

S 03

**Inquiry into Suicide Prevention**

**Ymchwiliad i Atal Hunanladdiad**

**Ymateb gan Millie Griffiths**

**Response from Millie Griffiths**

To whom it may concern,

I am currently a Support Worker within a complex needs facility, this means that I am regularly in contact with individuals who more often than not present with a dual diagnosis. The types of dual diagnosis that I am regularly in contact with are anxiety and depression, which in my experience is usually the wrong diagnosis, and substance misuse, both of which make the individual susceptible to homelessness.

Although I have worked in this industry for numerous years I have only really come in to contact with one client who has actively attempted suicide on several occasions. However, this being said, the vast majority have all expressed suicidal tendencies. It could be argued that their high risk taking behaviour is a direct manifestation of a form of self harm, which at times can result in attempted suicide through misadventure.

I believe that there needs to be clearer guidelines on how to manage someone who is making serious attempts on their life, for those working within the third sector. For example, I recently had a client who in the space of a week attempted to asphyxiate themselves three times. On the second threat of suicide I contacted the crisis team in the Royal Glamorgan Hospital. I was informed by them that it was not their duty to attend the project, instead I should contact the police. I contacted 101 and explained how I had been sign posted to the police in order to deal with this individual. The police officer who handled the call was excellent and very thorough. He explained to me that he did not feel that it was the police's responsibility to attend the project from a threat alone because there was no actual law being broken. However, should the person have left the project with a rope or some other form of paraphernalia that could be used in an attempted suicide, then they could act. He then went to double check with his superior that he was giving me the correct information and from that conversation he was able to establish that organisations like mine were in the habit of making internal policies on how to handle situations like this. However, they are being massively misguided because they are not taking into consideration the policies which are being made by the emergency services themselves.

Therefore, my proposal is that there is a significant need for a blanket policy that should be applicable to all organisations within the third sector with a clearer more enriched pathway towards getting the individual the help that they need. This blanket policy should be informed by those of the emergency services and should be in place in order to provide clarity, reassurance and better working links between organisations and emergency services about their duty of care and to provide the individual with more effective care at the point of need.

Things that should be considered:

1. lone working members of staff who may not have the ability to leave the project of an evening (a time when most suicide attempts are prevalent) because they may have several other individuals under their care.
2. ASSIST training should be incorporated into mandatory training.
3. Individuals who are under the influence of substances are more likely to attempt suicide because of impaired and disinhibited judgement. Therefore, despite the fact that they can not be subject to a proper mental health assessment, there should still be a service available to them to assess the severity of their threats.
4. More accessible counselling services, with shorter waiting times to deal with the underlying issues.
5. Children accessing social services should be offered play therapy, music therapy or talking therapies as a way of coping with traumatic life events and to build resilience for their future, making them stronger better rounded adults.
6. Prison leavers who are susceptible to homelessness, through a lack of family support, should be offered a continuation of care upon leaving prison.
7. More accurate mental health diagnosis, which accounts for testimonies and considerations from those working within the third sector who may spend a significant amount of time with those individuals accessing mental health services.

Although I am aware that the problem is that much more complicated and complex than my suggestions alone, but I am hoping that they will highlight some of the barriers that we in the third sector find with regards to the prevention of suicide.

Kind regards