

Cardiff and Vale of Glamorgan Suicide Prevention and Self Harm Strategic Plan (2025-2030)

Fostering compassionate conversations and support
for suicide prevention and self-harm.



Hunanladdiad a Hunan-niwed
Suicide and Self-harm

CYMRU | WALES



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CARDIFF & VALE
REGIONAL PARTNERSHIP
BOARD

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Foreword

This is the second Suicide Prevention and Self-Harm Strategic Plan that Cardiff and Vale of Glamorgan have produced, and will run from 2025 to 2030 as a continuation of the work we are proud to have started since the last (2020-2024). Recognising the current difficult economic climate we live in, post-pandemic, and the complex multiple factors that are linked to suicide and self-harm, it continues to be a vital component of our strategic plans and programmes to collectively address this.

Preventing suicide and self-harm cannot be achieved alone and it remains the responsibility of each of our organisations to address these issues. We have developed this plan in partnership, consulting with a range of organisations and those with lived experience, with endorsement from the Regional Partnership Board. We have listed co-production as a stand-alone objective (one of eight objectives) in recognition that if we are to prevent suicide and address self-harm among our population this will be an essential approach.

We are grateful to the work of our colleagues who have helped to develop this plan. We all acknowledge that behind the statistics quoted is a person lost to suicide and the devastating impact this has to their families and our communities.



Claire Beynon

Executive Director of Public Health
Cardiff and Vale University Health Board

Sources of support while reading this document

If you are finding things difficult to manage or dealing with significant challenges, sources of support in Wales can be found at [Get Help Now - SSHP](#). The Samaritans listening line can be contacted 24 hours a day, for free, on 116 123, by email on jo@samaritans.org or visit www.samaritans.org to find your nearest branch. Welsh Language Service for Samaritans Cymru can be reached via 0808 164 0123 between 7-11pm.

Other support is available from C.A.L.L Mental Health Helpline for Wales via 0800 132 737 or email: Call@helpline.wales or the [NHS help for suicidal thoughts page](#). Support is available around the clock, every day of the year, providing a safe place for you, whoever you are and however you are feeling.

Media coverage of suicide related issues should adhere to the [Samaritans' Media Guidelines](#) because of the potentially damaging consequences of insensitive reporting. These guidelines have been followed for the terminology applied throughout this document.

If you have been affected by a suspected suicide death, support is available through the [National Advisory and Liaison Service for Wales](#), telephone: 08000 487742, or email: support@nals.cymru. [Help is at Hand Cymru](#) can be accessed online for more information after a sudden death.

A range of organisations, dataset and resources are referenced throughout this document, Section 11 provides further information about these.

Introduction

Every death by suicide is a tragedy that affects individuals, families and the wider community, and has long-lasting effects on the people left behind. For every death by suicide there are many more people who attempt suicide. Self-harm, too, has devastating consequences and whilst more than half of people who die by suicide have a history of self-harm, self-harm may or may not be a sign that someone is feeling suicidal. The term self-harm is referred to throughout this document as:

“Self-harm is defined as intentional self-poisoning or injury, irrespective of the motivation or apparent purpose of the act and is an expression of emotional distress”.

This definition is taken from the [National Institute for Health and Care Excellence \(2022\)](#).

The reasons for suicide and self-harm are multi-faceted, influenced by social, cultural, biological, psychological and environmental factors present across the life course ([World Health Organisation, 2024](#)). Suicide is a significant public health and social inequality issue, yet suicides are preventable. There is well-established evidence that outlines the effective preventative action to tackle the underlying risk factors and interventions that can be put in place to address suicide and self-harm.

Context for the strategic plan

The plan has been developed in partnership between Cardiff and Vale University Health Board (CAVUHB), Local Authority, Third Sector, Public Health Wales and Welsh Government as well as in consultation and engagement with those with lived experience (bereaved by suicide), recognising that commitment and collective action is required to address suicide and self-harm across Cardiff and the Vale of Glamorgan. This plan builds on the progress made since the [2021-2024 strategy](#) (CAVUHB, 2021a) and sets out the approach that will be taken over the next

five years to ensure suicide prevention and self-harm remain high public health priorities.

The Cardiff and Vale of Glamorgan Suicide Prevention and Self Harm Steering Group has been in place for a number of years and is well established. The Group includes representation from local services and organisations, and takes a lead on monitoring the progress of local delivery plan developments, as well as playing a lead role at the regional advisory groups and contributing to national actions and agendas.

This strategic plan is aligned to wider strategies underway:

- The national [Suicide Prevention and Self Harm Strategy for Wales](#), to ensure local action is part of the wider activity taking place across Wales with an overall ambition for reducing deaths from suicide, and the impact of suicide and self-harm.
- The Mental Health and Wellbeing Strategy for Wales. 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, although it is recognised that having a mental health difficulty is a risk factor for suicide and self-harm; both are behaviours in response to emotional distress caused by factors including (but not limited to) mental and physical health conditions, addiction, poverty and financial strain, bereavement, job losses and relationship breakdowns.
- This plan is set in the context of the [Well Being of Future Generations Act \(2014\)](#) which aims to improve the social, economic, environmental and cultural wellbeing of our population.

As this strategic plan spans 2025-2030, it is important that it is an active document, aligned to new and emerging information, data, insights and evidence-base to be refreshed regularly in order to remain relevant. The first-year delivery plan (2025-26) will ensure action is implemented, with subsequent annual action plans for 2026-2030.

Our vision

By 2030, we will empower individuals across Cardiff and Vale of Glamorgan: to be capable of having compassionate conversations about mental health, suicide and self-harm; to understand how and where to access the most appropriate help at a time when it is needed for themselves or others at risk of or affected by suicide and self-harm; to have Support services that are readily available and accessible to all (including preventative services), providing person-centred care.

This vision applies to ALL ages* and spans the full geographical area of Cardiff and Vale of Glamorgan, aiming for equitable access to support.

**For a description of the changing risks and intervention points throughout the life course, please refer to Section 10 of the Suicide Prevention and Self-Harm Strategy for Wales, 2025 to which our local approach aligns with.*

There is a focus on working with those with lived experience to ensure our response is informed, whilst recognising that engagement with children and young people must be carefully managed.

There is commitment from a range of stakeholders and partners across Cardiff and Vale over the next five years to:

- reduce the rate of deaths from suicide, including reducing access to the means and methods of suicide;
- improve data and evidence relating to suicide prevention and self-harm and to apply this to local interventions;
- raise the profile of talking about mental health and wellbeing, and suicide prevention and self-harm as everybody's responsibility, including by developing a competent workforce;
- provide effective interventions at the stage of prevention, intervention and crisis which is available and tailored to individuals;

- work together (across organisations and communities); and hold each other accountable for progress on this agenda.

We will deliver this against a number of priority areas (aligned to national action), as set out in the next chapter.

We will know that this has been achieved when:

- By 2030, the rate of deaths from suicide is reduced (from a baseline of 10.4 per 100,000 people in Cardiff and 12.4 per 100,000 people in the Vale of Glamorgan in 2021/23).
- There is an established protocol for the coding of all suicide and self-harm incidents applied to by key organisations involved in data collection, to enable active surveillance to respond and inform decision making and subsequent action.
- There is available training on suicide prevention and self-harm to ensure people feel competent to raise these topics when they come into contact with individuals that require information, signposting and support.
- A workshop is held annually bringing together key partners to progress the suicide prevention and self-harm agenda in Cardiff and Vale.
- Communications campaigns are delivered and evaluation metrics suggest wide reaching content to target audiences.
- A self-harm prevention pathway is in place across Cardiff and Vale, accessible for all.
- Local services provide person centred support, equitable for all.
- A bereavement support pathway is in place across Cardiff and Vale, accessible for all.
- Key organisations pledge support to addressing suicide and self-harm, as identified in key strategies and plans.

Governance

The Cardiff and Vale of Glamorgan Suicide Prevention and Self Harm Steering Group will hold the oversight of the strategic plan. The annual delivery plans will detail the tasks required for each financial year between 2025-2030, listing the responsible lead with reporting arrangements established on a quarterly basis to the Steering Group.

The Steering Group will report progress against the strategic plan and delivery plans to the

Regional Partnership Board (RPB), who endorse this plan.

Local activity is also fed into the South East Wales Regional Suicide Prevention and Self-Harm Forum, reporting to the National Programme Board that will measure progress in Cardiff and Vale against the national strategy and action plan, as part of national accountability structures.

The population of Cardiff and the Vale of Glamorgan and their health needs

Based on 2023 [Office for National Statistics](#) data, the population for Cardiff is estimated at 383,536 and for Vale of Glamorgan is estimated at 134,733 totalling 518,269 with the overall population expected to grow rapidly by 2030 (Stats Wales, 2024). Cardiff has a younger population than most other areas of Wales, in part because of the large number of university and further education students studying in the city; whereas, the age structure in the Vale of Glamorgan is similar to the rest of Wales. The [Cardiff and Vale of Glamorgan Population Needs Assessment – CAVRPB](#) conducted by the Regional Partnership Board (2022) states that approximately 50% of Cardiff's population live in the 50% least deprived areas, while for the Vale of Glamorgan, 65% live in the 50% least deprived areas, recognising the established inequalities in health across the geographical area.

Additional points to note from the 2022 Needs Assessment include:

- Cardiff has a considerably more ethnically diverse population than other parts of Wales.
- Cardiff is an initial accommodation and dispersal centre for asylum seekers.
- Access to mental health and counselling services were one of the most commonly identified gaps in

available services that would improve wellbeing, stated by both residents and professionals.

Population-level statistics on deaths by suicide in Cardiff and the Vale of Glamorgan

As well as data on the general population, two sources of data exist to present the trends in deaths from suicide and suspected suicide and have been analysed to allow us to further understand the specific population groups who may be at increased risk of suicide.

