Welsh Government draft suicide and self-harm prevention strategy – Universities Wales response

June 2024

About Universities Wales

Universities Wales represents the interests of universities in Wales and is a National Council of Universities UK. Universities Wales' membership encompasses the Vice Chancellors of all the universities in Wales, and the Director of the Open University in Wales.

Our mission is to support a university education system which transforms lives through the work Welsh universities do with the people and places of Wales and the wider world.

Universities Wales welcomes the opportunity to respond to the Welsh Government's consultation.

Key messages

- Universities provide a range of support and signposting and develop responses to changing student needs.
- Pilots such as the South East Wales Mental Health Partnership have been successful and should continue to be funded and rolled-out to other parts of Wales.
- The policy recommendations published by Universities Wales in partnership with sector colleagues in May 2022 remain relevant: parity of experience, appropriate and effective information sharing, clear roles, remits and responsibilities, additional support for post-16 transitions and sustainable, long-term funding.

Consultation questions

Question 1

To what extent do you agree with this vision?

"People in Wales will live in communities which are free from the fear and stigma associated with suicide and self-harm and are empowered and supported to both seek and offer help when it is needed."

We would broadly agree with this vision.

Question 1a

What are your reasons for your answer to question 1?

The vision is broadly in line with the approach that universities already take in providing support and responding to suicide.

Universities in Wales adhere to the [Stepchange: mentally healthy universities](#) ['whole university approach'](#) model to supporting mental health.

This approach recognises that all aspects of university life are relevant to student and staff mental health, including the way learning is designed and structured, how support services are delivered, and the physical environment, among many other aspects.

Welsh universities are required by HEFCW to have a suicide safer strategy in place. All Welsh universities adhere to Universities UK's ['suicide safer'](#) guidance was developed in partnership with PAPYRUS, and provides a framework of guidance for universities to ensure suicide prevention and support is 'everybody's business', as part of the whole university approach.

Question 2

In the strategic vision section there are 6 principles that underpin the strategy. Do you agree these principles are the right ones?

- Leadership, ownership and accountability
- Suicide and self-harm are everybody's business
- Focus on inequalities and at risk groups
- Multi-sectoral collaboration
- Person-centred with the involvement of those with lived/living experience
- Evidence-based and intelligence led

Yes, we broadly agree.

Question 2a

What are your reasons for your answer to question 2?

As set out in response to question 1a, universities in Wales follow to the ['whole university approach'](#) to mental health and wellbeing, including noting that it is 'everybody's business.' Staff should be equipped to know how and when to signpost colleagues or students to support services.

The suicide safer guidance is aimed at university leaders, and sets out particular risk factors and how multi-sectoral collaboration is crucial to ensuring students receive joined-up support.

In Universities Wales' policy recommendations published in May 2022, developed in partnership with NUS Wales, Colleges Wales and AMOSSHE, we highlighted the need for parity of experience. Students should be able to access support regardless of where the live or study. There are particular risks for students studying away from home and not accessing services through a new GP, for example.

The South East Wales Mental Health Partnership (SEWMHP) has demonstrated the effectiveness of cross-sectoral working, by bringing together the NHS and student services across universities in Cardiff, and facilitating the ability for GPs, universities, A&E and local mental health services to refer to the Mental Health University Liaison Service (MHULS), an NHS Primary Care team based in the universities which supports students with moderate, long term or complex mental health needs.

Following the success of the SEWMHP, the Higher Education Funding Council for Wales (HEFCW) and the Further Education and Apprenticeships Division (FEAD) from the Welsh Government have funded the National Student Mental Health Partnerships Programme (NSMHPP) to undertake feasibility studies to assess the ability to adapt or develop NHS and post-16 Education Shared Service models across the other Health Boards in Wales, based on the findings of the MHULS and Schools In Reach programme.

Evidence-based and intelligence led – it is vital to have a clear understanding of the scale and scope of the need for mental health support, and sufficient data capture is necessary to do so.

