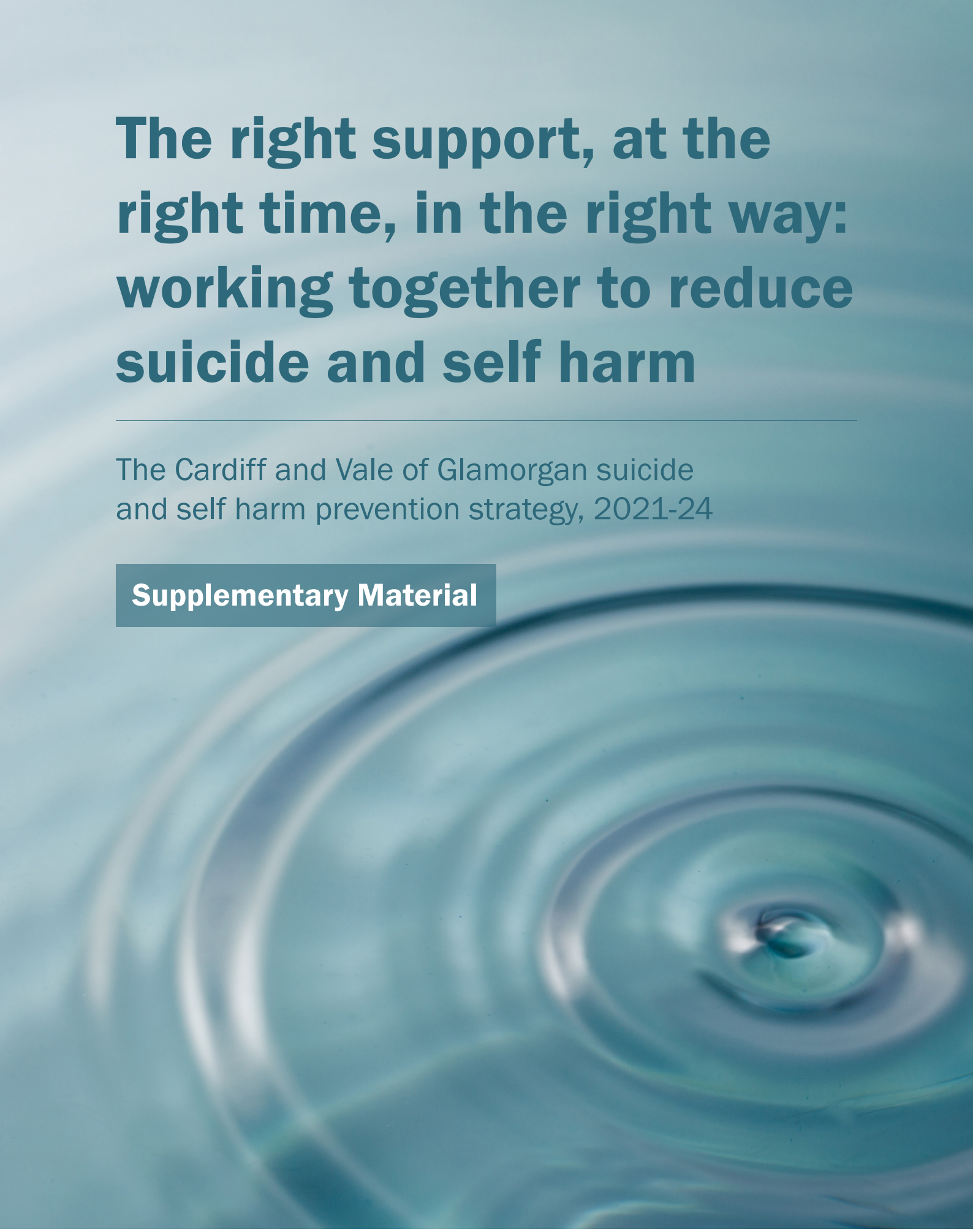
The right support, at the right time, in the right way: working together to reduce suicide and self harm

The Cardiff and Vale of Glamorgan suicide and self harm prevention strategy, 2021-24

Supplementary Material



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Contents

1. Executive Summary

This supplementary material accompanies the Suicide and Self Harm Prevention Strategy for Cardiff and the Vale of Glamorgan, 2021-24. It includes a review of the evidence on suicide and self harm across the local area, the methods of stakeholder engagement that drove the development of the strategy and the resources and frameworks available to support the implementation of the Strategy and its accompanying Action Plan. An Equality and Health Impact Assessment has been completed for this Strategy and is also available.

Full details of the vision, goals and strategic objectives are detailed in the main strategy document, but for reference a summary is included here.

The vision in Cardiff and the Vale of Glamorgan is:

We will work together to give the right support at the right time in the right way to everyone at risk of and affected by suicide and self harm.

The overarching goals of the strategy are:

"To reduce suicide and self-harm and their associated impacts in the population of Cardiff and the Vale of Glamorgan"

- Reduce the number of people who take their own lives, or attempt to do so
- Reduce the number of people who self harm and the severity of injury in those who do
- Reduce the impact of suicide and self harm on those who care for individuals directly affected by these issues

The strategic aims that underpin the vision and goals are:

Strategic aims:

- Every service across Cardiff and the Vale of Glamorgan works equitably, inclusively and compassionately with everyone at risk of and affected by suicide and self harm
- Every service in Cardiff and the Vale of Glamorgan works collaboratively with other services, particularly at points of transition between services
- Those who work with and support people who may be at risk of suicide and self harm can identify those at risk, engage with them constructively and signpost or refer to the right service at the right time
- Relevant local intelligence and learning from specific incidents is collated, shared and acted on rapidly and effectively
- Those at risk or affected by suicide and self harm and those who care for them are engaged and empowered to work towards their own safety and recovery
- Risks associated with frequently used sites are eliminated or reduced as far as possible
- Issues around suicide and self harm are highlighted across Cardiff and the Vale of Glamorgan in ways that are constructive and de-stigmatising

Appendix A: Suicide and self harm in Cardiff and the Vale of Glamorgan: evidence and gap analysis

In this Appendix, we summarise the needs of the population within Cardiff and Vale of Glamorgan and of specific groups who may be at increased risk of suicide and self harm. We also summarise gaps and issues that may exist. This brief analysis incorporates statistics from a range of sources and the views of stakeholders gathered during the development of this strategy. Where data exist for Wales, these have been included. Where there are gaps for specific populations in Wales, but relevant data exists for England, we have included this in our analysis. However, we recognise that differences exist between the population of the two countries, and in the services that support these populations. Key definitions, methods and sources are summarised in Appendices F and G.

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

The Regional Partnership Board for Cardiff and the Vale of Glamorgan carried out a population needs assessment in 2017 to inform the development of health and social care strategies[1]. There were a number of findings applicable across the population that are particularly relevant to this strategy:

- The population of Cardiff (updated to reflect figures from the Office for National Statistics) was estimated in 2020 to be 366,903[2] and is expected to grow rapidly to 2027. 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, with figures for 2019-20 recording 36,525 full time enrolments across Cardiff and Cardiff Metropolitan Universities alone[3]
- The population of the Vale of Glamorgan in 2019 was estimated to be 133,5872. Its age structure is similar to the rest of Wales and population numbers are expected to remain stable
- The population of older people (aged 65+) in both local authority areas and younger people and children (aged 5-16) in Cardiff are expected to show the largest population growth to 2027
- Cardiff has a considerably more ethnically diverse population than other parts of Wales
- Cardiff is an initial accommodation and dispersal centre for asylum seekers
- There are “stark and persistent” inequalities in health across Cardiff and the Vale of Glamorgan
- Access to mental health and counselling services were one of the most commonly identified gaps in available services that would improve wellbeing by both residents and professionals
- ‘More talk about mental health in schools’ was one of the actions most frequently cited by young people as having the potential to make a positive difference to their health and wellbeing

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

There were 32 suicides recorded across Cardiff and the Vale of Glamorgan in 2020, 25 in Cardiff and 7 in the Vale of Glamorgan. This compares with 42 in 2019, 29 in Cardiff and 13 in the Vale of Glamorgan[4]. Whilst reductions in suicides were recorded across Wales (by 13.6%) and the UK (8.2%) the fall of 23.8% between years in Cardiff and the Vale of Glamorgan was notable[4]. However, the causes of this fall are unclear and may include issues related to reporting and coding[4]. The impact of COVID-19 is also clearly difficult to interpret. Therefore analysis of patterns in data on suicide for Cardiff and the Vale presented below is based on figures for 2019, as these are likely to better represent longer term trends.

There are particular issues with interpreting figures for suicide that need to be considered when making comparisons between areas and over time. In general 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. We also use 'confidence intervals' around the EASR to assess how likely it is that any difference between rates (in difference areas, or for different age groups) is due to chance. If 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). Examples can be seen in the following graphs and we describe the technical details in more depth in Appendix G. Details on some of the key data sources we use are in Appendix F.

In 2017-19, the EASR for suicide in **Cardiff and Vale** was **10.7** per 100,000 people aged 10 and over:

- For **Cardiff** the EASR per 100,000 in 2017-19 was **10.6**
- For **Vale of Glamorgan** the EASR per 100,000 in 2017-19 was **12**
- For **men** in Cardiff and Vale the EASR per 100,000 in 2017-19 was **17.3**
- For **women** in Cardiff and Vale the EASR per 100,000 in 2017-19 was **4.7**
- For **Wales** the EASR per 100,000 in 2017-19 was **12.7**

Statistical analysis of these figures suggests that the differences between rates for men and women are real, i.e. due to some difference between these particular groups. This analysis suggests that differences between Cardiff, the Vale of Glamorgan and Wales are due to chance rather than any real difference between the rates for suicide across these areas.

Figure 1 below shows the EASR for suicide across Cardiff and the Vale for men, women and all persons. Figure 2 shows the same data but separates out residents of Cardiff and the Vale of Glamorgan.

