

## Inquiry into Suicide Prevention

### Ymchwiliad i Atal Hunanladdiad

### Ymateb gan Mind Cymru

### Response from Mind Cymru

## Mind Cymru's evidence to the Health, Social Care & Sport Committee's Inquiry into Suicide prevention

### Introduction

We welcome the Committee's inquiry into suicide prevention and the renewed focus it has brought to this important area of work. In preparing our submission, we consulted with both our supporters and our network of Local Mind's – who deliver a range of mental health services across Wales. Below is a thematic overview of the responses we received.

### Public engagement on suicide prevention

We wanted to make it easy for individuals to share their views with the Committee on the actions necessary to improve suicide prevention. We also wanted to consult so that our own work in this area is well informed by the views of our beneficiaries and supporters, many of whom have lived experience of mental health problems.

We emailed a survey link to our network of campaigners on 27<sup>th</sup> November 2017 asking for their views on three questions related to suicide prevention:

- How could mental health services and support in Wales be improved to prevent someone from feeling suicidal?
- What needs to improve in mental health services to better support someone who is feeling suicidal?
- What other measures, outside of mental health services, could be put in place to help prevent suicide?

This paper gives an overview of the 75 responses received. Many responses were clearly from people with personal experience of crisis, suicidal ideations or that of a friend or family member.

### Key issues

#### How could mental health services and support in Wales be improved to prevent someone from feeling suicidal?

Primary care, waiting times & access to talking therapies

Reducing waiting times for access to mental health support and specifically talking therapies was cited as a key factor in many responses. Respondents felt that lengthy waiting times caused

their mental health to deteriorate and that quicker and easier access to mental health services would help prevent suicide.

*"I feel suicidal a lot. I would like to be able to speak to a doctor straight away and not wait for a call back. maybe if the waiting lists weren't so long for therapy so many people wouldn't reach the point of feeling suicidal."*

*"I live in Cardiff and there are long waiting lists for support groups for mental health issues. You are not told how long the waiting list will be which can make mental illness worse."*

Many respondents mentioned high-thresholds for accessing mental health services and the need for earlier-intervention to prevent people from becoming more unwell.

*"Not really any help at all unless you try suicide or something else as drastic first."*

*"As early intervention as possible, particularly with children; easier access and every referral should have an assessment at least."*

*"Early intervention, especially for young people (CAMHS are refusing a lot of referrals)."*

Another issue that was frequently mentioned was the need for better ongoing support and better follow-up following an intervention or course of therapy.

*"Increased funding to reduce waiting times for psychotherapy and allow ongoing support (rather than just a course of therapy) for those with chronic mental health issues."*

*"Improve access to CMHT to prevent people hitting crisis. I've been under crisis team several times and gone into inpatient unit but CMHT would not take me on and hence I keep hitting crisis when I'm very suicidal. The CMHT could support me and help me from not hitting crisis. It's all fire fighting and no long term recovery approach."*

*"Quicker and above all more caring response when help is asked for + Reliable caring follow up"*

### Crisis care & 24-hour support

Improving crisis care services was a common theme found throughout the survey responses and was highlighted as a crucial factor in improving suicide prevention. The key issue described here was the need to improve out-of-hours support by providing access to 24-hour services staffed by qualified mental health professionals.

*"There has to [be] an improvement in out of hours services when someone who is feeling vulnerable can approach someone who has some experience in dealing with such issues. There is currently an over reliance on the police and other emergency services who are not equipped to deal with these people in crisis."*

*"There needs to be someone to reach out to 24 hours a day, seven days a week."*

*"Easier and instant access to mental health outreach nurses and a mental health doctor at A/E"*

#### Mental health & suicide awareness training

Better training for those working in public services (including, but not exclusively health-related services) was suggested to help tackle suicide rates. The rationale behind these suggestions is for more public-service professionals to be able to spot the signs of people at risk of suicide and provide a more compassionate response to those in crisis or experiencing poor mental health generally.

*"More empathy and better support from GPs, perhaps regular suicidal training for all health professionals."*

*"Better mental health training and awareness across all areas of health, social and educational support."*

#### What needs to improve in mental health services to better support someone who is feeling suicidal?

Many of themes found in response to this question mirrored those highlighted in question one, particularly around access to better crisis care support. The availability of crisis centres/cafes or simply places of safety – that can be accessed 24 hours a day – was seen as a priority in reducing the risk of suicide.

*"There should be places of safety people can go 24/7."*

*"Primary Care services should have a 24 hour observation/crisis house."*

*"Crisis team open later than 9pm, crisis centre/cafe opening up to give people somewhere safe to go ..."*

Other respondents called for support and assessments to be made available to people in their own home.

*"A 24/7 system. The ability to be able to come to the home instead of having to make long journeys to be assessed when you don't want to leave the house."*

#### What other measures, outside of mental health services, could be put in place to help prevent suicide?

##### Stigma

A clear theme throughout the survey was the stigma that people feel around speaking out about suicidal thoughts and poor mental health. People described the extent to which this

stigma is felt – in health services, the workplace and across society more generally. Reducing the stigma attached to poor mental health was seen as a crucial step in supporting people to access support and therefore reducing the risk of suicide.

