

Response ID ANON-VZNT-JM2Y-M

Submitted to **Engagement Process of the Draft Suicide Prevention Action Plan 2018**

Submitted on **2018-04-10 20:44:10**

Action 1

Do you agree that we should establish a “knowledge into action” group for suicide prevention?

Yes

Please explain your answer.:

Yes. However I'd like to see "stories" somewhere in this "knowledge", personal testimonies, histories, the voices of people who have felt suicidal, who have tried to take their own lives, who have been bereaved by suicide (I know that you have held an event with family members).

I am concerned that "data analysis" may be impersonal and exclusive, missing out stories about suicide linked to healthcare settings because this is embarrassing for health boards. You mention SPSP-Mental Health but this organisation excluded me from patient safety meetings after my son had his human rights denied, abused, in Stratheden IPCU locked seclusion room February 2012 for which I received an apology, eventually, after raising a complaint against NHS Fife with SPSO. This took a year to be investigated, it was a very difficult time, singlehandedly caring for my son, at home, no other community support. We were abandoned by MH services with only occasional psychiatrist appts for my son and no support for me. Rather I was blamed in an Adult Protection Investigation Report led by Fife Council Social Work Service in 2012, not knowing that I was under investigation when staff were neglecting and abusing my son. In fact it was I who exposed the bad practices and for this I was targeted.

I am wondering how you can include voices like mine in your "knowledge into action" group, people who are isolated and on their own due to whistleblowing campaigns, speaking out against systematic failures? Am I always going to be on the outside just for exposing what went wrong?

I'm a psychiatric survivor myself, 3 times after experiencing psychosis and coercive psychiatric treatment. Does my resilience have no worth in your suicide prevention strategies and actions? I challenge you to consider ways in which voices like mine may be appreciated and included in your action plans.

I am now voluntarily continuing to actively research Safe haven crisis Houses for Psychosis, alternatives to psychiatric hospitalisation for people who don't need coercive drug treatment and who would benefit from support and befriending by skilled staff and volunteers so as to journey through crises, psychoses and altered mind states, becoming stronger for it. Here is my new blog on this action research, created today:

<https://chrismuirheadsafehouse.blogspot.co.uk/>

Please provide any additional comments or suggestions about improving the use of evidence, data and/or guidance on suicide prevention.

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I can only reiterate about involving a wide range of voices in suicide prevention strategies and action plans, particularly people who have survived suicidal thoughts and actions, as I did in 2002 after swallowing a bottle of Venlafaxine pills, on impulse. I didn't know this was a side effect, no-one said. Fortunately my son was in the next room and called an ambulance. I don't like to remember this, it wasn't like me. I felt ashamed for years about doing such a thing. I hadn't felt suicidal before or since, although like many folk at times life gets difficult and one feels like escaping.

I just think we need to hear many stories from people about this subject, captured in various forms, media, and to develop community resources, safe houses, where people can speak and be listened to, non-judgementally. Befriending environments. Calm. Homely. Activities on offer for relaxation and creativity. Craftwork. Games. Books. Animals, pets. Conversations. Music. A reason to want to live. A place where folk can speak of death and not be feared.

Action 2

Do you agree that we should develop a new mental health and suicide prevention training programme?

Don't know

Please explain your answer.:

I don't know about this one. "world-leading, comprehensive" that sounds unachievable, unrealistic, not what NHS Scotland should be aiming for. Rather it should be about the people of Scotland. Why reinvent the wheel? Look at what's there already and use the bits that worked ok, improve the bits that didn't.

It's not about the training programme, in my experience of being a trainer since 1980 in community work settings. It's about the facilitation, the process, the interactions and engagements. It's about listening to folk who attend the courses, about involving people with "lived experience" within the programmes. It's not about keeping making new stuff, rather about tweaking what is there already, all the work that's already gone in, over the years. Not throwing the baby out with the bathwater.

"modernise the current suite" sounds like furniture restoration or design. Even the term "suicide prevention" is negative. Why not change it to something like "life enhancing" strategy or "living life as best you can" or "making living worth it". Outside the box thinking. People need a reason to stay alive. Why not focus on life and not death?

To what extent do you agree that there should be mandatory suicide prevention training for specific professional groups?

2c) - To what extent do you agree that there should be mandatory suicide prevention training for specific professional groups?:

Disagree

Please explain your answer.:

This sounds too forceful. We surely don't want folk undertaking training if they are reluctant to do so. Rather I think it's better to have the right sort of folk doing suicide prevention training. Compassionate and caring workers who are good at listening.

I also think you need to change the name from suicide prevention to something else. Turn it around. Make it about life. Training courses in how to support listening communities, caring neighbours rather than big brother groups pouncing on negative thoughts.

Please provide any additional comments or suggestions about modernising the content and/or accessibility of training on mental health and suicide prevention.

