing

We will have a co-ordinated cross-Government and multi-sectoral response to:

- **tackle the risk factors linked with self-harm and suicide**
- **restrict access or exposure to harmful information online and in the media**
- **limit access to methods that can cause harm**
- **identify and manage locations of concern.**

What this objective means

We know that there are a multitude of risk factors which contribute to a person self-harming or wanting to end their own lives. These include financial pressures, physical and mental health issues, parenthood, relationship breakdowns, unemployment, domestic abuse, bullying and discrimination, to name only a few. An individual can be subject to a number of risk factors at once.

There are also underlying factors which make a person more likely to self-harm or die by suicide, such as their gender, poverty, exposure to adverse childhood experiences and significantly traumatic events. Together, these underlying and situational risk factors combine to heighten the risk of self-harm and suicide.

Additional factors which increase a person's risk, include access to unhelpful or misinformation and advice online or through the media; access to means of suicide and self-harm (e.g., access to medication); access to locations that provide the opportunity for suicide via our natural and built environment; and stigma which prevents people from seeking help.

There are strategies and programmes of work across Government, the public and the third sector, which seek to tackle these social, economic and environmental challenges.

Our ambition is to support those working in these areas to develop a better understanding of suicide and self-harm; consider the impact of their policy / service development on suicide and self-harm; and work in a holistic, collaborative and cross-sectoral way to prevent suicide and self-harm.

We will:

- Raise the visibility of suicide and self-harm within Government and across other public bodies.
- Identify and influence Government policies and activities which could contribute to tackle risk factors linked to suicide and self-harm.
- Identify public services who have a role in tackling the risk factors linked to suicide and self-harm and create leadership within those services.
- Establish and maintain governance arrangements which facilitate effective communication with stakeholders for the dissemination of evidence and sharing of information to inform policy discussions.
- Review processes for considering suicide and self-harm in policy development and service design across Welsh Government departments e.g. employment and skills, communities and regeneration, housing, and equality and human rights.

Objective 3: Empowering

Everyone will be empowered with the knowledge and awareness to recognise those in need, offer kind and compassionate support; and help them access services if needed.

What this objective means

This objective recognises that we can all make a difference. People affected by suicide and self-harm are present in our everyday lives. In our families, our friendship groups, our workplaces and the places that we socialise. Many people struggle in silence and can benefit greatly from sharing their feelings with somebody else.

Talking relieves pressure and can help change perspectives, allowing people to understand their negative feelings as valid responses to difficulties and realising that things can get better.

Some people who self-harm or have suicidal ideation may benefit from accessing services, but they do not know it or feel comfortable asking for that help, so will share feelings with people close to them. People often need encouragement to reach out. We can all help with that and learn to provide a compassionate, effective response if someone we know shares suicidal thoughts or discloses self-harming behaviours with us.

This objective is about empowering everyone by providing them with the knowledge and tools to identify and offer that compassionate and meaningful support to those that are struggling and help them access services if needed. It could possibly save lives and can enhance our relationships.

How we will do this

We will:

- Identify opportunities to raise awareness of suicide and self harm in the community, including within schools[24], youth clubs, higher and further education settings, workplaces[25], homes, hairdressers, gyms and other social settings.
- Develop and maintain training and support products which are universally accessible and equip people with listening skills, knowledge to confidently engage in conversations about suicide and self harm, offer support and signpost to services.

Objective 4: Supporting

People who have suicidal ideation or self-harm, or those supporting them, will have access to timely and person-centred support, intervention and treatment from all relevant services including primary care, mental health, urgent and emergency care, and third sector services.

What this objective means

Anyone can be vulnerable to suicidal ideation or self-harm at any point in their lives and it is vital that everyone receives the support they need when and where they need it. Objectives 3 and 5 seek to ensure that everyone is empowered and equipped with the knowledge and information to support somebody in need wherever they present to keep them safe.

However, some people who have suicidal ideation or are self-harming or may benefit from accessing relevant services.

Examples of these services include GP surgeries, hospitals, mental health crisis services, counselling services and specialised third sector organisations.