1. **Office for National Statistics data:** reports annually on the rates of registered death by suicide, using the date of registration (rather than date of death) following an inquest by a Coroner. An inquest generally results in a delay until the death is officially registered and so the actual occurrence of those deaths may have been months or years prior. These data are presented as 3-year aggregated data and are also age-standardised to allow for comparisons between areas.

2. [Real Time Suspected Suicide Surveillance](#)

(RTSSS) data: has been established in Wales since April 2022 and collects information about deaths by suspected suicide, data includes notifications received from the four Welsh Police Forces and British Transport Police (BTP) as well as additional information from NHS Executive, Welsh Clinical Portal system and Network Rail. Reports are produced monthly for the purpose of updating the monthly operational group, and annually (published online). Whilst it is more timely data than official statistics, the data have not gone through the coronial system and are used as indicators only.

Whilst it is helpful to access Office for National Statistics data on deaths registered from suicide, using RTSSS data allows the Cardiff and Vale of Glamorgan Suicide prevention and self-harm Steering Group to respond quickly to emerging patterns and to routinely monitor suspected suicides on a more regular basis. For these reasons, RTSSS data (using the latest national report 2023/24) has been analysed, along with the views of stakeholders gathered during the development of this plan, and summarised below to identify the needs of our local population and inform where to focus our efforts to address the gaps that exist. For further information on data analysis, strengths and limitations please refer to: [Annual Report: Deaths by suspected suicide 2023-24 - Public Health Wales](#) (Public Health Wales, 2024).

Where data exist for Cardiff and Vale of Glamorgan, these have been included. Where there are gaps for specific populations at local authority level, but relevant data exists for Wales from the latest RTSSS annual report 2023/24, we have included this.

Office for National Statistics data

In Cardiff and Vale of Glamorgan, there were 56 deaths registered from suicide, recorded in 2023, of which 39 were in Cardiff and 17 in the Vale of Glamorgan (Office for National Statistics, 2024a).

Note: Office for National Statistics data apply 3-year aggregated data. In this section we use a rate per 100,000 people, called the European Age Standardised Rate (EASR) which is 'age standardised' to allow better comparison between areas. Confidence intervals around the EASR assess how likely it is that any difference between rates (in different areas, or for different age groups) is due to chance. If the confidence intervals for two figures do not overlap, we consider it statistically much more likely that there is a 'real' difference between the figures (i.e. the difference is not just due to chance).

Figure 1 shows the rate of suicides since 2017/19. In 2021/23, the age standardised suicide rate in Cardiff was 10.4 per 100,000 people and in the Vale was 12.4 per 100,000 people aged 10 and over and whilst each Local Authority is below the rate for Wales (13.1 per 100,000), differences are due to chance rather than any real difference between the rates for suicide across these areas. By comparison, latest data on the age-standardised suicide rate was 8.8 per 100,000 in the United Kingdom and 10.2 per 100,000 in European Union countries in 2021 (World Health Organisation, 2025).

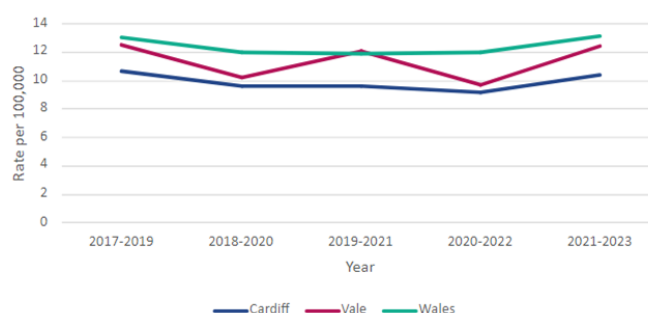


Figure 1: Age-standardised suicide rates per 100,000 population for Cardiff and Vale of Glamorgan local authorities and Wales (2017-2019 to 2021-2023).

Source: Office for National Statistics, 2024b.

[Suicides in England and Wales by local authority - Office for National Statistics](#)

NOTE: Death statistics are compiled from information supplied when deaths are certified and registered.

Additionally, data is available by sex (as shown in Figure 2) by date of registration, which shows rates of suicide remain higher among males than females. Analysis of 2023 data by age-group (Figure 3) continues to highlight where efforts must focus to reduce rates among key age groups in our population.

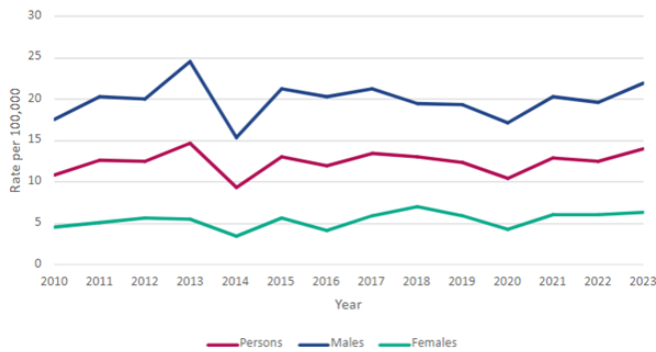


Figure 2: Age-standardised suicide rates per 100,000 population by sex, for Wales, 2010 to 2023 registrations.

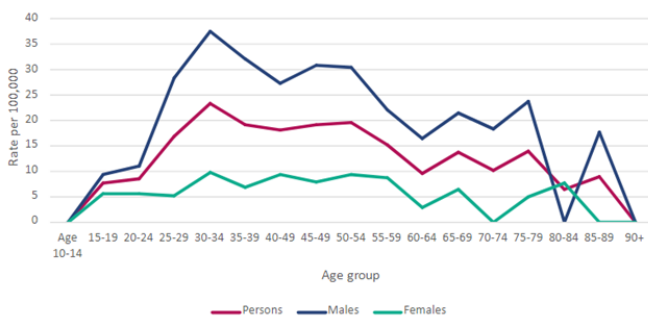


Figure 3: Age-specific suicide rates per 100,000 population by five-year age group, Wales, 2010 to 2023 registrations.

Real time surveillance

The RTSSS annual report ([Public Health Wales, 2024](#)) has identified the following across Wales:

- The rate of suspected suicides was 10.3 per 100,000 for Cardiff and Vale University Health Board which was not statistically significantly different from the all-Wales rate (12.4 per 100,000).
- There were a higher number of deaths among those living in the most deprived areas, 15.8 per 100,000 in 2023/24. The rate in the least deprived area was 8.6 deaths per 100,000.
- Males accounted for 76% of suspected suicides,

which is similar to the rates in 2022/23 and therefore men continue to be a high priority area for continued action.

- The highest rate of suspected suicides was in males aged 35-44 years, followed by males aged 45-54 years. The rates were higher in males compared to females in all age groups.
- The highest rates in females was among the 35-44 years age group, followed by the 25-34 years age group.
- The highest rate of suspected suicide was in people where employment status was recorded as unemployed (126.7 per 100,000). This was at least 12 times higher than in any other employment status group.

Appendix A provides further information.

Population-level statistics on self-harm in Cardiff and the Vale of Glamorgan

Self-harm is a risk factor for suicide and most recent data for 2020-22 shows there were 822 emergency admissions for residents of Cardiff and Vale of Glamorgan aged 10 and over for which self-harm was recorded.

Note: Self-harm can be difficult to define, categorise and measure in particular because self-harm, as a widely stigmatised activity, is often concealed and may never be recorded (CAVUHB, 2021b). Self-harm that is recorded tends to be more serious (e.g. incidents requiring hospital admission) and is likely to represent ‘the tip of the iceberg’.

The rate for self-harm related emergency admission in Cardiff and Vale of Glamorgan from 2020-22 was 58.3 per 100,000 people aged 10 and over, and then:

- For Cardiff the EASR was 56 per 100,000
- For Vale of Glamorgan the EASR was 69 per 100,000
- For Wales the EASR was 119 per 100,000
- For men in Cardiff and Vale the EASR was 41 per 100,000

- For women in Cardiff and Vale the EASR was 77 per 100,000.

Self-harm emergency admissions, European age-standardised rate (EASR) per 100,000, persons, males and females, aged 10+, Cardiff & Vale UHB, 2012 - 2022
Produced by Public Health Wales Observatory, using PEDW (DHCW) & MYE (ONS)

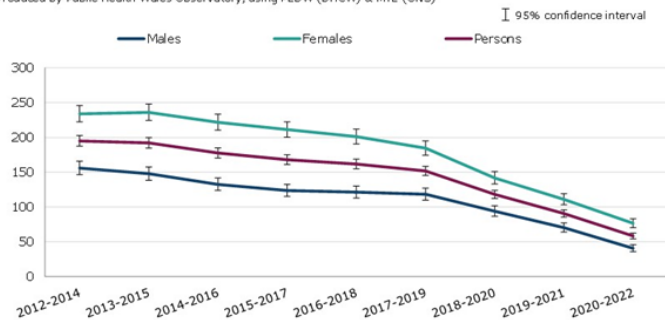


Figure 4: Self-harm emergency admissions for Cardiff and Vale UHB, 2012-2022.

Source: Mid-year population estimates (MYE), Office for National Statistics (ONS) Patient Episode Dataset Wales (PEDW), Digital Health Care Wales (DHCW). **Produced by Public Health Wales Observatory, 2024.**

Figure 4 above shows that, consistent with figures for Wales and the UK (see: [CAVUHB, 2021b](#)), rates are consistently higher in females compared with males. We can be confident that the differences between rates for men and women are not due to chance, which leads us to focus our attention on self-harm prevention and action more so with females. The national Suicide Prevention and Self-Harm Strategy highlights that self-harm is most prominent amongst young girls between the age of 15 to 19 years; the strategy also notes under-reporting due in part to people’s reluctance to access medical or psychological services for treatment which are important points to consider when analysing available data on this topic.

Figure 5 below suggests that the age-adjusted rate of emergency admissions for self-harm have fallen consistently since 2017/19, we can be confident the differences between the rate in the Health Board and the differences between national age-adjusted rates are not due to chance, though we still need to address the issue specifically as it remains higher for residents of the Vale of Glamorgan compared to Cardiff.

