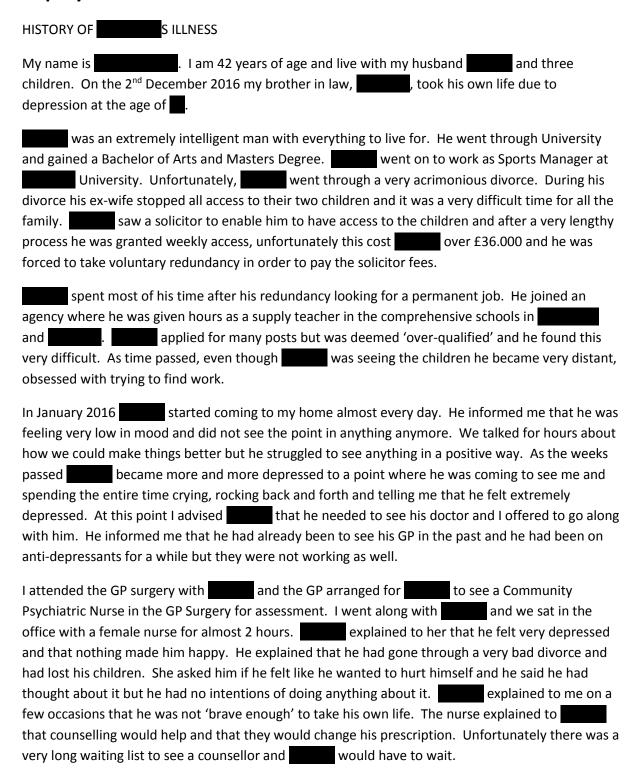
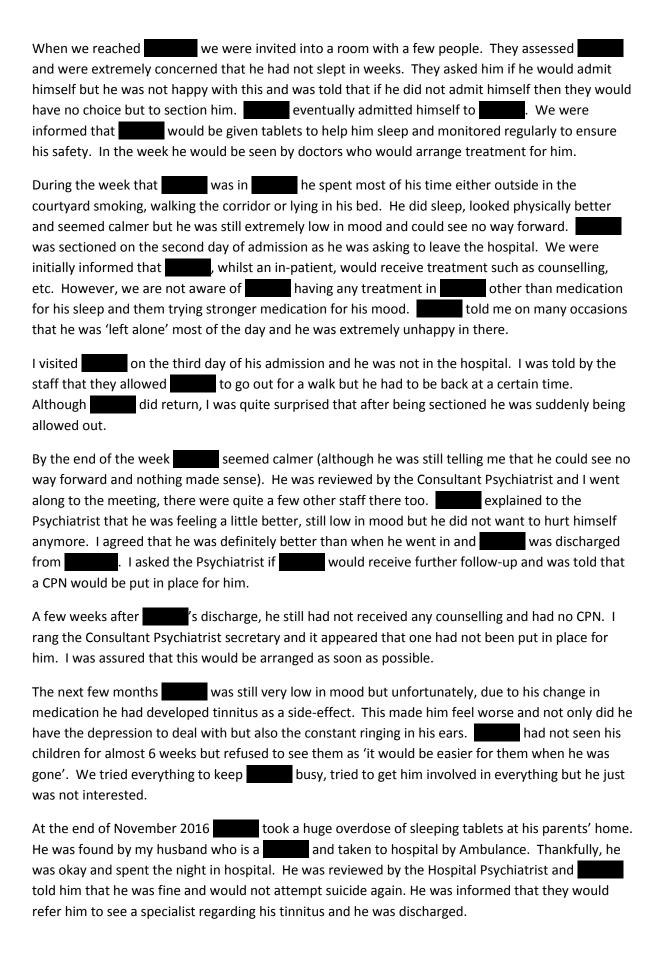
Inquiry into Suicide Prevention Ymchwiliad i Atal Hunanladdiad Ymateb gan Unigolyn Response from An Individual