It is vital that these trusted services lead by example in offering safe, compassionate, culturally competent and effective interventions and/or treatment when people reach out.

This objective aims to work with those providers to enhance the offer, fill any gaps in provision and ensure that people feel safe in reaching out.

How we will do this

We will:

- Establish and maintain clear national guidelines setting out standards for offering a timely, evidence-based, person-centred interventions to all those who present to relevant services with self-harm or suicidal ideation.
- Monitor and evaluate the implementation of guidelines and standards across relevant services.
- Develop a workforce and training plan for relevant service staff aimed at increasing understanding of suicide and self-harm.
- Identify gaps in support and fill them.

Objective 5: Equipping

Services that support people with challenges which increase their risk of suicide and self-harm are equipped to identify people at risk and work with partner agencies to offer holistic, person-centred and compassionate support.

What this objective means

We know that some people are at greater risk of suicide and self-harm than others.

Examples include, people who are unemployed or experiencing financial strain, have experienced domestic or sexual abuse, require housing support, are, or have been, in contact with the criminal justice system, experience issues linked with inequality or discrimination, are living, or have lived, in care at any stage in their life, have physical health issues or neurodivergence.

Objective 2 is targeted at preventing these issues; however, it is important that when people do reach out for support that those services are aware of the heightened risk of suicide and self-harm.

This objective seeks to equip those services to identify people in need and offer holistic and compassionate support.

How we will do this

We will:

- Co-produce and maintain mandatory, accessible, universal and evidence-based training resources and standards which are consistent with the trauma-informed Wales framework to generate consistent skills across the services that may be accessed by those in need, and monitor progress.
- Embed training as part of curricular in schools, higher and further education and in relevant under-graduate and pre-registration training, including teacher training.
- Identify opportunities to co-develop, maintain and disseminate resources which facilitate consistent awareness, knowledge and understanding and use of language in relation to self-harm and suicide to dispel myths, increase compassion, offer support, and remove stigma.

Objective 6: Responding

We will have timely responses to suicides and compassionate and person-centred support is available to all those affected.

What this objective means:

Suicide is often preventable and never inevitable and objectives 2, 3, 4 and 5 are intended to prevent suicides from happening by tackling the risks factors and ensuring that people get the support where and when they need it.

However, we must be prepared to respond if tragic events do happen. Suicide can have devastating and far-reaching impacts on others, and it is vital that timely, compassionate and person-centred support is available.

There is a need to strengthen and standardise the multi-agency rapid response to a suspected suicide to ensure that appropriate and timely access to support is provided for those affected but also to ensure action is taken to prevent further loss of life.

How we will do this

We will develop and maintain national, regional, and local arrangements to enable rapid response to suspected suicides and cluster recognition, within localities and across borders which are timely, compassionate and person-centred.

