Suicide and self-harm prevention

health
vulnerability
signposting
collaborative
myths
understanding
protocols
evidence social care
Self-harm
behaviour
legislation
data-sharing
safety-plan
compassion wellbeing
Suicide
stigma
bereavement
NICE postvention
awareness students
trauma- informed
skills self-care
core learning knowledge
intervention keeping safe
language communication complexity
Prevention confidence
inequalities confidentiality
debrief

Learning for undergraduate, pre-registration and pre-qualifying health and social care students in Wales

June 2024

Contents

Foreword

I am often asked by health and social care students and professionals who have come into contact with people with suicidal thoughts or who self-harm, if there is more they could have said or done, whether they can even make a difference in the, often limited, time they have with people. Really though, the answer lies with us as educators.

When I was a clinical undergraduate suicide prevention and self-harm reduction barely featured in the curriculum. Things have moved on since then. It is widely accepted that all health and social care workers, regardless of speciality area, have a role to play. Improving knowledge, awareness and skills for suicide prevention and self-harm reduction in health and social care workers is an important component of our Wales Suicide and Self-harm Prevention Strategy. It starts at the beginning of training, in our undergraduate, pre-registration and prequalifying students, preparing them for conversations with, and direct care of, those with suicidal thoughts and/or who self-harm, while on placement and in their future practice. Without that crucial learning, which underpins knowledge and attitudes, stigma associated with suicidal thoughts and behaviours, or self-harm, often means it can be challenging to know how to respond to disclosures that occur as part of our everyday professional and personal lives. But our responses matter. We are often the first point of contact and experiences with trusted professionals can play a huge part in people's future help-seeking behaviours.

I hugely welcome this comprehensive set of evidence-based learning outcomes with supporting materials describing the areas of knowledge, skills, and behaviours that support suicide prevention and self-harm reduction for undergraduate, pre-registration and pre-qualifying students in health and care, NHS and social work staff and their managers, higher education institutions (HEIs) and other training providers. It underpins how we transform experiences for people in contact with services.

Developed and co-produced by the NHS Executive, Skills for Health and a committed group of key stakeholders I urge all under-graduate and pre-registration health and care programmes from nursing, medicine, allied health professions, social work, to wider courses such as policing degrees in Wales to adopt them. It is vital we equip our future practitioners and professionals with these competencies. I know it can take time in the curriculum from more traditional content, but it can also be lifesaving.
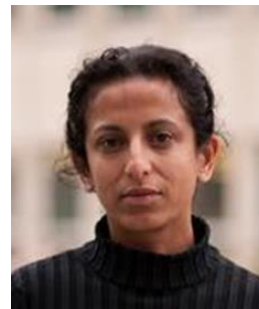
Ann John, Professor in Public Health & Psychiatry, Swansea University Medical School and Chair of the National Advisory Group to Welsh Government on the prevention of suicide and self-harm

Acknowledgements

NHS Wales Executive would like to thank the numerous people involved in the development of this resource. These include a national multi-professional Expert Reference Group (ERG) which has overseen and proactively contributed to and co-produced its development with representatives from health, social care, the third sector, and people with lived experience. (A full list of members is in Appendix 4)

In addition, a wide range of individuals have also contributed to the development from higher education institutions (HEIs), staff delivering learning, students, those with a responsibility for supporting students in their time on programme, as well as health and social care staff working across a wide range of services.

There has also been input from other UK suicide and self-harm prevention leads.

Introduction and background

Suicide is a serious public health problem and prevention is a high priority in Wales, as well as across the world (WHO). In 2022, 339 suicides deaths were registered for Wales (Office National Statistics). Accurate data about the number of incidents of self-harm is more challenging as many are not reported but self-harm results in 5,500 medical admissions per year across all ages in Wales and is one of the top five causes of hospital admissions (Public Health Network Wales).

In 2023 a national multi-agency survey of training needs in Wales (SSHP Programme) identified significant gaps in training among front line workers who regularly encounter individuals affected by suicide and self-harm. The survey found that nearly a third of respondents hadn't received any training in the prevention of suicide and self-harm and one in five respondents reported that they were not confident in responding appropriately to people affected by suicide and self-harm.

It is useful to note that:

- Suicide and self-harm thoughts and behaviours can be experienced by anyone including health and care students and professionals (RCN)
- Suicide and self-harm are population issues and not just mental health issues.

To help address these concerns NHS Wales Executive and Skills for Health (SfH) have worked with key stakeholders to develop this comprehensive set of learning outcomes linked to supporting materials describing the areas of knowledge, skills, and behaviours that support suicide prevention and self-harm reduction. The resource will be of value for undergraduate, pre-registration and pre-qualifying students in health and care, NHS and social work staff and their managers, higher education institutions (HEIs) and other training providers.

(This resource uses the NICE Guidance definitions of 'suicide' and 'self-harm' prevention.)

Purpose and objectives

The NHS Wales Executive believes that good quality learning in the prevention of suicide and self-harm is essential for those who are training and working in health, care, and social work. Front-line health and social care workers play a key role in supporting those who have suicidal ideation and those who self-harm, and indeed during routine work all health and social care workers may meet those with these thoughts.

The main purpose of this learning is to provide undergraduate, pre-registration and pre-qualifying students in health, care and social work programmes a foundation in the core areas of learning around suicide prevention and self-harm reduction to prepare them for practice, on placement, and once registered in their future work. It is hoped that the learning will give them the confidence to engage with individuals, groups and communities who may be experiencing distress and suicidal thoughts; know how to communicate effectively with them; and signpost or escalate for further help to reduce the risk of suicide and self-harm.

This resource describes learning outcomes that are evidence-based and can be embedded or applied across a range of under-graduate and pre-registration health and care programmes

such as nursing, medicine, allied health[1] professions, social work, and potentially more widely such as policing degrees.

Scope

The scope of this work will be for all undergraduate, pre-registration and pre-qualifying students in health and care. The work describes the *core* foundation learning which all students need to understand about suicide and self-harm. For those whose training programme has a mental health focus (such as mental health nursing) the learning can be built on during their undergraduate or pre-registration programme with regard to their clinical practice.

This core foundation learning can be universally applied across all service areas, including those serving individual and service user groups where mental health needs can be particularly amplified, and risk of self-harm and suicide may be higher: for example, in relation to specific service areas such as perinatal health, eating disorders or chronic pain or any other service working with individuals with disabilities/long term health conditions. From the first Real-time suspected suicide surveillance report for Wales (figure 8), of the 356 deaths reported, long term illness/chronic pain/physical disability or other medical issues were identified as associated factors in 53 deaths (15%).

Although the scope of the work will be for Wales, the learning described and associated materials for the prevention of suicide and self-harm, will be transferable to other countries and regions with some contextualisation.

