S 21

Inquiry into Suicide Prevention

Ymchwiliad i Atal Hunanladdiad

Ymateb gan Jane Treharne-Davies

Response from Jane Treharne-Davies

Extent of the problem (numbers, trends and patterns) in Wales may not be well known by those not involved in MH services generally. Those involved (either as SU, carer or service provider) probably do have more awareness of these factors.

Vulnerability of particular groups (e.g. those who have been in care) and risk factors do not seem to be well understood by some service providers (e.g. people discharged from A&E when in distressed state – though this may be lack of resources rather than lack of understanding).

The impact of changes in the benefit system and effect that is having on people's mental health does not seem to be fully appreciated by either government nor service providers - Universal credit is resulting in people being without any money for rent and/or food - leading to states of absolute desperation and hopelessness.

The social impact of suicide can be massive – specifically on those left behind – there are often feelings of guilt and despair that they were unable to help. There seems to be a lack of emotional support for friends of those who have committed suicide (there seems to be more help for relatives but what is the waiting time to access this support?)

Has the impact of the Talk to me strategy been evaluated yet? What are the findings? Is there a reduction in incidence or change in the pattern? I don't know, so I assume many other people also don't know. Where are these findings (if there are any) being published?

How effective are public awareness campaigns? Personally, I haven't noticed any increased awareness campaigning? Reducing access to the means of suicide might just make people change their means (i.e. increased cases of hanging)?

It seems likely that better support for people to maintain good mental health (rather than preventing suicide when things get overwhelming) would be more effective - e.g. better advertising of help available; a better benefits system that does not leave people without money and desperate; more help with housing; better access to health services and social services.

Difficult for current mental health services (and other public services) to be effective when they are faced with relative cuts in their budgets.

More specific training needed for managers in work places to recognise suicide risk factors and know when, and how, to intervene. There seems to be more training and awareness for mental health problems generally but not suicide specifically (I have asked a couple of civil service managers). Also, better training needed for support workers in supported housing to recognise risk factors etc.

Local communities perhaps could be more aware of the problem of suicide and what to look out for with their neighbours - particularly those people who do not have family or friends. Perhaps we need more openness and acknowledgement that isolation and loneliness can affect people of any age. Maybe more drop in centres where people can come without appointments just for a cup of tea, a chat and helpful information would go some way to prevent deterioration in a person's mental health.

Data collection is vital to know if any strategy is effective. Also, very important to act on data findings and provide services that make a difference. This needs to be more than just counting numbers, need to ask people what has made a difference to them (need more qualitative data).