



Socioeconomic disadvantage and suicidal behaviour

Finding a way forward for Wales

SAMARITANS
SAMARIAID

Foreword

- Almost a quarter of the Welsh population (23%) live in poverty. It costs Wales £3.6bn a year; a fifth of the Welsh Government budget.
- Each year, between 300 and 350 people die by suicide in Wales, which is around three times the number killed in road accidents. It is the most common cause of death for men aged 20-49 and the leading cause of death for people under 35.

We know that poverty is linked to people taking their own lives. We also know that suicide is not inevitable and that there are actions we can take so that difficult times do not result in people dying.

There is now overwhelming evidence of a strong connection between socioeconomic deprivation and suicidal behaviour. Areas of higher socioeconomic disadvantage tend to have higher rates of suicide and the greater the level of deprivation experienced by an individual, the higher their risk of suicidal behaviour.

In 2016, Samaritans commissioned eight leading social scientists to review and extend the existing body of knowledge on the connection between socioeconomic disadvantage and suicidal behaviour. The report, titled 'Dying from Inequality' was launched in March 2017 and included key findings on the link between suicide and deprivation and recommendations for mitigating this connection.

To explore the implications, challenges and opportunities of this report for Wales, we invited key partners, stakeholders and experts to join us in discussion. The conversations that followed were revealing, troubling and inspiring. We heard from a wide range of participants, many of them frontline staff, from the police service to third sector organisations to job



centres. All recognised the reality of the link between poverty, distress and suicide and the urgency of doing all we can to tackle it.

Poverty means facing constant insecurity and uncertainty. Its features include inadequate housing, poor mental health, low educational attainment, unemployment, loneliness and low social mobility. Knowing that these are also risk factors for suicide should add urgency and energy to efforts to mitigate both poverty and its impact on individuals and communities. One of the comments from our seminar was that everyone wants to be a competent member of society and to feel a sense of belonging and meaning. This emphasis on connection between people is close to our own values as an organisation. The power of communities in Wales and the skills and abilities of the people within them are a major asset which needs to be recognised, supported and utilised.

Suicide is preventable. It is crucial that we have effective collaboration across central and local government, multi-agency groups, communities and all the local agencies which can play a role in preventing suicides in Wales.

While reading this report, we must remember that behind the figures there are individuals who have left behind a family and community devastated by their loss. By taking action together, we can reduce suicide.



SARAH STONE
EXECUTIVE DIRECTOR FOR SAMARITANS FOR WALES



Dying from inequality: key findings

People who are socioeconomically disadvantaged or who live in areas of socioeconomic deprivation have an increased risk of suicidal behaviour.

Features of socioeconomic disadvantage include low income, unmanageable debt, poor housing conditions, lack of educational qualifications, unemployment and living in a socioeconomically deprived area.

In March 2017, Samaritans launched the report, titled 'Dying from Inequality' which examined the connection between socioeconomic disadvantage and suicidal behaviour.

KEY FINDINGS FROM THE RESEARCH

Societal

- Suicide risk increases during periods of economic recession, particularly when recessions are associated with a steep rise in unemployment, and this risk remains high when crises end, especially for individuals whose economic circumstances do not improve.
- Countries with higher levels of per capita spending on active labour market programmes, and which have more generous unemployment benefits, experience lower recession-related rises in suicides.
- During the most recent recession (2008-09), there was a 0.54% increase in suicides for every 1% increase in indebtedness across 20 EU countries, including the UK and Ireland.
- Social and employment protection for the most vulnerable in society, and labour market programmes to help unemployed people find work, can reduce suicidal behaviour by reducing both the real and perceived risks of job insecurity and by increasing protective factors, such as social contact. In order to be effective, however, programmes must be meaningful to participants and felt to be non-stigmatising.

Listed with their specialisms, the eight commissioned experts are:

Professor Clare Bamba, public health, Newcastle University

Dr Joanne Cairns, public health, Newcastle University

Dr Amy Chandler, sociology, University of Edinburgh

Dr Elke Heins, social policy, University of Edinburgh

Dr Olivia Kirtley, health psychology, University of Glasgow; University of Ghent

Associate Professor David McDaid, health economics, London School of Economics

Professor Rory O'Connor, health psychology, University of Glasgow

Dr Katherine Smith, social policy, University of Edinburgh

Community

- There is a strong association between area-level deprivation and suicidal behaviour: as area-level deprivation increases, so does suicidal behaviour. Suicide rates are two to three times higher in the most deprived neighbourhoods compared to the most affluent.
- Admissions to hospital following self-harm are two times higher in the most deprived neighbourhoods compared to the most affluent.
- Multiple and large employer closures resulting in unemployment can increase stress in a local community, break down social connections and increase feelings of hopelessness and depression, all of which are recognised risk factors for suicidal behaviour.

Individual

- Individuals experiencing socioeconomic disadvantage and adverse experiences, such as unemployment and unmanageable debt, are at increased risk of suicidal behaviour, particularly during periods of economic recession.
- The risk of suicidal behaviour is increased among those experiencing job insecurity and downsizing or those engaged in non-traditional work situations, such as part-time, irregular and short-term contracts with various employers.
- The experience of being declared bankrupt, losing one's home or not being able to repay debts to family and friends is not only stressful but can also feel humiliating. This can lead to an increased risk of suicidal behaviour.
- The risk of suicidal behaviour increases when an individual faces negative life events, such as adversity, relationship breakdown, social isolation, or experiences stigma, emotional distress or poor mental health. Socioeconomically disadvantaged individuals are more likely to experience ongoing stress and negative life events, thus increasing their risk of suicidal behaviour.
- In the UK, socioeconomically disadvantaged individuals are less likely to seek help for mental health problems than the more affluent, and are less likely to be referred to specialist mental health services following self-harm by GPs located in deprived areas.

Round table discussion: key findings

To explore the implications, challenges and opportunities of the ‘Dying from Inequality’ report for Wales, Samaritans invited key partners, stakeholders and experts to join in a discussion.

Community engagement

The need to engage individuals with their communities was raised as an urgent issue, with the closure of Communities First being flagged as a significant concern. Feeling part of a network, a community and a society is a vital part of good mental health. Despite the lack of community engagement in areas of socioeconomic deprivation, the power of communities in Wales overall was highlighted as a major asset which needs to be utilised.

Throughout the session there was agreement that those individuals experiencing high levels of poverty don’t have the means to engage in society in the most typical ways. Activities such as going to the pub or meeting for a coffee can be impossible for those experiencing poverty, therefore reducing the likelihood of engaging with others.

Loneliness and isolation were described as leading and underpinning causes of distress for individuals living in areas of socioeconomic deprivation. Referrals to mental health and secondary services can often be attributed to loneliness and lack of engagement with the community.

A community approach to loneliness and isolation, one which specifically focuses on reintegrating individuals into community networks, particularly through volunteering, was described as being very successful.

An investment in community groups and a social community directory for Wales was proposed as a solution to the lack of engagement in deprived areas. The current funding for community groups was said to be inadequate, even though they play a crucial part in public mental health and wellbeing. It was suggested that many individuals do not have a solid family network and as such, they need to be connected meaningfully in other ways with their community, friends and neighbours. Organisations such as Men’s Sheds Cymru, community groups which aim to tackle loneliness in men, are widely seen as being highly successful. We must learn from these initiatives in order to support our deprived communities.



Everyone wants to be a competent member of society, one who feels a sense of belonging and meaning.



Compassion and empathy in welfare policy

Financial difficulties such as unmanageable debt or accessing benefits are risk factors for suicide. Those facing difficulty claiming benefits or managing their finances need to receive support as early as possible. Often, individuals are only identified when they are approaching or already experiencing crisis point. Underpinning this discussion was a recognition of the need to treat people with compassion and empathy; a person-centred approach is essential if we want to improve the situation for those experiencing poverty.

The group discussed the effect of welfare policies in Wales and how they could be a cause of major emotional distress. Participants raised the need to hold policy-makers to account, especially when their decisions have a negative impact on people living in poverty.

Being subject to irresponsible lending, combined with a lack of financial literacy was identified as another major source of mental ill-health. Participants raised the importance of targeting financial conduct regulators with a clear ask to make repayment details and policies clear. This was discussed in the context of devolution but it was widely agreed that public campaigning should be considered as a means of educating communities in Wales.

Collaborative and multi-agency working

A major theme throughout the discussion was the growing need for multi-agency working and linking up across services. Public services and third-sector organisations who are identified as priority care providers in Talk to me 2, for example those working in job centres, food banks or GP surgeries, need to work more collaboratively. A far more preventative approach to emotional distress and suicidal ideation through signposting and referral is needed.

Participants commented that those experiencing emotional distress were only referred when it was too late and they were already in crisis. For example, individuals who engage with their GP about their mental health and describe debt as a major cause should be linked up with appropriate debt or emotional support charities. Landlords and letting agencies should be equipped to signpost tenants to relevant sources of support. Job centres should be aware of the types of emotional support available to their clients and refer them accordingly.



Bureaucratic systems often delay processes and delivery but we need to trump policy and procedure with empathy and compassion.



Collaborative working and connecting people with the support that is already out there is vital. Communities already have the solutions – we just need to forge the links.



Engagement with health services

Engagement with both primary and secondary health services, specifically mental health services, was raised as a major cause for concern in areas of deprivation.