Developing a consistent approach to the core learning

NHS Wales Executive has worked in collaboration with higher education institutions (HEIs), staff delivering learning, students themselves, as well as those with a responsibility for supporting students in their time on programme. In addition, a diverse national multi-professional Expert Reference Group (ERG) has overseen and proactively contributed to and co-produced the development of this resource including representatives from health, social care, the third sector, and people with lived experience. This multi-professional and multi-sector approach has helped ensure a comprehensive and inclusive development process incorporating diverse perspectives and experience to create effective learning and identify supporting materials. (A full list of members is in Appendix 4)

Strategic policies and guidance, capability, and competence frameworks from Wales and across the UK and worldwide, NICE guidance, academic literature and other related documents have been used to underpin this evidence -based learning. (A full list is in the Bibliography in Appendix 2)

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[1] Allied Health Professions (AHPs) in Wales: art therapists, drama therapists, music therapists, podiatrists, dietitians, occupational therapists, orthoptists, prosthetists and orthotists, paramedics, physiotherapists, radiographers, speech and language therapists, psychologists.

How can higher education institutions integrate the learning for the prevention of suicide and self-harm into existing programmes?

The prevention of suicide and self-harm can be a challenging subject for both higher education institution and training provider staff and students alike. Yet suicide prevention and self-harm reduction is everybody's business regardless of the profession you train and work in. It is imperative that students are prepared during their training and also once registered for the possibility of interacting with an individual who may be at risk of suicide or self-harm (be it colleague, client or patient) and are provided with the knowledge and skills to be able to assist. It is important that students recognise their own, fellow student's and colleague's wellbeing needs and potential risk of self-harm and suicide.

Undergraduate, pre-registration and pre-qualifying programmes have many pressures on learning time. The learning set out in this resource has been designed to enhance existing undergraduate, pre-registration and pre-qualifying learning in related topics and can be delivered simultaneously, linked into, and embedded, into existing curriculum programmes. It can also be used as standalone learning if required.

(Additional guidance and resources for educators, on delivering the learning outcomes is contained in Sections 2, 3 & 4 to assist the delivery and consolidation of the learning)

This resource supports higher education institutions and training providers to integrate the learning about the prevention of suicide and self-harm into existing programmes. It is not intended to prescribe learning content. It is intended to support and inform educational content leading to a workforce informed about the prevention of suicide and self-harm.

Assessment

The learning is designed to be delivered as a set of learning outcomes, and while formal assessment criteria or methods are not provided, the learning can be assessed as part of dedicated delivery sessions when tutors or lecturers can ensure that students have understood the knowledge, skills and behaviours required to support the prevention of suicide and self-harm.

It is recognised that this core learning around suicide prevention and self-harm reduction can also be integrated with existing learning areas and in turn encourage critical thinking and reflection to prepare the student on placement and for their future career. These areas of learning could use the suicide and self-harm teaching to demonstrate examples of the required learning, such as having a difficult conversation as part of a topic on communication.

There are 7 Learning Outcomes/topics covering suicide and self-harm starting and finishing with the students' wellbeing: commencing with Learning Outcome/Topic 1 '*Practice self-care and wellbeing'* and completing with Learning Outcome/Topic 7 '*Debrief and guided reflection about the suicide and self-harm learning'* which can be delivered at the end of each session/s to check in on students, reflect on the learning, check their understanding and provide the opportunity for further discussion and signposting for support.

All learning will be put into practice in the workplace when the student is on placement, or once registered, when and if, they are in contact with an individual with suicide or self-harm thoughts. Students will need to be supported by supervisors, tutors, clinical facilitators and others whilst on placement to help to build skills and confidence and to enable the consolidation of learning as it arises. (See Section 5).

Mapping to regulatory standards of proficiency

This learning is also mapped (where possible) in Appendix 1 to health and social work standards of proficiency set out by the regulatory standard setting bodies for health and social care which undergraduate, pre-registration and prequalifying learning is based on. As there are a wide range of professions with their own standards this resource has mapped the learning to the following as these are the largest staff groups:

- The Nursing and Midwifery Council (NMC)
- The Health and Care Professions Council (HCPC) core standards,
- The General Medical Council (GMC)
- Social Care Wales (SCW)

It is recognised that other health professions including dentists, opticians, pharmacists, osteopaths, and chiropractors have their own regulatory bodies and can also utilise this learning with their programmes. This will assist educators to bookmark where the learning can be linked to current topics to assist delivery.

SECTION 1

Core Topics and learning outcomes for the prevention of suicide and self-harm

These topics and related learning outcomes are intended to be the *core* undergraduate, pre-registration and pre-qualifying learning for the prevention of suicide and self-harm education to cover the three main areas of:

- prevention
- intervention
- postvention

These core topics can be embedded and integrated within any relevant related topic (such as 'communication') within the post-graduate, pre-registration and pre-qualifying programmes so that students can apply the knowledge and skills in clinical placements on programme and once qualified.

The learning outcomes can also be delivered as an introductory topic to students about suicide and self-harm or to inform suicide and self-harm specific courses or specialist suicide and self-harm programmes or sessions.

Section 3 provides some practical suggested resources for delivering each outcome.

Core Topics and Learning Outcomes

1. Practice self-care and wellbeing.

2. Develop an awareness and an understanding of suicide.

3. Develop an awareness and an understanding of self-harm.

4. Discuss the national, strategic, legal, and evidence-based frameworks that guide suicide and self-harm prevention in Wales, and protocols for data protection, data sharing, and confidentiality.

5. Recognise the circumstantial and behavioural factors associated with increased predisposition or reduced vulnerability to suicide and self-harm.

6. Develop confidence in communicating with individuals who may be experiencing suicidal thoughts and/or may be self-harming, and skills to help keep them safe and signpost them to further support including postvention.

7. Debrief and guided reflection about the suicide and self-harm prevention learning.

Core Topic /Learning Outcome 1

Practice self-care and wellbeing.

Learning outcome

On completing this learning, the student will be able to practice self-care with the aim of supporting their own mental, emotional and physical health and wellbeing, supporting the mental, emotional and physical health and wellbeing of other students and colleagues, and know how to access support.

Indicative content

- How to practice self-care and self-compassion to support own mental and physical health and wellbeing.
- Recognise own possible biases, self-stigma and judgement around emotional and mental health and wellbeing.
- Be aware of the importance of developing an individual's capacity and skill to recognise and regulate their own emotions and awareness of the evidence based learning and developmental opportunities that can facilitate this process.
- Recognise the importance of building individual coping mechanisms when on programme and on placement including managing unsocial hour shift patterns.
- Know how to identify and access support, both formal and informal, to support own physical and mental health, emotional wellbeing and coping mechanisms.
- Be aware of the importance of mutual self-help and peer support services and the importance of building and sustaining relationships with others for promoting wellbeing.
- Be aware of how to raise concerns about the wellbeing of self, fellow students and colleagues.
- Make use of supervision and mentoring from managers, clinical and educational supervisors, practice educators, tutors and colleagues.
- Ensure timely access to restorative clinical/supervision, trauma support and debrief after an incident, or death, of a student, colleague, individual or service user by suicide recognising the emotional impact on self and colleagues and where to access personal and other sources of support within the organisation and beyond.

C.A.L.L Mental Health helpline for Wales NHS 111 Wales	Samaritans
Freephone: 0800 132 737	116 123, or 0808 164 0123 (24/7) - Press 2
Text help **to: 81066**	UK wide (Cymraeg, 7pm-11pm daily)

Core Topic/Learning Outcome 2

Develop an awareness and an understanding of suicide.