How will we know

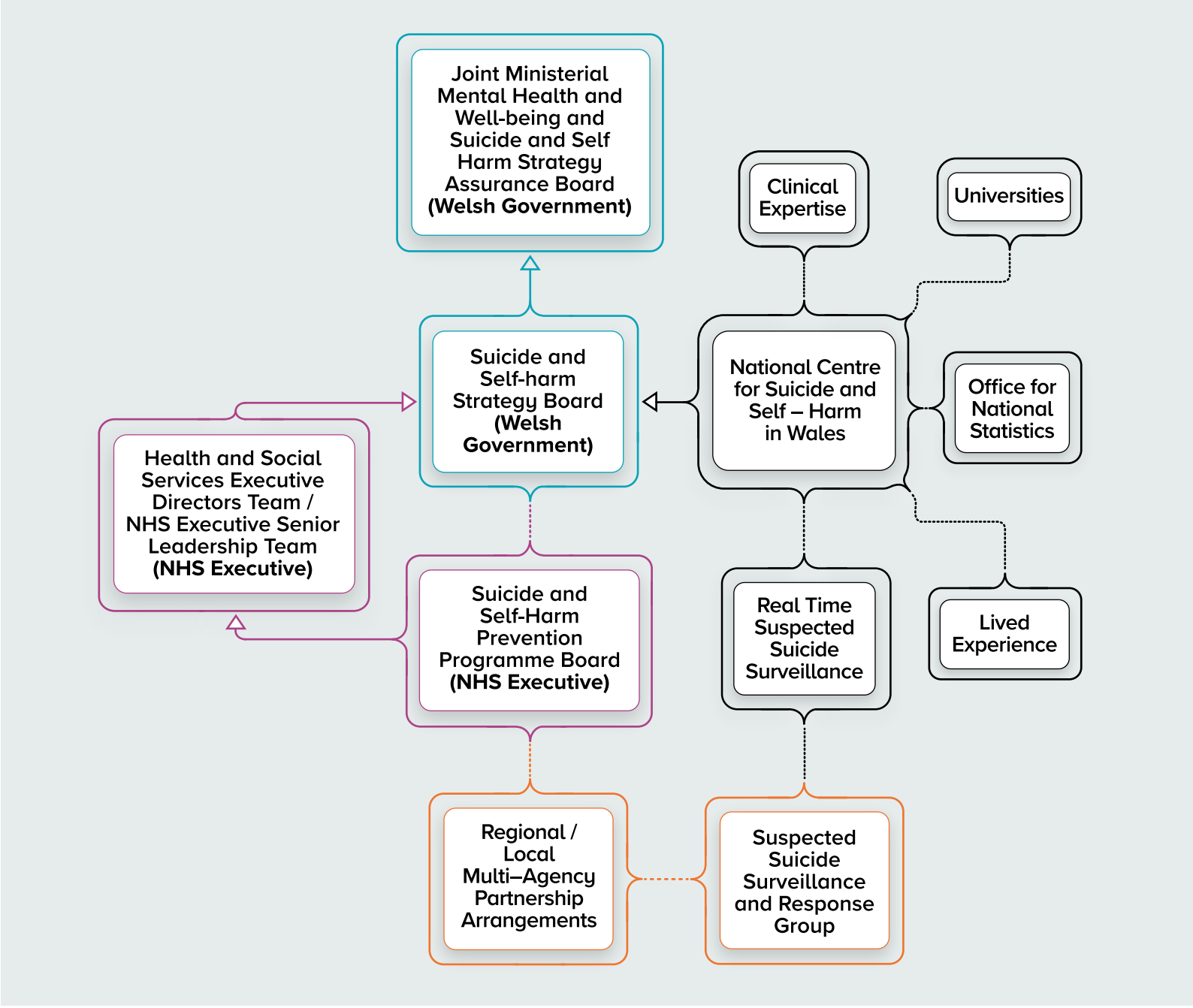
To ensure that we are delivering a strategy that builds upon the work in this area to date, we will focus on the six key objectives listed above. Accompanying the strategy, we have developed a Delivery Plan (outlining detailed activities that will take place as part of the objectives) and an outcomes framework, which sets out how progress against our objectives will be achieved.

The Delivery Plan will set out SMART actions to achieve the objectives. Progress against the timescales set out in the action plan will be monitored and reported via the governance arrangements set out below.

The outcomes framework includes indicators which will enable us to assess the impact our actions are having on achieving the short, medium and long-term outcomes, in addition to, the overall vision of the strategy. We will regularly review the framework to ensure new and emerging indicators are incorporated where appropriate. We will also develop a monitoring and evaluation plan for the strategy. Reports on progress will be published on an annual basis.

Governance and accountability

Using the SMART actions agreed in the accompanying Delivery Plan, the strategy will be delivered through continued multi-sectoral and cross-Government collaboration with strengthened governance in place to drive implementation and monitor progress.



We have established the Joint Ministerial Assurance Board to ensure robust governance arrangements are in place to provide strategic oversight of both the Mental Health and Wellbeing Strategy and the Suicide Prevention and Self-harm Strategy. The Board is chaired by the Minister for Mental Health and Wellbeing, with the Minister for Children and Social Care as the Vice Chair. Progress on the implementation of the Strategies will be reported to the Board on a quarterly basis.