Waiting lists for mental health services were widely recognised as a major barrier to increased wellbeing. Many participants described multiple incidents where individuals get ‘lost in the system’ for a number of reasons. For example, a lack of communications skills or digital literacy, along with mental health issues, mean that individuals may miss specific appointments ranging from initial assessments through to counselling sessions. It was widely observed that individuals who miss just one appointment are pushed back to the start, increasing the level of distress and preventing the swift identification of the right treatment and care pathway.

Mental health and suicide awareness training

Mental health and suicide awareness training were identified as key drivers in mitigating the impact of poverty in communities across Wales. Training was identified as an approach which could hold real strength for Wales, with trauma-informed care and practice, a framework which is responsive to the impact of trauma, being highlighted as integral. Participants also pointed out that resource is a huge issue for training despite the fact that it was one of the most important contributors to improvements to service delivery.

Individuals attending job centres, foodbanks, community outreach events and GP surgeries are often identified as having mental health issues or feeling suicidal. These places and the staff that work within them are identified as priority places and priority care providers in Talk to me 2 and therefore staff should be trained effectively. A cascade training approach was described as a resourceful way of upskilling organisations through its focus on training large numbers of people quickly and saving training costs. Online training was also identified as an area which needs to be developed in Wales. Most significantly, it was felt that being trained to implement intervention and prevention must be made economically viable for organisations and companies.

Whilst training for frontline staff is crucial, staff feel overburdened with increasing pressure to undertake different types of training. Many frontline staff do not have the right support themselves. In this context, workplace training for those in leadership positions is also crucial.



One mistake with an individual in which they get lost in the system for missing an appointment is not a statistic, it can be someone’s entire life.



There is a real risk of overburdening frontline staff – we can’t be everywhere. They don’t necessarily need to know how to deal with specific service issues. Instead they need to know how to refer properly and link in with mental health services.





The link between poverty and education

Investment in preventing and protecting children and young people from growing up in and living in poverty and experiencing emotional distress and suicidal ideation was raised as one of the major commitments needed to drive change in Wales. ACEs (Adverse Childhood Experiences) are often a feature for people who experience socioeconomic disadvantage.

Exclusion from education is a significant problem which increases the likelihood of an individual experiencing suicidal ideation. Increased integration, bridging the gap between home, community and school, was seen to be beneficial. Understanding a pupil's background is key to understanding their behaviour. Irregular attendance, arriving at school hungry, a lack of concentration or hostile behaviour are just some of the signs that a pupil may be experiencing poverty and schools must be equipped to identify and manage this. This is linked to a perceived stigma surrounding poverty in education. Alongside this, it was noted that parents in areas of deprivation can feel talked down to and patronised because they feel unable to advocate for their child due to a lack of literacy or communication skills.

In terms of engaging young people meaningfully with their communities after they leave education, there was a unified call for promoting apprenticeships, traineeships or school leaver programmes. Young people must be empowered and educated to understand that college or university is not the only option.

From a societal standpoint, participants highlighted how loneliness and isolation was a major issue for young people in part due to an increasing reliance on social media. Participants identified a need for freely available communication networks and support in local communities.



The cost of exclusion from education for the individual now, in the present and in the future, is hugely significant and must be explored.



Bereavement by suicide

Individuals living in areas of socioeconomic disadvantage are more exposed to the suicidal behaviour of others and more likely to experience bereavement by suicide. Losing someone to suicide was compared to losing someone to alcohol or substance misuse. The type of grief surrounding suicide is unique and requires a specific level of support. The stigma and lack of signposting means that the individuals and families left behind are often left without the support they need.

A lack of immediate support after a suicide was discussed along with lengthy waiting lists for support groups. Many individuals are not connected with appropriate services during this period because it is described as difficult to find the 'right place' for people. With long waiting lists, other options include private therapy, which individuals experiencing poverty are unable to access due to a lack of resources. GPs, coroners and funeral directors were discussed as possible opportunities for signposting and linking bereaved individuals to other appropriate agencies.

Destigmatising poverty and debt

When discussing the need to destigmatise poverty and debt using the media and public figures, it was agreed that 'vulnerability' needed to be included. Participants discussed normalising difficult and vulnerable situations in the media to try to reduce the stigma and fear of judgement which prevent individuals from accessing help and support.

There was broad discontent about the increase in media coverage which exploits those in deprived communities and presents poverty as entertainment. The language and attitudes surrounding poverty both in society and the media can be hard to shift; benefits, unemployment and council housing are often stigmatised. Participants strongly agreed that we as a society must realise that deprivation is closer to us than we think; we must stop seeing deprived communities as separate to us.



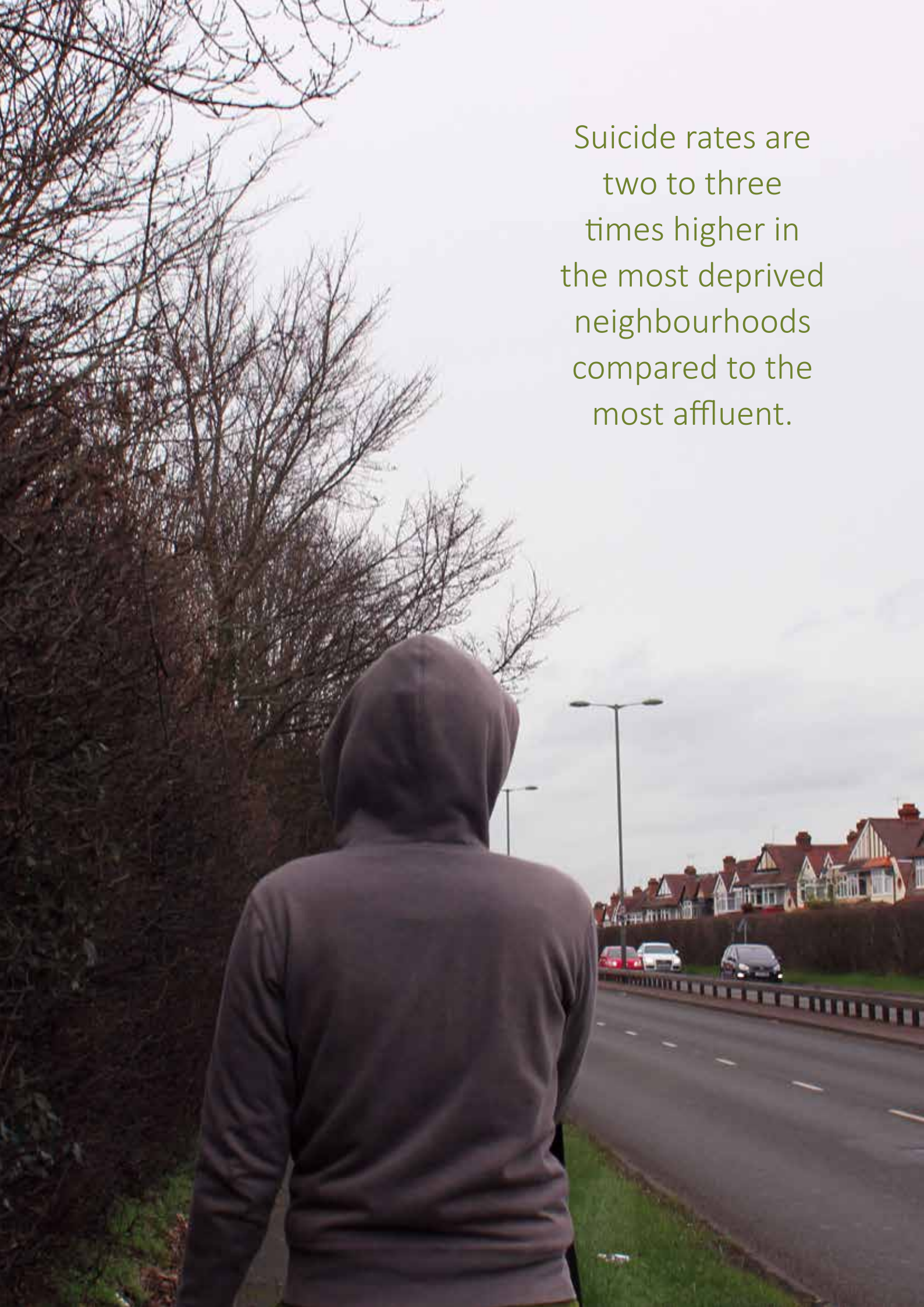
Losing someone to suicide brings with it a unique sense of grief and many people don't know how to present it to the world. There is a stigma around death by suicide.



Many of us don't realise we are only a few pay packets or less away from severe financial difficulty or losing our homes. We see being poor as separate to us but it's not.



Suicide rates are two to three times higher in the most deprived neighbourhoods compared to the most affluent.



Recommendations for Wales

1 The Welsh Government should set out a Wales Poverty Strategy

Poverty is a major public health issue in Wales and must be treated with urgency. Growing up or living in poverty can have devastating consequences for individuals and communities, affecting education, health, social mobility, child development and life expectancy. Most significantly, poverty can increase the risk of suicide.

A centralised strategy for poverty which promotes cross-governmental and cross-sectoral involvement is imperative for such a major public health issue. We need a strategy which mitigates the impact of poverty on individuals and communities and sits alongside economic strategies. We must increase the understanding of the vital link between emotional wellbeing and community; investing in this link can reduce human, social and economic costs. Overall, we must realise the potential and strength of communities in Wales; community regeneration is a key part of supporting this.

