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Inquiry into Suicide Prevention

Ymchwiliad i Atal Hunanladdiad

Ymateb gan NSPCC Cymru

Response from NSPCC Wales

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Health, Social Care and Sport Committee
National Assembly for Wales
Pierhead Street
Cardiff
CF99 1NA

Dear Chair

NSPCC Cymru/ Wales would like to submit some evidence to the Committee as part of the consultation on Suicide Prevention. There are specific factors and circumstances that mean some people are more at risk of suicide, such as children and young people who have suffered sexual abuse and/ or neglect. Research suggests up to 9 in 10 children abused at an early age go on to develop a mental illness by the time they're 18[1], which can lead to self-harm and suicidal thoughts.

Against the following element of the terms of reference we have two sources of evidence we would like to bring to the Committee's attention: evidence from our How Safe are our Children Report 2017 and Childline.

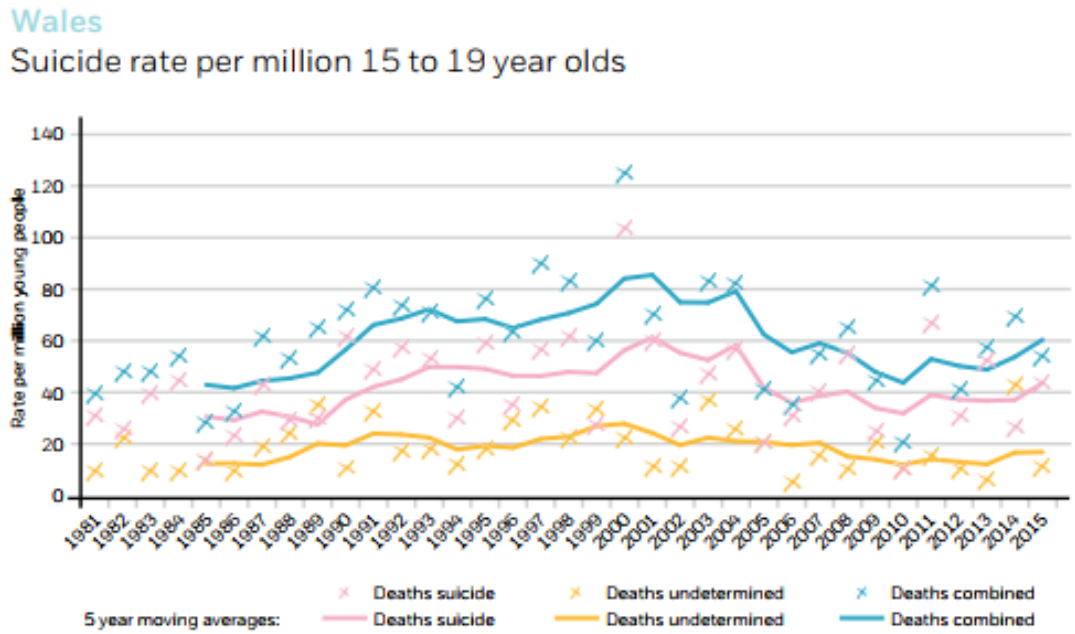
The extent of the problem of suicide in Wales and evidence for its causes - including numbers of people dying by suicide, trends and patterns in the incidence of suicide; vulnerability of particular groups; risk factors influencing suicidal behaviour.

1. NSPCC's How Safe Are our Children report

The NSPCC's How Safe Are our Children report, is one of the most comprehensive overviews of child protection in the UK. In this, data is reported on the suicide rates for young people. The most recent report, published in 2017, shows how, after decline in recent years, suicide rates for 15 to 19 year olds have started to rise in England and Wales.[2]

[1] Sroufe, L.A. et al. (2005) The development of the person: the Minnesota study of risk and adaptation from birth to adulthood

[2] Bentley, H. et al (2017) How safe are our children? The most comprehensive overview of child protection in the UK 2017. London: NSPCC.



In Wales, there were eight suicides where death was recorded as by intentional self-harm, and a further two deaths by undetermined intent of 15 to 19 year olds in 2015, a five-year average combined rate of 60.4 per million 15 to 19 year olds. The five-year combined average rate among 15 to 19 year olds peaked in 2001 at 85.5 per million, and since then has been on a downward trend, reaching a low of 43.7 suicides per million in 2010. However since then there has been an increase, up 38 per cent to 60.4 per million 15 to 19 year olds. It should be noted that the numbers involved for Wales are small, meaning that a small change in the number of deaths has a significant impact.