The Strategic Cross-Government Suicide and Self-Harm Strategy Board will be responsible for the ongoing development and delivery of the Suicide Prevention and Self-harm Strategy and accompanying Delivery Plans. It will drive action across Government and externally, manage risks, provide assurance and monitor impact. The Board will consist of key internal and external partners with responsibility for reporting directly to the Joint Ministerial Assurance Board.

To inform the implementation of the Suicide Prevention and Self-Harm Strategy and accompanying Delivery Plans, we will formalise the relationship with the National Centre for Suicide Prevention and Self-harm Research in Wales which will lead on the Delivery of Objective 1 in the Strategy. The aim will be to ensure we have a systematic, evidence-based and data driven approach to the development and delivery of policy and action.

Local action will be co-ordinated through regional suicide and self-harm prevention partnerships who will report into a National Programme Board that monitors and supports strategy implementation. Statutory agencies across Wales will be key to ensuring these partnerships are effective, and that responsibilities are appropriately assigned to those in statutory roles.

As part of the review of governance arrangements for the Mental Health and Wellbeing Strategy, we will ensure links are made with the governance arrangements for this strategy, given the interconnection between the actions and ambitions.

Communication

As part of the pre-consultation engagement on the strategies, stakeholders told us:

- We need to be clearer in terms of how we communicate and explain our vision for the Suicide Prevention and Self-harm Strategy for Wales – and how each of the objectives and underpinning principles will be realised and implemented.
- Specific consideration needs to be given to the language used to describe mental health conditions, mental wellbeing, and mental health / ill-health. Key phrases need clear explanations.
- We need to provide clear and accessible information tailored to needs, including culturally appropriate information for minority ethnic communities; LGBTQ+ communities; neurodivergent people, children and young people; people with sensory loss; and in a person's preferred language.
- We need to develop a standardised approach for services; to provide information about service offers and how to access them (and in so doing, promote the Active Offer for Welsh language and ensure all information complies with the All Wales Standards for Accessible Communication and Information, and where appropriate is children and young people friendly).
- We need better and more accessible information for other professionals on how they can assist their own service users to get access to support.

Glossary

Active offer
The Active Offer is providing a service in Welsh without someone having to ask for it.

Adverse Childhood Experiences (ACEs)
Chronic stress on individuals during childhood. Such stress arises from the abuse and neglect of children but also from growing up in households where children are routinely exposed to issues such as domestic violence or individuals with alcohol and other substance use problems. Collectively such childhood stressors are called ACEs (Adverse Childhood Experiences).

Affected by suicide
What someone might experience when they lose someone to suicide, which can include intense sadness, shock, anger, frustration, confusion and isolation.

Anti-racism
Anti-racism is about changing the systems, policies and processes which for so long have embedded a negative view of ethnic minority people.

Bereavement / bereaved
Bereavement is the experience of losing someone important to us. It is characterised by grief, which is the process and the range of emotions we go through as we gradually adjust to the loss. Someone who is bereaved is a person who is experiencing this loss.

Bullying
Behaviour by an individual or group, usually repeated over time, that intentionally hurts others either physically or emotionally.

CAMHS
CAMHS is the name for the NHS services that assess and treat people with emotional, behavioural or mental health difficulties. You might also see CYPMHS used, which stands for Children and Young People's Mental Health Services. They are NHS-provided services that assess and treat children and young people with mental or emotional difficulties.

Care experienced
Care experienced people are those who are either looked after by the state under Wales national legislation or were previously looked after by the state. In Welsh law, they are defined as Looked After Children or Care Leavers.

Cluster (suicide)
A suicide cluster may be defined as a group of suicides, suicide attempts, or self-harm events that occur closer together in time and space than would normally be expected in a given community.

Co-occurring
This refers to having mental health conditions alongside other issues. For example, the co-occurrence of poor mental health with substance misuse, or neurodivergence.

Crisis support
A mental health crisis often means that someone no longer feels able to cope or be in control of their situation. Crisis support is the help and advice available to someone who needs help.