Note: these are admissions, and an individual may have been admitted more than once.

[Data on age-specific rates for emergency admissions for self-harm was not available and therefore has not been included.]

Self-harm emergency admissions, European age-standardised rate (EASR) per 100,000, all persons, aged 10+, Cardiff, Vale of Glamorgan, Cardiff & Vale UHB and Wales, 2012 - 2022
Produced by Public Health Wales Observatory, using PEDW (DHCW) & MYE (ONS)

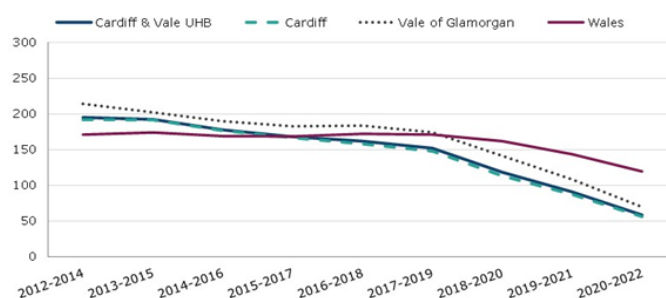


Figure 5: Self-harm emergency admissions for Cardiff, Vale, and Cardiff and Vale UHB, and Wales, 2012-2022.

Source: Mid-year population estimates (MYE), Office for National Statistics (ONS) Patient Episode Dataset Wales (PEDW), Digital Health Care Wales (DHCW). **Produced by Public Health Wales Observatory, 2024.**

Gaps in supporting people across our population

Population groups facing higher risks of suicide or self-harm have been identified in the previous strategy and continue to be a focus of our work. These are listed below with further detail available in the previous strategy supplementary information document ([CAVUHB, 2021b](#)).

- LGBTQ+
- Black, Asian and minority ethnic people living in Cardiff and Vale
- Asylum seekers and refugees
- Those with diagnosed mental health difficulties*
- Those experiencing bereavement due to suicide*

There are also some themes around risk and vulnerability that cut across general population and vulnerable/at risk groups:

- The role of carers

- Substance misuse
- Unemployment and risks by occupation*

RTSSS data has identified and established emerging trends and highlighted where we need to extend our attention to, some of which overlap with the previous population groups/risk factors listed above (indicated by *).

It is worth noting that, as suicide and self-harm are complex issues, the list is not exhaustive and regular monitoring and evaluation of the RTSSS data will keep knowledge up to date and promote timely action in response to any emerging trends.

The most common associated factors among people who died from suspected suicide across Wales (Figure 6, n=350) (identified from the [RTSSS annual report](#), Public Health Wales, 2024) are outlined below.

- A mental health condition, which was reported in 63% who died from suspected suicide. This has increased since 2022/23 (170/359, 47%) which Public Health Wales suggest could be a real increase in people who were reported to have had a mental health condition, there could be better reporting, or it could be due to improved cross checking of data with other sources.
- A history of previous self-harm, which was reported in 53% (in 2022/23 it was 49%).
- Family and/or relationship issues were reported in 26% (in 2022/23 it was 19%).
- Those known to mental health services (in the past 6 months prior to death), which was reported in 29% of deaths by suspected suicide. Forty five percent were not known to mental health services and for 26%, it was unknown whether they were known to mental health services so it is possible that the percentage of people who were known to mental health services was underestimated or overestimated. A similar figure was reported in 2022/23. From these data you cannot conclude what is meant by ‘known to mental health services’ There is not yet enough information to determine how people were known to services.
- Those known to the Police (at any point in their lives prior to their death), which was reported in

65%. The most common reason for being known to the police as for being suspected/convicted of a crime (37%). This was higher in 2022/23 (74%). From these data you cannot conclude what the risk of suicide was in someone who was suspected/convicted of a crime, was a victim or witness of a crime, or was a vulnerable person, as denominator data were not available.

Refer to Appendix A for further information.

From these data you cannot conclude what the risk of suicide was in someone who had a mental health condition or history of previous self-harm, or any other associated factor, as denominator data were not available (which is the number of people in the whole population who have each associated factor). Additionally, it is important to acknowledge that individuals may be counted in more than one of the factors listed above and there are multiple contributing factors (not a single risk factor) associated with a suspected suicide.

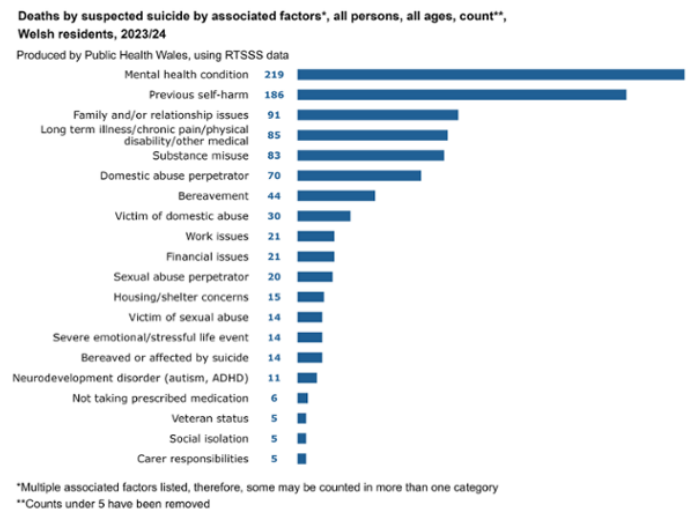


Figure 6: Deaths by suspected suicide by associated factors, across Wales, 2023/24.

Analysis of the RTSSS data allows us to highlight the higher risk of suicide among some population groups and to focus local preventative action and intervention accordingly, to direct vulnerable people to sources of support.

Priority areas for action: 8 objectives

Eight objectives have been identified as part of the Welsh Government Suicide Prevention and Self-Harm Strategy and used as part of consultation processes throughout the development of this plan, with agreement from partners that they are the objectives we will work to. Each Objective is described in turn, setting out the strategic action to be taken over the duration of this plan.

Objective 1: Contribute to the robust evidence base for suicide prevention and self-harm, drawing on a range of local data, research and information. Develop robust infrastructure at local and South East Wales regional level to facilitate the analysis and sharing of data/information to focus resources and drive action.

Current situation

Current sources of data and information for suicide prevention and self-harm available at Cardiff and Vale of Glamorgan level has been referenced earlier in this document but also includes:

- a. Monthly reporting on suspected deaths from suicide (Real Time Suspected Suicide System (RTSS) data, produced by Public Health Wales). The RTSS task group continually review and highlight challenges and concerns and as the RTSS contains confidential and sensitive data, this is shared to a closed membership group (including the Health Board and Public Health Wales representatives). The South East Wales Regional Lead identifies and presents information to the Steering Group (by theme) to aid local response/action on a monthly and quarterly basis.
- b. Quarterly training reports to monitor the numbers of individuals from Cardiff and Vale who have completed training as listed on the [National Training Framework Hub](#) (Suicide prevention and self-harm Cymru, 2024) by job title and organisation, and used by the Steering Group for analysis.

During consultation and engagement stages with partners, it was identified that data are collected

relating to suicide and self-harm to inform action by individual services (such as hospital admission data, data from specialist services and third sector organisations, Emergency Department data, NHS 111 press 2 data, Police data) but how this is coded varies by organisation. Also, as data are not shared between organisations on a shared database, this is potentially limiting the analysis, decision making and action that follows at monthly and quarterly RTSS task group meetings. Improving the coding and use of data will progress the ability of Cardiff and Vale of Glamorgan Suicide Prevention and Self Harm Steering Group and service providers to act rapidly and effectively. It is vital to share lessons learned from local reviews of incidents with those who can respond to support the local community and ensure learning contributes to action at both local as well as regional and national level.

Where we want to be

- Establish and apply consistent coding of data entered among those key partners responsible for data collection, to assist with meaningful analysis.
- Strengthen information sharing from established data reporting mechanisms to local Steering Group to identify any themes, trends and enable decision making and responses to occur in a timely manner.
- Form an all-age Rapid Response Group (RRG) in response to any death by suicide or cluster of deaths as part of surveillance.
- Contribute local insights to both local and national research on suicide prevention and self-harm to feed into the robust evidence base available at regional, national and UK level.
- Continue to conduct research as part of Health Board Research and Development divisions and share learning with Steering Group and regional and national networks.

Note: For the purpose of this document we will apply RTSS data on suspected suicides for access to timely data to inform decision making and action, as opposed to Office for National Statistics data on registered deaths by suicide.

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

Current situation

Recognising that changes in circumstances throughout the life course (such as financial pressures, housing, poverty, relationship breakdowns) cause individuals to consider suicide, highlights the importance of tackling the wider determinants of health, which can only be achieved by working collectively and collaboratively between organisations and agencies to address suicide risk, and by taking a community-based, poverty-informed approach (for example with housing to reduce stressors to individuals).

The current approach to supporting individuals affected by suicide and self-harm holds a focus in specialist and hospital settings however the benefit of a multi-sectoral approach to reaching all population groups facing higher risk is recognised. The focus of prevention activity must therefore shift to action taking place in local communities, and although this has started this will be achieved by continuing to work in partnership across sectors to recognise contributing factors and drivers of suicide and self-harm (the wider determinants of health – social deprivation, isolation, and not solely poor mental health) and ensuring individuals in priority groups are identified early, and once identified, are supported as part of services they already engage with (many of which will not be Primary or Secondary Care health services but community-based) to promote better outcomes. Examples include extending prevention responsibilities to employers, and educational settings, and making full use of the scope of voluntary sector services.

Where we want to be

- Use this plan to support the wider agenda and cross-over to wider strategies aligned to: Clinical Boards within the Health Board; Local Authority; and as part of the Regional Partnership Board. This will promote suicide prevention and self-harm as “everybody’s business” and hold wider

agencies to account for making progress with reducing the rate of deaths from suicide.

