

EVIDENCE TO HEALTH, SOCIAL CARE AND SPORT COMMITTEE - EXTENT OF THE PROBLEM OF SUICIDE IN WALES

SUBMITTED BY PROMO-CYMRU - DECEMBER 2017

1. Introduction

This paper is submitted by Stephanie Hoffman, Head of Social Action at ProMo-Cymru, on behalf of ProMo-Cymru, referencing information from the Meic service. ProMo-Cymru is happy for its submission and evidence to be shared and made public.

Please see Appendix 1 for ProMo-Cymru, and Meic information and contact details.

2. How big a problem is it

- 2.1 At Meic, we deal with up to 6000 contacts a year via phone, text and instant message
- 2.2 Recently, we have seen an increase in the number of young people contacting us about suicide - from having suicidal thoughts through to carrying out a plan to commit suicide
- 2.3 In the period April – September 2017, Meic received 2500+ contacts, of whom more than 10% presented with mental health issues, of whom 65+ presented with self harm issues, and 100+ with suicide, of whom 10+% resulted in action requiring police intervention
- 2.4 There was a significant increase of between 55% and 62% in the contacts presenting in respect of self harm and suicide respectively, between the periods April – June 2017, and July – September 2017
- 2.5 These figures represent a doubling on the same period in the previous year (2016)

3. Why is it happening (/ increasing)

- 4.1 Meic does not have the sophistication necessary to establish indisputable and robust correlations, however anecdotal evidence based on feedback elicited from children and young people contacting the service suggests the following contributory factors:
- 4.2 Transition of adolescence to adulthood
- 4.3 Social / environmental pressures: education, employment, housing, finance
- 4.4 Personal experience especially unhealthy experiences / expectations of relationships eg: bullying, exposure to pornography, confusion about sex and sexuality, controlling / coercive behaviour, historic abuse

4. How does Meic help

Young people who contact Meic who are feeling suicidal, experiencing suicidal thoughts, harming themselves, are offered help and support in the following ways:

- Giving young people the space to discuss their situation without judgment.
- Supporting the young people to retain as much control as possible over their situation and the information they give us, even when we need to contact emergency services.
- Training all our staff in the use of the ASIST model and Youth Mental Health First Aid course as tools to help keep young people safe.
- Where young people can identify a specific cause for their suicidal thoughts (e.g. homelessness, substance misuse, abusive relationship etc.) we support the young person to tackle these issues.
- Advocating on behalf of young people to access mental health support services that they are entitled to
- Helping young people resolve issues that can be contributing to suicidal thoughts and feelings
- Helping young people to identify on-going support through existing support networks and via outside agencies such as GPs, the Samaritans, specialist suicide support services such as

Papyrus' Hope Line or local services that deal with mental health issues such as Mind.

- Directing young people to on line information and resources for their own self efficacy
- Contacting the police when a young person is in immediate danger or at risk of significant harm when a safety plan cannot be formulated, and a young person discloses that they intend to carry out a plan and die by suicide

5. Some examples

5.1 Suicidal thoughts, self harm, past intervention, range of pressures, actions going forward:

A young person (YP) contacted Meic by phone to discuss his suicidal feelings. He confirmed he had no immediate plans to kill himself. He explained that his relationship had broken down, school was stressful and the relationship between him and his mum had broken down, following his parents' split, resulting in him moving to live with his dad after his mum's repeated late night abusive behaviour towards his dad. He also explained that he had self-harmed in the past by cutting and bruising himself and had recently stopped eating properly. Further details about his history revealed various interventions including a mental health assessment resulting in no further follow up, and counselling which was felt to be of little help. The YP confirmed he did not really want to die in spite of the suicidal thoughts, he just wanted to feel better. The YP confirmed he had a good support network and that he could talk to his dad; he didn't feel he could go to his friends who had their own issues. The HAA clarified that the YP did not intend to kill himself, and signposted the YP to Papyrus for more specialist support as well as The Mix, and Meic Calming Sites for further information and resources on mental health issues and how to deal with them. The YP thanked the HAA for talking to him and said he felt a lot better.