2 Local implementation of Talk to me 2, the suicide and self-harm prevention strategy for Wales

There needs to be a clear framework for implementation of Talk to me 2 in order to facilitate collaborative and multi-agency working. Every local authority should have a suicide prevention plan which takes risk and protective factors into account; we need to act locally to mitigate poverty and enable effective suicide prevention in Wales.

The creation and implementation of local suicide prevention plans and ensuring the engagement of Local Health Boards and local authorities in Regional Multi-Agency Suicide Prevention Fora is crucial. Local suicide prevention plans are developed and implemented by multi-agency groups and are critical to implementing the national suicide prevention strategies published by Welsh Government. Without a local suicide prevention plan, suicide prevention work is much less effective than it could be and this is particularly significant in areas experiencing socioeconomic deprivation where suicide rates are higher. Local planning enables the pulling together of local expertise and competencies, an approach which galvanises the strength of existing communities.

3 Adverse Childhood Experiences (ACEs) and poverty – making an intervention

Adverse Childhood Experiences (ACEs) are traumatic experiences that occur before the age of 18 and are remembered throughout adulthood. ACEs increase the likelihood of health-harming behaviours in adulthood and were raised consistently

throughout our discussions. Evidence shows that ACEs increase the likelihood of poor mental health, lower educational achievement, lower economic success, alcohol and substance misuse and contact with the criminal justice system, all of which are high-risk factors for suicide.

Intervention to reduce ACEs can have a major effect on health and poverty in Wales and must be developed and promoted through public and professional awareness. Local health services, local authorities, public services and the wider public sector must invest and work to prevent and reduce ACEs and, most significantly, understand the benefits of intervening in the cycle of ACEs. Local practice must be informed by an understanding that, with the right support, individuals can change the trajectory of their own life.

4 Better public information on financial literacy

Those experiencing unmanageable debt are at increased risk of suicidal behaviour. Public information on financial literacy and debt advice would be invaluable in Wales. Individuals and communities need to be better equipped to understand and manage the details and implications of, for example, pay-day loans, loan repayments and monthly contracts. Irresponsible lending must be targeted through a public information campaign. Building on the work already being undertaken as part of the financial inclusion strategy for Wales, we must equip and empower individuals and communities with greater financial literacy early on to try and reduce the detrimental effects of unmanageable debt.

5 Community groups and outreach as a form of prevention and early intervention

Loneliness and isolation can have a serious impact on physical and mental health and are a risk factor for suicidal behaviour and suicide. Being socially isolated can make an individual more vulnerable to suicidal thinking and behaviour. Low social support, disconnectedness and a lack of social integration increase the likelihood of suicidal behaviour. Those who are socioeconomically disadvantaged often experience lower levels of social support which puts them at greater risk of suicidal behaviour.

Community groups should be seen as a form of prevention and early intervention for loneliness, isolation and low social support in Wales and policy solutions should be worked up to increase community participation. It is vital that these types of community or social outreach groups are recognised for their health benefits; social connectedness tackles low social support and can work to reach those who are at the highest risk of being socially excluded. This is particularly relevant with the closure of Communities First groups and networks in Wales.

The Welsh Government should build on the recommendations from the Health, Social Care and Sport Committee's Inquiry into Loneliness and Isolation and create a programme of action which supports community infrastructure. There should be specific investment in replacing the Communities First model, with a focus on the elements of the scheme which achieved increased connectedness in deprived communities.

6 Mental health and suicide awareness training for frontline staff

Suicide prevention training should form a major part of local suicide prevention. Agencies need to know how and why they should access good suicide prevention training and have greater awareness of the benefits of a preventative approach to suicide. Training should be provided to frontline workers both in the public sector and key frontline sectors who are more likely to meet vulnerable groups in areas of socioeconomic deprivation. Increased awareness of good quality training should also be highlighted. Suicide Prevention Training is particularly important for those identified as 'Priority Care Providers' in Talk to me 2, such as job centre staff, emergency health staff and teachers. There also needs to be an investment and uptake in training for senior staff in order to provide support for their own frontline staff who are supporting the most vulnerable people in society. Overall, it is crucial that frontline staff and public services are able to signpost to other relevant services and agencies effectively.

7 Better support for those bereaved by suicide

Every suicide is a tragedy which has a devastating effect on families, friends, colleagues and the wider community. For each death by suicide in Wales, it has been suggested that an average of 6 people are deeply affected, and family and friends who have been bereaved by suicide are 1.7 times more likely to attempt suicide.

We must provide better information and support to those bereaved or affected by suicide. Waiting lists for bereavement support are a major barrier to follow-up care in Wales. Resources such as 'Help is at Hand Cymru' must be more widely disseminated. The stigma around death by suicide can be isolating for the friends and families left behind who may experience very distinctive bereavement issues including guilt and shame. It is vital we work to normalise talking about feelings and encourage openness as a form of help seeking and early intervention to reduce the stigma.

8 Poverty and vulnerability must be destigmatised

Attitudes surrounding poverty and vulnerability can be hard to shift but it is vital we target our efforts at changing the 'us and them' attitude in our society. Wales press, broadcast media and public figures can play a huge part in this by recognising the impact of stigma and avoiding language which portrays poverty in a way that increases stigma, especially for those receiving benefits and using welfare services. Myth busting programmes and news coverage which present the true reality of living in poverty could be highly constructive for society in Wales.

As highlighted throughout this report, the strength and competence of communities must be recognised. Welsh Government strategies must work with communities to focus on strengths as well as challenges.

9 Compassionate approaches to poverty

Underpinning all our discussions and recommendations, was the need to adopt a compassionate approach to those experiencing socioeconomic disadvantage and living in areas of deprivation. As our participants noted, no one wants to be a service user or a client; people need to be empowered to live with strength and resilience. Poverty and inequality are integrally linked and it is essential that we treat disadvantaged individuals and communities with fairness and respect. A lack of communication skills, financial illiteracy or mental health issues shouldn't mean a missed appointment puts individuals back to the start of lengthy processes and waiting lists. We must act compassionately to improve outcomes for those who are struggling right across Wales. A whole system approach, which instils the compassionate approach to individuals and communities, should be embedded in the internal values systems of services, agencies and organisations in Wales.

10 Addressing the cost of exclusion from education

Exclusion from education is a significant issue which increases the likelihood of an individual experiencing suicidal ideation. Exclusion from school also contributes to social exclusion and a lack of belongingness in children and young people. An increased understanding of pupil background and their behaviour is fundamental. Schools and educational settings must adopt alternative approaches and responses to addressing behaviours that lead to exclusion. Exclusion and the reasons for it must be identified and mapped across Wales so we can better understand the patterns and trends surrounding it. Schools should be encouraged to share best practice in minimising exclusion and increasing engagement.

Our thanks to all participants involved with our round table discussion 'Finding a way forward for Wales'. This report is based on these discussions; however, the recommendations are from Samaritans Cymru.

- Building Communities Trust
- South Wales Police
- Citizens Advice
- Cymorth Cymru
- Department for Work and Pensions (DWP)
- Sport Wales
- Alcohol Concern Cymru
- Interlink
- Torfaen County Council
- Future Generations Commissioner for Wales
- Welsh Government – Mental Health Division
- Mind Cymru
- Jobcentre Plus Wales
- New Horizons
- Oxfam Cymru
- People and Work

To view or download the full 'Dying from Inequality' report, please visit samaritans.org/dying-from-inequality/report

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**Anfantais economaidd
gymdeithasol ac ymddygiad
hunanladdol**

Dod o hyd i ffordd ymlaen i Gymru

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Rhagair

- Mae bron chwarter poblogaeth Cymru (23%) yn byw mewn tlodi. Mae'n costio £3.6 biliwn y flwyddyn i Gymru, sef pumed o gyllideb Llywodraeth Cymru.
- Mae rhwng 300 a 350 o bobl yn marw trwy hunanladdiad yng Nghymru bob blwyddyn, ffigur sydd oddeutu tair gwaith y nifer sy'n cael eu lladd mewn damweiniau ffordd. Hunanladdiad yw'r achos marwolaeth mwyaf cyffredin ymysg dynion rhwng 20 a 49 oed a phrif achos marwolaeth pobl o dan 35.

Gwyddom fod tlodi'n gysylltiedig â phobl yn lladd eu hunain. Gwyddom hefyd nad yw hunanladdiad yn anochel a bod yna gamau y gallwn eu cymryd fel nad yw adegau anodd yn arwain at farwolaethau pobl.

Erbyn hyn mae yna dystiolaeth ddiymwad o gysylltiad cryf rhwng amddifadedd economaidd gymdeithasol ac ymddygiad hunanladdol. Mae ardaloedd o anfantais economaidd gymdeithasol uwch yn tueddu i fod â chyfraddau hunanladdiad uwch a pho uchaf yw'r lefel amddifadedd mae unigolyn yn ei phrofi, uchaf yw'r risg ymddygiad hunanladdol.