Learning outcome

On completing this learning, the student will be aware, and have a foundation understanding of, suicide in Wales.

Indicative content

- Know how to use appropriate language around suicide.
- Know about the common myths about suicide.
- Know about the impact of stigma.
- Know about contributory factors and prevalence of suicide including health inequalities.
- Know the meaning of prevention, intervention, and postvention in the context of suicide.
- Know about the potential impact of suicide on individuals*, groups and communities and the role of postvention.
- Know about the most recent research, data, and surveillance that inform suicide prevention in Wales, including the limitations of that data and intelligence.
- Know about the relationship between suicide and self-harm.

*(An *individual'* in this learning is across the life span and can be children, young people, adults and older adults)

Core Topic/Learning Outcome 3

Develop an awareness and an understanding of self-harm.

Learning outcome

On completing this learning, the student will be aware of, and have a foundation understanding of self-harm in Wales.

Indicative content

- Know how to use appropriate language around self-harm.
- Know about common myths about self-harm.
- Know about the impact of stigma.
- Be aware of the reasons why individuals self-harm.
- Be aware of what forms self-harm can take and how individuals may present.
- Know about contemporary research and data about self-harm in Wales and what these tell us about the groups in society who may be most affected.
- Know about the role and limitations of data and intelligence in informing and monitoring self-harm reduction activities, and the importance of effective record-keeping to support monitoring, surveillance and better individual/client care.

Core Topic /Learning Outcome 4

Discuss the national strategic, legal, and evidence-based frameworks that guide suicide and self-harm prevention in Wales, and protocols for data protection, data sharing, and confidentiality.

Learning outcome

On completing this learning, the student will be able to discuss the national strategy and legislation, including protocols relating to data protection, data sharing and confidentiality in the context of suicide and self-harm in Wales.

Indicative content

- Know about the national strategies relevant to suicide and self-harm prevention including the Suicide and Self-harm prevention Strategy for Wales (and the resources allocated to its implementation), the Mental Health Strategy for Wales, Trauma-informed Wales, and a Healthier Wales.
- Know about the recommendations set out in the most recent NICE suicide and self-harm prevention guidance and quality standards related to suicide, self- harm, and bereavement by suicide.
- Know about the national, international (WHO), and industry guidance for the responsible presentation and reporting of suicide and self-harm in the media.
- Know about the legislation relevant to suicide and self-harm including the Mental Health Capacity Act.
- Know about data protection legislation and data sharing protocols relevant to suicide and self-harm.
- Know when to break confidentiality when suicide is threatened or attempted and there is disclosure, or evidence of self-harm.
- Be able to act in respect of confidentiality in the context of suicide and self-harm and the safeguarding of children and vulnerable adults.
- Know about local organisational policies and procedures relevant to suicide and self-harm including crisis care protocols and signposting or referral pathways.

Core Topic/Learning Outcome 5

Recognise the circumstantial and behavioural factors associated with increased predisposition or reduced vulnerability to suicide and self-harm.

Learning outcome

On completing this learning, the student will be able to describe those factors that either predispose or reduce vulnerability to suicide and self-harm.

Indicative content

- Explain the impact of a range of factors such as food or fuel poverty, homelessness, financial worries, relationship breakdown, unemployment, and feelings of loneliness, desperation, hopelessness which may lead to suicidal ideation and/or self-harm.
- Explain the impact of health inequalities and the social determinants of health on suicide and self-harm.

- Explain the impact of poor physical health and the diagnosis of life changing or life limiting long term conditions on mental and emotional wellbeing.
- Recognise that there is rarely one reason why someone may try to take their own life, but a combination of factors.
- Describe the range of groups with a higher prevalence of suicide including, but not exclusively, men, people who self- harm, people who are known to mental health services, care experienced young people, older people, those who identify as LGBTQ, neurodivergent people, people exposed to domestic abuse, those involved in alcohol or substance use, those bereaved, particularly by suicide (not an exhaustive list)
- Describe the role of social media in the association of thoughts about suicide ideation and self-harm, including its protective elements, and potential impact on children, young people, vulnerable adults, and people with learning disabilities.
- Explain how to interpret the role of 'protective factors' observed on a population level and defined by the WHO, such as strong connections to family and community support; restricted access to means; seeking help and easy access to quality healthcare; skills in problem solving and conflict resolution, and the importance of understanding those personal factors that may offer protection at an individual level and will vary from person to person.
- Recognise co-occurring factors, for example, mental health conditions and the use of substances and/or alcohol.
- Be aware of the role of faith, culture and religion in relation to suicide and self-harm.
- Recognise that not all individuals show any signs of suicide ideation or self-harm or seek help.
- Understand the role of stigma and shame as contributory factors to suicide and self-harm and how it affects help seeking behaviour or ability to accept help.
- Recognise that the risk of suicide is dynamic, and that an individual's thoughts or plans can change.

Core Topic/Learning Outcome 6

Develop confidence in communicating with individuals who may be experiencing suicidal thoughts and/or may be self-harming, and skills to help keep them safe and signpost them to further support, including postvention.

Learning outcome

On completing this learning, the student will be more confident in communicating with individuals who may be experiencing suicidal thoughts and/or may be self-harming with the knowledge and skills to help keep them safe and signpost to further support including postvention.

Indicative content

- Know about the importance of direct, open, and compassionate communication with individuals about suicide and self-harm, without stigma or judgement.
- Know how to establish positive and collaborative relationships with individuals.
- *Communicate effectively in a trauma informed way with individuals who are experiencing a mental or emotional crisis to de-escalate distress and move towards ways of keeping them safe.

- Communicate, in accordance with legislation, guidelines and the scope of responsibility, with the individual and with family and carers, adopting an empathetic and non-judgemental approach through active listening, avoiding assumptions and collusion.
- Be able to create safe and confidential opportunities to talk with individuals about mental and emotional wellbeing, including suicide and self-harm, for themselves, or someone they are concerned about in accordance with legislation, guidelines and the scope of responsibility.
- Know how to help keep an individual safe (depending on the setting) who has disclosed they are at imminent risk of suicide and/or self-harming with the aim of ensuring their immediate safety before passing to appropriate support or escalating, complying with the rules on confidentiality.
- Know and understand own role boundaries and when to escalate concerns.
- Recognise the ways in which emotional or mental distress in others may affect their behaviour and make it more difficult for individuals with mental health concerns and potentially at risk of suicide and self-harm to communicate their concerns, or to trust others.
- Know the different services available for individuals who may be at risk of suicide and/ or self-harm from different groups, including digital services, and be able to sign-post them to those that they feel will meet their needs.
- Know about safety planning with the individual to support their on-going safety from suicide and self-harm.
- Know about approaches, and seeking help, when delivering bad news which can include telling family members, or colleagues, that someone they are close to has died by suicide.
- Know about postvention and be able to provide a helpful, trauma informed, and compassionate response when in contact with individuals exposed, affected and bereaved by suicide, including yourself.