- Collaborate with agencies, such as housing and Department for Work and Pensions, to reduce stressors to individuals.
- Work with Welsh Government, Social Services, Local Authorities and the Third sector in collaboration to ensure:
 - Public services and their workforce play a role in recognising signs/symptoms of suicide and self-harm among individuals they provide services to (specifically those population priority groups) and take opportunity to signpost to appropriate services.
 - Individuals at vulnerable points in their lives can access support when required, and this support extends to the individuals support network, where appropriate.
- Learn from best practice in ways of working from those with lived experience, as well as across the UK and Finland, to understand develop a collaborative response to suicide prevention and self-harm in Cardiff and Vale of Glamorgan.
- Use surveillance mechanisms (RTSSS) and local intelligence (for example from South Wales Police; Fire and Rescue Services) to determine any patterns of frequently used locations and intervene with relevant partners to identify primary drivers and evidence-based interventions to reduce access to means.

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.

Current situation

Lots of welcome attention and recognition has been given to the importance of positive mental health and wellbeing and developing resilience on an individual and community level, specifically since the COVID-19 pandemic, and is documented in strategic programmes and areas of work by partners as covered in Objective 2 as intended action.

Shifting action to PREVENTING suicide and MANAGING self-harm by early intervention supports individuals and communities of all ages to effectively manage their health and results in better outcomes and is where efforts should focus.

Additionally, access to RTSS data has recognised priority population groups ([Public Health Wales, 2024](#)) where some of this prevention and intervention activity is needed. Namely among:

- Individuals living in more disadvantaged areas of Cardiff and Vale of Glamorgan;
- Males ages 35-44 years and 45-54 years;
- Females age 35-44 years and 25-34 years;
- Individuals who are unemployed and face risks by occupation;
- Individuals with diagnosed mental health issues;
- Individuals experiencing bereavement due to suicide;
- Individuals with a history of previous self-harm;
- Individuals experiencing family and/or relationship issues;
- Individuals known to mental health services;
- Individuals known to the police.

NOTE: Whilst priority groups have been identified to engage with this does not refer to priority access to support services.

Where we want to be

- Strengthen the prevention agenda by improving the health and wellbeing of residents of Cardiff and Vale of Glamorgan through promoting and supporting access to healthy lifestyles services/activities, such as physical activity and social prescribing.
- Map settings already engaged with the priority groups and identify staff working in these settings to receive basic suicide awareness training module (for example to upskill staff working at Job Centres to raise awareness and knowledge and ensure appropriate signposting for individuals that present in crisis to local support services. See Objective 6 for more details on training).

- Explore ways to reach those individuals from identified priority groups who don't engage with settings/services to ensure they receive prevention messaging and education (as outlined in Objective 6), specifically for males who are affected by unemployment as data suggests specific work is required with this group. As well as those priority groups listed above, ensure action is taken to support the following population groups facing higher risk of suicide and self-harm:
 - o LGBTQ+
 - o Black, Asian and minority ethnic people living in Cardiff and Vale
 - o Asylum seekers and refugees
 - o Those with diagnosed mental health difficulties
 - o Those experiencing bereavement due to suicide
 - o The role of carers
 - o Substance misuse
 - o Unemployment and risks by occupation.
- Work in co-production with educational settings (linked to the Healthy Schools Scheme and South Wales University Mental Health Partnership), Children and Adolescent Mental Health Services (CAMHS), school in-reach and school nursing to ensure children and young people (and parents) have access to information and education on mental health, suicide prevention and self-harm.
- Work in co-production with services supporting young people and adults with adverse childhood experiences (ACEs) and trauma to ensure they have access to information and education on mental health, suicide prevention and self-harm
- Guided by the Trauma-Informed Wales Framework, ensure any support or services delivered through our plan are trauma-informed and compassionate.
- Monitor and revise the list of priority groups as they evolve during the life course of this plan to ensure we are working with the latest evidence.

Objective 4: 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.

Current situation

Cardiff and Vale University Health Board (CAVUHB) and Local Authorities commission services along with third sector and charitable organisations providing suicide prevention and self-harm and bereavement support services, as listed on [DEWIS Cymru](#).

Interventions to support individuals, families and communities at risk of, and/or affected or bereaved by suicide and self-harm are in place however we must improve the co-ordination of the services available as well as provide equitable access across the geographical area.

Where we want to be

- Support service users and those who care for them to contribute constructively to planning their own care and for them to be aware of the resource available to them.
- Service providers encourage and enable appropriate and effective referral and transition between services to ensure those at risk are supported by the most appropriate service, including transition between child and adult services.
- Service providers update their delivery approach in line with evidence and best practice to deliver safe, compassionate, trauma-informed and person-centred care in response to specific needs of the service user (and those who care for them) with equitable coverage (by location and format) that is easy to access and where possible, consideration of the gender balance of support staff, across Cardiff and Vale of Glamorgan.
- Provide effective crisis support and bereavement support across Cardiff and Vale of Glamorgan.

This objective aligns to Objectives 2 and 8 requiring collaboration between services, to provide a joined-up approach for service users facilitating the individual journey between services where applicable.

Objective 5: To reduce the risks of self-harm in our population.

Current situation

Self-harm covers a vast range of behaviours, all of which carry risk. Consultation and engagement with stakeholders identified the need for self-harm to hold equal footing to suicide in this plan and whilst it is weaved through each objective, specific information is outlined here.

It is recognised that stereotypes exist with regards to what self-harm is and there is a need to amend this and broaden general understanding.

Whilst the focus is on preventing self-harm in the first place, the objective also focusses on ensuring individuals who self-harm, regardless of intent, are provided with compassionate, person-centred support with a focus on safety (self-harm management and harm reduction without risking normalising this behaviour). There are examples across the UK that we can learn from and apply in Cardiff and Vale on this. Recognising that individuals want to feel listened to, feel valid and be able to consider solutions and know how to access support into pathways is key. Moving individuals through services quickly to reduce risks of developing dependence on services also requires attention.

Where we want to be

- Recognise self-harm and effective approaches to prevent self-harm, prevent repeated self-harm behaviour (by responding well to individuals following first attempts) and help individuals to exit or reduce the harm/frequency (including effective wound management; safety planning).

- Improve access to mental health support and social support.
- Learn from self-harm prevention pathways across the UK and implement for Cardiff and Vale (involving those with lived experience to shape this); Focus on new approaches including self-care and wellbeing support, with a goal to focus support programmes tailored to the *reasons* rather than the *actions* (trauma-informed approach).
- Understand the methods of self-harm and how these differ by ages (for example between children and young people and adults).
- Clinical Safety Group (as part of the Mental Health Clinical Board) to assist exploring training needs of health staff supporting individuals who present with self-harm, including those working in non-mental health areas (e.g. Emergency Unit staff).
- Raise awareness of resources, self-help guides, websites and helplines available (such as [Silver Cloud](#), [STEPIAU](#) website, [PAPYRUS](#), [Kooth](#), [Head above the waves](#), [Self-Harm UK](#)) and extend the available resources to support those surrounding the individual (as well as the individual themselves).

Objective 6: 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 by the delivery of effective training.

Current situation

Training is available across Cardiff and Vale of Glamorgan as part of the [National Training Framework](#) (Suicide Prevention and Self-Harm Cymru, 2024) and there is open-access to this training (online and in person). Training is also commissioned by CAVUHB and Local Authorities; plus, charitable organisations deliver training to relevant individuals/partners. This includes: basic awareness training (emphasising

the importance of everyone being able to spot the signs linked to suicide and self-harm and ensuring they are equipped with relevant training to be able to offer support to those in need); general training; and specialist training (such as for those in Emergency Departments). Co-ordinating training would more effectively and strategically apply resources, enhance the offer and uptake of training to appropriate audiences to facilitate compassionate conversations, and connect the preventative approach to suicide and self-harm. This links with Objective 2, which supports a shift to prevention in communities facilitated by ensuring communities receive training and support to respond effectively, including crisis intervention. When individuals, and in particular males, increasingly seek help, this will ensure we are more skilled at recognising and responding accordingly.

Additionally, it is vital to update and revise training content to keep it up to date with the latest approaches. This will empower individuals to feel competent and capable of putting the training into practice.

Where we want to be

- Review who is commissioned to provide training across Cardiff and Vale of Glamorgan and for what purpose, to identify gaps in training provision and content (aligned to the national training framework).
- Promote the national training framework for suicide prevention and self-harm among professionals in contact with individuals at risk of suicide and self-harm. This includes medical AND non-medical professions as part of early prevention and intervention, as well as supporting those bereaved by suicide.
- Monitor who has completed training, to date, to identify gaps in potential workforce/individuals who would benefit from training.
- Provide support to health and social care professionals regularly engaging with individuals affected by suicide and self-harm to prevent burn out and de-sensitisation.

Objective 7: Responsible communication, media reporting, and social media use regarding self-harm, suicide and suicidal behaviour.

Current situation

We strive for the population of Cardiff and Vale of Glamorgan to know how to look after their physical and mental health and wellbeing, and where to turn to for support with their mental health (for themselves and others) at intervention and crisis point. It is essential to deliver communication campaigns with careful, consistent messaging. Raising awareness of positive mental health and wellbeing and of suicide prevention and self-harm will build resilience among individuals and communities to deal with life situations; allow individuals to be clear on what support services are available and when it is suitable/appropriate to access; as well as feeling confident to have compassionate conversations with others.

Due to this being a sensitive topic, Cardiff and Vale of Glamorgan communications must align to national and UK action, which also strives to make it more acceptable to talk about these topics. There is an advocacy role to Welsh Government and Public Health Wales requesting to hold partners and the media to account for content shared (for example on social media) and active monitoring of mis-information.