Yn 2016, comisiynodd y Samariaid wyth gwyddonydd cymdeithasol blaenllaw i adolygu ac ehangu'r corff gwybodaeth presennol ar y cysylltiad rhwng anfantais economaidd gymdeithasol ac ymddygiad hunanladdol. Lanswyd yr adroddiad, 'Marw o Anghydraddoldeb', ym mis Mawrth 2017 ac roedd yn cynnwys canfyddiadau allweddol am y cyswllt rhwng hunanladdiad ac amddifadedd ac argymhellion ar gyfer lleddfyr cysylltiad hwn.

Er mwyn edrych ar oblygiadau, heriau a chyfleoedd yr adroddiad hwn i Gymru, gwahoddasom bartneriaid allweddol, rhanddeiliaid ac arbenigwyr i ymuno â ni mewn trafodaeth. Roedd y sgysiau a gafwyd yn ddadlennol, yn destun gofid ac ysbrydoliaeth. Clywsom gan amrywiaeth fawr o gyfranogwyr, llawer ohonynt yn staff y rheng flaen, o wasanaeth yr heddlu i sefydliadau yn y trydydd sector i



ganolfannau byd gwaith. Roedd pawb yn cydnabod realiti'r cyswllt rhwng tlodi, tralod a hunanladdiad, a'r angen taer i wneud popeth a allwn i fynd i'r afael ag ef.

Mae tlodi'n golygu wynebu ansicrwydd di-baid. Mae ei nodweddion yn cynnwys tai annigonol, iechyd meddwl gwael, cyflawniad addysgol isel, diweithdra, unigedd a symudedd cymdeithasol isel. Dylai gwybod bod y rhain hefyd yn ffactorau risg ar gyfer hunanladdiad ychwanegu taerineb ac egni i ymdrechion i leddfu tlodi a'i effaith ar unigolion a chymunedau. Un o'r sylwadau o'n seminar oedd bod pawb eisiau bod yn aelod abl o'r gymdeithas a bod ag ymdeimlad o berthyn ac ystyr. Mae'r pwyslais hwn ar gysylltiad rhwng pobl yn agos i'n gwerthoedd ninnau fel sefydliad. Mae pŵer cymunedau yng Nghymru a sgiliau a galluoedd y bobl ynddynt yn ased o bwys y mae angen ei gydnabod, ei gefnogi a'i ddefnyddio.

Mae modd atal hunanladdiad. Mae'n hollbwysig inni fod â chydweithredu effeithiol ar draws llywodraeth ganolog a lleol, grwpiau amlasiantaethol, cymunedau a'r holl asiantaethau lleol a all chwarae rhan yn y gwaith o atal hunanladdiadau yng Nghymru.

Wrth ddarllen yr adroddiad hwn, rhaid inni gofio bod, y tu ôl i'r ffigurau, unigolion sydd wedi gadael teulu a chymuned ar eu hôl sydd wedi'u llorio gan y golled. Trwy weithredu gyda'n gilydd, gallwn leihau hunanladdiad.



SARAH STONE
CYFARWYDDWR GWEITHREDOL SAMARIAID CYMRU



Marw o anghydraddoldeb: canfyddiadau allweddol

Mae gan bobl sydd o dan anfantais economaidd gymdeithasol neu sy'n byw mewn ardaloedd o amddifadedd economaidd gymdeithasol fwy o risg ymddygiad hunanladdol.

Mae nodweddion anfantais economaidd gymdeithasol yn cynnwys incwm isel, dyledion amhosibl eu rheoli, amodau tai gwael, diffyg cymwysterau addysgol, diweithdra a byw mewn ardal o amddifadedd economaidd gymdeithasol.

Ym mis Mawrth 2017, lansiodd y Samariaid yr adroddiad, dan yr enw 'Marw o Anghydraddoldeb', oedd yn edrych ar y cysylltiad rhwng anfantais economaidd gymdeithasol ac ymddygiad hunanladdol.

Y PRIF GANFYDDIADAU O'R YMCHWIL

Cymdeithasol

- Mae risg hunanladdiad yn cynyddu yn ystod cyfnodau o ddirwasgiad economaidd, yn arbennig pan fo dirwasgiadau'n gysylltiedig â chynnydd cyflym mewn diweithdra. Mae'r risg hon yn aros yn uchel pan ddaw argyfyngau i ben, yn arbennig i unigolion nad yw eu sefyllfa economaidd yn gwella.
- Mae gwledydd sy'n gwario mwy y pen ar raglenni gweithredol yn y farchnad lafur ac sy'n talu mwy o fudd-daliadau diweithdra, yn gweld llai o gynnydd mewn hunanladdiadau sy'n gysylltiedig â dirwasgiad.
- Yn ystod y dirwasgiad mwyaf diweddar (2008-09), gwelwyd 0.54% o gynnydd mewn hunanladdiadau am bob 1% o gynnydd mewn dyledusrwydd ar draws 20 o wledydd yr Undeb Ewropeaidd, gan gynnwys y Deyrnas Unedig ac Iwerddon.
- Mae amddiffyniad cymdeithasol ac amddiffyniad cyflogaeth i'r rhai mwyaf agored i niwed yn y gymdeithas, a rhaglenni'r farchnad lafur i helpu pobl ddi-waith i ddod o hyd i swydd, yn gallu lleihau ymddygiad hunanladdol trwy leihau risgiau gwirioneddol a chanfyddedig ansicrwydd swydd, a thrwy wella ffactorau amddiffynnol, fel cyswllt cymdeithasol. Fodd bynnag, er mwyn bod yn effeithiol, rhaid i'r rhaglenni fod yn ystyrlon i'r cyfranogwyr, heb achosi iddynt deimlo unrhyw stigma.

Dyma'r wyth arbenigwr a gomisiynwyd, ynghyd â'u harbenigeddau:

Yr Athro Clare Bamba, iechyd y cyhoedd, Prifysgol Newcastle

Dr Joanne Cairns, iechyd y cyhoedd, Prifysgol Newcastle

Dr Amy Chandler, cymdeithaseg, Prifysgol Caeredin

Dr Elke Heins, polisi cymdeithasol, Prifysgol Caeredin

Dr Olivia Kirtley, seicoleg iechyd, Prifysgol Glasgow; Prifysgol Ghent

Yr Athro Cyswllt David McDaid, economeg iechyd, Ysgol Economeg Llundain

Yr Athro Rory O'Connor, seicoleg iechyd, Prifysgol Glasgow

Dr Katherine Smith, polisi cymdeithasol, Prifysgol Caeredin

Cymunedol

- Mae cysylltiad cryf rhwng amddifadedd ar lefel ardal ac ymddygiad hunanladdol: wrth i amddifadedd ar lefel ardal gynyddu, mae ymddygiad hunanladdol hefyd yn cynyddu. Mae cyfraddau hunanladdiad ddwywaith i deirgwaith yn uwch yn y cymdogaethau mwyaf difreintiedig o gymharu â'r rhai mwyaf cefnog.
- Mae derbyniadau i ysbytai yn sgil hunan-niwed ddwywaith yn uwch yn y cymdogaethau mwyaf difreintiedig o gymharu â'r rhai mwyaf cefnog.
- Mae'r diweithdra a ddaw yn sgil cau nifer o gyflogwyr a chyflogwyr mawr yn gallu cynyddu'r straen yn y gymuned leol, chwalu cysylltiadau cymdeithasol a chynyddu teimladau o anobaith ac iselder. Mae'r rhain oll yn ffactorau risg cydnabyddedig ar gyfer ymddygiad hunanladdol.

Unigol

- Mae unigolion sydd o dan anfantais economaidd gymdeithasol ac sy'n cael profiadau niweidiol, fel diweithdra a dyledion amhosibl eu rheoli, â mwy o risg ymddygiad hunanladdol, yn arbennig yn ystod cyfnodau o ddirwasgiad economaidd.
- Mae mwy o risg ymddygiad hunanladdol ymysg y rheiny sy'n profi ansicrwydd swydd neu ddileu swyddi, neu'r rhai sydd mewn sefyllfaoedd gwaith annhraddodiadol, fel contractau rhan amser, afreolaidd a thymor byr gyda gwahanol gyflogwyr.
- Mae'r profiad o fynd yn fethdalwr, colli cartref neu fethu ag ad-dalu dyledion i deulu a ffrindiau yn brofiad sy'n achosi straen a hefyd yn gallu arwain at deimladau o gywilydd. Gall hyn arwain at fwy o risg ymddygiad hunanladdol.
- Mae risg ymddygiad hunanladdol yn cynyddu pan fo unigolyn yn wynebu digwyddiadau negyddol mewn bywyd, fel adfyd, chwalu perthynas neu arwahaniad cymdeithasol, neu'n profi stigma, trallod emosiynol neu iechyd meddwl gwael. Mae unigolion sydd o dan anfantais economaidd gymdeithasol yn fwy tebygol o brofi straen parhaus a digwyddiadau negyddol mewn bywyd, sy'n cynyddu risg ymddygiad hunanladdol.
- Yn y Deyrnas Unedig, mae unigolion sydd o dan anfantais economaidd gymdeithasol yn llai tebygol o geisio cymorth ar gyfer problemau iechyd meddwl na phobl fwy cefnog. Maent hefyd yn llai tebygol o gael eu hatgyfeirio at wasanaethau iechyd meddwl arbenigol yn dilyn hunan-niwed gan feddygon teulu mewn ardaloedd o amddifadedd.