*(simulated interactions, conversations, and scenarios can assist this learning outcome)

Core Topic/Learning Outcome 7

Debrief and guided reflection about the suicide and self-harm prevention learning.

Learning outcome

On completion of this learning the students will be guided and supported about the suicide and self-harm prevention learning content with a check in on their wellbeing and an opportunity for reflection, further feedback, discussion and signposting to where they can access further help, support and information.

Indicative content

- Check in on wellbeing.
- Guided debrief for students on the learning.
- Guided reflection on the learning.
- Provide the opportunity for group and individual feedback.

- Sign-post to further help, support, information and guidance of materials, resources and support groups about suicide and self-harm as well as pathways into care if required.
- Encourage the creation of their own Safety Plan.

C.A.L.L Mental Health helpline for Wales NHS 111 Wales	Samaritans
Freephone: 0800 132 737	116 123, or 0808 164 0123 (24/7) - Press 2
Text help **to: 81066**	UK wide (Cymraeg, 7pm-11pm daily)

Section 2

Guidance on delivering the core learning of suicide and self-harm prevention in undergraduate, pre-registration and pre-qualifying programmes.

It is recognised that suicide and self-harm can be both challenging and emotive areas to deliver as some students may have had direct experience. However, this section provides additional suggestions of how suicide and self-harm can be integrated into the curriculum and ideas for how educators delivering these learning outcomes can gain confidence in the topic and support each other across their department/s.

Delivery time

Feedback from educators has shown that time available to deliver suicide prevention and self-harm reduction and the length and format of delivery of session/s will vary across programmes. This may be anything from a 2- or 3-hour session, through to a formal programme of several hours/days and may include online content, in person sessions, or blended learning (with both online and in person content).

This core learning has been designed to be flexible in terms of delivery, however, consideration should be given to who the learners are and the individual learner needs. In person delivery may be preferable due to the sensitivity and potential emotional impact on students and the ability to check in on wellbeing. However, online sessions and e-learning may be suitable for more experienced learners, or those where in person delivery is not an option. Opportunity for further, or more detailed delivery sessions, as the professional role requires and time available should also be considered.

It is important that suicide and self-harm prevention is included in the core curriculum and that students have the opportunity to engage with this learning to promote their understanding and be able

to develop their skills in this area. Suicide and self-harm prevention should be delivered to *all* students, ensuring that there is regular check-in on wellbeing throughout delivery. It is appreciated that this is a challenging area of learning, but it is essential that all students access the learning to support their placements and future roles once qualified.

Section 3 provides some related helpful resources and materials to assist educators in the preparation and delivery of this learning.

Timing of the delivery of the learning

The timing of delivery of introducing the knowledge and skills about the prevention of suicide and self-harm will vary across higher education health and social care programmes.

Educators can decide when the most appropriate time is to deliver the learning. It is important that *all* learning outcomes are delivered by the time the student completes their study or when they could be unsupervised with individuals on placement, for example, to ensure they are fit for purpose and fit to practice and prepare them for their post qualification career.

Skills gap analysis

It is suggested that educators review the core suicide and self-harm prevention topics and learning outcomes and undertake a skills gap analysis of the topics which have not already been covered in their individual undergraduate, pre-registration and pre-qualifying programmes.

The delivery of the learning needs to be underpinned by the core values and code of conduct of all health and social care professions which support the development of a caring, compassionate, competent workforce confident in the knowledge and skills required for assisting the prevention of suicide and self-harm.

Integrating the learning with current programmes

Section 4 provides a list of learning areas that suicide and self-harm prevention can be integrated with or linked to.

Creating a business case to promote the delivery of suicide and self-harm prevention in higher education and training programmes

The inclusion of suicide and self-harm prevention in the curriculum is supported by the Health Education and Improvement Wales (HEIW) requirement for **Interprofessional Education (IPE).** Suicide and self-harm prevention lend themselves as ideal topics to be delivered as IPE and help educators meet the HEIW's IPE activities as part of their commissioned health related undergraduate and pre-registration degree programme delivery (except medicine) in Wales. The HEIW contract specification states that:

> - *"The appointed Education Provider (EP) must provide inter-professional education (IPE) that meets the WHO definition which facilitates the delivery of generalist skills and core common education requirements across professions.*
> - *The EP must be able to evidence a range of appropriate IPE experiences embedded throughout the Programme at all levels of study.*
> - *IPE activities within the education programme will constitute a minimum contribution of* ***20%*** *of the student learning experience. This can be quantified as:*
>   - *The number of academic credits, and/or;*
>   - *The learning outcomes, and/or;*
>   - *Learning hours".*

This, and the inclusion of suicide and self-harm prevention e-learning modules available through the NHS Wales ESR (Electronic Staff Record) system and the NHS Learning-@-Wales platform, required as mandatory training for students from September 2024, further promotes the importance of its inclusion in the curriculum.

These HEIW requirements could help education provider managers and leads delivering health undergraduate and pre-registration programmes to demonstrate internally to department leads the internal business case for resources to help the delivery of suicide and self-harm prevention.

How educators can support the delivery of suicide and self-harm prevention

Suicide and self-harm are both emotive and challenging areas to talk about and deliver to students. Educators need to feel confident in delivering these topics and to access external, and other, expertise to support delivery where they are less proficient. It is hoped that setting out the required core areas of learning will assist the learning outcomes and indicative learning to be covered.

Educators could further support the delivery of suicide and self-harm in the following ways to build their own personal and organisational confidence and knowledge:

1. **Develop a community of practice:** individual professions and educators within health and social care departments, academic schools within universities could liaise with each other to develop a community of practice, sharing expertise and resources about suicide and self-harm to support all educators in this area.

2. **Utilise existing specialist mental health/suicide and self-harm staff skills:** capitalise on opportunities to access staff who may already deliver teaching in mental or public health, and suicide and self-harm prevention on other programmes.

3. **Train the Trainer-internal resource:** education providers may wish to invite fellow educators with more experience of delivery on the topics of suicide and self-harm prevention to deliver through a 'Train the Trainer' model so the educators with less experience about the topic can gain more experience and confidence to deliver in the future, including peer review within this process.

4. **Delivering in pairs:** this can also provide peer support for educators in this challenging area, providing cover for each other and ensuring a trainer is available to support individual learners, in any given session, if needed.

5. **Train the trainer-external resource:** several training providers, including specialist third sector agencies, offer Train the Trainer sessions which can be used in different ways. Staff who attend the training can share their learning with colleagues on a cascading basis. Some training providers offer the initial training and then, for a fee, allow the use of their materials and resources to be used by the trained individual. This may be for a full, or part, day session and provides the deliverer with the confidence and resources to deliver the topic.

6. **Reflective sessions:** leading on from a community of practice and train the trainer, educators can meet both formally and/or informally to share ideas and practice as continuous professional development about suicide and self-harm prevention. There is an evidence base in using a restorative model and providing a psychologically safe space to reflect on the emotional impact of the work.

7. **Utilising existing professional networks:** staff could use existing professional networks with other educators in Wales to share resources, lecturer 'guest delivery spots' from a range of providers, including specialist third sector agencies, and promote suicide and self-harm prevention at meetings and forums.