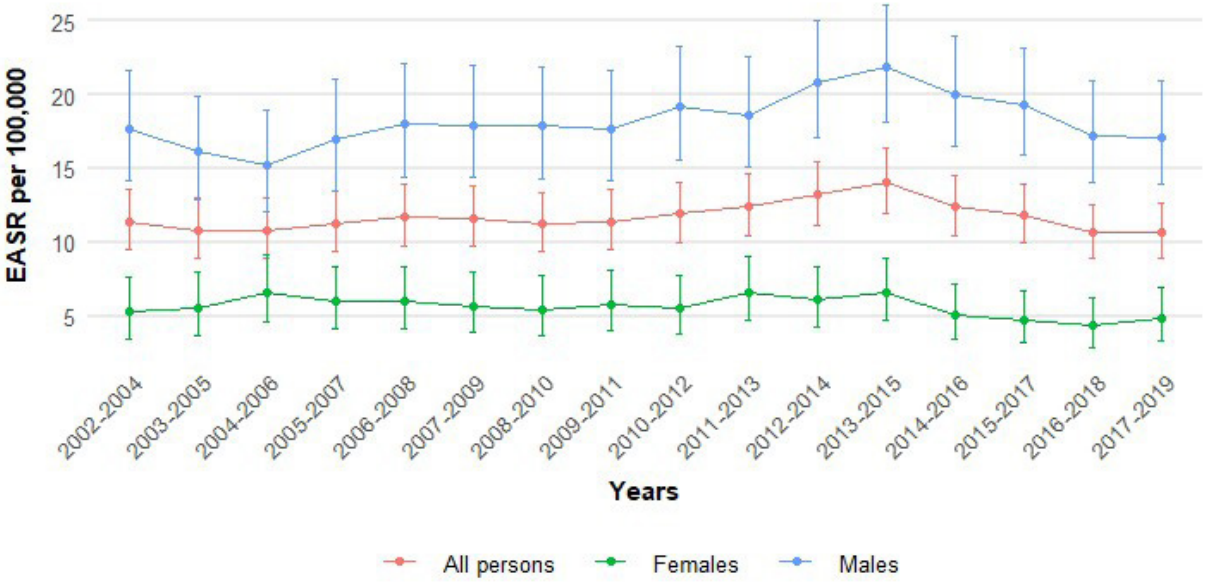


Figure 1: European Age Standardised rate of suicide, all persons and by sex, Cardiff and Vale UHB, 2002-2019, three year rolling averages with 95% confidence intervals [Source: PHW Observatory, 2020[5]]. See Appendix G for technical details.

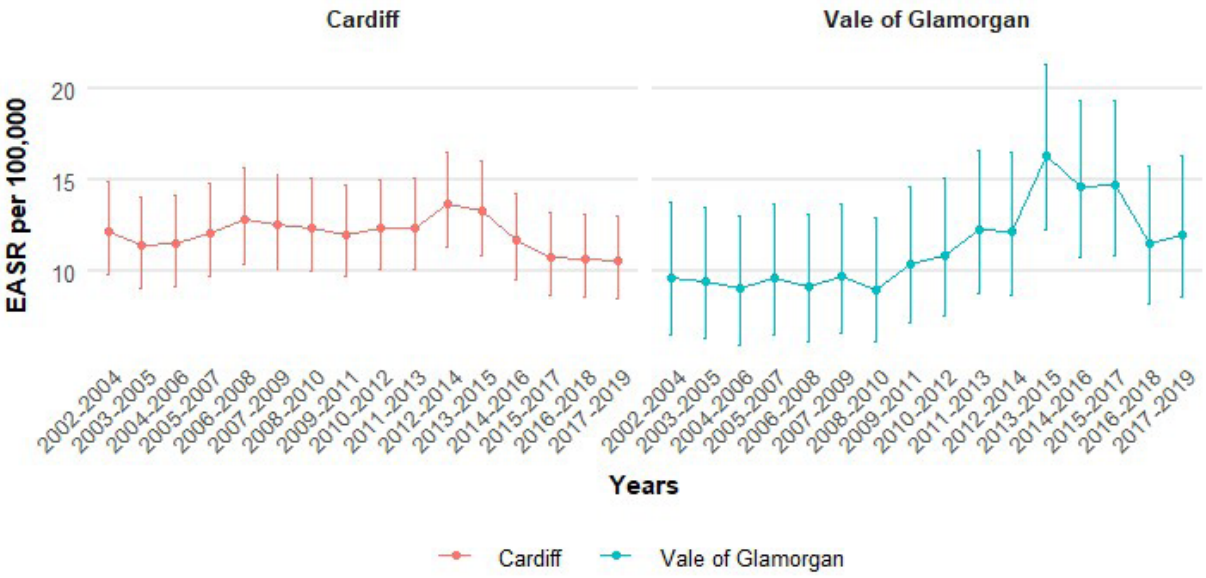


Figure 2: European Age Standardised rate of suicide by local authority area, Cardiff and Vale of Glamorgan, 2002-2019, three year rolling averages including 95% confidence intervals [Source: PHW Observatory, 2020[5]] See Appendix G for technical details.

[a] See Appendix G for notes on interpreting data on suicide from the ONS

Figure 2 shows that there is no evidence of any underlying trends over time in the age-standardised rates for suicides across Cardiff and the Vale of Glamorgan[a], and no evidence for any systematic differences in the rates of suicide in these areas over time. It also illustrates that, as in statistics for Wales and the UK[6], men in Cardiff and Vale of Glamorgan are more likely to take their own lives than women. Figure 2 suggests that the rate of suicides in Cardiff has fallen in recent years, but there is no evidence that this is due to an underlying trend as opposed to chance. The rate for the Vale of Glamorgan appears to have risen gradually for several years from 2008-10, then sharply for 2013-15 before generally falling in the years afterwards.

There are considerable differences in the rates of suicide by age across Wales and the UK[6], and as Figure 3 shows, these are evident in Cardiff and the Vale of Glamorgan over the past decade, with rates highest amongst those aged 45-64 (15.5 per 100,000) and 30-44 (14.8 per 100,000).

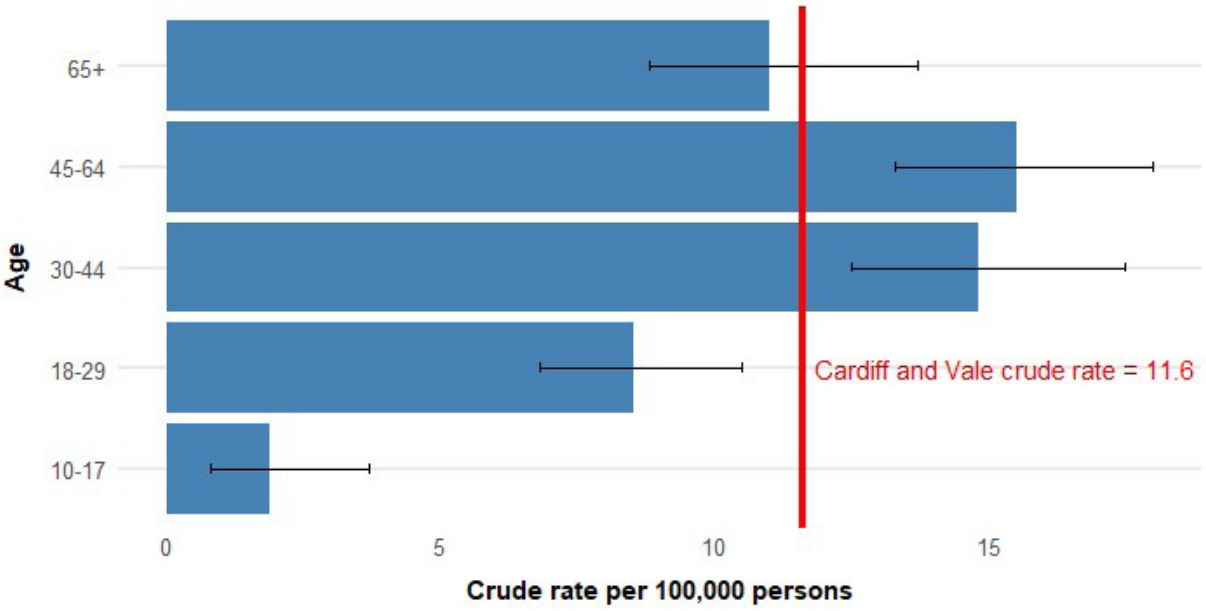


Figure 3: Age specific (crude) rates of suicide, Cardiff and Vale UHB, 2010-19, including 95% confidence intervals [Source: PHW Observatory, 2020[5]]. See Appendix G for technical details.

Deprivation is also associated with differences in rates of suicide in Wales and the UK[7]. The rates of suicide for those living in areas experiencing different levels of deprivation are shown in Figure 4.

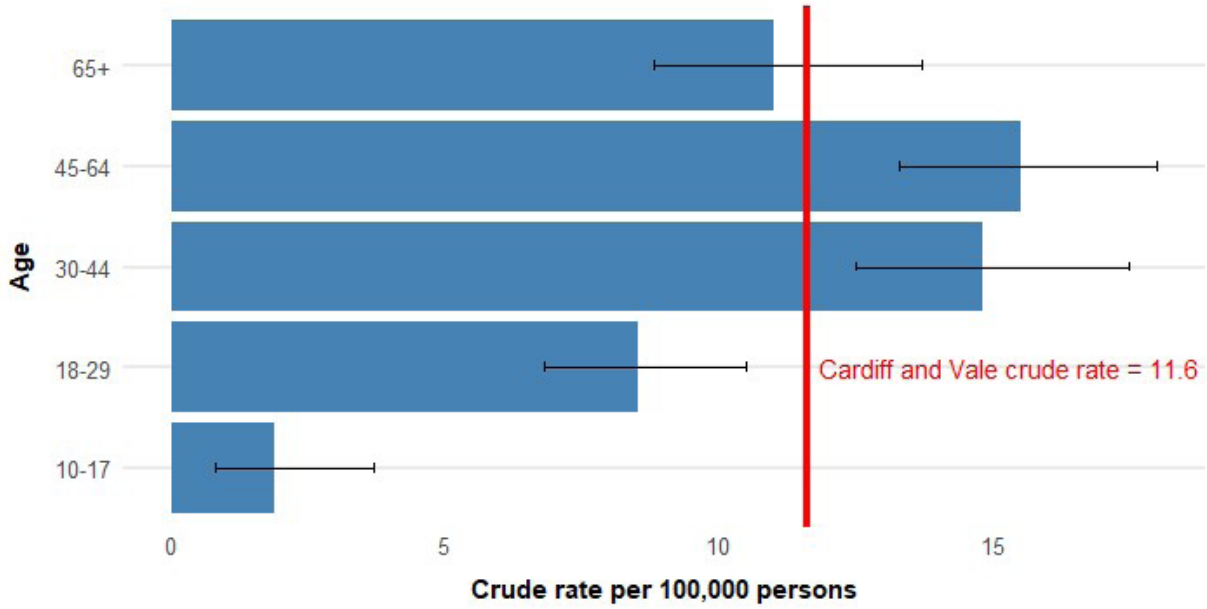


Figure 4: European Age Standardised rate of suicide by deprivation quintile, Cardiff and Vale UHB, 2010-2019, including 95% confidence intervals [Source: PHW Observatory, 2020[5]]. See Appendix G for technical details.