Trafodaeth ford gron: canfyddiadau allweddol

Er mwyn edrych ar oblygiadau, heriau a chyfleoedd adroddiad ‘Marw o Anghydraddoldeb’ i Gymru, gwahoddodd y Samariaid bartneriaid allweddol, rhanddeiliaid ac arbenigwyr i ymuno â ni mewn trafodaeth.

Ymgysylltu Cymunedol

Codwyd yr angen i gysylltu unigolion â'u cymunedau fel mater brys, a nodwyd bod diwedd cynllun Cymunedau yn Gyntaf yn destun pryder mawr. Mae teimlo'n rhan o rwydwaith, cymuned a chymdeithas yn rhan hollbwysig o iechyd meddwl da. Er gwaethaf y diffyg ymgysylltu cymunedol mewn ardaloedd o amddifadedd economaidd gymdeithasol, nodwyd bod pŵer cymunedau yng Nghymru yn gyffredinol yn ased o bwys y mae angen ei ddefnyddio.

Drwy gydol y sesiwn cytunwyd nad oes gan yr unigolion hynny sy'n byw mewn tldi mawr y modd i gymryd rhan yn y gymdeithas yn y ffyrdd mwyaf arferol. Gall gweithgareddau fel mynd i'r dafarn neu gyfarfod i gael cwpanaid o goffi fod yn amhosibl i'r rheiny sy'n byw mewn tldi, sydd felly'n lleihau'r tebygrwydd o ymgysylltu ag eraill.

Dywedwyd bod unigedd ac arwahaniad yn un o brif achosion sylfaenol trallod i unigolion sy'n byw mewn ardaloedd o amddifadedd economaidd gymdeithasol. Yn aml gall atgyfeiriadau at wasanaethau iechyd meddwl ac eilaidd gael eu priodoli i unigedd a diffyg ymgysylltiad â'r gymuned.

Dywedwyd bod ymagwedd gymunedol at unigedd ac arwahaniad, un sy'n canolbwyntio'n benodol ar ailintegreiddio unigolion i rwydweithiau cymunedol, yn arbennig trwy wirfoddoli, yn llwyddiannus iawn.

Cynigiwyd y byddai buddsoddi mewn grwpiau cymunedol a chyfeiriadur cymunedol cymdeithasol i Gymru yn ateb i'r diffyg ymgysylltu mewn ardaloedd o amddifadedd. Dywedwyd bod y cyllid cyfredol i grwpiau cymunedol yn annigonol, er eu bod yn chwarae rhan hollbwysig yn iechyd meddwl a lles meddyliol y cyhoedd. Awgrymwyd bod llawer o unigolion heb rwydwaith teuluol cadarn ac o'r herwydd bod angen iddynt ymwneud yn ystyrion mewn ffyrdd eraill â'u cymuned, eu ffrindiau a'u cymdogion. Bernir bod sefydliadau fel Men's Sheds Cymru, grwpiau cymunedol sydd â'r nod o fynd i'r afael ag unigedd ymysg dynion, yn llwyddiannus iawn. Rhaid inni ddysgu o'r mentrau hyn er mwyn cynorthwyo ein cymunedau difreintiedig.



Mae pawb eisiau bod yn aelod abl o'r gymdeithas, un sydd ag ymdeimlad o berthyn ac ystyr.



Tosturi ac empathi mewn polisiau lles

Mae anawsterau ariannol megis dyledion amhosibl eu rheoli neu drafferth wrth gael budd-daliadau yn un o ffactorau risg hunanladdiad. Mae angen i'r rheiny sy'n wynebu anhawster wrth hawlio budd-daliadau neu wrth reoli eu materion ariannol gael cymorth cyn gynted ag sy'n bosibl. Yn aml, nid yw unigolion yn cael eu canfod ond pan fyddant ar fin cyrraedd neu wedi cyrraedd pwynt argyfwng. Yn sail i'r drafodaeth hon roedd cydnabyddiaeth bod angen trin pobl â thosturi ac empathi; mae dull person-ganolog yn hanfodol er mwyn inni wella'r sefyllfa i'r rheiny sy'n byw mewn tlodi.

Trafododd y grŵp effaith polisiau lles yng Nghymru a sut y gallent fod yn achos trallod emosiynol mawr. Cododd y cyfranogwyr yr angen i ddal gwneuthurwyr polisi i gyfrif, yn enwedig pan fydd eu penderfyniadau'n cael effaith negyddol ar bobl sy'n byw mewn tlodi.

Nodwyd bod benthyca anghyfrifol ynghyd â diffyg llythrennedd ariannol yn ffynhonnell bwysig arall afiechyd meddwl. Soniodd cyfranogwyr ei bod yn bwysig gofyn yn glir i reoleiddwyr ymddygiad ariannol sicrhau bod manylion ad-daliadau a pholisïau'n glir. Trafodwyd hyn yng nghyd-destun datganoli ond cytunwyd yn helaeth y dylai ymgyrchu cyhoeddus gael ei ystyried yn ffordd i addysgu cymunedau yng Nghymru.

Gweithio cydweithredol ac amlasiantaethol

Un thema bwysig drwy gydol y drafodaeth oedd yr angen cynyddol am weithio amlasiantaethol a chysylltu ar draws gwasanaethau. Mae angen i wasanaethau cyhoeddus a sefydliadau yn y trydydd sector y nodir eu bod yn ddarparwyr gofal sy'n flaenoriaeth yn Siarad â Fi 2, er enghraifft y rheiny sy'n gweithio mewn canolfannau gwaith, banciau bwyd neu feddygfeydd ymarferwyr cyffredinol, weithio'n fwy cydweithredol. Mae angen ymagwedd llawer mwy ataliol at drallod emosiynol a syniadaeth hunanladdol trwy gyfeirio ac atgyfeirio.

Dywedodd cyfranogwyr nad oedd y rheiny oedd yn dioddef trallod emosiynol yn cael eu hatgyfeirio nes ei bod hi'n rhy hwyr ac roeddent eisoes mewn argyfwng. Er enghraifft, dylai unigolion sy'n sôn wrth eu meddyg teulu am eu hiechyd meddwl ac sy'n dweud mai dyled yw un o'r prif achosion, gael eu cysylltu ag elusennau cymorth â dyledion neu gymorth emosiynol priodol. Dylai landlordiaid ac asiantaethau gosod tai allu cyfeirio tenantiaid at ffynonellau cymorth perthnasol. Dylai canolfannau gwaith wybod am y mathau o gymorth emosiynol sydd ar gael i'w cleientiaid a'u hatgyfeirio'n unol â hynny.



Yn aml mae systemau biwrocraidd yn achosi oedi i brosesau a gwaith darparu ond mae angen inni sicrhau bod empathi a thosturi yn drech na pholisïau a gweithdrefnau.



Mae gweithio cydweithredol a chysylltu pobl â'r gefnogaeth sydd ar gael eisoes yn hollbwysig. Mae gan gymunedau'r atebion eisoes – y cwbl mae angen i ni ei wneud yw creu'r cysylltiadau.



Ymgysylltu â gwasanaethau iechyd

Dywedwyd bod ymgysylltu â gwasanaethau iechyd sylfaenol ac eilaidd, yn benodol gwasanaethau iechyd meddwl, yn destun pryder mawr mewn ardaloedd o amddifadedd.

Cydnabuwyd yn helaeth bod rhestrau aros am wasanaethau iechyd meddwl yn rhwystr mawr i lesiant gwell. Disgrifiodd llawer o gyfranogwyr nifer o achosion lle mae unigolion yn 'mynd ar goll yn y system' am nifer o resymau. Er enghraifft, mae diffyg sgiliau cyfathrebu neu lythrennedd digidol, ynghyd â phroblemau iechyd meddwl, yn golygu y gall unigolion fethu apwyntiadau penodol, yn amrywio o asesiadau cychwynnol i sesiynau cwnsela. Soniwyd yn aml fod unigolion sy'n methu un apwyntiad yn unig yn cael eu gwthio'n ôl i'r dechrau, gan gynyddu lefel y trallod a llesteirio'r gwaith o ganfod y driniaeth iawn a'r llwybr gofal iawn.

Hyfforddiant ar iechyd meddwl ac ymwybyddiaeth o hunanladdiad

Nodwyd bod hyfforddiant ar iechyd meddwl ac ymwybyddiaeth o hunanladdiad yn sbardunwyr allweddol wrth leddfu effaith tlodi mewn cymunedau ledled Cymru. Nodwyd bod hyfforddiant yn ymagwedd a allai fod â chryfder gwirioneddol i Gymru, a nodwyd bod gofal ac ymarfer seiliedig ar drawma, fframwaith sy'n ymatebol i effaith trawma, yn ganolog. Dywedodd cyfranogwyr hefyd fod adnoddau'n broblem enfawr o ran hyfforddiant er gwaethaf y ffaith ei fod yn un o'r cyfranwyr pwysicaf i welliannau i'r ffordd y cyflenwir gwasanaethau.