Delivery plans
The Suicide Prevention and Self-Harm Strategy will have supporting delivery plans. These will set out the actions that we will take to achieve our vision for mental health and wellbeing in Wales, and suicide and self-harm prevention.

Disorder
A mental disorder is characterised by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour.

Mental disorder is defined by section 1(2) of the Mental Health Act 1983 (the Act) as "any disorder or disability of the mind".

Emotions
These are how we feel about something and how our body reacts. For example, if we experience fear, we might feel our heart beating faster or notice our hands shaking.

Equality
Ensuring everyone is treated equally and fairly and ensuring that everyone's human rights are met.

Feelings
These are how we experience our emotions and give meaning to them. They are different for everyone. For example, you might associate your hands shaking with feeling anxious.

Inequality
Inequality of outcome relates to any measurable difference in outcome between those who have experienced disadvantage (for example, socio-economic disadvantage) and the rest of the population.

In-reach service
Services that work in settings outside of their usual location, with the view to improving access to services and outcomes.

Intervention (including early intervention)
The action of becoming intentionally involved in a situation, in order to improve it or prevent it from getting worse.

Legislation
Legislation is law which has been made by a legislature or made by a person authorised by a legislature to make laws. A legislature is a body of persons, usually elected, which is empowered to make, change, or repeal the laws of a country or state.

There are two legislatures which pass laws which apply to Wales: the UK Parliament and Senedd Cymru.

Regulations are an example of laws that can be introduced by the UK Parliament and Senedd Cymru.

LGBTQ+
This refers to lesbian, gay, bisexual/bi, transgender/trans people, queer or questioning. Other letters can be added to the acronym to include other groups, orientations and identities, such as I (intersex) and A (asexual/aromantic). The + (plus) in the acronym is used as a shorthand to include and acknowledge other diverse terms people identify with and use to describe their identities and orientations, including intersex, asexual and aromantic people.

Lived experience
This refers to how people living in Wales experience and articulate the current situation as lived out by them and people they know.

Locations of concern
A location of concern can be broadly defined as a specific, usually public, site that is used as a location for suicide and that provides either means or opportunity for suicide.

One or more incidents of suicidal behaviour at a particular location suggests that action should be considered to address the site in question.

Mental health
This is a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. People with poor mental health can have a mental health condition but this is not always or necessarily the case.

Mental health conditions
This is a broad term covering conditions that affect emotions, thinking and behaviour, and which substantially interfere with our life.

Mental health conditions can significantly impact daily living, including our ability to work, care for ourselves and our family, and our ability to relate and interact with others. This is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time, for each person. Mental health conditions can range from mild through to severe and enduring illness. People with mental health conditions are more likely to experience lower levels of physical and mental wellbeing, but this is not always or necessarily the case. Some mental health conditions like eating disorders and schizophrenia are associated with a higher risk of mortality.

Mental wellbeing
This is the internal positive view that we are coping well with the everyday stresses of life.

Multi-sectoral collaboration
Where different organisations and agencies work together to achieve common goals.

Neurodiversity and neurodivergent people
Neurodiversity refers to the different ways the brain can work and interpret information. It highlights that people naturally think about things differently. We have different interests and motivations, and are naturally better at some things and poorer at others.

Most people are neurotypical, meaning that the brain functions and processes information in the way society expects.

For neurodivergent people, the brain functions, learns and processes information differently.

NHS Executive
The NHS Wales Executive is a national support function, operational from 1 April 2023.

The key purpose is to drive improvements in the quality and safety of care – resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health.

Person-centred
This means treating people as individuals and as equal partners in their healthcare, being mindful and respectful of their individual needs (including a person's preferred language), providing any reasonable adjustments to meet needs and providing compassionate care.

Primary Care
Primary care is about those services which provide the first point of care (day or night) for more than 90 per cent of people's contact with the NHS in Wales. General practice (GP) is a core element of primary care, as well as pharmacy, dentistry, and optometry.

Public Health Wales
Public Health Wales is one of the 11 organisations which makes up NHS Wales.