To support improving standardisation of terminology and data capture, in September 2021 the SEWMHP launched the 'SevRes' student mental health higher education appointment data capture and reporting process. This is comprised of 2 elements, the Severity Index and the Reason codes (presenting reasons or symptoms), explained below:

a) Severity of the presentation using a 1 – 5 scale broadly aligned with NHS UK Mental Health Triage Scale and Guidelines – UK Mental Health Triage Scale which is now in use across Wales as part of the Crisis 111, press 2, call line.

b) A list of reason codes with set definitions to document all of the presenting issues for that student; these are determined by the HEI Mental Health practitioner after initial dialogue with the student.

This supported understanding of the scope for the design and evaluation of the MHULS, but also provides demand and trend data which has the potential to be combined to provide a picture of regional, national and student mental health data by health board. Since May 2024 all universities in Wales are collecting SevRes data with an improved version going live over the summer of 2024.

SevRes has also been piloted in 3 further education colleges in the South East region, to test the mechanics and the language. Feedback from the pilot was positive with all colleges preferring to continue to embed the processes across the teams and campuses.

Suicidal thoughts and behaviours and self harm are recorded as part of the SevRes reason codes.

Question 3

The strategy identifies priority and high-risk groups.

Priority groups:

- Middle-aged men
- People who self-harm or have self-harmed
- People in contact with mental health services

- People in contact with the justice system
- People with substance misuse challenges
- People with autism
- Victims of domestic abuse
- By area deprivation

High risk groups:

- Disabled people
- Neurodivergent people
- LGBTQ+ people
- Gypsy, Roma and Travellers
- Refugees and asylum seekers
- Children and young people
- Pregnant women and new mothers
- Perpetrators of domestic abuse
- Victims of bullying
- People struggling with academic pressures
- People experiencing problems associated with old age
- Members of the armed forces and veterans
- People who have experienced adverse childhood experiences (ACEs)
- People who are in care or care experienced
- People with physical illnesses
- Problem gamblers
- People experiencing social isolation and loneliness
- People with a history of bereavement, especially by suicide
- Victims of rape, sexual abuse and sexual assault

Do you agree that these are right?

Yes, with some caveats.

Question 3a

What are your reasons for your answer to question 3?

Universities have support in place for those struggling with academic pressures. It is also worth noting that [ONS data has shown that students in higher education have a lower suicide rate than the general population of the same age](), so it should not be assumed that engaging with higher education is in itself a risk-factor for an individual's mental health.

At the same time, it is crucial to reocgnise that students are not a homogenous group, and can be any age and from any background. All of the high-risk groups listed may present in universities and need support. University support services will aim to support students to engage with their studies, and signpost to appropriate NHS support services where appropriate.

Ultimately, system-wide support is needed. Universities need good relationships with NHS primary and secondary care services, which need to be funded, staffed and have capacity to respond to the need.

In the strategy there are six high-level objectives. We have also suggested some sub-objectives to deliver each one. We will be publishing 3–5-year delivery plans which will sit alongside the strategy. The delivery plan will include more detailed actions to deliver our objectives. We would like to know:

• what you think of the objectives

• if you think the sub-objectives will deliver the high-level objectives

• what actions you think we could include in the delivery plan to deliver the objectives

You can answer questions about as many of the statements that are of interest to you.

Question 4

To what extent do you agree with the following high-level objective.

> Objective 1: Establish a robust evidence base for suicide and self-harm in Wales, drawing on a range of data, research and information; and develop robust infrastructure to facilitate the analysis and sharing of information to focus resources, shape policy and drive action.

Agree

Question 4a

What are your reasons for your answer to question 4?

It is vital to have a robust base evidence to identify and respond to need. In the [policy recommendations](#) we published in 2022, we recommended that student populations should be included in healthcare planning, especially bearing in mind that student populations change over the course of the academic year.