As Figure 4 shows, whilst there are no clear differences between the quintiles (fifths) in the middle of the range, the rate amongst those in the most deprived area is 17.6 per 100,000 whilst those in the least deprived areas have a rate of 11.6 per 100,000).

Data on the method used by the 493 individuals who took their own lives between 2010 and 2019 in Cardiff and Vale of Glamorgan shows that the majority (268 individuals, 54.4%) used hanging, suffocation or strangulation. The next most frequently recorded method was poisoning (114 individuals, 23.2%), followed by 'other' (47 individuals, 9.5%), drowning (23 individuals, 4.7%), falls/fracture or use of a sharp object (both 14 individuals, 2.8%) and jumping or lying in front of a moving object (13 individuals, 2.6%)[5].

These relative frequencies reflected patterns across Wales and England in 2019, although the proportions were different, with a smaller percentage of cases recorded as due to hanging, suffocation or strangulation (46.7%) and a larger proportion recorded as involving poisoning (32.8%) in Wales and England as a whole[6]. Since 2001, the proportion of cases recording hanging, suffocation or strangulation as a method has grown, whilst the proportion related to poisoning has fallen, with suicides attributable to other methods remaining relatively steady[6].

Across the whole population, there is also evidence that those with major or long term physical and chronic illnesses, especially those who are older (65+) are at greater risk of suicide[7,8].

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

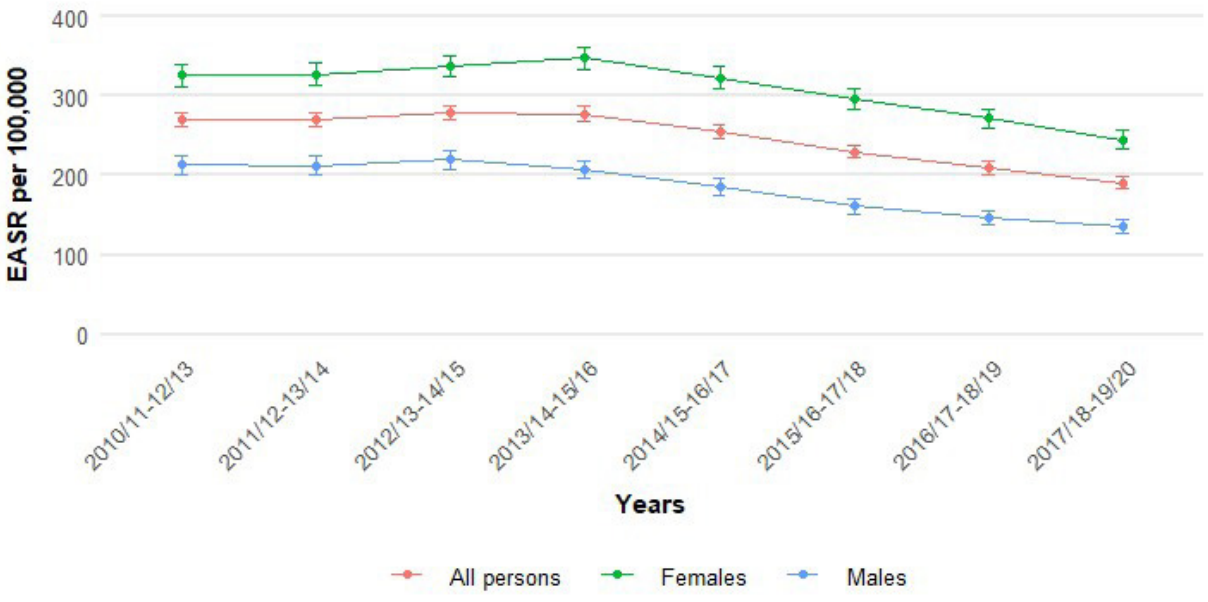
'Self harm' can be difficult to define, categorise and measure in particular because self harm, as a widely stigmatised activity, is often concealed and may never be recorded[7]. Self harm that is recorded tends to be more serious (e.g. incidents requiring hospital admission) and is likely to represent 'the tip of the iceberg'.

There were 2,691 emergency admissions[b] of residents of Cardiff and Vale aged 10 and over for which self harm was recorded over the years 2017-19. The EASR for self harm-related emergency admission in **Cardiff and Vale** was **190.6** per 100,000 people aged 10 and over:

- For **Cardiff** the EASR per 100,000 in 2017-19 was **183.1**
- For **Vale of Glamorgan** the EASR per 100,000 in 2017-19 was **212.1**
- For **men** in Cardiff and Vale the EASR per 100,000 in 2017-19 was **135.7**
- For **women** in Cardiff and Vale the EASR per 100,000 in 2017-19 was **261.4**
- For **Wales** the EASR per 100,000 in 2017-19 was **205.7**

As described below, statistical analysis suggests we can be confident the differences between rates for men and women, the differences between the rate in Cardiff and the rate in the Vale of Glamorgan and the differences between local and national age adjusted rates are not due to chance.

Figure 5 shows that, consistent with figures for Wales and the UK[7], rates are consistently higher in females compared with males, whilst Figure 6 suggests that the age adjusted rate of emergency admissions for self harm is higher for residents of the Vale of Glamorgan than Cardiff.



[b] It is important to note that these are admissions, and an individual may have been admitted more than once.

Figure 5: European Age Standardised rate of emergency hospital admissions for self harm, all persons and by gender, Cardiff and Vale UHB, 2010-2019, including 95% confidence intervals [Source: PHW Observatory, 2020[9]]. See Appendix G for technical details.

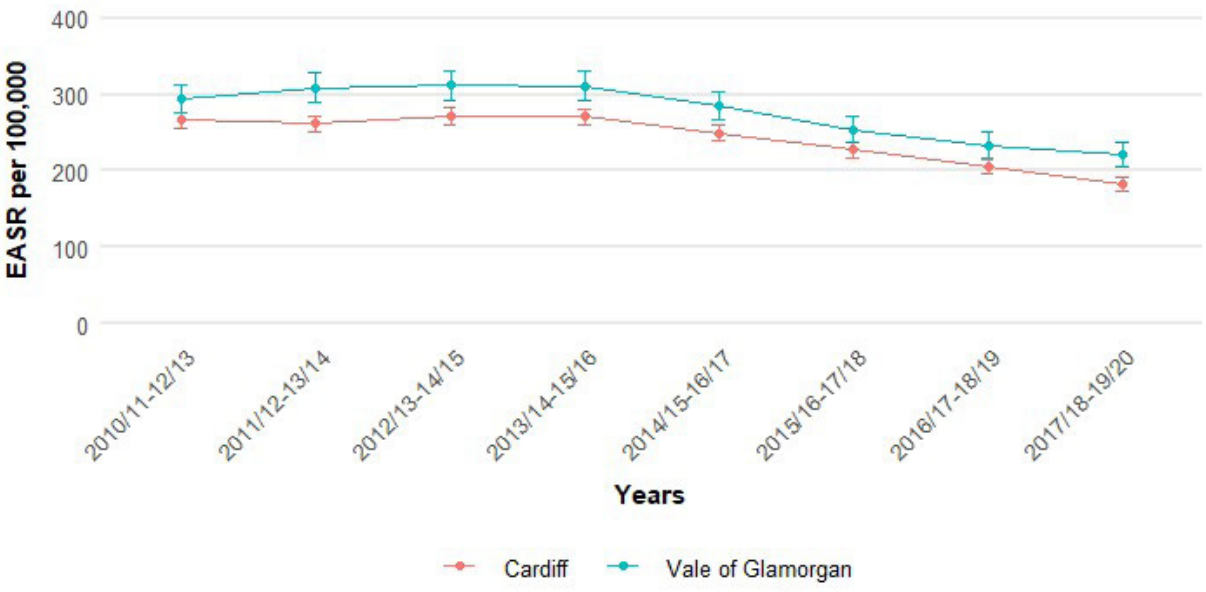


Figure 6: European Age Standardised rate of emergency hospital admissions for self harm, by local authority area, 2010-2019, including 95% confidence intervals [Source: PHW Observatory, 20209]. See Appendix G for technical details.

It is most notable that amongst males and females, and in both local authority areas, the rate of emergency admission related to self harm has fallen consistently since 2013/14 – 2015/16. Over this period, the rate has stayed broadly similar across Wales, therefore it is reasonable to assume that the fall in Cardiff and Vale of Glamorgan is specific to the area.