Where we want to be

- Deliver a communications plan (aligned to national content) that is culturally-aware and delivered in a range of formats and languages, to raise awareness of suicide prevention and self-harm to target audiences and encourage compassionate conversations on these topics.
- Promote local support services that are available to individuals and families, to facilitate access to and the use of the most appropriate source of support at the right time among potential service users. Specifically, promote the '111 press 2' service as a recognisable source of support at crisis point.
- Media partners are required to consistently apply 'Responsible reporting in the media guidelines', as produced by the Samaritans.

Objective 8: To apply co-production principles in all that we do to prevent suicide and self-harm.

Current situation

Echoing the call for cross-sectional action in Objective 2, there are excellent examples of working in co-production such as between Local Authorities and the third sector to co-produce local support services. There remains inconsistency in funding as an on-going challenge for continuous service planning/development which requires attention.

Whilst data insights are valuable, it was evident during the consultation stages of developing this plan that there should be a greater focus on working with those with lived experience to inform service planning and delivery. A range of voices from across Cardiff and Vale of Glamorgan, including the groups at particular high-risk, must be listened to.

Where we want to be

Previous objectives have discussed the need for support services to update their delivery approach (Objective 4); provide effective crisis support and bereavement support (Objective 4); implement self-harm prevention pathway (Objective 5) and resources. All are required to do so by identifying and engaging with those most vulnerable and tailoring their support to their specific needs.

- Build trust with local communities that we could engage more fully with, that would benefit from awareness, information and support on suicide prevention and self-harm (those in most disadvantaged communities, LGBTQ+ communities, ethnic minority communities, neuro-diverse populations).
- Develop support services and resources in all aspects of lived experience engagement and inclusion, from opinion seeking through to fully coproduced works.
- Consult and connect with identified lived experience contacts to establish an engaged, and growing, population of people with lived experience who can, alongside service providers, offer insights into gaps and good practice within support services through a variety of means, including workshops and surveys.

Successes from the previous strategy

Examples of good practice in Cardiff and the Vale of Glamorgan

The development of a mental health admission proforma was created to reduce the need for children and young people to repeatedly share their distressing stories, which can be upsetting and traumatic. Previously, children and young people presenting through the Paediatrics Emergency Department (ED), had to explain their mental health crisis multiple times to different professionals before seeing the crisis team. To address this, various groups such as the Medical team and Nurse Practitioners audited notes, gathered information and feedback from children and young people then developed a mental health proforma to improve the patient journey. The proforma follows the patient through from Admission in Paediatrics ED to Discharge by the crisis team with a safety plan. This is based on work already developed by other hospitals that was adapted to meet service and patient needs within our area. Teaching and development of use of the proforma is on-going and it has educated staff on the assessment information that is helpful when assessing children and young people admitted in mental health crisis.

“The document allows a multi-disciplinary team approach to care to provide the best outcome from admission to discharge of such children and young people”.

Mental Health Clinical Nurse Specialist for Acute Child Health, Cardiff.

The **Jacob Abraham Foundation** is a charity established in Jacob’s memory dedicated to raising awareness and reducing stigma around mental health, as well as providing support to adults in South Wales that experience suicidal thoughts and behaviours. The Foundation attended our Suicide Prevention and Self-harm engagement workshop in October 2024 to ensure those with lived experience have a voice in shaping the next strategic plan.

The Foundation follows three objectives:

- Intervention: providing 1-2-1 counselling for

anybody who is experiencing suicide thoughts or attempts; educate communities by signposting to local support.

- Prevention: providing free Suicide Awareness Brief Intervention training and workshops for young people (40-minute youth workshops in after-school clubs and colleges; 8-week wellbeing and mindfulness programme).
- Postvention: providing support for those affected by suicide (immediate support, advice and monthly groups).

A client described the service:

“Thank you so much for letting me talk in a safe, non-judgemental environment. I couldn’t and didn’t know how to help myself. I didn’t know what to do. Your actions have no doubt saved me”.

What can we learn from elsewhere?

Finland in the late 20th century was a country with particularly high rates of death by suicide with over 30 deaths per 100,000 citizens. Now the rate has decreased considerably, to 13 deaths per 100,000. This may be due to several factors such as increased education in the recognition in depression, and the new generation of antidepressants, as well as improvements in outpatient care and the reporting on deaths by suicide in a neutral way within the media. The [Suicide Prevention Strategy in Finland](#) involves several key components:

- **Mental health integration** into primary care services to ensure early identification of individuals at risk.
- **Public awareness campaigns** to reduce stigma and increase understanding of mental health issues.
- **Training professionals** in suicide risk assessment and intervention.
- **Collaboration** across sectors (such as healthcare, social services, education) to create a supportive environment.

We will continue to learn from how other countries are working to address suicide and self-harm and apply this to local action.

Delivering the strategic plan: year 1 delivery plan (2025-26)

	Planned action	Outcome measure	Lead	Timescale
Objective 1 - Establish a robust evidence base for suicide prevention 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.				
1.1	Attend the following meetings to provide updates on Cardiff and Vale perspective, to understand local situation, trends and to inform local action: a. monthly South East Wales RTSSS operational meetings b. quarterly South East Wales regional forum Feedback information from the above meetings to the Steering group to apply information gained (e.g. relating to trends) and to inform local action; refresh delivery plans in response to latest information/content from these meetings	Attendance at monthly and quarterly meetings; Steering group minutes; Delivery plan refreshed	a. NHS Executive Suicide Prevention and Self-Harm (SPSH) Regional Lead b. Cardiff and Vale University Health Board (CAVUHB) Public Health Team Lead	31 March 2026 (and through the life of the plan)
1.2	Hold quarterly Steering Group meetings (for statutory services) to monitor trends emerging from data, identify and implement mitigation actions (to include missed opportunities to intervene); record and update delivery plan accordingly	Attendance of monthly meetings; Delivery plan updated	Steering group Chair and members	31 March 2026 (and through the life of the plan)
1.3	Establish an Expert Advisory Group (to include third sector partners) to ensure all partners are actively contributing to this agenda	Attendance of monthly meetings; Minutes of meetings	Steering group Chair and members	31 March 2026
1.4	Circulate clear communication (video) to upskill key partners on suicide prevention and self-harm data to increase understanding of the caveats to local level data and interpretation	Communications/Video circulated to key partners	NHS Executive SPSH Regional Lead	30 June 2025
1.5	Hold a workshop with multi-agency partners, local service providers and those with lived experience to: a. review the patient journey and how services are currently collecting and recording data within their organisation; b. explore consistency in data coding and protocols; c. share learning from NHS Emergency Departments protocols on how information/data is managed and coded throughout the patient experience (from admission to discharge) to improve overall patient experience; d. discuss the needs for and development of a 'Mental Health passport' as a resource held by the individual to document the management of their wellbeing, safety plan, access points should they require it	Workshop held and summary report prepared outlining best practice and next steps	Workshop – facilitated by CAVUHB PHT Involvement from: NHS Executive SPSH Regional Lead; CAVUHB Public Health Lead, Police, Mental Health Clinical Board, Emergency Department, Psychology, Cardiff University Research Lead	31 March 2026
1.6	Support and engage with the national Suicide Prevention and Self Harm Research Centre and actively look for opportunities to engage in on-going research	Research project plan and research findings shared with Steering Group members	Research and Development Lead, Mental Health Clinical Board	31 March 2026 (and through the life of the plan)
1.7	Study the Self Harm data collection at Emergency Departments in Cardiff and Vale UHB hospitals and use data to inform action, as part of a dissertation project underway	Research project plan and research findings shared with Steering Group members	CAVUHB PHT Lead	31 March 2026
1.8	Develop an all-age Rapid Response Group (RRG), as required, to respond to local incidents, to compliment National guidance	Outcome measure RRG formed and process in place, minutes of meetings available	Mental Health Lead South Wales Police, support by NHS Executive Regional Lead	31 March 2026

	Planned action	Outcome measure	Lead	Timescale
Objective 2 - Co-ordinate cross-Government and cross-sectoral action which collectively tackles the drivers of suicide and reduces access to means of suicide.				
2.1	Review the steering group membership to ensure wide reaching and cross-organisational representation	Terms of Reference; Core Membership updated	Steering group Chair and members	30 September 2025
2.2	Advocate for equitable public health input to the suicide prevention and self-harm agenda across Wales to ensure this remains a national public health priority and for consistency in the approaches applies across Wales (regardless of geography)	Record of requests made to Welsh Government/Public Health Wales	Steering group Chair and members	31 March 2026
2.3	Attend SE Wales regional meetings to learn from and share best practice (consider wider learning opportunities from UK and internationally such as Finland) Feedback from regional/national meetings to the Steering group and Clinical Boards; explore how to share best practice to wider networks to enable all partners to benefit from this information	Attendance at SE Wales regional meetings Content of Steering Group meetings includes Wales/UK learning	Steering group representative	31 March 2026 (and through the life of the plan)
2.4	Share best practice in relation to suicide prevention and self-harm with Steering Group for them to consider how this will be incorporated into local practice, including the national guidance/SBAR protocol on reducing access to means, when available	Evidence summary provided to Steering group	CAVUHB Public Health Team	31 December 2025 (and through the life of the plan)
2.5	Advocate for this strategic plan to be aligned to wider plans, including: - Mental Health Clinical Board IMTP (Integrated Medium-Term Plan) - Local Authority Corporate plans - Safeguarding Board plan Monitor the approach taken at national level for calls to merge the Mental Health and Wellbeing Strategy with the National Suicide Prevention and Self Harm Strategy and consider how locally these strategies align	Strategic plan referenced in wider partnership plans	Steering Group Chair and members	31 March 2026 (and through the life of the plan)
2.6	Work with and support partner organisations and agencies in the development of their own strategies, to ensure they align to this overarching strategic plan, including voluntary sector plans Act as the overarching lead to support the partner organisations and agencies to implement their local strategies as a co-ordination role	Suicide prevention and self-harm is referenced and actions are included in partner's strategies and action plans	NHS Executive SPSH Regional Lead	31 March 2026 (and through the life of the plan)
2.7	Mental Health Clinical Board to share with Steering Group plans for improving information sharing with other services that provide mental health support to those who have identified history or are at risk of suicide and self-harm (e.g. prison service)	Plans provided to Steering group by Clinical Board Recommendations provided to other services by Clinical Board	Mental Health Clinical Board Lead	31 December 2025
2.8	Host an annual workshop to bring together partners, those with lived experience and service providers, local communities to share examples of best practice and local insight and progress made on this agenda and to tackle drivers	Workshop held and findings shared to Steering Group members	Steering group Chair and members	31 March 2026 (and through the life of the plan)
2.9	Engage with BTP (British Transport Police), South Wales Police (Specialist crisis negotiators), Fire and Rescue Services and pro-actively work with them to identify locations of concern and put effective measures in place	Regular communications and contact established	Steering Group Chair and members, British Transport Police, South Wales Police, Fire and Rescue Service	31 March 2026 (and through the life of the plan)
2.10	Apply national guidance, when available, on Locations of Concern to review how Cardiff and Vale manage locations of concern	Update report shared to Steering Group	NHS Executive SPSH Regional Lead; CAVUHB Public Health Team	31 March 2026