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Again I think that fresh ideas and tangential thinking are required to reshape mental health and suicide prevention. Honest conversations and transparency about causes, risks, that healthcare may be a trigger, medication side effects, isolation, loneliness, austerity.

Time to talk. Let's create safe spaces where people can talk and talk and talk. Listeners around. Cups of tea. Kindness. Empathy. No solutions or problem solving. Folk can usually work it out if they get a chance to say it, to speak it, to let it go.

Action 3

Do you agree that we should establish a Suicide Prevention Confederation?

No

Please explain your answer.:

I don't like the name "Confederation".

Meaning "a more or less permanent union of states with some or most political power vested in a central authority"

Very offputting, who came up with that one? Fail.

Where do you think local leadership for suicide prevention is best located?

Other arrangement – please specify

If other arrangement, please specify. :

local community groups and organisations

Please explain your answer.:

A mixture of organisations should lead on this. Shared leadership to give balance. Including grassroots community groups and individuals like me who don't belong to groups now because we are too busy caring and campaigning.

I used to be on steering groups back in the 1980's when living in Rigside, Lanarkshire. These groups were further afield eg Lanark, Hamilton or Motherwell, a variety of stakeholders, voluntary and paid. The benefit of having unpaid/voluntary participation I think is key. It would good to have non-political members who are concerned about the person, not the party. Independent voices who are free to state an opinion which is unvarnished, not aligned to a political agenda, based on lived experience of caring within families.

Please provide any additional comments or suggestions about maximising the impact of national and/or local suicide prevention activity.

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I'd like to see opportunities for wide involvement of participants and easy access to provision of expenses for those who are unwaged so they won't be out of pocket. It would be good to hear the views of people who've been affected by suicide but haven't been in the public eye about it.

Think of ways to encourage quiet folk to educate others about the impact of suicide without having to compete to be heard. Ensure protection and safe environments for anyone speaking out honestly about system failure, health service poor practice. I know what it's like to whistleblow and be scapegoated, get blamed for it. Not for the faint-hearted.

Action 4

Do you agree that we should develop an online suicide prevention presence across Scotland?

Yes

Please explain your answer.:

Yes that makes sense depending on how it's done.

It will need clever thinking. Proper monitoring and evaluation. Easy access, ways of engaging, social media practitioners who are very experienced practically, who know how to tweet, blog, respond, with a light touch. Humour is useful. Being able to defuse while also continuing to engage. Not shutting down conversations. Opening doors. Opportunities for networking. Creating community & communities.

Allowing critical thinking, comments, honesty, transparency. [dinnae let HIS lead on this]

No straitjacketing or scapegoating. Think hard and long about how to moderate or manage a range of voices without causing division. I think it can be done. Find out where it's been done successfully and learn from good examples. [please don't go to Boston IHI for this]

Please provide any additional comments or suggestions about developing social media and/or online resources for suicide prevention.

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Speak to See Me Scotland, I think they are trying to be inclusive, to reduce stigma, discrimination in mental health matters. Get them involved.

<https://www.seemescotland.org/>

Mind in England

<https://www.mind.org.uk/>

Pieta House Ireland another useful organisation:

<http://www.pieta.ie/>

and

Suicide or Survive, Dublin:

<http://www.suicideorsurvive.ie/>

Maytree, a sanctuary for the suicidal, Finsbury Park, London:

<http://www.maytree.org.uk/>

Additional comments

Please use this space to provide any additional comments that you have about any of the issues raised in this consultation.

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Here's my main blog and twitter account which I use to speak out, like a personal diary of sorts, it helps me to feel connected and to be heard, since becoming a whistleblowing campaigner and more at home now as an unwaged Carer, financially constrained:

<https://chrysmuirheadwrites.blogspot.co.uk/>

<https://twitter.com/Chrysmuirhead>

I also advocate for others, promote their writing, helping them to have a voice:

<https://chrysmuirheadwrites.blogspot.co.uk/p/w-hunter-watson.html>

<https://holeousia.com/>

my oldest son's music therapy website:

<http://facemusic.co.uk/>

I use various other social media tools to have a voice, for example:

<https://www.youtube.com/user/Chrysmum/videos>

<https://www.linkedin.com/in/chrysmuirhead/>

About you

What is your name?

Name:

Chrys Muirhead

What is your email address?

Email:

chrysmuirhead@gmail.com

Are you responding as an individual or an organisation?

Individual

What is your organisation?

Organisation:

If you are responding on behalf of an organisation, please tell us what type of organisation:

Not Answered

If other, please specify.:

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Slightly satisfied

Please enter comments here.:

it was very long but that's ok

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Slightly satisfied

Please enter comments here.:

at least it didn't timeout which sometimes happens with other consultations