Yn aml nodir bod gan unigolion sy'n mynd i ganolfannau gwaith, banciau bwyd, digwyddiadau allestyn cymunedol a meddygfeydd ymarferwyr cyffredinol broblemau iechyd meddwl neu eu bod yn teimlo'n hunanladdol. Mae'r lleoedd hyn, a'r staff sy'n gweithio ynddynt, yn cael eu nodi'n lleoedd sy'n flaenoriaeth a darparwyr gofal sy'n flaenoriaeth yn Siarad â Fi 2 ac felly, dylai'r staff gael eu hyfforddi'n effeithiol. Dywedwyd bod hyfforddi trwy raeadru yn ffordd ddyfeisgar o wella sgiliau sefydliadau trwy ei ffocws ar hyfforddi llawer o bobl yn gyflym ac arbed costau hyfforddiant. Nodwyd bod hyfforddiant ar-lein hefyd yn faes y mae angen ei ddatblygu yng Nghymru. Yn fwyaf arwyddocaol, teimlwyd bod y broses o gael hyfforddiant i weithredu camau ymyrryd ac atal yn gorfod cael ei gwneud yn hyfyw yn economaidd i sefydliadau a chwmnïau.

Er bod hyfforddiant i staff y rheng flaen yn hollbwysig, mae staff yn teimlo bod gormod o faich arnynt gyda phwysau cynyddol i ddilyn gwahanol fathau o hyfforddiant. Mae llawer o staff y rheng flaen hwythau heb y cymorth iawn. Yn y cyd-destun hwn, mae hyfforddiant yn y gweithle i'r rheiny sydd mewn swyddi arwain yn hollbwysig hefyd.



Nid ystadegyn yw un camgymeriad gydag unigolyn lle mae'n mynd ar goll yn y system am iddo fethu apwyntiad; gall fod yn fater o fywyd cyfan rhywun.



Mae risg gwirioneddol y rhoddir gormod o faich ar staff y rheng flaen - allwn ni ddim bod ym mhobman. Does dim angen iddyn nhw wybod o angenrheidrwydd sut i ymdrin â materion gwasanaeth penodol. Yn hytrach mae angen iddyn nhw wybod sut i atgyfeirio'n briodol a chysylltu â gwasanaethau iechyd meddwl.





Y cyswllt rhwng tlodi ac addysg

Dywedwyd bod buddsoddi mewn atal a gwarchod plant a phobl ifanc rhag tyfu i fyny a byw mewn tlodi a dioddef trallod emosiynol a phrofi syniadaeth hunanladdol yn un o'r prif ymrwymadau y mae eu hangen i ysgogi newid yng Nghymru. Mae profiadau niweidiol yn ystod plentyndod yn aml yn un o nodweddion pobl sydd o dan anfantais economaidd gymdeithasol.

Mae cael ei wahardd o addysg yn broblem sylweddol sy'n cynyddu'r tebygrwydd y bydd unigolyn yn profi syniadaeth hunanladdol. Barnwyd bod mwy o integreiddio, gan bontio'r bwlch rhwng cartref, cymuned ac ysgol, yn fuddiol. Mae angen deall cefndir disgybl er mwyn deall ei ymddygiad. Presenoldeb afreolaidd, cyrraedd yr ysgol yn llwglyd, diffyg canolbwytio neu ymddygiad gelyniaethus yw rhai o'r arwyddion bod disgybl efallai'n profi tlodi, a rhaid i ysgolion gael eu harfogi i ganfod a rheoli hyn. Mae hyn yn gysylltiedig ag ymdeimlad canfyddedig bod stigma ynghylch tlodi mewn addysg. Ynghyd â hyn, nodwyd y gall rhieni mewn ardaloedd o amddifadedd deimlo bod pobl yn siarad i lawr â nhw ac yn nawddoglyd wrthynt oherwydd eu bod yn teimlo na allant eirioli dros eu plentyn oherwydd diffyg sgiliau llythrennedd neu gyfathrebu.

Yn nhermau ymgysylltu pobl ifanc â'u cymunedau mewn modd ystyrlon ar ôl iddynt adael addysg, roedd galwad unedig i hybu prentisiaethau, hyfforddeiaethau neu raglenni i bobl sy'n gadael yr ysgol. Rhaid i bobl ifanc gael eu grymuso a'u haddysgu i ddeall nad coleg neu brifysgol yw'r unig ddewis.

O safbwynt gymdeithasol, nododd y cyfranogwyr sut yr oedd unigedd ac arwahaniad yn broblem fawr i bobl ifanc yn rhannol oherwydd dibyniaeth gynyddol ar y cyfryngau cymdeithasol. Nododd y cyfranogwyr bod angen rhwydweithiau cyfathrebu a chymorth rhwydd eu cael mewn cymunedau lleol.



Mae cost gwahardd unigolyn o addysg yn awr, yn y presennol ac yn y dyfodol, yn sylweddol iawn ac mae'n rhaid ymchwilio iddi.



Profedigaeth trwy hunanladdiad

Mae unigolion sy'n byw mewn ardaloedd o anfantais economaidd gymdeithasol yn dod i gysylltiad yn fwy ag ymddygiad hunanladdol pobl eraill ac yn fwy tebygol o gael profedigaeth trwy hunanladdiad. Cafodd colli rhywun trwy hunanladdiad ei gymharu â cholli rhywun oherwydd camddefnyddio alcohol neu sylweddau. Mae'r math o alar sydd ynghlwm wrth hunanladdiad yn unigryw ac yn galw am lefel benodol o gymorth. Mae'r stigma a'r diffyg cyfeirio yn golygu bod yr unigolion a theuluoedd sy'n cael eu gadael ar ôl yn aml heb y cymorth mae arnynt ei angen.

Cafodd diffyg cymorth yn syth ar ôl hunanladdiad ei drafod, ynghyd â rhestrau aros hirfaith am grwpiau cymorth. Nid yw llawer o unigolion yn cael eu cysylltu â gwasanaethau priodol yn ystod y cyfnod hwn oherwydd y dywedir ei bod yn anodd dod o hyd i'r 'lle iawn' i bobl. Gyda rhestrau aros hir, mae'r dewisiadau eraill yn cynnwys therapi preifat, y mae unigolion sy'n byw mewn tlodi yn methu manteisio arno oherwydd diffyg adnoddau. Soniwyd bod meddygon teulu, crwneriaid a threfnwyr angladdau yn gyfleoedd posibl o ran cyfeirio unigolion sydd wedi cael profedigaeth at asiantaethau priodol eraill a'u cysylltu â'r asiantaethau hynny.

Dileu stigma tlodi a dyled

Wrth drafod yr angen i ddileu stigma tlodi a dyled gan ddefnyddio'r cyfryngau a ffigurau cyhoeddus, cytunwyd bod angen cynnwys y gair 'bregusrwydd'. Trafododd y cyfranogwyr normaleiddio sefyllfaoedd anodd a bregus yn y cyfryngau er mwyn ceisio lleihau'r stigma ac ofn cael eu barnu sy'n atal unigolion rhag cael help a chymorth.

Roedd anfodlonrwydd helaeth â'r cynnydd yn y sylw yn y cyfryngau sy'n ecsbloetio pobl mewn cymunedau difreintiedig ac yn cyflwyno tlodi fel adloniant. Gall fod yn anodd newid yr iaith a'r agweddau ynghylch tlodi yn y gymdeithas ac yn y cyfryngau; yn aml mae stigma i fudd-daliadau, diweithdra a thai cyngor. Cytunodd y cyfranogwyr yn gryf bod yn rhaid i ni, fel cymdeithas, sylweddoli bod amddifadedd yn nes atom ni nag a feddylw'n; rhaid inni beidio â gweld cymunedau difreintiedig fel rhai ar wahân i ni.



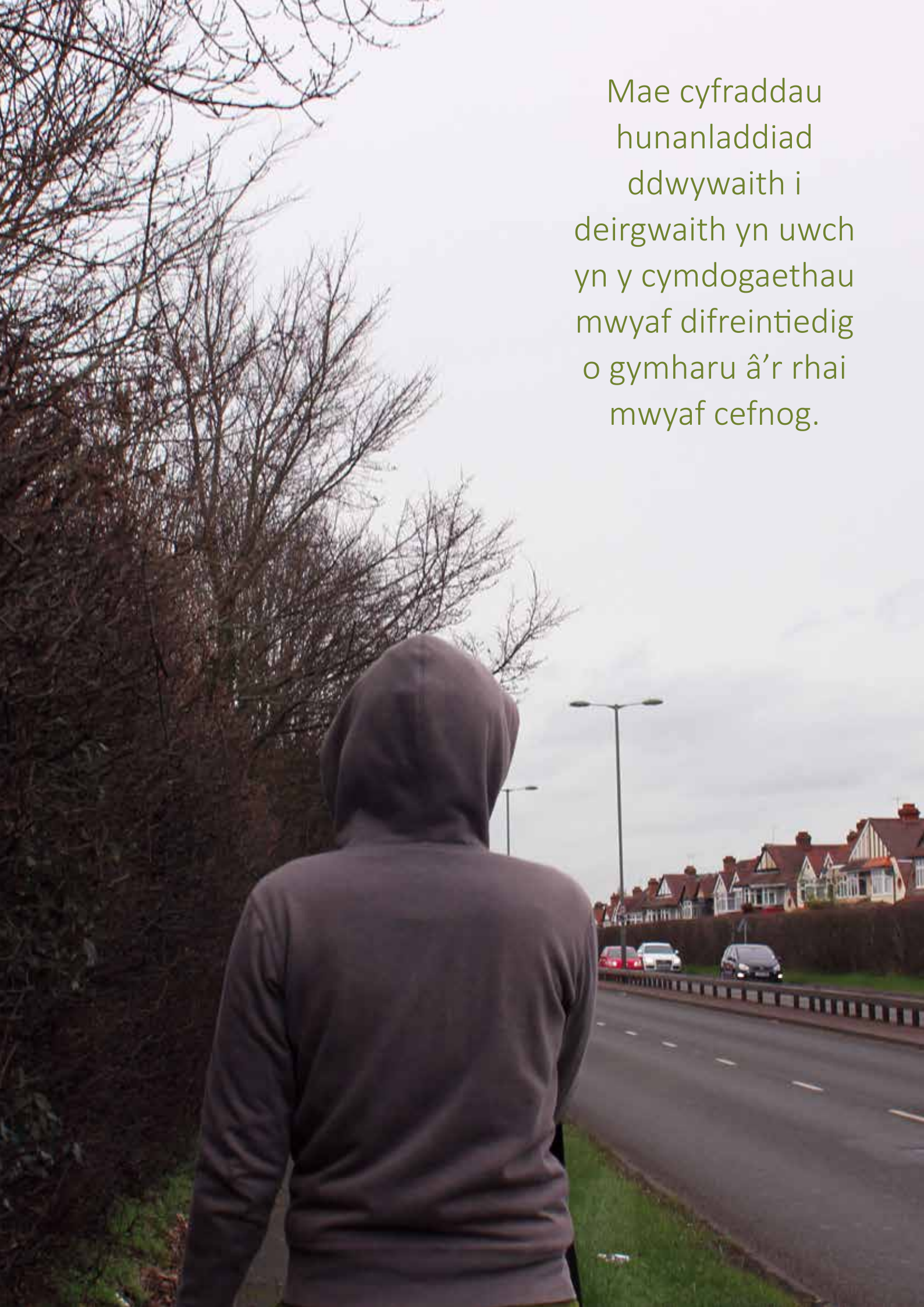
Mae colli rhywun trwy hunanladdiad yn dod ag ymdeimlad unigryw o alar ac nid yw llawer o bobl yn gwybod sut i'w gyflwyno i'r byd. Mae yna stigma ynghylch marwolaeth trwy hunanladdiad.