8. **The National Suicide and Self-Harm Prevention Team within the NHS Wales Executive** are available as a resource to assist education providers by:
   - Providing a learning hub of useful resources, support organisations and training providers who can support individual educators: https://sshp.wales/en/
   - Delivering input on suicide and self-harm prevention in Wales as an invited guest on delivery sessions. Contact details: sshp.cymru@wales.nhs.uk

Section 3

Resources and materials to assist the delivery of the suicide and self-harm prevention learning outcome.

To assist educators to deliver the suicide and self-harm learning outcomes and indicative content the following resources set out links to useful materials, resources including videos, e-learning and other content which can be used in face to face or on-line sessions. They are itemised under each topic/learning outcome for ease and are not intended as an exhaustive list and can be flexible in how they are delivered.

Helpful general resources to assist delivery:

a) **E-learning:** from September 2024 it will be a requirement for all students on HEIW commissioned health undergraduate and relevant pre-registration degree programmes to undertake an e- learning 'Universal Suicide Awareness Training Module' and also a 'Self-harm Awareness Training Module' as part of their NHS Wales statutory mandatory training before starting placement. These will give an ideal introduction to several Learning Outcomes on suicide and self-harm awareness including data and statistics, vulnerability, risk factors, providing help and confidence in talking to individuals and signposting to support (available via the Learning-@-Wales and the NHS Wales ESR platforms)

b) SSHP Cymru Training Hub: a helpful starting point with numerous on-line and other videos and resources- many free to access, with a focus on learning and development offers to workforces, both paid and voluntary, across all sectors in Wales. This platform provides information and links relating to the evidence base, NICE guidance, learning and development and training opportunities.
https://sshp.wales/en/links-to-free-training/

- freely available on-line learning opportunities
- training and development programmes for self, teams and colleagues
- headline information to help familiarisation with the issues related to suicide and self-harm management and prevention.

The following are additional resources to support the delivery of each learning outcome (this is not a prescriptive or exhaustive list, and further resources are available in Appendix 2). They are suggested resources which have specific content as a starting point to assist the delivery of the individual learning outcomes and educators may have other materials they can use as an alternative, or in addition:

1. Practice self-care and wellbeing.

- Health Education and Improvement Wales Colleague health and wellbeing hub (May 2024)
- Social Care Wales Well-being: looking after yourself at work (updated May 2024)
- Canopi :free and confidential mental health support service for NHS and social care staff in Wales
- Welsh Ambulance Services NHS Trust Taking care of your mental wellbeing
- University of South Wales-Do you need wellbeing support on your placement? Tips for looking after student wellbeing whilst on placement.
- Samaritans Working with compassion (Wales) a toolkit in Wales to help develop compassionate approaches at work, with staff and clients.
- Samaritans and NHS Confederation NHS employee suicide: a postvention toolkit to help manage the impact and provide support
- Samaritans and Association of Ambulance Chief Executives Ambulance Service employee suicide: a postvention toolkit to help manage the impact and provide support (June 2021)RCN Self-Care (includes a useful *'healthy you assessment worksheet'* for the student/staff member to work through and self-score with areas to improve)
- NHS Every mind matters-wellbeing tips -useful ideas on personalised suggestions, tips and advice on boosting mental wellbeing
- NHS England (2023) Working together to prevent suicide in the NHS workforce -a toolkit
- NHS England (2023) Looking after your team's health and wellbeing guide
- NHS England Caring for yourself while you care for others: a toolkit for nursing ambassadors to look after their own health

C.A.L.L Mental Health helpline for Wales NHS 111 Wales	Samaritans
Freephone: 0800 132 737	116 123, or 0808 164 0123 (24/7) - Press 2
Text help **to: 81066**	UK wide (Cymraeg, 7pm-11pm daily)

2. Develop an awareness of, and an understanding of suicide.

- SSHP Cymru Training Hub Myths about suicide and Use of language
- Grassroots Suicide Prevention Hub and the Stay Alive App Suicide Prevention Hub - Grassroots Suicide Prevention (prevent-suicide.org.uk) (sections on risks, myths, warning signs, statistics, real stories)
- Zero Suicide Alliance (ZSA) Training Suicide gateway and awareness modules/videos
- Mind Supporting someone who feels suicidal
- Time to Change Wales – making lives better for everyone by ending mental health discrimination and stigma in Wales
- Royal College of Psychiatrists Suicide prevention: national prevention programme

- [Skilled level Learning Byte 3 Supporting people at risk of suicide](#) (NHS Education Scotland 2020) Useful resource-contains learning activities the learner can download and work through themselves or as part of group learning.
  - Part A offers information that is relevant for supporting people of all ages who may be at risk of suicide.
  - Part B provides additional information for supporting children and young people who may be at risk of suicide

3. **Develop an awareness of, and an understanding of self-harm.**

- SSHP Cymru Training Hub [Myths about self-harm](#) and [Use of language](#)
- Welsh Government,(2019) [Responding to issues of self-harm and thoughts of suicide in young people: guidance for adults who work with children and young people](#)
- NHS England, ELfH MindEd Understanding [Self-harm](#) and suicidal thinking.
- [Skilled level learning Byte 4 -Supporting people who self-harm](#) (NHS Education Scotland 2020) A very helpful resource the learner can download and work through themselves or as part of group learning and provides a good background and introduction into what is self-harm, misconceptions, risk factors, responding to and communicating about self-harm, polices, guidelines, safety planning, self-care etc
- Heads above the waves -personal [Self-harm safety plan](#) and [Coping with self-harm booklet](#)
- [Royal College of Psychologists Self -harm 2020](#)

4. **Discuss the national strategic, legal and evidence-based frameworks that guide suicide and self-harm prevention in Wales and protocols for data protection, data sharing and confidentiality.**

- **Data reporting**
  - Public Health Wales (2024) [Deaths by suspected suicide 2022-23 (Real Time Suspected Suicide Surveillance (RTSSS)](#)
  - [Office National Statistics, suicides in England and Wales statistical bulletins](#)
- **Mental Capacity Act**
  - NHS England E-lfh modules on the [Mental Health Act](#)
- **Consent, confidentiality and information sharing**
  - Zero Suicide Alliance [Zero Share, end the silence, end suicide consent, confidentiality and information sharing in mental health and suicide prevention](#)
  - Samaritans [Guidance for reporting on self-harm and suicide content online](#)

5. **Recognise the circumstantial and behavioural factors associated with increased predisposition or reduced vulnerability to suicide and self-harm.**

- The Kings Fund [What are health inequalities?](#) (June 2022)
- Samaritans [Socioeconomic disadvantage and suicidal behaviour](#)
- Samaritans [Inequality and suicide](#)
- NHS Education Scotland 2020 [Learning byte 3: Supporting people at risk of suicide](#)
- NHS Education Scotland 2020 [Learning byte 4: Supporting people at risk of self-harm](#)

- NHS England, E-Lfh modules Suicide and self-harm prevention-Young people and Skills for Adults
- Samaritans and NHS England-Internet safety and suicide and self-harm prevention
- PAPYRUS Breaking the stigma around seeking help

