INTRODUCTION

BMA Cymru Wales is pleased to provide a response to consultation by Welsh Government on ‘Talk to me 2’ – a suicide and self-harm prevention strategy and action plan for Wales.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

BMA Cymru Wales offers the following responses to the specific questions posed within the Welsh Government’s consultation document:
Question 1: Is the Strategy focussed on the right areas to deliver improvements in Wales? Are there any issues that should also be addressed? If so please provide evidence and suggestions.

Objective 1: Further improve awareness, knowledge and understanding of suicide and self harm amongst the public, individuals who frequently come in to contact with people at risk of suicide and self harm and professionals in Wales

We would suggest strengthening priority action 1. The training of professionals (as individuals who frequently come in to contact with people at risk of suicide and self harm) should include the provision of face to face training and not just e-learning. Different types of training will be required depending on the sector; experience; level of professional expertise and skills needed to fulfil the role; and any professional regulation. Training for NHS and social care professionals needs to increase skills, in addition to raising awareness.

A useful analogy is that practitioners can increase their awareness and knowledge about cardiopulmonary resuscitation (CPR) via e-learning and reading, but still need to attend a ‘hands on’ face to face, experiential learning course in order to fully embed, integrate and practice this new learning in a clinical setting. We believe a similar approach should be considered to assist medical practitioners in dealing with suicide and self-harm.

We are also of the view that training for NHS professionals needs to enhance the clinical assessment and response skills required for assessment, triage, safe referral, robust documentation and sharing of clinical information. Professionals also need to be able to support a patient in making a safety plan which includes removal of access to means.

In relation to evidence, we would refer to the WHO action plan launched in 2014, ‘Health-care services need to incorporate suicide prevention as a core component’.¹ WHO webex 29/1 stated: ‘All health professional require training in suicide prevention’.

Objective 2: To deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm

We would suggest strengthening priority action 8 by including a statement that all patients experiencing thoughts of suicide, or following self-harm, should have a safety plan which includes removal of means.

We would additionally suggest that there should be a requirement for all NHS professionals to know how to produce a safety plan.

Question 2: Are there other reference materials which could be included in the Strategy? If so, please provide details.

We suggest that priority action 4 should include a reference to the self-help resources produced by the Royal College of Psychiatrists (RCPsych).²,³ These have been developed in consultation with people with lived experience of suicide and self harm, their carers, academics, practitioners and expert third sector suicide prevention organisations (including the Samaritans, CALL Helpline, the Mental Health Foundation and relevant NHS organisations).

² http://connectingwithpeople.org/cymorth
³ http://connectingwithpeople.org/ucancope
A further reference could be made to ‘Staying safe if you’re not sure life’s worth living’ – the new resource by the Open Minds Alliance which was co-developed with RCPsych. This includes practical, compassionate advice and many useful links for people in distress.

**Question 3: Are the Priority Actions within the Action Plan appropriate to ensure delivery of the Strategy? Are any Priority Actions missing? If so please set them out here.**

We would suggest including a reference to training for professionals, such as that provided by ‘Connecting with People’.  

In addition to the reference to ‘Applied Suicide Intervention Skills Training (ASIST)’, we would suggest including further references to training for community and non-clinical NHS staff and social care employees – such as the City and Guilds-accredited ‘Understanding Suicide Intervention Training’.

**Question 4: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:**

Consideration could be given to including a case study in addition to the current example quoted about ‘ASIST’ training, in order to additionally include comments about ‘Connecting with People’ and ‘Understanding Suicide Intervention Training’.

The ‘Connecting with People’ approach was supported in principle by the BMA’s General Practitioners Committee and has been formally evaluated by Manchester University. Our members understand that it has been very well received by NHS staff and GPs in North Wales.

Some sample comments received are as follows:

“I get consistently excellent feedback on the sessions which clearly stimulate our juniors into re-thinking their current practice. This has led to a more consistent and better service for patients who present to this ED with self harm.” Consultant in emergency medicine with responsibility for junior doctor training, Betsi Cadwaladr University Health Board.

“Connecting with People not only offered practical advice on how to discuss patient’s suicidal thoughts, but more importantly how to reduce the patient’s risk of actually completing death by suicide. I now feel able and confident to create and discuss a ‘safe plan’ for the patient. I feel empowered that by discussing a patient’s suicidal thoughts I can assess their risk more accurately, will refer patients more appropriately to secondary care services, and by discussing simple practical solutions that I can actually reduce their risk of dying. This course should be compulsory for all GPs in training.” GP and GP educator, Betsi Cadwaladr University Health Board.

The ‘Connecting with People’ assessment approach involves a common assessment framework for suicidal thoughts to improve the quality, consistency and documentation of assessments, care plans and safety plans. It has pioneered a robust approach to suicide prevention in health care. It is also an approach which is strongly evidenced based, and it uses a set of clinical tools (fully peer reviewed and published) to ensure quality and consistency of care. It involves modular training which is used to build knowledge, skills and compassion.

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4. [http://www.connectingwithpeople.org/StayingSafe](http://www.connectingwithpeople.org/StayingSafe)
5. [http://www.connectingwithpeople.org](http://www.connectingwithpeople.org)