

Royal College of Psychiatrists

Consultation Response



DATE: 30TH January 2009

RESPONSE OF: THE ROYAL COLLEGE OF PSYCHIATRISTS, WELSH DIVISION

RESPONSE TO: National Action Plan to Reduce Suicide and Self Harm in Wales (2008 - 2013) – ‘Talk to Me’

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and the Republic of Ireland and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. This consultation was prepared by the Royal College of Psychiatrists, Welsh Division

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I am writing on behalf of members of the Royal College of Psychiatrists in Wales to comment on the 'Talk to Me' consultation document. Colleagues in Wales wish to compliment the Welsh Assembly Government for producing a comprehensive strategic document and action plan to reduce suicide and self harm in Wales.

Colleagues working in Liaison Psychiatry have provided most of the comment and have also written to you independently. We strongly support the overall aim of the 'Talk to Me' document and the seven key commitments. The action plan is ambitious and would benefit from allocation of resources to meet the objectives.

The action plan is clearly written. Colleagues have advised that there is relevant National guidance already available covering management of suicide and self harm. Reference to the following documents should be clearer:

Guidance from the National Institute for Clinical Excellence (NICE)
'Self-harm. The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care' 2004

<http://www.nice.org.uk/nicemedia/pdf/CG016QuickRefGuide.pdf>

Royal College of Psychiatrists, London (College Research and Training Unit)
'Better Services for People Who Self-Harm' Quality Standards for Health Care Professionals' 2006

<http://www.rcpsych.ac.uk/PDF/Self-Harm%20Quality%20Standards.pdf>

Full compliance with existing guidance should also be emphasised. Prompt and easy access to appropriate mental health advice and sources of support is particularly important. However, colleagues have expressed concern that economic conditions exert a major influence upon the rates of suicide and self harm in any given population and this must be taken into account when assessments of the effectiveness of this action plan are made.

Relatively small improvements in Information Technology would more effectively meet the needs of the population of Wales. A standardised and systematic approach to coding presentations with self harm would enable more coherent comparison between different services and within the same area over time. Again, colleagues working in Liaison Psychiatry working in both South and North Wales would be able to advise directly on this point.

I strongly support the view of several colleagues who are seeking to ensure that all patients presenting with deliberate self harm receive a timely and thorough mental health assessment. Colleagues have also emphasised the importance of continuing to ensure that the provision of mental health treatment (in the broadest sense) is optimal for all patients who are suffering from mental disorder.

It is generally accepted that consistent achievement of these objectives will be associated over time with reduced rates of completed suicide. Although the 'Talk to Me' document has an emphasis upon the needs of young people in Wales, it is important that the needs of older adults are not overlooked.

With respect to the role of the media, I would draw your attention to the difficulty complying with the current Press Complaints Commission (PCC) code of practice about the reporting of suicide. There is now sufficient published evidence to confirm that high profile or 'sensationalist' reporting of suicide adversely influences rates of completed suicide, apparently through the twin routes of publicising an effective method of suicide and promotion of 'over-identification' by vulnerable individuals with those who have taken their own lives.

The current PCC code of practice states:

5 Intrusion into grief or shock

i) In cases involving personal grief or shock, enquiries and approaches must be made with sympathy and discretion and publication handled sensitively. This should not restrict the right to report legal proceedings, such as inquests.

*ii) When reporting suicide, care should be taken to avoid excessive detail about the method used

<http://www.pcc.org.uk/cop/practice.html>

It is understandably difficult for journalists to produce vague or 'undetailed' articles and there is considerable merit in seeking a change in the PCC guidance so that no mention of the method of completed suicide would be made. Colleagues continue to work with partner organisations such as the Samaritans and Papyrus who have shown commitment in the area of suicide prevention.

Education and training about suicide prevention and the process of suicide risk assessment remain essential elements of any successful action plan in this area. The 'Talk to Me' document is no exception. The Royal College of Psychiatrists wishes to remain closely involved in the development and delivery of all aspects of the National Action Plan to reduce Suicide and Self Harm in Wales.

Thank you for providing an opportunity to contribute to the document.

Dr Robert Colgate

Consultant Psychiatrist and Welsh representative of the Public Education
Committee of the Royal College of Psychiatrists
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