NHS providers do not currently record whether a patient is a student, so it is difficult to identity the demand in NHS services, and also to baseline and demonstrate any impact of projects and improvement initiatives.

Question 4b

Two sub-objectives have been suggested to achieve the objective 1.

> Sub-objective 1a: Develop a robust evidence base for suicide and self-harm in Wales to better understand the causes, the most vulnerable groups, the impact and the most effective interventions and responses.
>
> Sub-objective 1b: Develop more systematic structures and processes for the analysis,

synthesis, and presentation of data and research relating to suicide and self-harm, from within Wales, across the UK and wider to inform policy and practice.

Do you agree with the sub-objectives identified?

Yes

Question 4c

What are your reasons for your answer to question 4b?

Accurate and timely data is vital to spot trends, establish interventions and continually improve the service.

Question 4d

Alongside the strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

Working with Welsh universities to develop the dataset, building on work that is already underway through projects such using the Secure Anonymised Information Linkage (SAIL) databank to examine suicide and self-harm.[1]

Question 5

To what extent do you agree with the following high-level objective.

Objective 2: Co-ordinate cross-Government and cross-sectoral action which collectively tackles the drivers of suicide, and reduces access to means to suicide.

Agree.

Question 5a

What are your reasons for your answer to question 5?

In terms of cross-sectoral action, Universities Wales worked with NUS Wales, Colleges Wales and AMOSSHE to develop policy recommendations, published in 2022. The recommendations include areas where Welsh Government policy could enhance the support on offer to students across post-16 education.

With further investment, the National SevRes post-16 education mental health appointment data project, developed by the South East Wales Mental Health Partnership (as set out in response to Question 2a) could enable more effective recording and reporting of suicidal thoughts and behaviours and self harm in mental health appointments. This should support viability of the reporting of this within the student community.

---

[1] Understanding suicide clusters through exploring self-harm behaviors: A 10-year data linkage cohort follow-up study of a suicide cluster using the Secure Anonymised Information Linkage (SAIL) Databank. (apa.org)

Question 5b

Four sub-objectives have been suggested to achieve objective 2.

Sub-objective 2a: Delivering the Mental Health and Wellbeing Strategy to improve mental health and wellbeing through a preventative approach and tackling the wider determinants of mental health

Sub-objective 2b: Ensure clear understanding and ownership of wider cross-Government and cross-sector action to tackle key drivers of suicide and establish programmes of work to strengthen and co-ordinate prevention measures

Sub-objective 2c: Improve how we respond to, and manage, locations of concern to enable local action to be taken with an informed, evidence-based, and consistent approach

Sub-objective 2d: Identify ways to enhance online safety and limit the encouragement and assistance of self-harm through the provision of legislation and new policy opportunities

Do you agree with the sub-objectives identified?

Yes.

Question 5c

What are your reasons for your answer to question 5b?

This strategy should be delivered in conjunction with the Mental Health and Wellbeing Strategy, and the wider determinants of health are significant in preventing suicide and self-harm.

There should be more formal collaboration with further and higher education providers. Currently it is relationship based or on an ad hoc basis between education and health. There should national policies and guidance, clear roles and responsibilities to support students and staff.

Question 5d

Alongside the strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

Young people who are not in education, employment or training, [report lower levels of happiness and confidence](). Therefore, encouraging young people to stay in education and training as part of a delivery plan would be an appropriate preventative measure. This would involve cross-government work to drive up the participation rate of Welsh young people in higher education. It is currently at the lowest level for 10 years, and the lowest rate of all the UK nations. Universities Wales has [written to the Children, Young People and Education Committee]() on this issue.

Question 6

To what extent do you agree with the following high-level objective?

> Objective 3: Deliver rapid and impactful prevention, intervention, and support to those groups in society who are the most vulnerable to suicide and self-harm through the settings with which they are most engaged.

Yes

Question 6a

What are your reasons for your answer to question 6?