Dyw llawer ohonom ni ddim yn sylweddoli ein bod ychydig o becynnau cyflog neu lai i ffwrdd o anhawster ariannol difrifol neu golli ein cartrefi. Rydym ni'n gweld bod yn dlawd yn beth ar wahân i ni ond dyw e ddim.



Mae cyfraddau
hunanladdiad
ddwywaith i
deirgwaith yn uwch
yn y cymdogaethau
mwyaf difreintiedig
o gymharu â'r rhai
mwyaf cefnog.



Argymhellion i Gymru

1 Dylai Llywodraeth Cymru lunio Strategaeth Tlodi i Gymru

Mae tlodi'n broblem fawr ym maes iechyd y cyhoedd yng Nghymru a rhaid ymdrin â hi ar fyrder. Gall tyfu i fyny neu fyw mewn tlodi gael canlyniadau trychinebus i unigolion a chymunedau, gan effeithio ar addysg, iechyd, symudedd cymdeithasol, datblygiad plant a disgwyliad oes. Yn fwyaf arwyddocaol, gall tlodi gynyddu risg hunanladdiad.

Mae'n hollbwysig cael strategaeth ganolog ar gyfer tlodi sy'n hybu ymwneud trawslywodraethol a thraws-sectorol ar gyfer problem mor fawr ym maes iechyd y cyhoedd. Mae arnom angen strategaeth sy'n lleddfu effaith tlodi ar unigolion a chymunedau ac sy'n cyd-fynd â strategaethau economaidd. Rhaid inni wella'r ddealltwriaeth o'r cyswllt hanfodol rhwng lles emosiynol a chymuned; gall buddsoddi yn y cyswllt hwn leihau costau dynol, cymdeithasol ac economaidd. Yn gyffredinol, rhaid inni wireddu potensial a chryfder cymunedau yng Nghymru; mae adfywio cymunedol yn rhan annatod o gynorthwyo â hyn.

2 Rhoi Siarad â Fi 2, strategaeth atal hunanladdiad a hunan-niwed Cymru, ar waith yn lleol

Mae angen fframwaith clir ar gyfer rhoi Siarad â Fi 2 ar waith er mwyn hwyluso gweithio cydweithredol ac amlasiantaethol. Dylai pob awdurdod lleol fod â chynllun atal hunanladdiad sy'n cymryd ffactorau risg a ffactorau gwarchodol i ystyriaeth; mae angen inni weithredu'n lleol i leddfu tlodi a galluogi gwaith effeithiol i atal hunanladdiad yng Nghymru.

Mae creu a gweithredu cynlluniau lleol i atal hunanladdiad a sicrhau y caiff Byrddau Iechyd Lleol ac awdurdodau lleol eu cynnwys mewn Fforymau Atal Hunanladdiad Amlasiantaethol Rhanbarthol yn hollbwysig. Caiff cynlluniau lleol i atal hunanladdiad eu datblygu a'u gweithredu gan grwpiau amlasiantaethol ac maent yn hanfodol i weithredu'r strategaethau cenedlaethol ar atal hunanladdiad a gyhoeddir gan Lywodraeth Cymru. Heb gynllun lleol i atal hunanladdiad, mae gwaith i atal hunanladdiad yn llawer llai effeithiol nag y gallai fod ac mae hyn yn arbennig o arwyddocaol mewn ardaloedd o amddifadedd economaidd gymdeithasol lle mae cyfraddau hunanladdiad yn uwch. Mae cynllunio lleol yn ei gwneud yn bosibl tynnu ynghyd arbenigedd a chymwyseddau lleol; dull sy'n symbylu cryfder cymunedau sy'n bodoli eisoes.

3 Profiadau niweidiol yn ystod plentyndod a thlodi – cyflawni ymyriad

Mae profiadau niweidiol yn ystod plentyndod yn brofiadau trawmatig sy'n digwydd cyn 18 oed ac yn cael eu cofio trwy gydol oes unigolyn. Mae'r profiadau hyn yn ei gwneud yn fwy tebygol y bydd yna ymddygiadau sy'n niweidio iechyd yn ystod bywydau unigolion pan fyddant yn oedolion, a chawsant eu codi'n gyson yn ystod ein trafodaethau. Mae tystiolaeth yn dangos bod profiadau niweidiol yn ystod

plentyndod yn ei gwneud yn fwy tebygol y bydd iechyd meddwl gwael, cyflawniad addysgol is, llwyddiant economaidd is, camddefnydd o alcohol a sylweddau a chysylltiad â'r system cyfiawnder troseddol, y mae pob un ohonynt yn ffactorau risg uchel ar gyfer hunanladdiad.

Gall ymyriadau i leihau profiadau niweidiol yn ystod plentyndod gael effaith fawr ar iechyd a thlodi yng Nghymru a rhaid eu datblygu a'u hybu trwy ymwybyddiaeth ymysg y cyhoedd a gweithwyr proffesiynol. Rhaid i wasanaethau iechyd lleol, awdurdodau lleol, gwasanaethau cyhoeddus a'r sector cyhoeddus ehangach fuddsoddi a gweithio i atal a lleihau profiadau niweidiol yn ystod plentyndod ac, yn fwyaf arwyddocaol, deall buddion ymyrryd yng nghylch profiadau niweidiol yn ystod plentyndod. Rhaid i arferion lleol gael eu llywio gan ddealltwriaeth y gall unigolion, gyda'r cymorth iawn, newid llwybr eu bywydau eu hunain.

4 Gwell gwybodaeth i'r cyhoedd am lythrennedd ariannol

Mae gan bobl sydd â dyledion amhosibl eu rheoli fwy o risg ymddygiad hunanladdol. Byddai gwybodaeth i'r cyhoedd am lythrennedd ariannol a chynghor ar ddyled yn hynod werthfawr yng Nghymru. Mae angen i unigolion a chymunedau fod yn fwy abl i ddeall a rheoli manylion a goblygiadau, er enghraifft, benthyciadau diwrnod cyflog, ad-daliadau benthyciadau a chontractau misol. Rhaid targedu benthyca anghyfrifol trwy ymgyrch gwybodaeth i'r cyhoedd. Gan adeiladu ar y gwaith sy'n cael ei wneud eisoes fel rhan o'r strategaeth cynhwysiant ariannol ar gyfer Cymru, rhaid inni arfogi a grymuso unigolion a chymunedau gyda gwell llythrennedd ariannol yn gynnar er mwyn ceisio lleihau effeithiau niweidiol dyledion amhosibl eu rheoli.

5 Grwpiau cymunedol ac allestyn fel ffordd o atal ac ymyrryd yn gynnar

Gall unigedd ac arwahaniad gael effaith ddifrifol ar iechyd corfforol ac iechyd meddwl, ac mae'n un o'r ffactorau risg ar gyfer ymddygiad hunanladdol a hunanladdiad. Mae bod yn ynysig yn gymdeithasol yn gallu gwneud unigolyn yn fwy agored i feddwl ac ymddygiad hunanladdol. Mae diffyg cefnogaeth gymdeithasol, diffyg cysylltiedigrwydd a diffyg integreiddio cymdeithasol yn cynyddu tebygrwydd ymddygiad hunanladdol. Mae pobl sydd o dan anfantais economaidd gymdeithasol yn aml â lefelau is o gefnogaeth gymdeithasol sy'n creu mwy o risg ymddygiad hunanladdol iddynt.