6. **Develop confidence in communicating with individuals who may be experiencing suicidal thoughts and/or may be self-harming, and skills to keep them safe, signpost them to further support, including postvention.**

- Real Talk About Suicide-30 min video (how to talk with someone who may be thinking about suicide)
- Campaign against living miserably-How to save a life, have a conversation, suicide doesn't always look like suicide video.
- Samaritans How to start a conversation with somebody who needs help in a safe way
- Samaritans Developing listening skills session plan
- Faith Action (2024)Talking faith in suicide prevention-online resource for different faiths, key organisations, resources and support
- **Safety Planning**
  - Heads above the waves -Self-harm safety plan
  - Papyrus Suicide safety plan
  - NHS England E-Lfh modules Safety Planning
- **Bereavement and postvention**
- First Hand (coping with suicide, for anyone affected by witnessing a suicide, when they did not know the person who died, suicide at work, supporting someone who has a close experience with suicide, understanding emotions after a suicide incident)
- SSHP Cymru digital Help is at Hand
- Royal College of General Practitioners Sudden bereavement support
- Samaritans and NHS Confederation NHS employee suicide: a postvention toolkit to help manage the impact and provide support
- Time to Change Wales anti-stigma training for staff including experiences of people who have a history of suicide and self- harm
- **Trauma Informed Practice**
- Traumatic Stress Wales
- Trauma-informed Wales
- UK Trauma Council
- Wales Safer Communities Network Adverse childhood experience and trauma informed environments

(role play and scenarios can also assist this learning outcome)

7. Debrief and guided reflection about the suicide and self-harm prevention learning
- Resources from learning outcome 1 on self-care and wellbeing
- Universities UK Suicide-safer universities
- List of support organisations and help lines in Appendix 3

Key support in Wales

C.A.L.L Mental Health helpline for Wales NHS 111 Wales	**Samaritans**
Freephone: 0800 132 737	116 123, or 0808 164 0123 (24/7) - Press 2
Text help **to: 81066**	UK wide (Cymraeg, 7pm-11pm daily)

Section 4

Integrating the suicide and self-harm prevention learning with current programmes

The learning has been developed with the intention that it is not prescriptive and can be integrated at different points within the curriculum. It can be flexibly delivered with related topics, for example.

- **Communication-** interpersonal skills, having difficult conversations, delivering bad news, postvention conversations and dealing with bereavement.
- **Chronic conditions-** long-term, terminal.
- **Health inequalities-** and the wider/social determinants of health, groups particularly at risk.
- **Quality and safety** of care of the individual, relevant legislation.
- **Information governance-** GDPR, information sharing protocols and confidentiality.
- **Safeguarding-** mental health capacity, individual/patient autonomy.
- **End of life care-** responding to deaths of individuals, self-care, organisational/workforce support.
- **Research, audit, and evaluation-** evidence informed practice and effective monitoring and reporting.
- **Collaboration-** multi-disciplinary working, inter-disciplinary/inter-agency working.
- **Working with communities-** cultural competency, engaging under-served/excluded groups (such as digital exclusion).
- **Leadership and Management-** creating suicide safe environments, encouraging psychologically safe working environments, establishing a supportive non-blaming workplace culture, encouraging and enabling self-care, providing restorative supervision and trauma support, clinical and other supervision and mentoring.

Section 5

Advisory support notes for educators, students and placement providers/employers to consolidate learning.

These advisory support notes are intended to support educators in:
a) how learning in suicide and self-harm prevention can be consolidated through placement experiences.
b) continuing support for student wellbeing.

The advisory support notes also are intended to provide further information about the roles and responsibilities of the parties that make up the tripartite relationship between:

i)   **educators and supervisors**
ii)   **the students or learners**
iii)   **the placement provider/employer and supervisors/managers to support performance, wellbeing, and continuing development of the students/learners.**

These advisory support notes may vary in the profession, role, and setting where the undergraduate, pre-registration and pre-qualifying student is studying and on placement. The main aim being to support students to consolidate the suicide and self-harm learning and develop skills and confidence in the workplace. Self-care and self-compassion are highly important for the student for their own mental health and wellbeing as well as continuing higher education and placement provider/employer support.

i)   educators and supervisors

Educators and supervisors need to be aware of the impact of placement on students and provide the support to assist them. Support is for the placement and also for the student in their mental health and wellbeing on programme:

- **Preparing students for placement** as this is a significant transition for them from academic learning, including about potential suicide and self-harm prevention, to the workplace:
  o Prepare students with pre-placement discussions on expectations.
  o Ensure the placement is suitable for the student and will support areas such as their wellbeing.
  o Provide clear contact points for students with any wellbeing and placement-related concerns.

- **Support whilst on placement** as this can be a challenging time manging their finances, time, studying away from home and being away from other students and experiencing working unsocial hour shift patterns:
  o Provide a clear check-in process and support structure with a key higher education contact and other higher education support throughout the placement.
  o Put in place clear check-in processes for students and placement providers to identify any unplanned or unexpected absences to highlight any potential student wellbeing issues.
  o Ensure that there is also support with the placement provider/employer and that placement supervisors have sufficient time to support placement students.

- o Ensure that higher education placement mentors or supervisors have sufficient time and training to support students.

- **Supporting students when they return to academic study**:
  - o Check-ins on wellbeing
  - o Check-ins on placement learning and any learning gaps or challenges (this could include contact with suicide and self-harm individuals experienced on placement).
  - o Offering learning about suicide and self-harm prevention or other learning or skills refreshers as required by the student.

ii)   the students or learners

Students and newly registered professionals need support in developing skills and putting knowledge into practice, which will also include suicide and self-harm prevention, as well as looking after their wellbeing. They require the following on placement:

- Prepared-physically, emotionally, and theoretically for placement and for the potential challenges that they may encounter including experiencing unsocial hour shift patterns.
- Able to reflect on the placement-making the most of reflecting on experience gained and about themselves and the work.
- Recognise own strengths and areas for development.
- Seek independent learning opportunities to enhance performance, competence, practice, and experience.
- Make the most of supervision, mentoring and support and *where* to find support and with who if needed.
- Look after self, wellbeing, and self-compassion as well as building individual coping mechanisms.
- Know when and where to seek support from a range of people in the placement, from the higher education provider and other organisations if a challenging or unfamiliar situation arises or feeling overwhelmed.

iii)   the placement provider/employer and supervisors/managers to support performance, wellbeing, and continuing development of the students/learners.

The placement provider/employer and work-based supervisors and managers will need to support performance, continuing development, and wellbeing of the learners. Support on placement:

- Ensure the placement is suitable for the student with support from the supervisor with their clinical/practice and development as well as wellbeing.
- Ensure that placement supervisors have received training and guidance as well as sufficient time to support placement students in their performance, their continuing development and wellbeing.
- Provide clear placement provider/supervisor contact points for students with any wellbeing and placement-based and related concerns.
- Ensure students have a clear understanding of where, and who, they can gain support with their performance, development, learning and wellbeing.
- Work with the higher education provider for a seamless and clear support structure with a key higher education contact throughout the placement.