There are a number of other important aspects of these statistics to note:

- Age adjusted rates in Cardiff, the Vale of Glamorgan and Cardiff and Vale as a whole have fallen over this period
- The age adjusted rates in Cardiff and Cardiff and Vale as a whole are now lower than Wales: previously they were higher
- The age adjusted rate in the Vale of Glamorgan remains higher than Wales as a whole
- The crude rate (i.e. the number of emergency admissions unadjusted for the age structure of the population) is almost identical in Cardiff and Vale compared to Wales. Therefore the volume of self harm admissions treated per 100,000 people almost exactly the same in Cardiff and Vale as in Wales

There was no single definitive explanation that emerged whilst we developed this strategy, but a number of those we spoke to suggested that re-organisation had produced more responsive crisis services over this period, and this may have reduced the number of serious instances of self harm seen in hospitals. It is not clear whether these reductions will continue in the future.

Figure 7 shows the age specific rates of emergency admissions for self harm in Cardiff and Vale between 2010 and 2019.

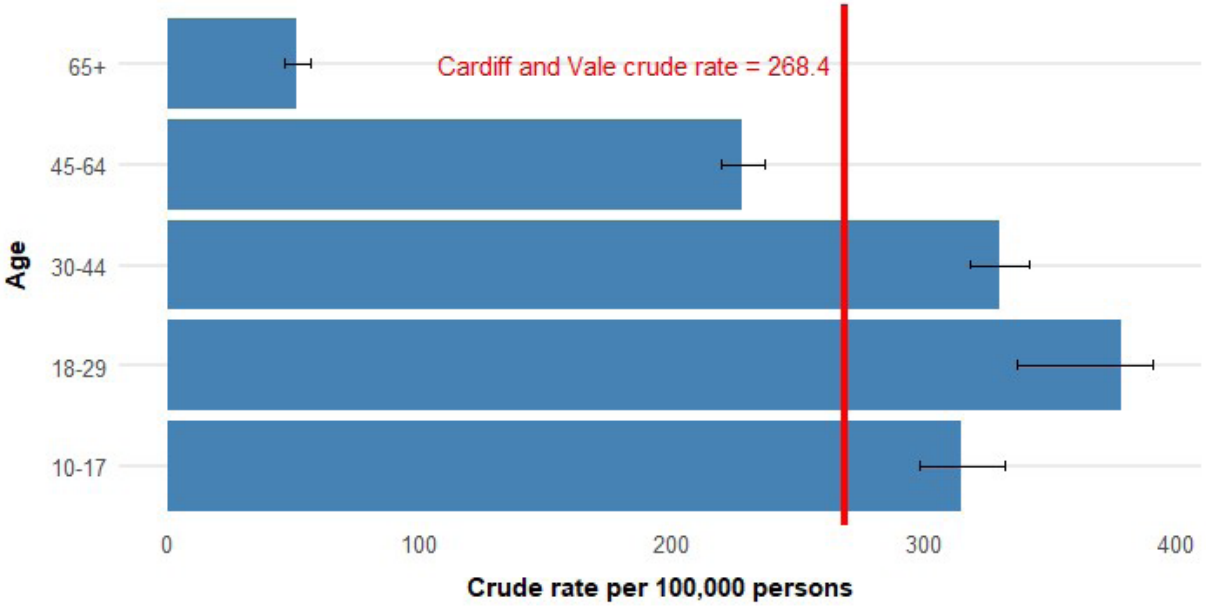


Figure 7: Age specific (crude) rates of emergency admissions for self harm, Cardiff and Vale UHB, 2010-19, including 95% confidence intervals [Source: PHW Observatory, 2020[5]]. See Appendix G for technical details.

The overall pattern, with rates of self harm higher in younger people, is consistent with data from Wales and the UK[7]. However, it should also be noted that there is some variation in the patterns of admissions by age between Cardiff and the Vale of Glamorgan and between Cardiff and Vale as a whole and Wales.

Rates of emergency admission for self harm are higher in all age groups under 45 in the Vale of Glamorgan compared with Cardiff, but are 45.5% higher amongst those aged 18-29 (521 compared to 351.8 per 100,000). This difference is not due to random variation alone.

Compared with Wales, Cardiff and Vale has a substantially lower rate of emergency admissions over this period amongst those aged 10-17 (314.8 compared to 397 per 100,000, 26.1% lower) but consistently higher rates in every other age group.

Gaps in supporting people across the population

Whilst gaps in relation to some specific groups are described below, there are some specific gaps or limitations noted by service users and professionals that apply across the population:

- The need for consistency of training for professionals in non-mental health specialist roles on issues of suicide and self harm, particularly risk identification, safety planning and appropriate referral in the context of whole school planning was noted.
    - Recent guidance from Education Wales[10] reflects these specific needs for teachers and those working with young people.
- Differences between definitions of 'crisis' by different groups, in particular between service users and service providers, and occasions on which those in need felt mismatched to services were described by stakeholders
- Follow-up post crisis was mentioned as an issue by some service users, with lack of clarity on what support they could expect and within what timescales
- Models of an out of hours crisis café / sanctuary house were described as offering a safe space for those in crisis, either self referring or directed by services offering out of hours support. These were noted as having been effective in other areas and identified as potentially bringing substantial benefit in Cardiff and Vale of Glamorgan
- Stakeholders noted the need to effectively communicate the strategy to ensure awareness and ownership across professionals, service users and the wider community in Cardiff and Vale of Glamorgan

Groups facing particular or specific risks

We now consider specific groups within the population that may be at higher risk of suicide and self harm. In particular, we will describe:

1. What the evidence says about risks to specific groups
2. What we know about these groups within Cardiff and Vale
3. What stakeholders – those within these groups, those who represent and advocate for them and those who deliver services to them – told us would reduce their risks

LGBTQ+ people

Data on both the proportion of the population that identifies as LGBTQ+ and their experiences and outcomes in relation to self harm and suicide are difficult to locate and interpret. The Office for National Statistics estimated the proportion of people aged 16 and over identifying as lesbian, gay or bisexual in Wales in 2018 as 2.4%[11]. This would equate to 3,062 people in the Vale of Glamorgan and 8,572 people in Cardiff, although higher rates of LGB identification amongst younger people and an increase in the proportion of people so identifying over time suggest this figure could be a low estimate.

Research has suggested that young people who identify as LGBTQ+ are at higher risk of suicide and self harm, with a review of all suicides by children and young people in England and Wales in 2014 and 2015 finding that 6% of those under 20 and 3% of those aged 20-24 who took their own lives were reported to be LGBT or to be questioning their sexuality[12].

Stakeholders working with young people at risk of suicide and self harm reported that they are routinely in contact with young people who find it challenging to address issues of their own sexuality and that understanding and support for their experiences within services is central to their wellbeing. National advocacy bodies have identified a need for better information and training for those in statutory mental health services to improve support for those who identify as LGBTQ+[13].

Black, Asian and minority ethnic people living in Cardiff and Vale[c]

In 2020, there were an estimated 2,600 black, Asian and minority ethnic residents in the Vale of Glamorgan, representing 2.1% of the population14. For Cardiff the figure was 70,900, representing 19.1% of all residents, the largest proportion for any local authority area in Wales[14]. In 2011 it was estimated that in Cardiff, 9.5% of households have a language other than English or Welsh as a main language and 5.2% of households have no members for whom English or Welsh is the main language[15].

Research suggests that those from black, Asian and minority ethnic backgrounds are at higher risk of mental illness and, compared with white British people, access mental health services through primary care less frequently, are more likely to be hospitalised or have contact with crisis teams and have worse outcomes[16].

Estimating the prevalence of suicide and self harm amongst those from ethnic minority backgrounds can be challenging, as ethnicity is not reported in suicide statistics (although there have been recent calls to require these data to be collected)[17]. A large-scale psychiatric survey in England in 2014 suggested that thoughts of suicide, suicide attempts and self harm vary by ethnicity and gender[18]. For example, a greater proportion of men who identified as black/ black British reported a suicide attempt compared with white British men (8.9% compared with 5.3%) but a smaller proportion of women identifying as black/black British or Asian/Asian British reported self harm compared with white British women (4.2% and 4.7% compared with 10.3%)[18].

It is extremely difficult to generalise these statistics to the specific population of Cardiff, but taken as a whole, research suggests that those from black, Asian and minority ethnic communities in Cardiff may have specific needs in relation to suicide and self harm. This was felt strongly by stakeholders, who were concerned in particular that factors within communities (such as social settings in which discussing suicide and self harm were particularly stigmatised) and within society (such as lack of understanding of particular social and cultural needs) can make seeking, receiving and benefiting from support challenging.

Asylum seekers and refugees

As an initial accommodation and dispersal centre for asylum seekers, Cardiff housed and provided services for 1,542 asylum seekers as at July 2020[19]. The majority of this group reside in dedicated housing in central Cardiff[19]. Refugees and those seeking asylum are widely recognised as experiencing considerably higher levels of mental ill health, self harm and suicide compared to the general population[20]. We were unable to locate statistics on suicide and self harm amongst asylum seekers and refugees in Cardiff. However, stakeholders suggested anecdotally that instances of asylum seekers accessing emergency services for suicide and self harm related problems have increased during the period of COVID-19.

Asylum seekers in Cardiff are supported by statutory and non-statutory organisations who recognise and work to address these mental health issues. In particular, Oasis provides support services and the Cardiff Health Access Project (CHAPS) at Cardiff Royal Infirmary provides primary health care. However, it was noted that many refugees and asylum seekers face a combination of trauma arising from past experiences, lack of understanding of how to seek help and stigma around discussing mental health in general and suicide and self harm in particular.

[c] This term includes all those of non-White British or white Welsh ethnicity. Use of the term 'black, Asian and minority ethnic' in public health has been challenged, particularly in response to reporting of inequalities in rates and outcomes of COVID-19 in different groups[55]. Following the current practice of Welsh Government[56], the authors have continued to use this term, but recognise that a different term may be recognised as more appropriate in the future.

Prisoners

HMP Cardiff is a male prison recorded as holding 696 category B prisoners as at March 2021[21]. The prison accepts those on remand, prisoners just sentenced and also frequently receives those who are close to release following longer sentences and are returning to the community in Cardiff. Both these of these categories of prisoner may be at higher risk of suicide and self harm[22].