Inquiry into Suicide Prevention

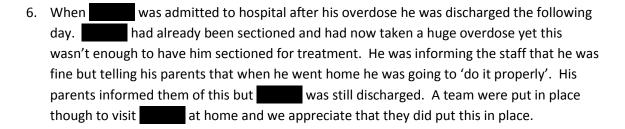


During the next few months went from crying constantly to talking about the same things over and over again. He would come and see me almost every day and if I was not at home he would ring me on my mobile. He would panic if he could not talk to me and was scared that I would die and he would have nobody to talk to (even though his family tried to be very supportive). constantly went over his divorce and the issues that went along with it. He would repeat the same things over and over and this would go on for 3-4 hours at a time. GP surgery and his GP changed his prescriptions on a few occasions but nothing seemed to be helping.
By June 2016 had started to talk about taking his own life. At this point I knew that he needed to be seen urgently and I asked him to arrange another appointment with his GP. was given an appointment to be seen at to this appointment and was seen by two professionals, a male and a female. To told them how he felt and that he had thought of taking his own life. He told them that he thought about the same things over and over and that he could not stop thinking. He explained that he couldn't concentrate when he was at work as a supply teacher and that nothing made sense to him anymore. The male professional was very calm and supportive with the but the female was finding very frustrating, unfortunately picked up on this and asked her if she was 'finding him frustrating'. She replied 'yes to help you'. I did not find this very professional but I assumed that they were the experts on this and knew what they were doing. They told that they depression did not last and in 6 months he would feel much better. To told them that 'he would be the one to prove them wrong'. He was adamant that he would never feel any better. When asked if he knew how he would take his own life he informed them that he had not thought about it and even though he had considered it he currently had no suicidal intentions. This was all they needed to transfer back to primary care!!!!
After months of constantly wanting to talk to me, suddenly in August he stopped. He informed me that he was okay and did not need to speak to me anymore and put the phone down on me. I was very wary of this and it deeply concerned me. I rang again and asked him why he did not feel he wanted to talk to me and he told me he had made his decision. He again put the phone down on me and again I called him back. After pushing him to tell me what he meant he finally admitted to me that he had bought a rope and in the morning, after dropping his child off at school, he was going out in his car with the intentions of taking his own life. I informed his parents immediately of what he had said and first thing in the morning my husband drove to the house and took for a car keys from him. So dad took the little one to school and I drove down after dropping off my children at school.
When I reached the house was in a terrible state. It looked like he hadn't slept in weeks and he was very annoyed that we had stopped him going out. I begged him to let me take him to the doctors but he was adamant that he wanted to 'end his life'. I rang the doctor's surgery, who were amazing, and asked me to bring immediately to the surgery. It took some time to convince him to come with me but he eventually did and was seen by the GP. The GP rang expressing her concern that would hurt himself and we were asked to take him straight there.



he was	had informed them that he had made a mistake by taking the tablets. en daily by a team from who visited him at home to assess him. told them the but when they left he was telling his parents that he was going to end his life. His segged the team to do something, telling them what was saying to them as soon as ere gone but they said they could not do anything.
	lowing week told the team that he did not need to see them every day and could they a few days, they agreed. took his own life that week.
IMPOR	TANT POINTS
	are many things that are good with the Mental Health Service in Wales, however, there are ings that need to change.
1.	needed to see a counsellor urgently. There is a very long waiting list to see a counsellor and died without ever seeing one. On speaking to a friend of mine the other day I discovered that she has been waiting to see a counsellor for 9 months.
	Surely, in's severe case, a counsellor should have been a priority. You could clearly see that was in a state of despair. He informed the medical staff that he had thought about suicide but had no thoughts on how, when and where. I feel this is irrelevant as he has disclosed the fact that he has thought about it.
2.	When saw the staff at for the first time, he was immediately transferred back to primary care because again he did not know if, how and when he was going to hurt himself. Again, surely the fact that he had thought about it was enough to start the ball rolling with regards to further treatment, counselling, etc. remained on the waiting list for counselling and this appointment did not speed this up. Is it normal for a member of staff to inform a patient that they were finding him very frustrating?
3.	It finally got to a point where was desperate and actually informing us that he was going to take his own life. I must say that at this point the GP Surgery were amazing. They asked us to take there immediately and the Doctor rang to say she was extremely concerned about However, who had physical signs of an illness, why was he suddenly being taken seriously when before he was desperately ill (mentally) but did not look ill.
4.	was not counselled in during his admission. The only treatment he received was observation, medication change and sleeping tablets. He was even allowed to leave the hospital during his admission, alone. Why did he not receive the counselling he so desperately needed.
5.	It was promised that he would receive regular follow-up after his discharge but nothing was

done. In fact, the only reason anything was put in place was because I chased this up myself.



- 7. The team that visited were fabulous but why did they not take on board what sparents were telling them about him threatening to take his own life. Was telling the team that he was okay but he wasn't and we feel that the family's views need to be taken into account.
- 8. Even though the family were informing the team about what still did what asked and did not come back to the house. took his own life a few days later.

CONCLUSION

I fully understand that mental health problems are extremely difficult to manage but I feel that things need to change. Counselling needs to be made available immediately, especially in cases where the person is threatening to take their own life.

Whilst in hospital with mental health issues, the patient needs to receive more care to deal with the issues they have and not be left to constantly mull over these issues because they are being left alone. They need to discuss their worries and how they feel and counselling should be readily available. Should they really be allowed out whilst being sectioned for their own safety?

Families matter – listen to what the families are saying as they spend every hour with this person, listening to what they are saying. The families know when their loved one is being honest or trying to deceive someone. More time should be spent talking to the families of the patient to get their opinion on how the person is and how their mood has been.

Classes could be run for families of patients suffering with mental illnesses to make them more aware of what is happening to their loved one and what to look out for. I spent many hours researching second second

was suffering and his depression was getting worse due to the tinnitus, an unfortunate side-effect of his medication. Surely, in this case, an immediate referral and appointment should be made as this would be one less thing for that person to worry about.

I know that money is tight within the NHS but I do feel that more should be put into the Mental Health Departments and maybe more time spent trying to understand this dreadful illness.