- Provide practical and wellbeing support and a prompt debrief if a challenging or unfamiliar situation arises in the student's placement (which could be related to suicide or self-harm).
- Feedback on good performance, any concerns about practice and subsequent learning and development needs to the higher education provider.

Appendices

Appendix 1

Mapping suicide and self-harm prevention to regulatory standards of proficiency

Nursing and Midwifery Council (NMC)

Registered Nurse

[Future nurse: standards of proficiency for registered nurses](#) NMC (2018)

There is one specific mention of suicide (1.1.6) and no mention of self-harm, but mental health is more generally woven through the SoPs:

Platform 4 Providing and evaluating care.

4.4 demonstrate the knowledge and skills required to support people with commonly encountered mental health, behavioural, cognitive and learning challenges, and act as a role model for others in providing high quality nursing interventions to meet people's needs.

Annex B Nursing procedures.

- 1.1 mental health *and wellbeing* status
Part 1: Procedures for assessing people's needs for person-centred care
- 1. Use evidence-based, best practice approaches to take a history, observe, recognise and accurately assess people of all ages:
-1.1 mental health and wellbeing status
-1.1.1 signs of mental and emotional distress or vulnerability
-1.1.2 cognitive health status and wellbeing
-1.1.3 signs of cognitive distress and impairment
-1.1.4 behavioural distress-based needs
-1.1.5 signs of mental and emotional distress including agitation, aggression and challenging behaviour
  -*1.1.6* signs of self-harm and/or suicidal ideation

- 2.14 administer basic mental health first aid (*Mental First Aid includes learning about suicide and self-harm)

Midwife

[Standards-of-proficiency-for-midwives.pdf (nmc.org.uk)](#) NMC (2019)

There is no specific mention of suicide or self-harm, but mental health is more generally woven through the SoPs:

Domain 3 Universal care for all women and newborn infants

A. The midwife's role in public health, health promotion and health protection

3.9 promote and support parent and newborn mental health and wellbeing, positive attachment, and the transition to parenthood.

Domain 4. Additional care for women and newborn infants with complications

A. The midwife's role in first line assessment and management of complications and additional care needs

4.1 demonstrate knowledge and understanding that the complications and additional care needs of women, newborn infants, partners, and families may relate to physical, *psychological*, social, cultural, and spiritual factors.

4 B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services.

Domain 6 Proficiency

B. The midwife's role in assessment, screening, and care planning

6.56.3 maternal mental health and wellbeing

6.60.1 mental health and wellbeing, including appetite, energy levels, sleeping pattern, ability to cope with daily living, mood, anxiety and depression, family relationships.

6.66 implement care that meets the woman's mental health and wellbeing needs after birth; this must include:

6.66.1 provide ongoing information, support, and care on all aspects of the woman's mental health and wellbeing.

6.66.2 if assessment has identified concerns about the partner's mental health, encourage referral to appropriate services.

B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services.

6.72 work in partnership with the woman and in collaboration with the interdisciplinary and/or multiagency team to plan and implement midwifery care for women and newborn infants as appropriate to:

6.72.1 implement appropriate response when acute social problems occur.

Health And Care Professions Council (HCPC)

There are currently 15 care professions in Wales which are regulated by HCPC-these are art therapists, drama therapists, music therapists, podiatrists, dietitians, occupational therapists, orthoptists, prosthetists and orthotists, paramedics, physiotherapists, radiographers, speech and language therapists, psychologists, and each profession has its own standards of proficiency.

Core standards for all HCPC registered professionals.

There is no specific mention of suicide or self-harm and limited reference to 'mental health' and wellbeing in the HCPC Standards, some of which is a reference to the practitioners own.

The following are common core and appear in all the standards:

3. look after their health and wellbeing, seeking appropriate support where necessary:

- 3.1 identify anxiety and stress in themselves and recognise the potential impact on their practice.

- 3.2 understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise.

- 3.3 understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary.

- 3.4 develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment.

12.1 understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder, and dysfunction relevant to their profession.

In addition, for:

Art, drama and music therapists HCPC (2023)

- 12.15 Recognise different methods of understanding the experience of service users, including diagnosis (specifically mental health and learning disability), and be able to critique these systems of knowledge from different socio-cultural perspectives.

Occupational Therapists HCPC (2023)

- 12.8 be able to apply the theoretical concepts underpinning occupational therapy to inform the understanding of physical, emotional and mental health.

Orthoptists HCPC 2013

- 12.5 understand human growth, physical and mental, and human development across the lifespan, as it relates to the practice of orthoptics.

Physiotherapists HCPC 2013

- 12.9 understand the following aspects of behavioural science:
  - psychological, social and cultural factors that influence an individual in health and illness, including their responses to the management of their health status and related physiotherapy interventions.
  - how psychology, sociology and cultural diversity inform an understanding of health, illness and healthcare in the context of physiotherapy and the incorporation of this knowledge into physiotherapy practice.
  - theories of communication relevant to effective interaction with service users, carers, colleagues, managers and other health and social care professionals
  - theories of health promotion and behavioural change.
  - theories of team working.

Paramedics HCPC (2023)

- 12.9 understand the following aspects of sociological, health and behavioural science:
    - how aspects of sociology, health and behavioural sciences are fundamental to the role of the paramedic in developing and maintaining effective relationships.
    - recognise how sociology can inform an understanding of physical and mental health, illness and healthcare in the context of paramedic practice.

Practitioner Psychologists HCPC 2013

- Although suicide and self-harm are not specifically mentioned it is applicable to most of the proficiency standards due to the role of psychologists.

General Medical Council (GMC)

GMC Outcomes for Graduates (standards for UK medical degrees) -Newly qualified doctors

GMC Outcomes for Graduates (standards for UK medical degrees) GMC (2020)

There are several references to mental health and one reference specifically to suicide and self-harm (23.f):

3. Newly qualified doctors must demonstrate awareness of the importance of their personal physical and *mental wellbeing* and incorporate compassionate self-care into their personal and professional life.
They must demonstrate awareness of the need to:
a) self-monitor, self-care and seek appropriate advice and support, including by being registered with a GP and engaging with them to maintain their own physical and mental health
b) manage the personal and emotional challenges of coping with work and workload, uncertainty and change
c) develop a range of coping strategies, such as refection, debriefing, handing over to another colleague, peer support and asking for help, to recover from challenges and set-backs.

7.Safeguarding vulnerable patients
Newly qualified doctors must be able to recognise and identify factors that suggest patient vulnerability and take action in response.
e) assess the needs of, and support required, for people with mental health conditions

9.Newly qualified doctors must learn and work effectively within a multi-professional and multi-disciplinary team and across multiple care settings. This includes working face to face and through written and electronic means, and in a range of settings where patients receive care, including community, primary, secondary, mental health, specialist tertiary and social care settings and in patients' homes.

14. Newly qualified doctors must be able to work collaboratively with patients, their relatives, carers or other advocates to make clinical judgements and decisions based on a holistic assessment of the patient and their needs, priorities and concerns, and appreciating the

importance of the links between pathophysiological, psychological, spiritual, religious, social and cultural factors for each individual.

