

PE1716/B

Chris's House submission of 6 May 2019

All answers to the following questions specifically relate to the North Lanarkshire area and the governments implementation of Social Care Partnerships.

Policy within NHS about signposting patients and/or families to third sector organisations

NHS do signpost patients under their Distress Brief Intervention (DBI) Programme Pilot. They refer them to 3rd sector organisations such as SAMH, LAMH and Richmond Fellowship in North Lanarkshire. As known to Chris's House specifically there are individuals, including GP's who do signpost individuals to our service.

It is also known that NHS Lanarkshire are currently reviewing Mental Health and Alzheimer's. However, this may be categorically flawed as 3rd sector organisations such as Chris's House are not invited to participate in any consultations. It is very often the case that these grass roots charities are the people on the front line doing the much needed work, without receiving any core funding.

Inadequate Assessment Tools

The CORE tool used by the NHS is also used by Chris's House – the difference between both is that Chris's House workers look beyond the spoken word of someone who is in distress. We do not underestimate that someone presenting with suicidal ideation, under the influence have the capacity to feel hopeless. Our ethos is to make people feel welcome, valued and not rejected no matter what their circumstances are. Our strengths may be that of empathy and compassion whereas often within the NHS medical model when a person is turned away it exacerbates the feelings of hopelessness and rejection. Our more person-centred approach does have the capacity to make a person feel more valued. Within the Health and Social Care policies in Lanarkshire would appear presently to lack these human values of empathy and compassion. The 'Choose Life' campaign seems to be mostly led by the Social Work department and senior members of NHS. Although, predominantly the Choose Life campaign are just people to speak out about their mental/emotional unwellness there seems to be a lack of urgency in picking up referrals – again people do not feel valued. There are major gaps in the current services as well as inconsistencies, very often an individual in crisis depends on the luck of the person who is assessing them. There is no central database for vulnerable people and no clear accountability between social services, mental health services, addiction services and GP's. Unfortunately there is more money being squandered on advertising campaigns that could be put to much better use to implement such a system. The system is not fit for purpose.

Human error does happen and it cannot always be accounted for – key factors can be missed and consultations are confined within the parameters of the

medical model. A&E of course adds to the distress of a patient's experience with waiting times in a public area. I have witnessed a person in great distress, after being called by their family member to be present at the hospital. The first responders had rescued him from a bridge and in this instance the patient was taken discreetly into a quieter area which carried more dignity for the person in distress.

Fatal Accident Inquiry

At present in my understanding, it is only either prisoners or hospital inpatients that are given a FAI simply because they are in the care of establishments – foul play or neglect has to be ruled out. The equivalent to an English Coroners Report is the report from Scotland's Procurator Fiscal which can be quite graphic and can at times add further distress to a bereaved family. None of the above explains the person's mindset at the time of completing suicide. In the case of an inconclusive post-mortem there may be grounds for a FAI by neither a FAI or an internal enquiry or any other enquiry can be solace to the loss that the family are left with.

On a personal level this is not something that I would like to sit through and listen to my son's life being exposed on a public platform.

Crisis Support Outside Office Hours

We have this in Chris's House and we do find it effective, however, we do not operate on the medical model. We use a holistic approach which is immediate and people appear to respond well to this. We have our phone system manned 24 hours a day and our house is open from 10.00 am to 10.00 pm each day.

At present people have sadly lost faith in our NHS. In Chris's House we see people who lack hope on a daily basis with a mistrust in the current practice. There is a prevailing snobbery within the health and social care partnerships which will continue to mirror the same practices under the guise of different names/labels. The definition of madness is: *"repeating the same actions consistently whilst expecting different results."*

There are many charities forming in the interest of mental health all over Lanarkshire, which is peer led and in their own right have their place. However, there is a danger of people with lived experience to overstep boundaries believing that they are being helpful but may actually do more harm.

There is not enough help for people in absolute distress to resolve their inner demons and emotional pain that is bringing them to believe that the only option is suicide. We have often seen many people being misdiagnosed and been given labels which they accept without exploring or engaging with professional therapists outwith psychiatry and psychology.

To my mind, the best way forward from the draconian system which has been set by many generations is to be compassionate and person-centred led. There certainly is a place for medicine in major psychiatric disorders but I think most of the torment and pain comes from trauma and toxic stress.

Both the following services are invaluable, however both fall short of what is needed. Breathing Space falls short of being a crisis service due to their limited working hours. Samaritans is a listening service with no possibility of an intervention.

Proper governance and accredited counsellors working together alongside the medical model can be an improvement. DBI has a slight shift in this direction. There is a negative – the same organisations and staff are being awarded the contracts to carry it forward. Often staff already in place have applied to work in this pilot – it is not fit for purpose as it is still the one fit for all model – not what the presenting individual needs. Everyone is aware of Adverse childhood experiences (ACEs) and are trauma informed but on the whole the money being thrown towards changing strategies and outcomes fall short of the actual delivery. In some areas there are pilots for drop in cafes again run on the same premise that having a place to drop in and chat will reduce the numbers dying by suicide. It may reduce isolation however it will not reduce the cause of their mental unwellness nor will medication on its own. People need to feel valued and this should be the major component for anyone presenting suicide ideation.

Lanarkshire does have a hub for crisis response – Chris's House, however it is never included in any consultations regarding suicide prevention or post-vention. The Suicide Prevention Action Plan published in 2016 suggests that more should be done for families bereaved by suicide – Chris's House has offered this service since its inception.