2. Data from Childline

For 30 years Childline has provided a safe confidential space where children and young people can talk, be listened to and receive support, advice and information about the issues they are worrying about. In 2016/17, Childline delivered 295,202 counselling sessions across the UK. The most common reason for children and young people contacting Childline in 2016/7 was mental and emotional health with 22% of counselling sessions and the fourth most common reason was suicidal thoughts and feelings with 8% of counselling sessions in the UK. That 8% equated to 22,456 counselling sessions where the main concern was suicidal thoughts and feelings. This is a 15% increase from 2015/16, and averages 62 suicide counselling sessions a day.[3]

Suicide is the third most common reason for girls to contact Childline, and the fifth most common reason for boys. This is an important figure, due to the fact that men are around three times more likely to die by suicide than females, and that the suicide rate for boys aged 10-19 was more than double that for girls in 2015.[4] Childline's campaign 'Tough To Talk' launched in early 2017 encourages boys to seek help for the issues and problems that they may be facing, but it is key to continue findings ways to ensure males feel able to speak up about the way they are feeling.

[3] NSPCC (2017): Childline annual review 2016/17: Not Alone Anymore.
[4] Office for National Statistics (2016) Suicides in the UK: 2015 registrations

"I'm feeling really low and suicidal. I'm being bullied at school and have a bad family life. The kids at school call me names and throw things at me so I've stopped going to school and now I'm getting into trouble. I don't eat, I just stay in bed and sometimes self-harm. I just don't think my life is worth it." (Girl, 15, Wales).

Due to Childline being a confidential service, children and young people do not always reveal where they live. In 2016/17, 4% of counselling sessions where the child's country is known were from Wales, which equates to 8,626 children. Of these, there were 2,163 Childline counselling sessions for mental and emotional health and 769 where the main concern was suicidal thoughts and feelings. Similar to the UK as a whole, in Wales, mental / emotional health was the most common reason for children contacting with 25% of counselling sessions, but in Wales suicidal thoughts and feelings was the third most common reason for children and young people to contact Childline with 9% of all counselling sessions.[5]

This is a worrying figure, and one that has increased over recent years. Children and young people who discussed suicide as their main concern, also talked about mental/emotional health, self-harm and family relationships. These were the top three additional concerns for children and young people in Wales who contacted Childline about suicide.

Young people who talked about having poor mental/emotional health spoke about feeling low, depressed, anxious and having low self-esteem. Those who discussed suicide with Childline counsellors also spoke about self-harm being an issue they were battling with or using it as a coping mechanism. Young people discussed self-harming for a period of time and felt urges to do more, or that it was getting worse. Young people discussed severe self-harm leading to suicide attempts, such as strangulation or cutting themselves badly.

As stated in 'Talk to me 2: Suicide and self-harm prevention strategy for Wales 2015-2020', suicide is complex and there is often not one single reason why someone may choose to end their life. Young people who spoke to Childline about what was affecting their emotions mentioned a range of issues including bullying; exam stress; relationship issues; family problems; body image issues and abuse. Childline's confidentiality policy means that young people can talk to trained counsellors about suicidal thoughts in private, however, when there is serious intent and means to act on these thoughts, help is sought for those who need it.

Children and young people who contact Childline about suicide or mental/emotional health, often mention CAMHS when they are already receiving support, however when young people were struggling to access services they told Childline they were worried about CAMHS being understaffed, they were still waiting for an appointment, they had not found their experience with them useful or they found it difficult to trust people and so did not want to access help. Young people facing barriers to accessing services discussed feeling anxious speaking to people face-to-face about their feelings as they had low self-esteem, feeling as though they didn't want to use up someone's time or not thinking their feelings were important enough. Other young people worried that they wouldn't be taken seriously, or that they would be seen as attention-seeking.

Young people who had accessed support had told friends, parents, school or their doctor, who had in turn helped them to access specialised support. Young people mentioned that seeing their school counsellor or other therapists helped to take a "weight off of their shoulders" but young people weren't getting as many counselling sessions as they would

[5] ibid

like, or they were not able to access the school counsellor during half-terms or the school holidays.

Some young people who were accessing services because of suicidal feelings did not feel that the support they received was helpful and did not know what to do or who to turn to next. Some young people were unsure how to book a GP appointment or if an adult had to be present, and some young people discussed building up the courage to go to their doctor for an initial conversation about how they were feeling. Some young people had seen their doctor and were unhappy with their treatment. Some were waiting for their referral appointments but were unsure how to cope and what to do in the meantime.

I hope that evidence is helpful and should you want to discuss any element further please don't hesitate to contact our Policy and Public Affairs Manager, Vivienne Laing on [redacted].

Yours sincerely

Des Mannion
NSPCC National Head of Service Cymru / Wales
Children's Services Development and Delivery