23. Applying psychological principles
Newly qualified doctors must explain and illustrate by professional experience the principles for the identification, safe management and referral of patients with mental health conditions.
f) identify appropriate strategies for managing patients with substance use disorder or *risk of self-harm or suicide.*

Social Care Wales-Social Work Standards

Social Care Wales (updated June 2023) Social Work Standards

Social Care Wales (2017) Code of professional practice for social care

Suicide or self-harm are not specifically referenced but mental health is referenced across all the standards under:

Factors: may include substance misuse; mental health; frailty; physical ill health; physical disability; learning disability; sensory needs; migration and asylum; poverty; adults or children at risk of harm or abuse; children in need; difficulties around schooling; ethnic or other minority group status; offending behaviour; public protection

SCDSW16 Agree plans where there is risk of harm or abuse.

Scope/range- The investigation may have been any formal investigation such as a child protection investigation, a vulnerable adults investigation, a mental health assessment, a probation assessment, a criminal investigation.

Appendix 2

Additional resources and further reading for suicide and self-harm prevention.

Further reading including strategies for Wales, published research, and other resources are available via the SSHP Cymru Training Hub which is regularly updated.

Suicide and self-harm frameworks.

NHS Wales Executive (2023) Confidence and capability framework for suicide and self-harm prevention

Public Health Wales (2022) Trauma-informed Framework for Wales

Mental Health Improvement and Suicide Prevention Framework: Scotland's Knowledge and Skills Framework for Mental Health Improvement, Self-Harm and Suicide Prevention, May 2019

Health Education England (2020) Competence Framework for Mental Health Peer Support Workers Part 3 Curriculum

Health Education England (2018) Self-harm and suicide prevention competence framework: adults and older adults

Health Education England (2018) Self-harm and suicide prevention competence framework: children and young people

Health Education England (2018) Self-harm and suicide prevention competence framework: community and public health

Health Education England (2018) Self-harm and suicide prevention competence framework: what does the competence framework mean for my care?

- Meta-competences : Metacompetences.pdf (ucl.ac.uk)

- Generic Communication skills: Generic communication skills.pdf (ucl.ac.uk)

Hampshire & Isle of Wight ICB and Skills for Health (2024) Mental health core capabilities framework

Universities Australia, February 2022 Suicide prevention: a competency framework for universities,
Universities UK Supporting placement students

Other material

O'Connor, Rory (2021) When it is darkest: why people die by suicide and what we can do to prevent it., Penguin Books.

Williams, M. (2014). *Cry of pain: understanding suicide and the suicidal mind*. Hachette UK.

Haig, Matt, The Midnight Library (2021) Cannongate Books -an inspiring and uplifting fictional narrative.

Appendix 3

Suicide and self-harm support and helpline links

C.A.L.L Mental Health Helpline for Wales:

0800 132 737, Text 'help' to 81066

Help Us to Help You | GOV.WALES

Samaritans 116123, or 0808 164 0123 (24/7) -UK wide (Cymraeg, 7pm-11pm daily)

NHS 111 Wales **Press 2** or NHS 111 in England .-urgent mental health support-call and select mental health option (24/7)

Stay Alive - Essential suicide prevention for everyday life Grassroots

CALM Help-line-080058 58 58 5pm-midnight 7 days a week- The Campaign Against Living Miserably offers confidential, anonymous and free support information and signposting to people anywhere in the UK through their helpline and online webchat.

Switchboard LGBT+ Helpline- 0800 0119 100 (10am-10pm 7days a week)

For students

There are a range of support services and charities dedicated to the mental health of students:

- Student Minds free 24/7 support-tips resources and student stories
- MIND: Student mental health hub
- Students against depression a website for students offering advice, information, resources and guidance to help find a way forward for those affected by low mood, depression and suicidal thinking.
- University Mental Health Advisors Network (UMHAN) a network of mental health professionals providing support to students with mental health issues.

For social care and NHS staff across Wales

Canopi :free and confidential mental health support service for NHS and social care staff in Wales

For doctors and medical students

BMA Wellbeing Support Services Directory and The Wellbeing Support Services for Doctors and Medical Students

BMA wellbeing support services-Counselling 0330 123 1245

For nurses and other healthcare staff

Nurse Lifeline 0808 801 0455 a peer-led listening service

For older people

The Silver Line 0800 4 70 80 90-(a free confidential helpline for older people run by Age UK-friendship and advice to older people 24/7)

For young people

Papyrus UK Hopeline-0800 068 4141 (24/7)-UK wide (for young people under 35)

Text service/apps

Shout 85258 A free confidential text support service 24/7 and online support and guidance for suicide and for self-harm run by Mental Health Innovations. Links for:

Suicide- Support with suicidal thoughts | Shout 85258 (giveusashout.org)

Self-harm Support with self-harm | Shout 85258 (giveusashout.org)

Appendix 4

Members of the National Expert Reference Group for developing the Suicide and Self-harm prevention learning

The NHS Wales Executive would like to thank and acknowledge the following for their time, input and support in developing this suicide and self-harm prevention learning:

- Liz Andrew- Consultant Clinical Psychologist and Head of Adult Psychology, Aneurin Bevan UHB
- Claire Cotter (Chair) - National Programme Lead for Suicide & Self Harm Prevention, NHS Wales Executive
- Liz Forty- Reader in Medical Education, Director of Student Support (and Health and Wellbeing Curriculum), Cardiff University School of Medicine.
- David Heald- Area Manager for Wales PAPYRUS
- Thomas Hewes- Senior Lecturer and Programme Director for Paramedic Science, Swansea University
- Ioan Humphreys- Senior Research Officer, Swansea University
- Ann John- Professor in Public Health & Psychiatry, Swansea University Medical School and Chair of the National Advisory Group to Welsh Government on the prevention of suicide and self-harm
- Stephen Jones- Interim UK Head of Nursing Practice & Professional Lead for Mental Health, RCN
- Annette Marley- Specialist Occupational Therapist, Mental Health, CTMUHB
- Elanor Maybury- Consultant Clinical Psychologist, British Psychological Society
- Ian Munter- Director of Student Services, Aberystwyth University
- Jo Murphy- OT Student USW (FLSE)
- Denise Parish- Head of Pre-Registration Education Commissioning and Quality, HEIW
- Trudi Peterson- Lived Experience Project Manager, NHS Wales Executive
- Jo Pinder-Deputy Wellbeing Manager, Cardiff University
- Dawn Probert (Facilitator)- Skills for Health
- Jemma Rees- Programme Support Officer, NHS Wales Executive
- Rose Shaw- Student Mental Health & Wellbeing Manager, Aberystwyth University
- Tom Slater- Quality Assurance Manager, Social Care Wales
- Tamsin Speight- Clinical Lead for Eating Disorders, NHS Wales Executive
- Sarah Tait- Senior Lecturer, Swansea University

- Ben Thomas- Mental Health and Learning Disabilities Advisor, - RCN-Wales
- Jim Widdett- Mental Health, LD & ND Lead, Social Care Wales