	Planned action	Outcome measure	Lead	Timescale
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.				
3.1	<p>Map and identify priority groups that would benefit from prevention education and messaging; identify the organisations and settings used by these groups, as identified by the RTSSS insights as they emerge (rapid prevention), using trauma informed ways to connect with people.</p> <p>Link with staff working at the settings identified to receive training in suicide prevention and self-harm (See Objective 6 re: training), for example Cardiff City Football Club, community development</p>	<p>Mapping exercise conducted and report available</p> <p>Training analysis report shared with Steering Group members</p>	CAVUHB Public Health Team; Cardiff and Vale Mental Health Forum	31 March 2026 (and through the life of the plan)
3.2	<p>Encourage community organisations to establish links with local mental health support services such as Kooth, to signpost/refer individuals for support</p> <p>Establish links with and advocate training to the Job Centres and Citizen Advice Bureau in response to emerging data showing trends among those unemployed</p> <p>Establish links with Cardiff City Football Club Community Foundation to develop pathways for referring at-risk individuals to local mental health services</p>	<p>Progress reports and updates shared with Steering Group and support services</p>	Steering Group Chair and members; Department for Work and Pensions (Job Centres); Cardiff City Football Club Community Foundation	31 March 2026
3.3	<p>Explore the potential to integrate all suicide prevention and self-harm services available across Cardiff and Vale (such as those commissioned by the Health Board and Local Authorities and delivered by charitable organisations) in co-production using insight from lived experience/ service users to shape the delivery of each service and ensure each service is fit for purpose</p>	<p>Minutes from exploration meeting</p> <p>Existing service protocols updated to reflect findings</p> <p>Statutory services guidelines in place</p>	Co-production Lead, Mental Health Clinical Board supported by NHS Executive Regional Lead	31 March 2026 (and through the life of the plan)
3.4	<p>Use Expert Advisory Group to conduct mapping and scoping exercise of current provision, establish criteria for service delivery, analysis of referral activity to provide an overview of the service provision offer</p> <p>Advocate for all organisations to work towards quality standards (on a voluntary basis) to ensure high quality service activity is in place</p>	<p>Mapping and scoping exercise report</p>	Expert Advisory Group (when established)	31 March 2026 (and through the life of the plan)
3.5	<p>Link in with Eating Disorder services (local and national provision) and programme of work led by NHS Executive to keep up to date on action</p> <p>Link with the new Mental Health Strategy to ensure cross-reference action between this strategic plan and the work of the Mental Health Strategy</p>	<p>Record of request made to Eating Disorder services from NHS Executive Regional Lead</p> <p>Reference to this strategic plan in Mental Health Strategy and action plans</p>	<p>NHS Executive SPSH Regional Lead</p> <p>Mental Health Clinical Board Steering Group Chair/ members</p>	31 March 2026
3.6	<p>Mental Health Clinical Board and Children and Women Clinical Board to share with Steering group the plans for improving the transition between children to adult mental health services</p>	<p>Plans provided to Steering group by Clinical Boards and confirmation of specific actions to address this issue</p>	Mental Health Clinical Board Lead; Children and Women Clinical Board	30 September 2025
3.7	<p>Postvention – NALS (National Advisory and Liaison Service) support is in place and accessible for anyone bereaved by suicide or suspected suicide (as part of all Wales Welsh Government funded service)</p> <p>Support the national exercise of mapping and scoping all suicide bereavement services in Wales, and ensure findings from this exercise are applied to local practice</p>	<p>Quarterly reports produced by Expert Advisory Group and shared with Steering Group</p>	NHS Regional Executive Lead Steering Group members	31 March 2026
3.8	<p>Learn from examples in Northumbria to the ‘One is too many’ approach taken to reduce deaths by suicide among military veterans</p>	<p>Learning shared with Steering group and local partners</p>	Veterans NHS Wales	31 March 2026

	Planned action	Outcome measure	Lead	Timescale
Objective 4 - 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.				
4.1	Map provision of local support services at the point of intervention for suicide and self-harm and identify gaps in provision by geography, accessibility (e.g. by high risk groups such as neurodivergence, refugees and asylum seekers, drug and alcohol; at risk groups that may not come to our attention; by needs, e.g. language, format); engaging with service providers and service users to ensure adaptations to local provision is made Review the scope of the support service provided at crisis point to consider the support offer for the family around the individual	Mapping exercise and findings report produced	CAVUHB Public Health Team	31 March 2026
4.2	Explore and gather insights from youth outreach and disability inclusion programmes to identify barriers to accessing mental health support for young people (for example via Community Forums working with young people engaged in sport) to aim to improve mental health service accessibility	Insights gathered and reported to the Steering Group	Cardiff City Football Club Community Foundation	March 2026
4.3	Promotion and use of the National Advisory and Liaison Service (NALS) Cymru to ensure everyone across Cardiff and Vale are aware of and can access appropriate support if they have been affected by suicide or suspected suicide Promote local services such as The Hangout, the adult sanctuary, 111 Press 2 Service providers to ensure service is being used appropriately, monitoring appropriateness of signposting into this support	Bereavement support pathway promoted as part of communications campaign Communications campaign analytics Feedback report from local service providers to Steering Group	CAVUHB Communications Lead Local service providers; Platform	31 March 2026
4.4	Continually develop local protocols, using evidence-based practice and NICE guidance and including insight gained (e.g. from those with lived experience and service providers) and implement these protocols into local practice for Health Board and Local Authority commissioned suicide prevention and self-harm services	Protocols and guidance developed	Local service providers	31 March 2026
Objective 5 - To reduce the risks of self-harm in our population.				
5.1	Consider new approaches for tackling self-harm, learning from examples across the UK Work in collaboration to improve self-harm pathways and access across Cardiff and Vale	Approaches analysed and presented to the Steering Group	Public Health Team, Cardiff and Vale UHB	31 March 2026
5.2	Understand existing mental health services that support Self-Harm: Conduct an exercise to understand what support and provision is available and what pathways look like, identify gaps and ways to address self-harm and ensure appropriate support (for all ages) To consider: effective wound care management; safety planning and risk assessment	Report produced and shared with Steering Group	Mental Health Clinical Board; Dermatology Department	31 March 2026
5.3	Explore training needs of health staff supporting individuals who present with self-harm, including those working in non-mental health areas (e.g. Emergency Unit staff)	Training options analysed and recommendations made to the Leads for each clinical area	Clinical Safety Group, Mental Health Clinical Board	31 March 2026
5.4	Explore the role of 'peer support workers' as a local approach	Approaches analysed and presented to the Steering Group	Mental Health Clinical Board	31 March 2026
5.5	Raise awareness of resources available to support individuals and their families/support network on self-harm, as part of Communications approach	Resources available and promoted as part of communications plan	Communications Lead, CAVUHB	31 March 2026

	Planned action	Outcome measure	Lead	Timescale
Objective 6 – 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.				
6.1	Map the suicide prevention and self-harm training that has been delivered in Cardiff and Vale in the past 12 months with a view to: <ul style="list-style-type: none"> - Identify organisations delivering training and providing funding for training - identify the organisations that have completed training - explore any gaps in uptake of the training offer by organisation/professional groups - use findings to promote uptake of training to any organisations currently under-represented 	Mapping exercise completed and recommendations shared with the Steering group	CAVUHB Public Health Team	30 September 2025
6.2	Review who is commissioned to provide training across Cardiff and Vale of Glamorgan and for what purpose, to identify gaps in training provision and content (aligned to national training framework)	Review completed and recommendations shared with the Steering Group	CAVUHB Public Health Team with support from national Public Health Wales and NHS Executive Leads	31 March 2026
6.3	Strengthen the evaluation methods of available training to allow for analysis of: <ul style="list-style-type: none"> - who has been trained (job title/organisation) - the impact the training has had to knowledge and skill level of NHS participants, and where possible to evaluate of wider participants (non-NHS) Advocate for training providers to include evaluation methods of training and to share analysis with the Steering Group; Establish agreements with training organisations to report into the Steering Group with anonymous post-course evaluation feedback to ensure quality training is being provided	Training analysis report circulated to Steering Group on a quarterly basis Requests made to training organisations and evaluation reports provided as a result	Public Health Wales (national) Steering Group Chair and members	30 June 2025
6.4	Apply the findings from the national training needs analysis (conducted in 2022/23 by Public Health Wales) to Cardiff and Vale, including roll out of training: <ol style="list-style-type: none"> 'Basic suicide awareness module' promoted to all (Health colleagues including Occupational Health roles via ESR; statutory organisations via national training hub) 'Suicide prevention training among those bereaved by suicide' promoted among those partners working with individuals bereaved by suicide 'Train the trainer module' promoted to Mental Health Clinical Board Self-Harm e-learning promoted to all (due to launch 01/03/25) 	List of available training across Cardiff and Vale reported to the Steering Group	Training co-ordinator aligned to NHS Executive CAVUHB Communications Lead	30 June 2025
6.5	Deliver appropriate diversity and mental health training in line with the National Training Framework, with a focus on increasing the training delivered among: <ul style="list-style-type: none"> - Organisations that priority groups are in contact with, once identified - Organisations supporting diverse communities - Organisations supporting minority ethnic communities Explore funding opportunities to ensure voluntary sector involvement in the breadth of training available	Training analysis report circulated to Steering Group on a quarterly basis	Local training providers; Department for Work and Pensions (Job Centre staff); Steering Group	31 March 2026 (and through the life of the plan)