As per UUK/PAPYRUS' Suicide Safer guidance for universities, prevention, intervention and postvention are all important factors in a coherent strategy.

More improved collaboration with local/ regional education providers and the NHS is required, with joint policies and procedures. This is found to be working well with some areas, but it is ad hoc or relationship based.

Question 6b

Three sub-objectives have been suggested to achieve objective 3.

> Sub-objective 3a: Develop capability and response in key settings where the most vulnerable to self-harm and/or suicide might present.
>
> Sub-objective 3b: Ensure that all policies, actions, services and governance arrangements related to self-harm and suicide in Wales provide the opportunity for people to access services in the language of their choice and are consistent with the Welsh Language Standards and Cymraeg 2050 which sets out our long term approach to achieving a million Welsh speakers.
>
> Sub-objective 3c: Ensure that all policies, actions, services and governance arrangements related to self-harm and suicide in Wales respect and value children's rights.

Do you agree with the sub-objectives identified?

Partially agree.

Question 6c

What are your reasons for your answer to question 6b?

People struggling with academic pressures has been listed as a group in society where the most vulnerable might present. Universities have support available for students struggling with their mental health, whether due to academic pressures or other factors. However, universities would welcome increased support from Welsh Government wherever possible to ensure at-risk students receive appropriate support in the right setting, i.e. emergency primary care and health services.

Question 6d

Alongside the strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

Improving join-up between education settings and NHS primary/secondary care settings, including by developing and rolling out shared service models like the Mental Health University Liaison Service, regional partnerships and referral pathways.

Long-term, sustainable funding for mental health and wellbeing support in universities.

Question 7

To what extent do you agree with the following high-level objective.

Objective 4: Increase skills, awareness, knowledge and understanding of suicide and self-harm amongst the public, professionals and agencies who may come into contact with people at risk of suicide and self-harm.

We agree with this high-level objective.

Question 7a

What are your reasons for your answer to question 7?

As per UUK's guidance on the 'whole university approach' it is 'everybody's business' to ensure support can be effectively signposted to anyone experiencing poor mental health. Training and awareness raising is a component of this.

Question 7b

Two sub-objectives have been suggested to achieve objective 4.

Sub-objective 4a: Identify opportunities to enhance the universal offer of training and support.

Sub-objective 4b: Establish continuity and connection between different services that respond to people who are in distress, ensuring consistent approaches are adopted, with shared learning and development programmes for call handlers and front-line responders.

Do you agree with the sub-objectives identified?

Yes in part

Question 7c

What are your reasons for your answer to question 7b?

Continuity and connection between services is vital. The South East Wales Mental Health Partnership has successfully joined up NHS and student services within universities to avoid students falling between the gaps.

In terms of a universal training offer, this might run the risk of not sufficiently covering the different types of presentations that may be experienced in different settings. There are some specific challenges that university students may face that would be different to those not in higher education.

Supporting opportunities for joined up training, the Schools In Reach programme provides training for schools, this should also be available from all Health Boards for further education colleges for 16-18 year olds, tailored for this age range. Also support around transition from CAMHS to AMHS services for further and higher education staff.

Question 7d

Alongside the strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

Continuing to align, fund and facilitate the roll-out of the NSMHPP, developing shared service models between post-16 education and health, in order to develop and enhance a service that is ensuring consistent approaches across university settings and facilitating information sharing effectively between student services and NHS primary and secondary care settings.

Development of improvement actions and funding to address the significant gap in transition for patients from NHS Children and Young People's service (CAMHS) and Adult Mental Health Services. This should involve education providers in the planning and support of young people moving between these services.

Question 8

To what extent do you agree with the following high-level objective?

> Objective 5: Ensure an appropriate, compassionate and person-centred response is offered to all those who self-harm, have suicidal thoughts, or who have been affected or bereaved by suicide promoting effective recovery and reduced stigma.

We agree with the need for an appropriate response to those who self-harm, have suicidal thoughts or have been affected or bereaved by suicide.