Including data for 2020, when two individuals were recorded as taking their own lives, a total of 12 suicides have been recorded at HMP Cardiff in the past ten years. Given the low numbers of suicides annually, changes and variation in the size and composition of the prison population in different prisons and over time, it is difficult to make comparisons of rate of suicide between prisons. There were 829 incidents of self harm in 2019, a substantial rise on the 459 recorded in the previous year[23]. However, the variation in prison population composition, even within Ministry of Justice categories, means caution is required in making comparisons between Cardiff and other prisons. It should also be noted that rates of self harm in prisons tend to be driven by repeated instances of self harm amongst a small number of prisoners[23].

A number of recent initiatives in HMP Cardiff and the prison estate in Wales overall have aimed to reduce suicide and self harm. These include staff training, improving assessment and providing 'listeners' trained by Samaritans to support their fellow prisoners. Initial assessments of the impact of COVID-19 is that self harm in particular has reduced, with more staff availability, visitor restrictions reducing access to drugs and a reduction in bullying and intimidation following cohorting all possible explanations. However, it is not clear that these positive results will be sustained over time.

A number of issues were identified by professionals addressing the mental health and wellbeing of those in prison and recently released. The sharing of information between prison and the community, in terms of both making information available between prison and community services and ensuring those being released are able to access appropriate services rapidly was noted as an area of potential improvement. Delays in access to mental health services on re-entering the community were previously noted by professionals contributing to the population needs assessment[1].

Those with diagnosed mental health issues

There were 368 formal (i.e. compulsory) admissions) and 796 informal admissions (typically voluntary) to mental health facilities in Cardiff and Vale of Glamorgan in 2018-19[24]. A total of 281 patients from Cardiff and Vale of Glamorgan were recorded in mental health hospitals with a mental illness in the annual census on 31 March 201925. In 2019, there were 4,805 individuals in Cardiff and Vale recorded as having a current diagnosis of serious mental illness (schizophrenia, bipolar disorder and other psychoses) on the GP register[26]. This represented 0.9% of the population, a comparable figure to Wales and the UK as a whole[26].

A review of 3,593 deaths by suicide in the Welsh population occurring between 2007 and 2017 found that 802 (22%) were 'patient suicides': people who had contact with mental health services in the previous 12 months[27]. Of these, 128, 16% of patient suicides had been discharged from hospital less than 3 months before taking their own life. A total of 85, 11% of all patient suicides, were under the care of a Crisis Resolution/ Home Treatment (CRHT) team[27].

This review of deaths by suicide in Wales included asking clinicians what factors could have made a difference. Responses highlighted the importance of patient contact, team working and communication, including 'closer supervision of the patient' (148 cases, 21% of all cases), 'closer contact with patient's family' (94, 13%), 'better communication between teams' (63, 9%) and 'closer working with GP (31, 7%)[27].

Particular issues highlighted by stakeholders in developing this strategy included lack of consistent contact following contact with clinical services/crisis team, lack of involvement of patients, family and carers in care planning and lack of understanding/options of how to respond to subsequent crises. 'Getting things right on first contact' (i.e. engaging with the right service at the right time and having a clear understanding of how people would be supported) was identified as a crucial factor in meeting the needs of those at risk of suicide and self harm.

Looked after children and care leavers

Children who are in the care of the local authority ('looked after children') are at higher risk of suicide and self harm, with a review of all suicides by children and young people in England and Wales in 2014 and 2015 finding that 9% of those under 20 taking their own life were looked after children[12]. Housing problems and recent contact with services were common, but only a third had any contact with mental health services[12].

On 31 March 2020 there were 260 looked after children in Vale of Glamorgan and 955 in Cardiff, the highest number for any local authority in Wales[28].

In addition to noting that children in the care of local authorities tended to have more complex needs than their peers, stakeholders noted in particular that the challenges of transition between children's and adult social services increased the risk of health harming behaviour and mental health issues.

Those experiencing bereavement due to suicide

Bereavement due to suicide is recognised as a traumatic event, with a range of harmful health outcomes. Recent UK-wide research suggested that 37% of those bereaved due to suicide experience mental health issues, 8% self harm and 8% make a suicide attempt themselves[29].

Stakeholders told us that they believe that support for those bereaved by suicide could be more available and more consistent when provided, and that those offering support should consider the range of those affected, not just immediate family.

Overarching themes

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

The role of carers

The role of carers is relevant to the strategy both because carers have an important role in supporting those who are at risk of suicide and self harm (often because of specific vulnerabilities such as substance misuse or mental health issues) and because the pressures of a caring role may make them vulnerable themselves.

The most recent statistics available are from the 2011 census and record 50,580 unpaid carers across Cardiff and the Vale of Glamorgan, 10.7% of the population30. However, these figures describe a very diverse group. In particular, young carers may face particular challenges supporting someone at risk of suicide and self harm and may be at particular risk themselves as a result of those challenges. The 2017 population needs assessment based on the 2011 census, identified 1,579 people 18 or under who help look after a relative with a disability, illness, mental health condition or drug or alcohol problem[1]. The assessment notes this is likely to be an underestimate[1].

Those we spoke to who provide unpaid care for those at risk of suicide and self harm felt they had a great deal to bring to the process of prevention of and recovery from suicide and self harm. However, they believed they were often not involved in care planning, frequently because services were focused on detecting exploitation. Carers also felt that, as a group, they could be better informed and empowered, both to play a role in support and to ensure their own needs were met where necessary.

Substance misuse

Misuse of alcohol and drugs are widely recognised as a risk factor for suicide and self harm[7,31]. These risks may be substantially higher if an individual has co-occurring mental health problems. A review of records of cases of suicide in Wales between 2007 and 2017 who were in contact with mental health services within 12 months of taking their own lives found that 39% had a history of drug misuse and 49% had a history of alcohol misuse.

Stakeholders noted that the Welsh Government Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem was published in 2015[32] and that the Framework notes the need for substance misuse and mental health services to work together. However, it was also noted that implementation of the framework was still in progress.

Unemployment and risks by occupation

An analysis produced by the Office for National Statistics specifically of suicides amongst those in employment in Wales between 2011 and 2015 suggests that some occupations have substantially higher rates of suicide than others[33]. Of the 973 cases analysed for this period, across 25 occupational categories for men and women, 223 cases (22.9%) occurred in those categorised as 'skilled construction and building trades' or 'elementary trades and related occupations'[33]. Men working in these occupational categories were 2-3 times more likely to take their own lives, depending on their specific role, compared with all working men[33]. It is likely that there is an association between these job roles and lower incomes compared with those job categories (e.g. those requiring professional qualifications) experiencing lower rates of suicide.

Unemployment is also recognised as a risk factor for suicide across the population in Wales[7], although it is not easy to generalise about these links, given the diverse experiences of those affected by unemployment. Cardiff estimated 8,700 economically active adults aged 16+ were unemployed over Sept 2019-2020, a rate of 4.3%[34]. For the Vale of Glamorgan, the figure was 2,400, a rate of 3.7%[34]. The rate of Wales in this period was 3.6%[34].

Of particular note at the time of writing is the high level of uncertainty about the impact of COVID-19 on patterns of employment in Cardiff and the Vale of Glamorgan over the longer term. Cardiff provided 191,800 private sector jobs in 2018, more than twice as many as any other local authority area, and a higher proportion of these jobs (52.7%) were with a large company (250+ employees)[35]. In contrast, 38,700 jobs in the Vale of Glamorgan were in the private sector, with 28.4% of those jobs within a large company. Whilst not all employees will live in Cardiff (although a proportion would be expected to work in the Vale of Glamorgan), this raises concerns that problems for a small number of companies could affect a large number of residents across the two local authority areas, with research suggesting that mass unemployment events can raise the risk of suicide amongst former employees by a factor of three in the first year, with the impact persisting over subsequent years[36]. The higher prevalence of suicide amongst men of working age, especially aged 45-64 has already been noted, and it is possible that these risk factors are linked.

Transport and high frequency sites

Cardiff is a transport hub for rail and road networks, which include bridges, stations and other infrastructure with the potential to be used by people attempting to take their own lives. The UK rail industry has developed partnerships with British Transport Police and Samaritans to raise awareness of the risk of suicide on the rail network, understand what factors contribute and take appropriate action. Reported incidents that involve risk to the public (e.g. an individual reported harmed or trespassing on a railway line) are reported to British Transport Police and added to a daily incident report. Rapid actions may include referral of vulnerable adults or children to local authorities; long term actions may include improving security on sites of possible risk (e.g. fencing around bridges).

Stakeholders in rail suicide prevention met with Cardiff and Vale local public health team in June 2020 and also reported to the local steering Group in September 2020. Local partnerships have worked to research and respond to issues at specific sites of concern in Cardiff and Vale of Glamorgan and to deliver training and support for staff and management at stations in the area to help them respond effectively to risks and incidents. This work includes signage with contacts for Samaritans and training to engage with those who are considering taking their own lives.

One issue noted by stakeholders is that the rail franchise for Wales was taken into public ownership in February 2021, and that stakeholders were now considering how to work most effectively with Welsh Government on these issues. This is of particular importance given that plans for the South Wales Metro include development of infrastructure such as new stations over the course of this strategy [37].

The impact of COVID-19

There is currently considerable caution about interpreting statistics on suicide in the UK since the outbreak of the COVID-19 pandemic[38]. Office for National Statistics data for 2020, released in September 2021 showed substantial falls in the number of suicides in Cardiff and the Vale of Glamorgan, although there are issues with interpreting this, including technical issues on reporting and registration delays[4]. Early evidence from rapid surveillance systems in England found no evidence for changes in the early stages of the pandemic[39]. One survey carried out on a sample of the UK population in the first month of the pandemic reported that 18% of respondents described thoughts of suicide or self harm in this period and 5% reported actual self harm. Both of these behaviours were more common amongst those who were either younger, living alone, of black, Asian or minority ethnicity or had a current mental health diagnosis or symptoms of depression or anxiety[40]. A survey carried out in the Welsh population in July 2020 suggested that 32.6% of the adult population in Cardiff and Vale was experiencing some level of psychological distress at that point[41]. Across Wales, the survey suggested that psychological distress had increased during the pandemic, with women, younger people, those living alone and those living in deprived areas disproportionately affected[41]. Those with a self-reported history of mental health difficulties were over four times as likely to have experienced psychological distress[41]. More recent UK-wide data published in July 2021 reported that self-harm and thoughts of suicide appeared to remain relatively stable and consistent with pre-pandemic levels over the course of 2020-01. As in pre-pandemic studies, it was reported that both these measures have been higher amongst younger adults, people with lower household incomes, those with a mental health condition, and in those with a physical health condition[42].