	Planned action	Outcome measure	Lead	Timescale
6.6	Distribute the Education Wales guidance 'Responding to issues of self-harm and thoughts of suicide in young people' and National Training Framework to staff working in educational settings, aligned to the Healthy Schools Scheme (Whole System Approach) and University Mental Health Partnership; extend this to Adult Education colleges; Those providing services to those not in education, employment or training (NEETS) including voluntary organisations	Healthy Schools Leads and Interim Director of Student Life to provide details of specific statistics/case studies to the Steering Group	(Healthy Schools Leads); Interim Director of Student Life (Cardiff University)	31 March 2026
6.7	Advocate for national resources on suicide prevention and self-harm and for materials to be available in accessible formats, languages, including: <ul style="list-style-type: none"> - resources for parents outlining advice for supporting a child who is self-harming 	Resources developed and available for local use	Steering Group Chair and members	31 December 2025
Objective 7 - Responsible communication, media reporting, and social media use regarding self-harm, suicide and suicidal behaviour.				
7.1	Develop a communications plan (aligned to national activity) to: <ul style="list-style-type: none"> - raise awareness of available training for health professionals, non-health professionals (workplaces), public, community groups and leaders, educational setting staff and voluntary sector (Value in the Vale to support promotion of training) - normalise talking about mental health, suicide and self-harm, as a preventative action - raise awareness of support available to the public, with a focus on when and how to access the relevant support at the most appropriate time - promote the distribution of national and local public awareness mental health campaigns - circulate the Regional Safeguarding Board 'Suicide Risk and Guidance' document to Council staff who see or speak with the public on a regular basis on how to manage a risk of suicide when speaking to an individual 	Communications plan developed and implemented	Communications Lead, CAVUHB; Value in the Vale	30 June 2025
7.2	Deliver a communications campaign aiming to increase the awareness and knowledge of the 111 press 2 service and the options available for someone needing support (at prevention, intervention, crisis, bereavement stages), targeting different sources of social media and offline content	Communications campaign delivered Statistics/analytics of campaign to be provided to the Steering group	Communications Lead, CAVUHB	30 December 2025
7.3	Raise awareness of Self Harm awareness day (01/03/26) Promote the ESR module on self-harm among relevant partners who will benefit from receiving this training Promote services that are available to support those affected by self-harm Link with NHS Executive SPSH Communications Lead to align local communications activity with national campaigns and events	Analytics from communications campaigns	Communications Lead, CAVUHB	31 March 2026
7.4	Share information to parents about the training and resources available to promote positive mental health and wellbeing, suicide prevention and self-harm using existing communication channels from educational settings to parents	Number of schools and universities receiving information from Healthy Schools Leads/University Mental Health Partnership	Healthy Schools Leads; Interim Director of Student Life (Cardiff University)	31 March 2026
7.5	Gather individual stories from those affected by suicide and self-harm/lived experience as part of campaign content	Campaign content includes case studies to be provided to the Steering group	Communications Lead	30 June 2025
7.6	Advocate to Welsh Government for the role of legislation (as well as guidance) for responsible reporting by the media on the topic of suicide and self-harm, to include: <ul style="list-style-type: none"> - monitoring misinformation and promoting online safety 	Record of requests made to Welsh Government by the Steering group	Steering group Chair and members	31 March 2026

	Planned action	Outcome measure	Lead	Timescale
Objective 8 - To apply co-production principles in all that we do to prevent suicide and self-harm.				
8.1	Consult and connect with identified lived experience contacts to establish a population of people with lived experience, alongside service providers, to gather insight into gaps and good practice within support services by conducting workshops and surveys. To include identifying and engaging with those most vulnerable – i.e. those in most deprived communities, ethnic minority populations, LGBTQ+ and social housing.	<p>Consultation activity conducted (e.g. workshop held)</p> <p>Evaluation report from surveys and insight gathering exercises</p> <p>Record of engagement events held and summary report on findings</p>	Lived Experience Manager	31 March 2026

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Sources of information

A range of organisations, data sets and resources have been mentioned throughout this strategic plan and information is provided below to explain each as well as the link to access more information online, if required.

[National Institute for Health and Clinical Excellence](#), also referred to as NICE, helps practitioners and commissioners get the best care to people by producing useful and usable guidance for health and care practitioners, such as the 'Self Harm: assessment, management and preventing recurrence' guidance for children, young people and adults who have self-harmed.

[Office for National Statistics \(ONS\)](#) is the UK independent producer of official statistics and hold responsibility for collecting and publishing statistics related to the economy, population and society at national, regional and local levels. The Office for National Statistics reports annually on the rates of registered death by suicide, using the date of registration (rather than date of death) following an inquest by a Coroner. The Office for National Statistics data apply a rate per 100,000 people when presenting statistics, called the European Age Standardised Rate (EASR) which is 'age standardised' to allow better comparison between areas.

[Public Health Wales](#) is one of the 11 organisations which makes up NHS Wales and is the national public health agency in Wales. Public Health Wales works to protect and improve health and wellbeing and reduce health inequalities for the people in Wales. Public Health Wales have established the [Real Time Suspected Suicide Surveillance \(RTSSSS\)](#) since April 2022 to improve the quality of data and intelligence to inform prevention work. It collects information about deaths by suspected suicide. Data includes notifications received from the four Welsh Police Forces and British Transport Police (BTP) as well as additional information from NHS Executive, Welsh Clinical Portal system and Network Rail.

The [Suicide Prevention and Self-Harm Cymru Training Hub](#) is a platform for anyone looking for training and development opportunities that can help them, their communities, or their workforces, to develop their awareness, understanding and skills in relation to the management and prevention of suicide and self-harm.

The [Well Being of Future Generations \(Wales\) Act](#) is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act gives a legally-binding common purpose (7 wellbeing goals) for national government, local government, local health boards and other specified public bodies and details the way in which specified bodies must work, and work together to improve the wellbeing of Wales. It will make the public bodies listed in the Act think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach.

The [World Health Organisation](#), sometimes shortened to WHO, is the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable, so that everyone, everywhere can attain the highest level of health.

Appendix A

The [RTSSS annual report](#) (Public Health Wales, 2024) has identified the following key points across Wales.

Deaths by suspected suicide by Health Board

The rate of suspected suicides was 10.3 per 100,000 for Cardiff and Vale University Health Board which was not statistically significantly different from the all-Wales rate (12.4 per 100,000) although it was statistically significantly lower than the rate for Hywel Dda University Health Board.

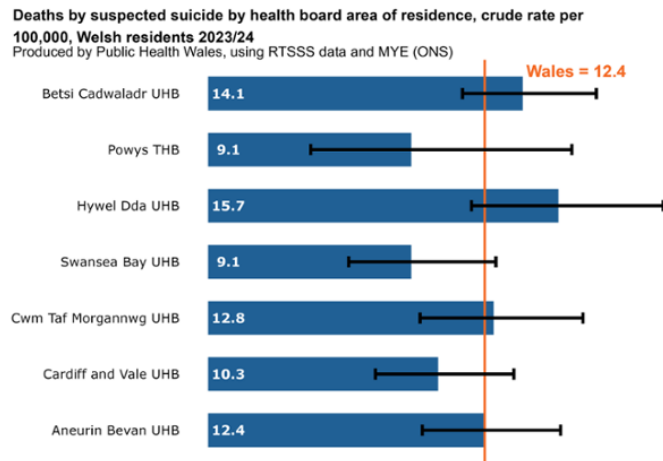


Figure 7: Deaths by suspected suicide by Health Board area, 2023/24.

The rates referred to are crude rates as they are most suitable to inform action, which is one of the aims of the RTSSS. A crude rate is the number of suspected suicides occurring in a population over a specific time period, expressed as the number of deaths per 100,000 of the population. Both the numerator (number of events) and denominator (mid-year population estimate) are based on the same geographical area and should be based on the same time period, however, 2020 mid-year estimates were used as these were the latest available for lower super output areas.

Areas of deprivation

The rate of suspected suicides in 2023/24 was statistically significantly higher in residents in the

most deprived areas compared with the all-Wales rate and with the rate in the next most deprived and least deprived areas. Whilst this is all-Wales data, from the population needs assessment for Cardiff and Vale, we are aware that there are areas of Cardiff and Vale among the highest deprived areas in Wales and therefore can assume the above trend is reflected for Cardiff and Vale suspected deaths by suicide.

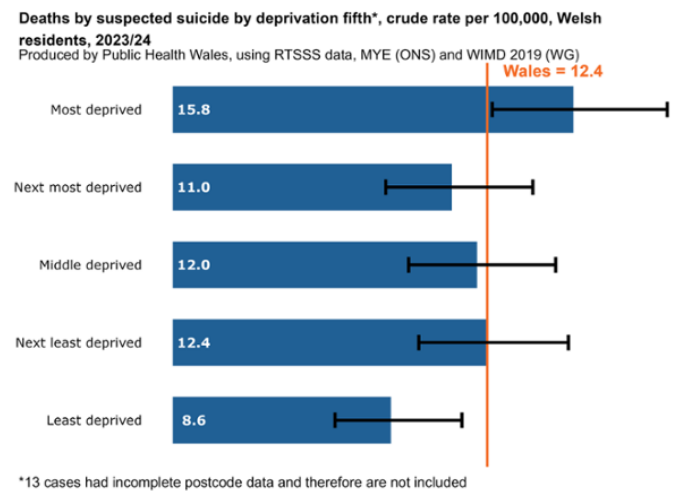


Figure 8: Deaths by suspected suicide by deprivation fifth, 2023/24, across Wales.