Question 8a

What are your reasons for your answer to question 8?

As per UUK/PAPYRUS' Suicide Safer guidance for universities, prevention, intervention and postvention are all important factors in a coherent strategy.

Where patients are identified as students, health services should, where appropriate, involve education providers to ensure a holistic person-centred response, this is happening on an ad hoc basis currently.

Colleges and universities have their own internal processes to support those around the death of a student.

Question 8b

Two sub-objectives have been suggested to achieve objective 5.

> Sub-objective 5a: Through joint working across sectors, establish a clear description of a timely, pro-active, person-centred and compassionate response to all those who present with self-harm or as at risk of suicide to any part of the system, which contributes to reducing stigma and is in line with NICE Guidance (2022), including psycho-social assessment, safety planning, psychological therapies and other evidence-based approaches that help to keep people safe.
>
> Sub-objective 5b: Develop national, regional and local arrangements to enable rapid

response to suspected suicides and cluster recognition, within localities and across borders.

Do you agree with the sub-objectives identified?

Yes

Question 8c

What are your reasons for your answer to question 8b?

We would agree with the need for joined-up working across sectors.

Universities all have their own in-house policies and procedures to follow in the event of a suicide.

There will likely be challenges for other sectors to adopt NICE guidelines, and so collaboration and joint working is key to this adoption.

Question 8d

Alongside the Strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

In terms of joint working across sectors, programmes like the NSMHPP to develop shared service models with post-16 education and health ensure students do not fall through gaps in services. We would suggest the expansion and continued delivery of this programme could be included in the delivery plan.

Question 9

To what extent do you agree with the following high-level objective?

Objective 6: Responsible communication, media reporting, and social media use regarding self harm, suicide and suicidal behaviour.

We agree with this high-level objective.

Question 9a

What are your reasons for your answer to question 9?

We would advocate for adherence to the [Samaritans' media guidelines](#) in reporting suicide. Some recent media reporting around suicide in Welsh universities has fallen short of this guidance.

Question 9b

Two sub-objectives have been suggested to achieve objective 6.

Sub-objective 6a: Continue to develop and embed a consistent shared language for suicide and self-harm and the terminology we use.

Sub-objective 6b: Maintain reporting, media and communications policy and guidelines.

Do you agree with the sub-objectives identified?

Yes

Question 9c

What are your reasons for your answer to question 9b?

As set out in response to question 9a, we would agree with ensuring media guidelines are followed.

Question 9d

Alongside the Strategy we will be publishing 3–5-year delivery plans. What actions do you think we could include in the plan to deliver against the objectives?

Continued support for the National Student Mental Health Partnerships Prorgamme, which has developed the 'SevRes' mental health appointment data recording and reporting process, using a collaboratively developed severity index and presentation reason codes, in place across universities and piloting in further education settings to ensure the same language being used to communicate with the NHS.

Question 10

This is an all-age strategy. When we talk about our population we are including babies, children and young people, adults and older adults. Do you feel the strategy is clear about how it delivers for various age groups?

We would broadly agree that the strategy sets out how it delivers for various age groups. It is worth noting that university students can fall into any age group from 18+, and further education from 16+.

Question 10a

If you have answered "no", please tell us why.

Question 11

We have prepared impact assessments to explain our thinking about the impacts of the strategy. This includes our research on the possible impacts. Are there any impacts, positive or negative, that we have not included?

Question 12

We would like to know your views on the effects that the Strategy would have on the Welsh language. Is there anything we could change to give people greater opportunities to use the Welsh language? Or, can we do more to make sure that the Welsh language is treated no less favourably than the English language?

In order to meet the demand and support users' right to Welsh language services, careful workforce planning is needed to ensure that appropriate training pathways are developed and expanded in order to train a professional bilingual workforce.

Question 13

We have asked a number of specific questions. If you have any comments which we have not addressed, please use this space to make them.