The impact of COVID-19 on children and young people is of particular relevance, given the disruption to schools and other educational institutions over the course of the pandemic. Research published by the Children's Commissioner for Wales suggested that although many children and young people showed considerable resilience during severe disruption, feelings of frustration and isolation due to lack of social contact with friends and wider family members were felt across age groups[43]. Comparing survey results from January 2021 with those from May 2020 suggested that children and young people found the lockdown over the winter of 2020-21 more difficult than the earlier experience, older groups facing exams and major life choices faring worst: 30% of 17 and 18 year olds who took part reported feeling worried 'most of the time'[43].

The evidence from stakeholders supported these findings, with the experience of social isolation, both at home but also when separated from carers during clinical treatment described as having a substantial impact. Third sector services that offer open access/anonymous support for those experiencing suicidal thoughts noted increases in calls since the beginning of the pandemic, with issues related to COVID-19, including concerns over contracting the disease and the impact of lockdown, frequently mentioned as a source of anxiety or distress. Whilst work to move these services to remote/online platforms was seen as potentially improving the availability of services, the need for face-to-face services remains critically important.

Appendix B: Resources

The development of this strategy has highlighted the range of legislation, policy, guidance and services available in Cardiff. Whilst many of these elements, in particular legislation, are typically framed as 'contexts' or 'constraints' in the development of suicide and self harm strategies, we have chosen to see them as resources that can be drawn on to meet our objectives.

Cardiff and Vale Suicide and Self Harm Steering Group

The Steering Group is led by a Consultant Clinical Psychologist and meets quarterly. The group brings together stakeholders from statutory and non-statutory groups to share work happening across the area, details and evaluations of relevant interventions and monitor the action plan accompanying the strategy. It also works closely with the National and Regional Advisory Groups. The Steering Group will be central to the implementation of this strategy and associated action plan.

National legislation and policy

Wellbeing of Future Generations Act

The Wellbeing of Future Generations Act prescribes ways in which public sector organisations should work together to improve health and wellbeing in Wales over the long term[44]. It is an overall framework for public health work in Wales. Of particular relevance are the requirements to develop strategies that are collaborative, preventative and involve those who use services.

Social Services and Wellbeing (Wales) Act, 2014

The Act requires local authorities, health boards and third sector organisations to work together to assess health and care needs in their area[45]. This work is organised through Regional Partnership Boards (RPBs) that develop area plans to meet these needs. It is important that this strategy reflects the priorities and activity described in those plans. Carers we spoke to also emphasised that the Act requires local authorities to offer an assessment of needs for carers of those in receipt of care from social services.

Together for Mental Health

Together for Mental Health is Welsh Government's national strategy for mental health and wellbeing, launched in 2012[46]. High level outcomes that are particularly relevant to this strategy include:

- Inequalities, stigma and discrimination related to mental health are reduced
- Individuals have a better experience of the support and an increased feeling of input and control over decisions
- Prevention, early intervention and treatment services are improved and more people recover as a result

The most recent Together for Mental Health Delivery Plan (for 2019-22)47 notes the specific current/planned work in relation to suicide and self harm and relevant to local strategies, including:

- Establish national and regional co-ordinator posts
- Develop and implement a national bereavement plan
- Develop and implement a national training framework

Talk to Me 2, 2015-22 and the National Advisory Group

Talk to Me 2 is the national strategy for suicide and self harm in Wales[7]. Talk to Me 2 identified six national strategic objectives:

1) Further improve awareness, knowledge and understanding of suicide and self harm amongst the public, individuals who frequently come into contact with people at risk of suicide and self harm and professionals in Wales
2) To deliver appropriate responses to personal crises, early intervention and management of suicide and self harm
3) Information and support for those bereaved or affected by suicide and self harm
4) Support the media in responsible reporting and portrayal of suicide and suicidal behaviour
5) Reduce access to the means of suicide
6) Continue to promote and support learning, information and monitoring systems and research to improve our understanding of suicide and self harm in Wales and guide action

A mid-point review of Talk to Me 2 in 2018 found that excellent progress had been made in setting up local action plans; good progress had been made against objectives 1, 4 and 5 and some progress had been made against objectives 2, 3 and 6[48]. The National Advisory Group is responsible for delivering the Talk to Me 2 strategy.

National Guidelines

NICE

The National Institute for Health and Care Excellence (known by its legacy acronym, NICE) is a UK body that issues standards and guidelines for health and care.

The main NICE guideline relevant to this strategy is 'Preventing suicide in community and custodial settings (NG105)'[31], published in September 2018. A quality standard for suicide prevention (QS189)[49] was published in 2019. In addition to these, Public Health England has published a guide to developing local suicide prevention strategies[50].

A number of themes emerge from these guidelines that are particularly relevant to this strategy:

- Ensure those bereaved and affected by suicide are supported effectively
- Co-ordinate activity by statutory and non-statutory services to address issues of suicide and self harm through local and regional partnerships
- Identify and work with community groups, services and representatives who have insights into specific at risk local populations
- Use local data (including developing surveillance data where possible) to identify the needs of the local population and at risk groups, responding to circumstances that increase risk
- Give individuals opportunities to describe if and how they would like carers and family involved in their care planning
- Recognise the importance of transitions between detention and the community as risk periods
- Develop processes by which interventions effective elsewhere can be discussed and evaluated locally

NICE expect to publish: 'Self harm: assessment, management and preventing recurrence' in May 2022.

Welsh Government: 'More than just words': Strategic framework for Welsh language services in health, social services and social care

It is important that those experiencing at risk of or experiencing issues related to suicide and self harm in Cardiff and Vale are able to communicate in Welsh if that is their preference. Services operating in Cardiff and Vale should continue to develop their capacity to make an 'active offer' of Welsh language engagement in line with Welsh Government's strategic framework for Welsh language services in health and social care, 'More than just words'[51].

Local policy and strategy

Shaping our future wellbeing 2015-25

Shaping our future wellbeing is Cardiff and Vale UHB's 10 year strategy[52]. It notes that rates of suicide were higher than England in Cardiff and Vale when written (rates are now similar to those in England and we have no evidence any difference is not due to random variation[6]) and sets out a number of priorities for mental health that are relevant to this strategy:

- early identification and effective management of those at risk of mental health problems, in particular in community settings
- reduction of inequalities in mental health between groups
- rapid access to an appropriate service when a need is identified
- holistic, personalised and collaborative care planning in mental health services that reflects social and cultural needs
- effective transition between children and adult services

Cardiff and Vale Mental Health Clinical Board Intermediate Term Plan (IMTP), 2019-22

The Clinical Board provides strategic leadership for mental health services in Cardiff and Vale. A focus on prevention of mental health problems where possible and recognition of the specific needs of those from black, Asian and minority ethnic backgrounds in the IMTP are of particular relevance to this strategy.

The Clinical Board is currently developing its next IMTP.

National and Regional Mental Health Crisis Care Concordat

The Concordat was published by Welsh Government and partners in 2015[53] as a shared statement of commitment from organisations that are most involved in responding to and supporting people who experience a mental health crisis. The core principles of the Concordat reflect a desire to prevent crisis through early access to support where possible, to make urgent and emergency access is available and effective and to ensure care and ongoing recovery support are of high quality.

Terms of Reference for a Cardiff and Vale Crisis Care Concordat Board are currently in draft. This board will develop an action plan to deliver the ambitions for the national concordat, and the strategy needs to link with this. Also of relevance in this area are recent national agreements with St John Ambulance to provide services conveying those in mental health crisis to appropriate facilities.

Regional co-ordination

As part of national planning around suicide and self harm, Regional Co-ordinators have been appointed to co-ordinate work across agencies in a number of key areas. Cardiff and Vale of Glamorgan sits within the South East region, which also includes Cwm Taf Morgannwg and Aneurin Bevan University Health Boards. Regional Co-ordinators have the capacity to support work at national and local levels to ensure that approaches in key areas such as training is both consistent and locally appropriate.

Three areas of regional activity have been identified as being of particular relevance to the Cardiff and Vale strategy.

First, work is in progress to develop protocols and structures to bring together rapid multiagency reviews of cases where an individual has taken their own life, or such an event has been averted. These reviews will identify specific learning points and actions to prevent future or further suicide.

Second, Regional Co-ordinators are supporting development of a national bereavement pathway for Wales and the implementation of this across Welsh regions. This is expected to become available towards the end of 2021.

Thirdly, Regional Co-ordinators are reviewing training available within their regions and also supporting development of a national training framework for suicide and self harm. The national framework will continue to be developed over 2021-22.

Local resources

Services

In addition to the statutory mental health services provided by Cardiff and Vale University Health Board, including adult mental health services and Child and Adolescent Mental Health Services, Cardiff and Vale of Glamorgan local authorities provide a range of services to support those at risk of suicide and self harm, including educational psychology and safeguarding.

A wide range of non-statutory organisations also offer support and advocacy specifically in relation to suicide and self harm. These include UK-wide volunteer listening services with local branch organisations, organisations in Cardiff and Vale of Glamorgan that work locally with adults, children and young people and carers around self harm and suicide specifically and local organisations that have other or wider agendas, but work extensively with groups who may be at particular risk of suicide and self harm.

These non-statutory groups have a wide range of resources relevant to this strategy, including access to physical spaces and infrastructure, training and communication materials developed from an understanding of the issues around suicide and self harm and knowledge and connections across the local population, including groups at risk.