Dylid ystyried grwpiau cymunedol yn fath o ataliaeth ac ymyrraeth gynnar ar gyfer unigedd, arwahaniad a diffyg cymorth cymdeithasol yng Nghymru a dylid llunio datrysiadau polisi i gynyddu cyfranogiad cymunedol. Mae'n hollbwysig bod y mathau hyn o grwpiau cymunedol neu allestyn cymdeithasol yn cael eu cydnabod am eu buddion i iechyd; mae cysylltiedigrwydd cymdeithasol yn mynd i'r afael â diffyg cymorth cymdeithasol, a gall weithio i gyrraedd y rheiny sydd â'r risg uchaf o

gael eu hallgau'n gymdeithasol. Mae hyn yn arbennig o berthnasol wrth i grwpiau a rhwydweithiau Cymunedau yn Gyntaf gael eu dirwyn i ben yng Nghymru.

Dylai Llywodraeth Cymru adeiladu ar yr argymhellion o Ymchwiliad y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon i Unigrwydd ac Unigedd a chreu rhaglen o gamau gweithredu sy'n cefnogi seilwaith cymunedol. Dylai fod buddsoddi penodol wrth osod rhywbeth newydd yn lle model Cymunedau yn Gyntaf, gan ganolbwyntio ar elfennau'r cynllun a sicrhodd fwy o gysylltiedigrwydd mewn cymunedau difreintiedig.

6 Hyfforddiant ar iechyd meddwl ac ymwybyddiaeth o hunanladdiad i staff y rheng flaen

Dylai hyfforddiant ar atal hunanladdiad fod yn rhan fawr o waith lleol i atal hunanladdiad. Mae angen i asiantaethau wybod sut a pham y dylent gael hyfforddiant da ar atal hunanladdiad a bod yn fwy ymwybodol o fuddion ymagwedd ataliol at hunanladdiad. Dylid darparu hyfforddiant i weithwyr y rheng flaen yn y sector cyhoeddus a'r sectorau rheng flaen allweddol sy'n fwy tebygol o gyfarfod â grwpiau bregus mewn ardaloedd o amddifadedd economaidd gymdeithasol.

Dylid hefyd pwysleisio mwy o ymwybyddiaeth o hyfforddiant o ansawdd da. Mae hyfforddiant ar atal hunanladdiad yn arbennig o bwysig i'r rheiny y nodir eu bod yn 'ddarparwyr gofal sy'n flaenoriaeth' yn Siarad â Fi 2, megis staff canolfannau gwaith, staff iechyd argyfwng ac athrawon. Mae hefyd angen buddsoddi mewn hyfforddiant i uwch aelodau o'r staff, a sicrhau eu bod yn ei ddilyn, er mwyn darparu cymorth i'w staff rheng flaen eu hunain sy'n cynorthwyo'r bobl fwyaf bregus yn y gymdeithas.

Yn gyffredinol, mae'n hollbwysig i staff y rheng flaen a gwasanaethau cyhoeddus allu cyfeirio pobl at wasanaethau ac asiantaethau perthnasol eraill yn effeithiol.

7 Gwell cymorth i bobl sydd wedi cael profedigaeth trwy hunanladdiad

Mae pob hunanladdiad yn drasiedi sy'n cael effaith drychinebus ar berthnasau, ffrindiau, cydweithwyr a'r gymuned ehangach. Am bob un o'r marwolaethau trwy hunanladdiad yng Nghymru, awgrymwyd bod effaith fawr ar 6 o bobl ar gyfartaledd, ac mae perthnasau a ffrindiau sydd wedi cael profedigaeth trwy hunanladdiad 1.7 gwaith yn fwy tebygol o geisio lladd eu hunain.

Rhaid inni ddarparu gwell gwybodaeth a chymorth i bobl sydd wedi cael profedigaeth trwy hunanladdiad neu y mae hunanladdiad wedi effeithio arnynt. Mae rhestrau aros am gymorth gyda phrofedigaeth yn rhwystr mawr i ofal dilynol yng Nghymru. Rhaid i adnoddau megis 'Help is at Hand Cymru' gael eu dosbarthu'n ehangach. Gall y stigma ynghylch marwolaeth trwy hunanladdiad achosi arwahaniad i'r teuluoedd a ffrindiau sy'n cael eu gadael ar ôl, a byddant efallai'n cael problemau nodedig iawn o ran profedigaeth gan gynnwys euogrwydd a chywilydd. Mae'n hollbwysig inni weithio i wneud siarad am deimladau'n beth normal a hybu bod yn agored fel ffordd o geisio cymorth ac fel math o ymyrraeth gynnar er mwyn lleihau'r stigma.

8 Rhaid dileu stigma tlodi a bregusrwydd

Gall fod yn anodd newid agweddau at dlodi a bregusrwydd ond mae'n hollbwysig inni dargedu ein hymdrechion ar newid yr agwedd 'ni a nhw' yn ein cymdeithas. Gall y wasg, y cyfryngau darlledu a ffigurau cyhoeddus yng Nghymru chwarae rhan fawr iawn yn hyn o beth trwy gydnabod effaith stigma a thrwy osgoi iaith sy'n portreadu tlodi mewn ffordd sy'n cynyddu stigma, yn enwedig i'r rheiny sy'n cael budd-daliadau ac sy'n defnyddio gwasanaethau lles. Gallai rhaglenni chwalu mythau a newyddion sy'n dangos realiti go iawn byw mewn tlodi fod yn adeiladol iawn i'r gymdeithas yng Nghymru.

Fel y nodir drwy gydol yr adroddiad hwn, rhaid cydnabod cryfder a gallu cymunedau. Rhaid i strategaethau Llywodraeth Cymru weithio gyda chymunedau i ganolbwyntio ar gryfderau yn ogystal â heriau.

9 Ymagweddau tosturiol at dlodi

Yn sylfaen i'n holl drafodaethau ac argymhellion oedd yr angen i fabwysiadu ymagwedd dosturiol at y rheiny sydd o dan anfantais economaidd gymdeithasol ac sy'n byw mewn ardaloedd o amddifadedd. Fel y nododd y cyfranogwyr yn ein trafodaethau, nid oes neb eisiau bod yn ddefnyddiwr gwasanaeth neu'n gleient; mae angen i bobl gael eu grymuso i fyw gyda chryfder a chydnerthedd. Mae cyswllt annatod rhwng tlodi ac anghydraddoldeb ac mae'n hanfodol inni drin unigolion a chymunedau sydd o dan anfantais gyda thegwch a pharch. Ni ddylai diffyg sgiliau cyfathrebu, anllythrennedd ariannol neu broblemau iechyd meddwl olygu bod colli apwyntiad yn rhoi unigolion yn ôl ar ddechrau prosesau hirfaith a rhestrau aros. Rhaid inni weithredu mewn ffordd dosturiol i wella canlyniadau i bobl sy'n cael trafferth ledled Cymru. Dylai ymagwedd system gyfan, sy'n sefydlu'r ymagwedd dosturiol at unigolion a chymunedau, gael ei gwreiddio yn systemau gwerthoedd mewnol gwasanaethau, asiantaethau a sefydliadau yng Nghymru.

10 Mynd i'r afael â chost gwahardd unigolion o addysg

Mae cael ei wahardd o addysg yn broblem sylweddol sy'n ei gwneud yn fwy tebygol y bydd unigolyn yn profi syniadaeth hunanladdol. Mae gwahardd unigolion o'r ysgol hefyd yn cyfrannu at allgau cymdeithasol a diffyg ymdeimlad o berthyn ymysg plant a phobl ifanc. Mae gwell dealltwriaeth o gefndir disgyblion a'u hymddygiad yn hanfodol. Rhaid i ysgolion a lleoliadau addysg fabwysiadu ymagweddau ac ymatebion amgen i fynd i'r afael ag ymddygiad sy'n arwain at wahardd unigolion. Rhaid i wahardd unigolion a'r rhesymau amdano gael eu nodi a'u mapio ar draws Cymru er mwyn inni ddeall y patrymau a'r tueddiadau o'i gwmpas yn well. Dylai ysgolion gael eu hannog i rannu arferion gorau wrth wahardd cyn lleied o unigolion ag sy'n bosibl ac wrth ennyn diddordeb.

Diolchwn i bawb a gymerodd ran yn ein trafodaeth ford gron 'Dod o hyd i ffordd ymlaen i Gymru'. Mae'r adroddiad hwn wedi'i seilio ar y trafodaethau hynny; fodd bynnag, mae'r argymhellion oddi wrth Samariaid Cymru.

- Ymddiriedolaeth Adeiladu Cymunedau
- Heddlu De Cymru
- Cyngor ar Bopeth
- Cymorth Cymru
- Yr Adran Gwaith a Phensiynau (DWP)
- Chwaraeon Cymru
- Alcohol Concern Cymru
- Interlink
- Cyngor Sir Torfaen
- Comisiynydd Cenedlaethau'r Dyfodol Cymru
- Llywodraeth Cymru – Is-adran Iechyd Meddwl
- Mind Cymru
- Canolfan Byd Gwaith Cymru
- New Horizons
- Oxfam Cymru
- Pobl a Gwaith

I weld neu lawrlwytho adroddiad llawn 'Marw o Anghydraddoldeb', ewch i samaritans.org/dying-from-inequality/report

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