They are the national public health agency in Wales.

Public Health Wales work to protect and improve health and wellbeing and reduce health inequalities for the people of Wales.

Real Time Suspected Suicide Surveillance (RTSSS)
The RTSSS collects information relating to sudden or unexplained deaths that are suspected to have been by suicide.

This system has been developed due to the delay between an unexpected death and the death being recorded as a suicide following a coroner's inquest.

This makes it difficult to implement an immediate response and support. The RTSSS in Wales will provide information without this delay, enabling services to respond much sooner.

The information from the new system will support services to develop preventative approaches and to ensure support is made available to individuals and communities directly affected. This can include providing bereavement support.

Safeguarding
Safeguarding means keeping people safe from abuse, neglect and harm. Abuse is when someone hurts you or treats you badly. Neglect is also a type of abuse. It means not giving someone the care they need.

Secondary health care
Health care provided by hospitals. Testing, diagnostics and treatment usually overseen by a specialist.

Sensory loss
People who are d/Deaf, deafened or hard of hearing; or people who are Blind or partially sighted; or people who are Deafblind (those whose combined sight and hearing impairment cause difficulties with communication, access to information and mobility).

SMART actions
SMART actions refer to goals or objectives that are Specific, Measurable, Achievable, Relevant and Time-bound.

Social determinants
The broad social and economic circumstances that together influence health throughout a person's life course.

Socio-economic inequalities
Living in less favourable social and economic circumstances than others in the same society.

Stigma
This is used to describe the negative attitude that can exist in relation to a person's mental health.

Substance misuse
Substance misuse is formally defined as the continued use of any psychoactive substance that substantially affects a person's physical and mental health, social situation and responsibilities. The most severe forms of substance misuse are normally treated by specialist drug and alcohol rehabilitation services. Substance misuse covers misuse of a range of psychoactive substances including alcohol, illicit drugs and licit drugs including prescribed medications taken in a way not recommended by a GP or the manufacturer.

Suspected suicide
When a person is suspected to have taken their own life intentionally, but this has not been confirmed by a medical professional (a Coroner).

Third sector
The third sector encompasses the full range of non-public, not-for-profit organisations that are non-governmental and "value driven". This means motivated by the desire to further social, environmental or cultural objectives rather than to make a profit.

Timely
Having access to something at the appropriate time. For example: Part 1 of the Mental Health (Wales) Measure 2010 aims to improve access to mental health services within primary care settings, with the view to improving the outcomes for individuals accessing these services.

The Measure also looks to achieve "timely referrals" to secondary mental health services and support for patients discharged from secondary mental health services.

Trauma-informed
Trauma-informed is about understanding that lots of people have adversity and trauma that affects them in all kinds of ways.

Unexplained death
Deaths for which the cause remains unascertained after a full investigation.

Universal offer
Where everyone is offered the same service, support or training.

Vicarious Trauma
The experience of absorbing others' pain in times of their distress so deeply that it affects your own well-being.

Whole School Approach to Emotional and Mental Wellbeing
A Framework issued as statutory guidance to governing bodies of maintained nursery, primary, secondary, middle, pupil referral units (PRUs), and special schools and local authorities in Wales which aims 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.

Whole System Approach
Mental health and wellbeing support is provided in lots of different ways by lots of different services. These services can include health, social care, housing, education, youth and playwork, sports and leisure and the voluntary sector. A "whole system approach" means that all these services work together to provide a joined-up service that is easy to access and easy to navigate.

Endnotes

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14 Socioeconomic inequalities in the risk of suicide attempts among sexual minority adolescents: findings from the UK's Millennium Cohort Study – The Lancet Regional Health – Europe

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23 A healthier Wales: long term plan for health and social care | GOV.WALES

24 Targeting education settings in this objective refers to raising awareness amongst pupils and students so they're able to support friends if required

25 Targeting workplces in this objective refers to raising awareness amongst staff whose role doesn't primarily involve working directly with vulnerable people e.g., hairdressers, bar workers, construction site managers