Gender and Age

Males accounted for 76% of suspected suicides, which is similar to the rates in 2022/23 and therefore men continue to be a high priority area for continued action.

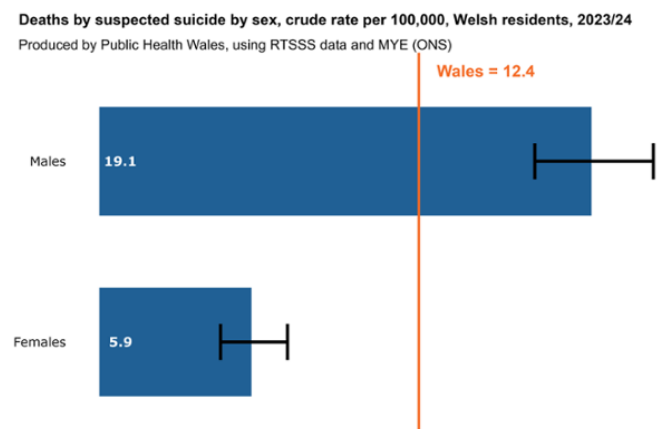
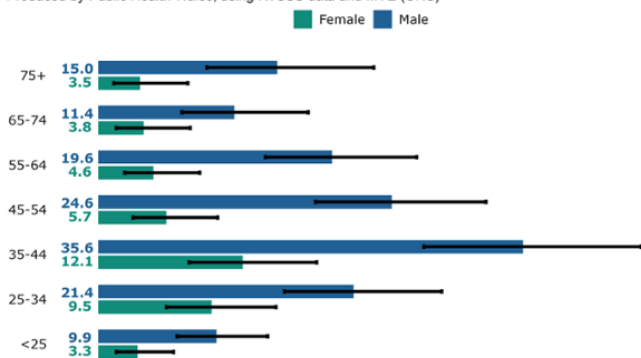


Figure 9: Deaths by suspected suicide by sex across Wales, 2023/24.

The highest rate of suspected suicides occurred in males aged 35-44 years (35.6 per 100,000, 95% CI 27.3-45.5 per 100,000), followed by males aged 45-54 years (24.6 per 100,000 95% CI 18.2-32.5 per 100,000). The rates were higher in males compared to females in all age groups. The highest rates in females was among the 35-44 years age group (12.1 per 100,000, 95% CI 7.6-18.3 per 100,000) followed by the 25-34 years age group (9.5 per 100,000, 5.7-14.9 per 100,000).

Deaths by suspected suicide by age group* and sex, all persons, all ages, crude rate per 100,000, Welsh residents, 2023/24
Produced by Public Health Wales, using RTSSS data and MYE (ONS)



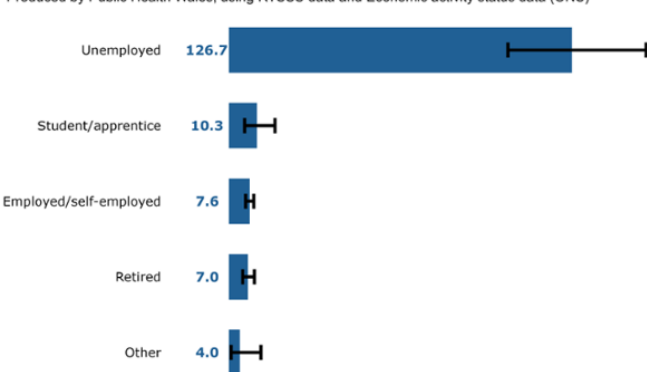
*Age group <25 has been used instead of 10-24 years to ensure all deaths by suspected suicides are reported

Figure 10: Deaths by suspected suicide by age group and sex across Wales, 2023/24.

Employment status

The highest rate of suspected suicide was in people where employment status was recorded as unemployed (126.7 per 100,000, 95% CI 103.1-154.2 per 100,000). This was at least 12 times higher than in any other employment status group.

Deaths by suspected suicide by employment status*, crude rate per 100,000, aged 16+, Welsh residents, 2023/24
Produced by Public Health Wales, using RTSSS data and Economic activity status data (ONS)



*84 cases had an unknown employment status therefore are not included

Figure 11: Deaths by suspected suicide by employment status, across Wales, 2023/24.

Gaps in supporting people across the population

Population groups facing higher risks of suicide or self-harm have been identified in the previous strategy supplementary material document ([CAVUHB, 2021b](#)) as:

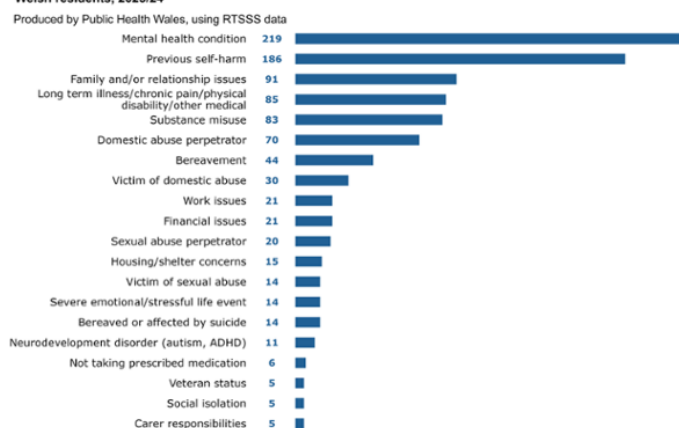
- LGBTQ+
- Black, Asian and minority ethnic people living in Cardiff and Vale
- Asylum seekers and refugees
- Those with diagnosed mental health difficulties
- Those experiencing bereavement due to suicide

There are also some themes around risk and vulnerability that cut across general population and vulnerable/at risk groups:

- The role of carers
- Substance misuse
- Unemployment and risks by occupation.

Since, RTSSS data (Public Health Wales, 2024) has identified and established emerging trends.

Deaths by suspected suicide by associated factors*, all persons, all ages, count**, Welsh residents, 2023/24
Produced by Public Health Wales, using RTSSS data



*Multiple associated factors listed, therefore, some may be counted in more than one category
**Counts under 5 have been removed

Figure 12: Deaths by suspected suicide by associated factors, across Wales, 2023/24

The most common associated factors among people who died from suspected suicide across Wales (Figure 6, n=350) (identified from the [RTSSS annual report](#),

Public Health Wales, 2024) are outlined below.

- A mental health condition, which was reported in 63% who died from suspected suicide. This has increased since 2022/23 (170/359, 47%) which Public Health Wales suggest could be a real increase in people who were reported to have had a mental health condition, there could be better reporting, or it could be due to improved cross checking of data with other sources.
- A history of previous self-harm, which was reported in 53% (in 2022/23 it was 49%).
- Family and/or relationship issues were reported in 26% (in 2022/23 it was 19%).
- Those known to mental health services (in the past 6 months prior to death), which was reported in 29% of deaths by suspected suicide. Forty five percent were not known to mental health services and for 26%, it was unknown whether they were known to mental health services so it is possible that the percentage of people who were known to mental health services was underestimated or overestimated. A similar figure was reported in 2022/23. From these data you cannot conclude what is meant by ‘known to mental health services’ There is not yet enough information to determine how people were known to services.

Deaths by suspected suicide by whether known to mental health services (in the past 6 months prior to death), (count = 350)

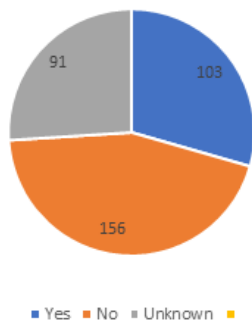
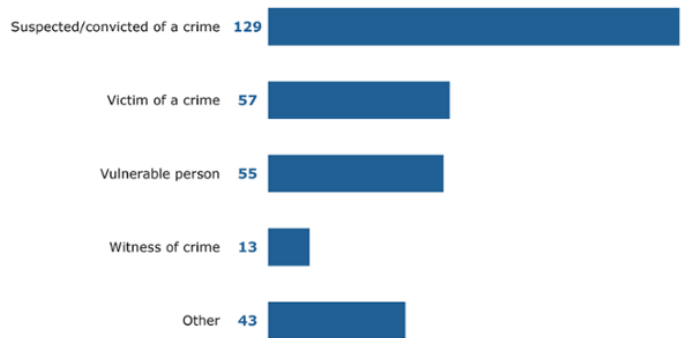


Figure 13: Deaths by suspected suicide by whether known to Mental Health Services, by count, across Wales in 2023/24.

- Those known to the Police (at any point in their lives prior to their death), which was reported in 65%. The most common reason for being known to the police as for being suspected/convicted of a crime (37%). This was higher in 2022/23 (74%). From these data you cannot conclude what the risk of suicide was in someone who was suspected/convicted of a crime, was a victim or witness of a crime, or was a vulnerable person, as denominator data were not available.

Deaths by suspected suicide by reasons previously known to police, all persons, all ages, count*, Welsh residents, 2023/24
Produced by Public Health Wales, using RTSS data



*Some may be counted in more than one category

Figure 14: Deaths by suspected suicide by reasons previously known to police, across Wales, 2023.24

From these data you cannot conclude what the risk of suicide was in someone who had a mental health condition or history of previous self-harm, or any other associated factor, as denominator data were not available (which is the number of people in the whole population who have each associated factor). Additionally, it is important to acknowledge that individuals may be counted in more than one of the factors listed above and there are multiple contributing factors (not a single risk factor) associated with a suspected suicide.