Platfform
Head Office
Beaufort House, Beaufort Road
Swansea
SA6 8JG

olivertownsend@platfform.org
platfform.org

For mental health and social change
Dros iechyd meddwl a newid cymdeithasol

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Platfform response to draft suicide and self-harm prevention strategy

Introduction

Our response to the consultation is shorter, because much of what we would want to contribute to this, has already been included in the existing consultation response for the draft mental health and wellbeing consultation.

We welcome this strategy warmly, and we are clear that if delivered, particularly the much-needed progress on data collection and wider societal prevention and education, it will be significant difference to the lives of people in distress.

However, our significant contribution to this, is to call for a commitment to merge the two strategies (starting with a merging of delivery plans and delivery scrutiny procedures), over the next ten years, so that we do not risk diverging our approaches to mental health and suicide. Both need to be trauma-informed, community-based, and build on the principles espoused by the recent WHO/UN guidance on mental health legislation and practice, which includes clear evidence about the need to move to a social determinant understanding of mental health, as well as the need to shift to a least-restrictive, rights-based, informed-consent system.

In making this recommendation, we are not ignoring the concerns that led colleagues in partner organisations to argue for a separate strategy. Their concerns that we need a real focus on suicide and self-harm are ones we share, but we consider the risks for divergence in approach significant, the longer there are two strategies. That is why we believe that by adopting a commitment to merge the strategies *over time*, whilst in the interim, ensuring the delivery plans are closely coordinated, provides the focus that suicide and self-harm needs, whilst helping to avoid potential negative consequences.

On that basis, whilst we support this strategy, we hope our call to commit to merging the strategies is acted on. The risk, otherwise, is both the chance of divergence, but also the creation of additional bureaucracy and multiple competing sets of outcomes and targets. If that happens, it will put at risk the impact of both strategies.

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About Platfform

Platfform was born in 2019 from Gofal, a mental health charity established in Wales in the late 1980s. Through decades of working across housing and mental health, we gained real insight into the reality of mental health in society, the impact of trauma, and the causes of distress. That work led us to change our focus and become Platfform, the charity for mental health and social change.

Today we work with over 9,000 people a year. We support people of all ages, across urban and rural communities, in people's homes and alongside other services. Our work spans inpatient settings, crisis services, community wellbeing, supported housing and homelessness, businesses, employment, counselling, schools and youth centres.

Platfform's response

We have responded in significant detail to the parallel mental health and wellbeing strategy consultation, where we reiterated our call for the Welsh Government to focus on a rights-based, least-restrictive, informed-choice approach to mental health that shift towards a social determinant model, with a particular focus on building positive connections and prioritising community wellbeing and resources. For a wider discussion on social determinants, and the need for a holistic approach to mental health, we refer to our longer response to that consultation.

We understand the reasons for having a separate suicide and self-harm prevention strategy, but the logic for that decision is predicated on the old biomedical model of mental health. The strategy, for example, states that the two strategies are "connected because having a mental health issue is a risk factor for suicide and self-harm. However, a separate strategy for suicide and self-harm prevention in Wales recognises that suicide and self-harm are not diagnosable mental health conditions and most people who die by suicide are not known to NHS mental health services."

This argument is as true for other mental ill health conditions. Both suicide and self-harm are listed as mental disorders in the DSM 5 (diagnostic and statistics manual of mental disorders). Most people who have mental ill health issues are also not known to NHS mental health services. The draft mental health strategy has significantly advanced on the old idea that mental health is about diagnosable conditions. The mental health strategy has shifted considerably, into a much more holistic understanding, which we welcome warmly. Therefore, there is much the mental health strategy could learn from the suicide and self-harm strategy that would advance mental ill health provision in Wales.

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Despite that, we are also pleased to see that the strategy recognises that suicide and self-harm are a “response to emotional distress”, as this understanding creates opportunities for discussion and action on a much more helpful and holistic level. This is equality true for addiction which also would benefit from a holistic strategic approach. This is because the same social determinants that impact our mental health, are also impacting suicide, self-harm and addiction too. We were grateful that the Welsh Government recognised the significant difference in deaths by suspected suicide, within more deprived areas. This is also true for mental ill health. Again, as with our response to the draft mental health strategy, Platfform would argue that a community-based, poverty-informed approach is fundamental to tackling the inequalities of mental health. It should not be a ‘fact’ that suicide and self-harm are more common in areas of poverty, it should be a call to urgent action across government departments.

These increased risk factors for suicide and self-harm, as the strategy itself makes clear, track clearly across a social justice understanding, with disabled people, neurodivergent people, LGBTQ+, and travelling communities all demonstrated higher levels of suicide. Again, this reinforces the need to adopt a social justice and poverty-informed approach at pace – this is critical for both strategies.

We would want to see a commitment that at some point over the 10-year life cycle of the two strategies, they merge into one. It is critically important that the mental health system undergoes a shift in culture and approach, and as we make clear in our response to the mental health consultation, our mental health system needs to change significantly, whilst also facing up with honest and integrity, to the harmful foundations on which the system is built. The same cultures and approaches that have been painstakingly reformed across the UK mental health system – with much more reform needed still – are also impacting on suicide and self-harm prevention.

The shift we need, that will improve the mental health and wellbeing of citizens across Wales, will also help tackle and address suicide and self-harm, and we believe it is adding unnecessary bureaucracy, to have them separate. One early step we would want to see is for both *delivery plans* to merge, and serious thought given to the scrutiny and accountability structures around both strategies, to ensure that where possible they are scrutinised by the same structures, rather than separate.

Overall, however, we agree with the actions committed to, and welcome the progress made by Welsh Government. This strategy provides a potential

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opportunity to tackle the serious issues of suicide and self-harm. We are really pleased to see a significant focus placed on gathering accurate data, and on wider prevention and training (although we would want to see the inclusion of the third sector, and the importance of wider community engagement expanded on), and we look forward to playing what part we can, in making Wales a happier, healthier, and safer place to live.

Submitted by Oliver Townsend
Head of Connections and Change
olivertownsend@platfform.org