5.2 Plan for suicide, acute distress, history, holding intervention, police intervention:

24 year old male very upset crying on the phone, said he was suicidal and needed help. HAA asked if he had a plan, he said he wanted to kill himself and said he could do it a few ways, then hung up. YP called back

in a few mins and same HAA took call. YP gave name and local town, said he needed help, had tried to stab himself earlier on today but knife was too blunt. Asked if he had another plan YP said he had taken cocaine and drunk 24 cans. HAA explained concern for his safety and requested further contact / identifier information, which he refused. YP acknowledged need for help, had been on medication years ago but hadn't been to see his GP and no mental health support at the moment; he had found his Mum dead a few months ago, he had been in prison when he was younger. He had tried to kill himself several times before, overdosed and jumped out of window. YP broke down in tears again, talking about finding his dead mother. He said he wanted to talk about her, YP was crying and unable to talk at the point. Then YP said he had rope in his room and he had tied it around his neck; voices were telling him to do it. HAA instructed YP to listen to her voice not the voices in his head and that he needed to take the rope from his neck and to take 5 steps away – HAA reassured him she was there to help him to keep him safe. YP said he couldn't and was sobbing, HAA repeated reassurance and instructions. YP silent, prompting HAA to ask if still there and YP confirmed had taken rope from neck and stepped away. HAA praised YP, told him that he needed to make sure to listen to her voice now. YP said he had lost his cocaine, spent time looking for it, HAA engaged in this conversation with him to distract him from the rope, YP then said he needed to throw up and went to the toilet to be sick. YP said he had tied the rope around his neck again, HAA repeated instructions as before and YP complied for which he was praised and reassured. HAA explained to YP that help was on the way and could get to him sooner if provided his details, which he did and which were forwarded to the police. HAA kept him on the phone while waiting for the police to arrive, instructing him to stay on the phone until their arrival and then hand over the phone to them police which he did – his safety ensured.

6. What would help

6.1 Young people need young person led, young person friendly services that are relevant to them and available when they need them - especially at the point when they ask for help or are in distress

6.2 Adolescence and young adulthood - which it is acknowledged now spans a considerable length of time - (early teens to mid/late 20's), is a time of significant transition physically, emotionally, neurologically,

and services need to be sufficiently agile and flexible in recognition of this and in order to be relevant and helpful

6.3 These services need to be available face to face as well as online / helpline - many young people find talking about these things very difficult, and especially face to face and sometimes voice

6.4 These services need to include brief / early intervention as well as on-going support and treatment

6.5 There needs to be an easy and smooth pathway for young people to (re-)enter into, move between and exit services, as well as be held by services where waiting is unavoidable

7. ProMo-Cymru would welcome

7.1 Any request for its support in respect of CYP co-produced and co-designed on line / digital information and support services more generally

7.2 Any request for its support in respect of data collection, information gathering, evaluation to better understand the nature and extent of suicide and self harm

7.3 Any request for its support and participation in any national / regional face to face or on line networks for sharing of information and best practice, including helpline specific services

7.4 Any extension / rolling out of training the trainer initiatives to enable a wider pool of (lived experience and other) trainers of ASIST and YMHFA

Appendix 1 – INFORMATION ABOUT PROMO-CYMRU AND MEIC

INFORMATION ABOUT MEIC (managed by ProMo-Cymru)

Meic is the national information advice and advocacy helpline service for children and young people in Wales up to the age of 25

Confidential and bilingual, it is available 16 hours per day, 7 days per week, 365 days per year between 8am and midnight

It is accessible by phone (landline and mobile), text, instant message, email and website:

https://www.meiccymru.org/?gclid=EAlaIQobChMIInbO0tZLz1wIVyb3tCh3fLwQXEAAAYASAAEgILpfD_BwE

Since 2011, Meic has dealt with nearly 40000 contacts presenting nearly 50000 issues, the main ones being:

- family relationships 11%
- other relationships 11%
- mental health 10%
- rights and citizenship 8%
- physical health 7%

INFORMATION ABOUT PROMO-CYMRU

Vision: To empower people and communities to create positive change

Mission: To listen, break down barriers and build bridges in order to bring positive change and lasting relationships between individuals, families and communities. It provides innovative and creative solutions through meaningful conversations, digital technology and by working together

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