*"... raise awareness of Mental Health issues so that things are more open and people who are feeling suicidal/severely distressed can be comfortable bringing things up."*

*"... reducing the stigma of suicide so people with suicidal thoughts feel able to talk about it without fear of being judged. Greater awareness and support within the workplace."*

*"Talking about mental health should be the norm, no stigma."*

### Education & awareness

Similarly, better education and awareness in schools and colleges was highlighted as a priority in preventing the risk of suicide, both as a means of normalising conversations about poor mental health and supporting people to better manage and recognise when their mental health is deteriorating.

*"Better education in schools about mental health & wellbeing and where to find support - helping to reduce stigma and increase awareness."*

*"Awareness in schools colleges and the work place."*

### Social factors

The impact of austerity and welfare reform were another key theme in response to this question. Social isolation and loneliness caused by cuts to community services as well as poverty and poor housing were all highlighted as risk-factors that could lead to higher suicide rates.

*"Funding for community ventures and activities to encourage activity and inclusion."*

*"Change the benefits system. Reduce poverty and unsafe housing"*

### Engagement with Local Minds

There are 20 local Minds in Wales. They provide information and advice on mental health issues, and many offer talking therapies, wellbeing groups, education and training. Each local Mind in Wales is an independent charity that works together in partnership with Mind. They are funded by donations, grants and income from services they deliver services on behalf of local councils, the NHS and others.

Given their wealth of experience delivering services, we wanted to ensure that Local Minds had the opportunity to share their experiences and thoughts on how suicide prevention could be improved locally. Four Local Minds wished to have their feedback included in this submission, namely; Brecon Mind, North East Wales Mind, Merthyr & the Valleys Mind and Vale of Clwyd Mind.

## Key Issues

Though not directly commissioned to deliver suicide prevention services, Local Minds provide information, support & services to people experiencing poor mental health which supports suicide prevention. Additionally, some Local Minds provide suicide prevention training whilst others deliver grant-funded projects on suicide awareness

*"We have just secured £10k from the Big Lottery Awards for All Wales to launch our #ItTakesBallsToTalk service – targeting 2000 men aged 16 – 45 by raising awareness of suicide prevention services and offering talking treatments"*

*"We provide all staff with 'safe talk' training; this equips staff with the necessary skill in order to open up a conversation about suicide."*

*"We have a staff member who is accredited to deliver ASIST (suicide intervention skills) SafeTALK (suicide awareness) courses."*

## Access to mental health services

As with supporters, a clear theme running through responses from Local Minds was the need for improved access to mental health services – from preventative primary care services to 24-hour crisis-care support. These were viewed as crucial step to improving suicide prevention.

*"Mental health services, generally, in North East Wales are stretched to breaking point, our observation is that more people are getting to crisis point, often because the preventative services they need to stay/get well are not available."*

*"There are no out of hours crisis services ... this means the times that most people need support for crisis aren't covered at all."*

## Pathways for crisis support

As organisations that deliver mental health services, advice and support locally – Local Minds can often be the first point-of-contact for someone experiencing crisis and/or at risk of suicide. Their responses highlighted the need for an agreed process and clear pathways between third-sector organisations and local mental health teams to ensure timely and appropriate support is available to those at risk of suicide.

*"There are no pathways between the NHS and community support groups and charities for crisis support and assessment."*

*The standard response from health staff to people asking what to do in a crisis is to go to A&E."*

Local Minds also noted that, in the absence of an agreed pathway, police were often relied upon to fill-the-gap left by under-resourced mental health services. The uncertainty as to whether those at risk of suicide should be supported to attend A&E or whether the police should be alerted - highlights the need for much greater clarity and public awareness in this area.

*"We do our best to establish they are safe before they leave us but if we are concerned we would speak to the Community Mental Health team ... Unfortunately the response from them is usually to call the police."*

*"We are often left holding the person with only the police to call."*

### Awareness training

Another priority for Local Mind's in improving suicide prevention was the need for better training and awareness – in schools, workplaces and elsewhere – to challenge the stigma associated with suicide and encourage those at risk to seek help.

*"There is very little training or awareness raising being done in the local community (e.g. schools, organisations, workplaces) around suicide prevention."*

*"Targeted suicide awareness initiatives in schools, FE and the workplace."*

### Conclusion

This response is based on the experiences of Mind supporters (many of whom have lived-experience of mental health problems) and Local Minds responsible for delivering mental health services across Wales. The responses highlight a number of key areas seen as crucial to improving suicide prevention, specifically; access to mental health services (including talking therapies and crisis-care), earlier intervention and better education and awareness to tackle stigma and encourage people to seek help when they need it.

We hope that the Committee finds this evidence useful to their inquiry.