Cardiff and Vale Recovery and Wellbeing College

The Recovery and Wellbeing College provides free courses on a range of mental health and wellbeing topics to people who are currently using or have used mental health services, their carers, Health Board staff and individuals working in mental health in the local authorities and third sector organisations. Access is by signposting and self referral, and the college recorded 295 course enrolments, from 125 people for its first term.

The Recovery and Wellbeing College includes a range of courses that particularly reflect the strategic priorities for addressing suicide and self harm in Cardiff and Vale noted by stakeholders, including co-produced courses that support empowerment of patients and carers and development of peer support.

Appendix C: Planning Group members

A Planning Group supported the development of the Strategy, including providing guidance on project initiation in January 2020 and reviewing progress and stakeholder development work in January 2021.

Name	Name	Organisation
Chris Emmerson (Chair)	Specialty Registrar	Cardiff & Vale UHB / Public Health Wales
Dr Suzanne Wood	Consultant in Public Health Medicine	Cardiff & Vale UHB / Public Health Wales
Dr Miranda Barber	Consultant Psychologist	Cardiff & Vale UHB
Jayne Bell	Consultant Nurse	Cardiff & Vale UHB
Ceri Lovell	Senior Nurse	Specialist CAMHS, Cardiff & Vale UHB
Linda Newton	Director	CAVAMH
Roisin Budina	Social Work/AMHP Manager	Vale of Glamorgan Council
Bethan Kelsey	Team Manager Gabalfa CMHT	Cardiff Council
Bethan Thompson	Service user representative	
Jon Roderick	Service user representative	
Rhys Humphreys	Service user representative	

Appendix D: Information gathering: organisations and agencies interviewed

A range of individuals and organisations were contacted to get their perspectives on what the strategic needs of Cardiff and Vale are in relation to suicide and self harm. Interviewees were initially identified with the support of the Planning Group. As part of the interview process, additional services and individuals were identified and approached in turn. A total of 16 interviews were carried out between November 2020 and January 2021, including representatives from:

- Third sector organisations, including Cardiff and Vale Action for Mental Health (CAVAMH) the Amber Project, Samaritans and Papyrus
- Cardiff and Vale Adult Mental Health services
- Cardiff and Vale Child and Adolescent Mental Health services
- Cardiff and Vale Liaison Psychiatry
- Cardiff and Vale of Glamorgan Healthy Schools Programme
- Her Majesty's Prison and Probation Services (HMPPS)
- South Wales Police
- Counselling Services for Universities within Cardiff
- Cardiff and Vale Recovery and Wellbeing College
- Network Rail
- Diverse Cymru

Interviews were typically 45-60 minutes and focused on understanding:

- Who services worked with, what activities they carried out and which groups in the area were underserved
- What the main issues around suicide and self harm are in Cardiff and the Vale and how COVID-19 has affected these
- How services worked with each other and what barriers and opportunities exist to effective co-operation
- What strategic approaches could improve the effectiveness of services in addressing suicide and self harm

Appendix E: Stakeholder Engagement

In developing this strategy, we carried out a stakeholder engagement exercise between December 2020 and February 2021.

Online questionnaires and concept mapping

A process of 'concept mapping' was undertaken to draw together the learning from these interviews to gain strategic insight into the issues. Full 'group concept mapping' approaches typically use workshop-based techniques to understand how individuals with different perspectives conceptualise issues and how they rate their importance relative to each other.

It was not possible to carry out a full concept mapping exercise in the time available. However, the team used core techniques of this approach to identify a provisional set of strategic objectives and explore their relevance to service users and service providers.

There were a number of stages in this process:

First stage questionnaires. Two brief online questionnaires were created (one for professionals, one for those with lived experience) and the link distributed via colleagues in the planning group, those contacted during the brief interview phase and local networks of non-statutory service providers. The questionnaires were available between 1 December and 14 December 2020. The questionnaires were anonymous but requested basic demographic data. Those responding were asked to complete a stem phrase with up to five statements:

"To reduce suicide and self harm in Cardiff and Vale we need to…" (professionals)

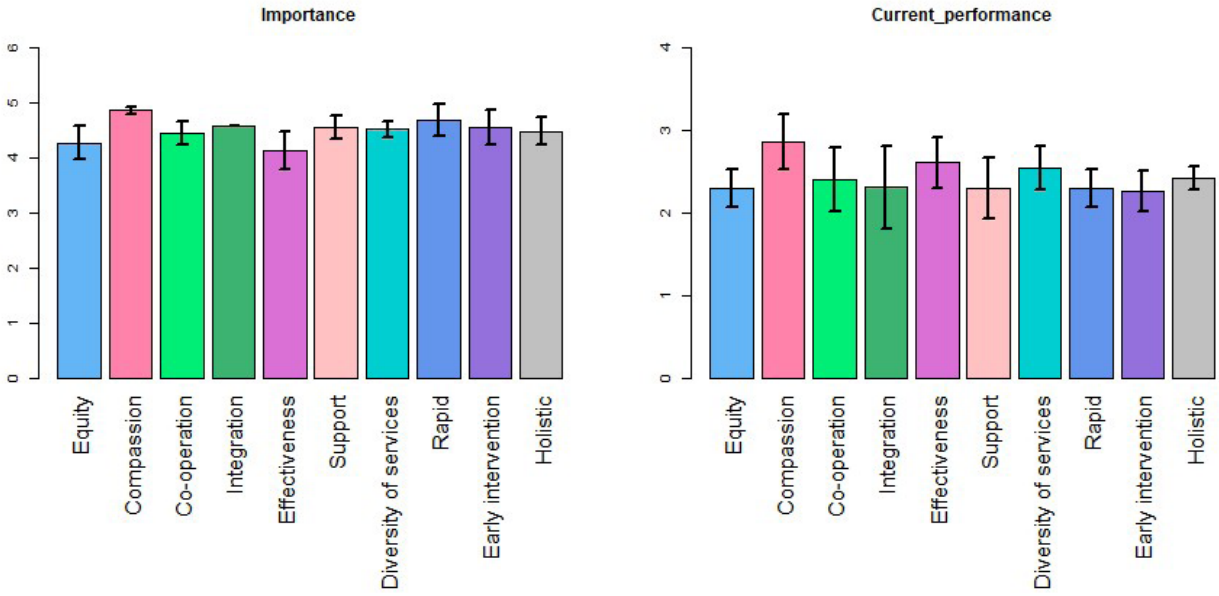
"It would help people like me seeking support for issues around suicide and self harm in Cardiff and Vale if…." (lived experience)

There were 4 responses to the questionnaire for those with lived experience and 22 responses for the questionnaire for professionals.

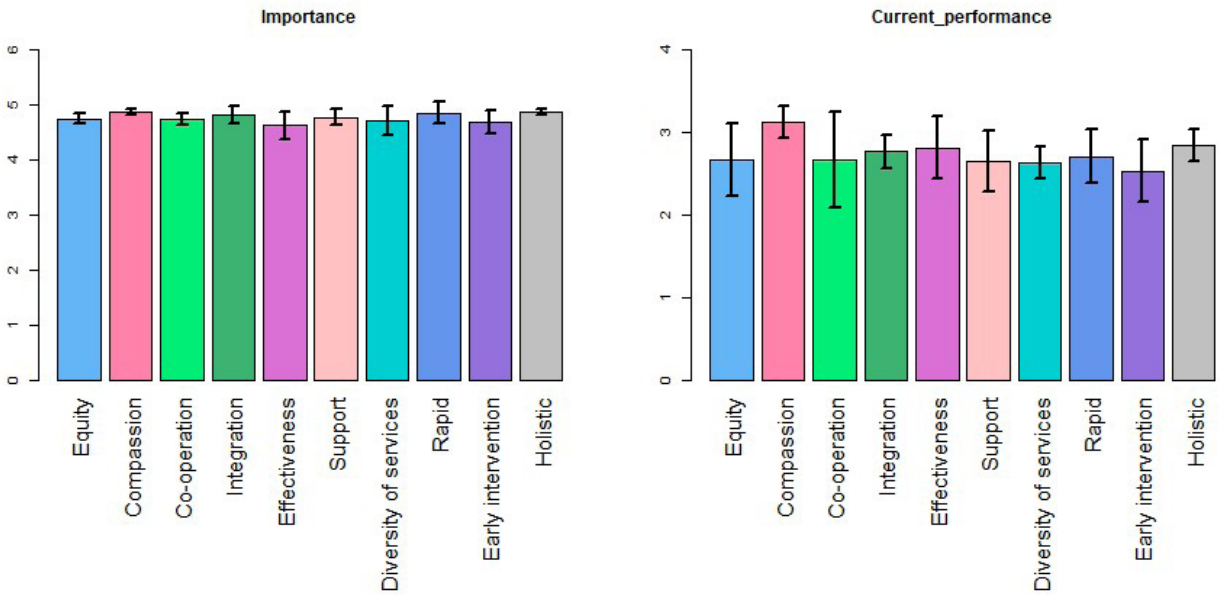
Collation of issues. The responses to the first questionnaire were collated with interview notes and relevant national and local strategies and assessments to identify a series of 55 statements describing groups, activities, priorities and ways of working that respondents believed should be prioritised. These were organised under 10 headings as an initial step to map out priorities for the strategy.

Second stage questionnaire. A second questionnaire asked respondents to rate each of the 55 statements for importance and how well this priority is currently met on scales of 1 to 5. The questionnaire was available between 18 December 2020 and 8 January 2021. There was no difference between the questionnaire available to professionals and that available to those with lived experience.

Analysis and mapping of responses. Ratings for the responses on the importance and current performance across the 10 headings were first analysed to understand which types of activity respondents felt were most important and most effectively put into practice at present. Figure 8 below shows responses by type of respondent (those with lived experience or in non-statutory service and those in statutory services).



Lived experience / working in non-statutory services

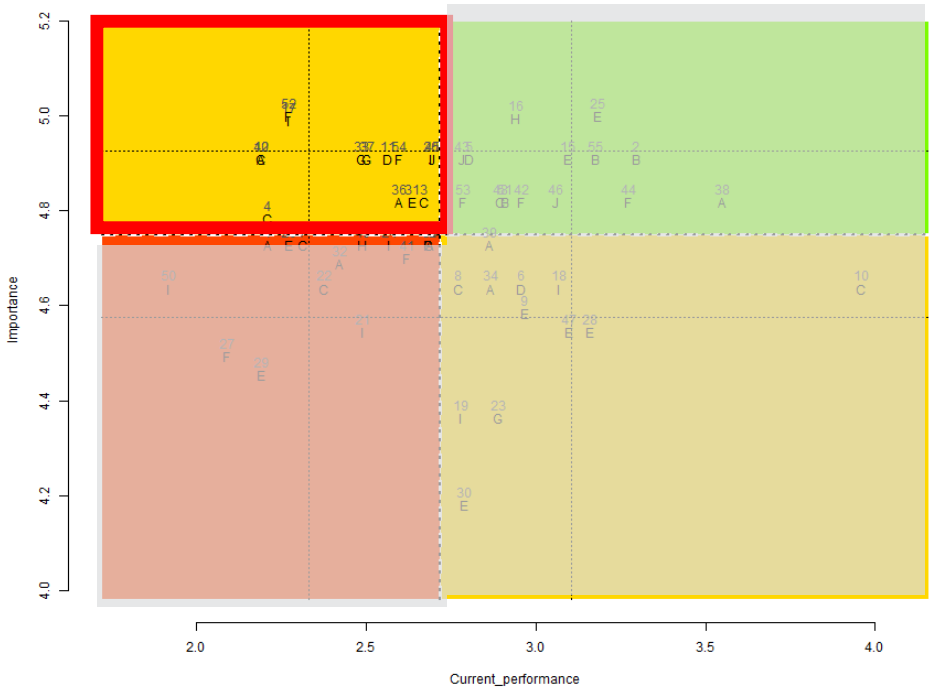


Working in statutory services

Figure 8: Mean rating for importance/current performance across 10 categories of priority/ activity related to suicide and self harm in Cardiff and Vale, by respondent type

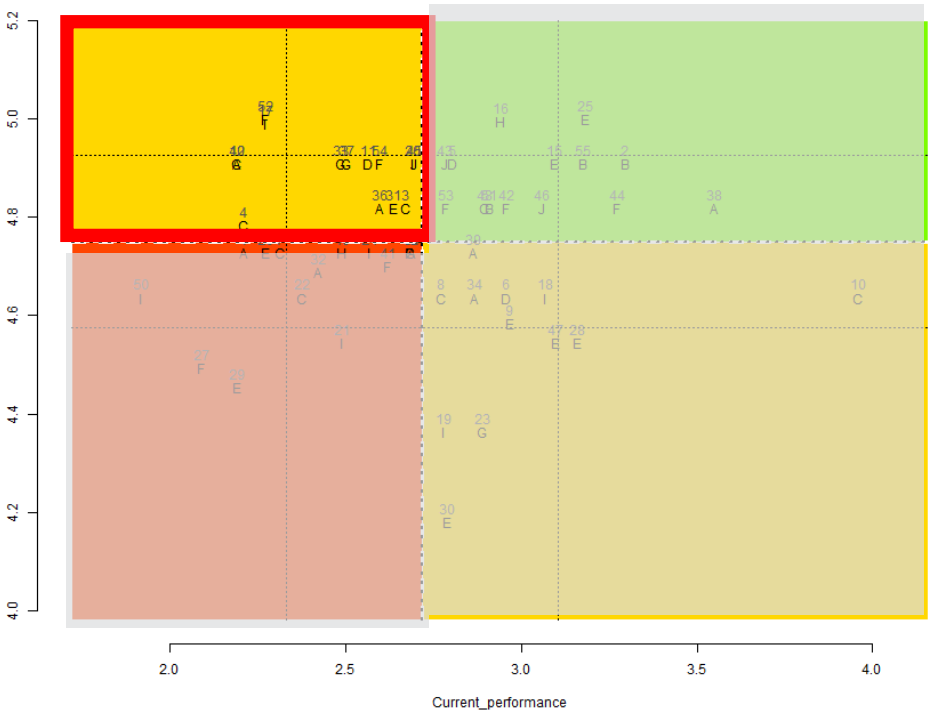
As can be seen in Figure 8, there were similar patterns between the two types of respondents, although those with lived experience or working in non-statutory service tended to feel less positive about current performance across Cardiff and Vale of Glamorgan compared with those working in statutory services.

Responses to the 55 statements were then mapped by importance and current performance to create a 'priority zone' with those statements felt to reflect the most important priorities for different respondents, as shown in Figures 9 and 10.



Theme	Issue	
A: Equity	40 33	Engage with Black, Asian, Minority Ethnic communities Improve services for under 18s
C: Co-operation	6 12	Support shared learning 'when things don't go right' Single view of service users (no 'repeating stories')
D:Integration	6 11	Share information between local agencies Seamless transition between services
F: Support	46 52	Ensure care reflects individual needs Imp support for friends and family
H: Rapid	49	Ensure rapid response to crises
I: Early Intervention	17 18 21	Training for non-spec staff (GPs, teachers, etc.) Improve employer support for MH Ensure non-stat community services visible and accessible

Figure 9: Priority areas for action: those with lived experience / working in non-statutory services



Theme	Issue	
A: Equity	40 36 37	Engage with Black, Asian, Minority Ethnic communities Ensure those with chronic conditions are supported Ensure those in care /care leavers are supported
C: Co-operation	4 6 12	Ensure consistent definition of 'crisis' Support shared learning 'when things don't go right' Single view of service users (no 'repeating stories')
D:Integration	6 11	Share information between local agencies Seamless transition between services
F: Support	31	Ensure training consistent and to national standards
H: Rapid	54	Ensure support for those bereaved
I: Early Intervention	17 18 21	Training for non-spec staff (GPs, teachers, etc.) Improve employer support for MH Ensure non-stat community services visible and accessible

Figure 10: Priority areas for action: those working in statutory services

Workshops: these findings were presented at a series of workshops for validation and development with participants. The workshops also engaged participants in a series of exercises to understand what they felt the strategic objectives and the vision for the strategy should be. It is this work that is reflected in the Sections addressing these parts of the strategy above. Four workshops were held over January and February 2021:

- Professionals, 29 January (3 hours)
- Adult service users, 1 February (2 hours)
- Carers, 1 February (2 hours)
- Children and young people , 4 February (2 hours)

Appendix F: Sources of epidemiological information

All sources for statistics are referenced in the text. Some notes on frequently used sources are presented here for those who would like further information on methods used to produce these statistics or who wish to follow up these references in more depth:

The Office for National Statistics (ONS)

The ONS reports as suicides those deaths recorded on the death certification as self inflicted. Deaths that are considered to be have been sudden, violent or not due to natural causes are investigated by the Coroner's Office (since 2016 Cardiff and the Vale of Glamorgan have been covered by the Coroner for South Wales Central) prior to the death being registered and reported by ONS. There are a number of points to bear in mind when reviewing statistics based on records available to the ONS:

- There is often a delay in the registration due to coroner investigations. This may mean that the number of deaths associated with a year change across statistical releases[6]
- Additional training was provided to Coroner's Offices 2011 that may have resulted in a slight increase in the number of deaths being recorded as suicide, although it is difficult to quantify the impact of this development[54]
- The standard of proof required for coroners to record a death as a suicide changed in July 2018 from 'beyond a reasonable doubt' to 'on the balance of probabilities'. The ONS is not yet able to provide guidance on whether this has had an impact on the statistics on suicide[6]

Public Health Wales Observatory

The Public Health Wales Observatory provides more detailed data on suicide (for example, statistics on age, gender and deprivation) and data on self harm. Data on suicide also comes from registered deaths. Data on self harm is produced from records of admissions provided by hospitals via the Patient Episode Database for Wales (PEDW). It is important to note that data in this report are admission based, and an individual may have been admitted more than once.

National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

The National Confidential Inquiry into Suicide and Safety in Mental Health (known by the legacy acronym NCISH), based at the University of Manchester has collected in depth information on suicides since 1996. The NCISH produces an annual report based on data analysis and interviews with practitioners, and also publishes reports on specific themes related to suicide and self harm. The NCISH website is here: **https://sites.manchester.ac.uk/ncish/**

Adult Psychiatric Morbidity Survey (APMS)

The APMS is a survey carried out at regular intervals in a random sample of households asking for details of any issues around mental health and substance misuse. The purpose of the survey is to gain a more rounded picture of these issues than is possible form sources such as hospital and prescribing records alone. Note that the APMS is carried out in England only, and therefore the results may not be representative of the population of Wales. More details on the APMS can be found here: **https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014**

Appendix G: Analysing epidemiological data: managing variation and comparisons

Data on suicide and self harm can be complex to analyse and, in particular, to compare between different places and different times. The main issues, and how we have addressed them, are:

- There are different numbers of people living in different areas. To account for this, we usually use rates (the number of suicides per 100,000 population) to compare areas
- As described in the text, rates of suicide are very different amongst the people of different ages. Because Cardiff and the Vale of Glamorgan have very proportions of the population at different ages, we standardise the rates to reflect these different age structures to give a more meaningful comparison. This adjusted rate is known as the European Age Standardised Rate (EASR)
- To look at rates over time, we often aggregate averages over years. This helps us see if there are meaningful patterns over time, given the small numbers
- All calculations are based on the population aged 10 and over, in line with national standards
- Suicide is fortunately rare across the whole population. Because the numbers are small in this context, what may appear to be meaningful changes between years may just be random variation
    - To account for random variation, we use statistical methods to quantify a range for variation
    - Specifically, we calculate 95% confidence intervals which appear on our graphs as lines around the rate or number we actually found in a given year (e.g. 2019)
    - A confidence interval is a range of values that is used to quantify the imprecision in the estimate of a particular value

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