



Suicide 'A Personal Perspective'

November 2020

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"suicide isn't always inevitable and it is preventable"

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1. IN SUMMARY

This paper relates to the findings given to Healthwatch Lincolnshire by 114 people who have either had thoughts of suicide, with the aim of ending their life, family and friends who have been directly impacted by someone ending their life by suicide or professionals who have come into contact with suicidal people.

The findings were gathered between 17th September and 17th October 2020 through an online survey. The survey was shared via social media with the focus of gaining insight into the current views of those people in our county impacted by suicide.

Within the survey, in addition to demographic and categorising questions, we asked the following.

- Do you think there are services in place in Lincolnshire to help prevent suicide?
- Which services have you or a friend/family member accessed that have helped in supporting suicide prevention? And how did they help?
- Tell us how services could do more to help prevent suicide.

Additionally, we also asked people, where they felt they could, to share their story with us.

As a result of our evaluation, the following themes were identified:

- **Nearly half of people** who had experienced suicide and those that were experiencing suicide in the 'here and now', **felt there were no services in Lincolnshire that would help prevent suicide**. For clarity this is not that there were no services, but no services that would help prevent suicide.
- Consistently we heard **the need for easier access and availability of service provision in a coordinated way, at the right time**. With the aim of avoiding the real or perceived gaps created by commissioning and disjointed working across the health, care and VCS sectors.
- 49% of people had something positive to share when they had accessed services, this positivity was predominantly around non-NHS services. A further 51% cited negative experiences across all service types.
- Although services might be available 'on paper', access to, and appropriateness of those services seemed to be the key factor for reporting that no services were available. **People told us that they felt like they were being pushed from pillar to post. Having inconsistent and unreliable services and delays in support and care packages drained resilience and belief in localised care.**
- We have heard as a Healthwatch for many years (from system providers) that there are no major issues related to time delays in accessing services, however throughout the survey, **respondents cited delays and waiting lists compounding the issues of mental health and suicide, the apparent lack of intermediary support between initial contact and treatment was raised.**

Furthermore, we compared our survey responses with the Lincolnshire Suicide Prevention Strategy (2020-23) and Action Plan (2020-21), as a result, we were able to make the following observations.

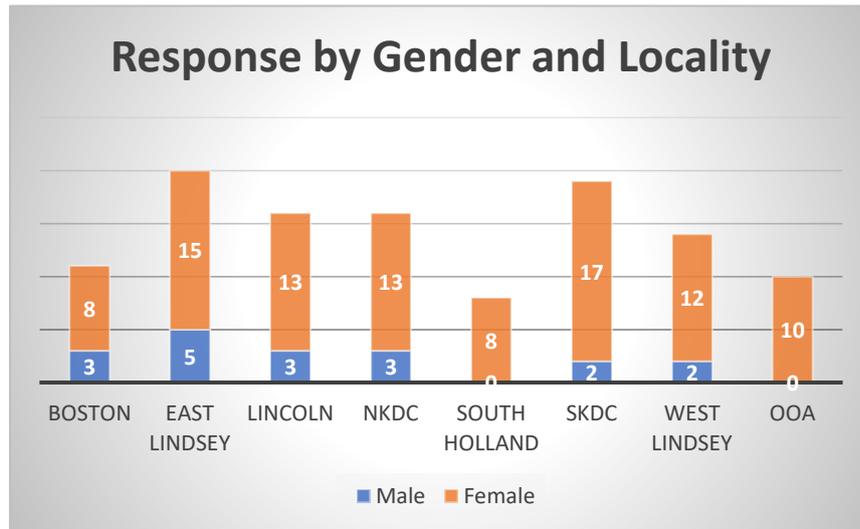
- **We felt there were no metrics within the action plan that could be measured either from a qualitative or quantitative perspective**, meaning that no measure would be available to provide stakeholders and the public with a sense of progression and a sense of what success will look like.
- We are pleased to see acknowledgement within the plan that there is a need to provide support for those bereaved by suicide. However we do ask, whether **'explore options for commissioning a suicide bereavement support service'** for those bereaved through suicide go far enough and quickly enough, especially as it is such a pivotal theme to protecting the long-term mental health of those left behind?
- The action plan talks explicitly about **ensuring co-production with those people with lived experience**. It certainly felt from the responses, that the voice of those impacted by suicide wasn't being heard and therefore in our view a pivotal element within the plan which must be a high priority.
- The strategy and plan refer to **mapping existing services and developing clear pathways to these services. However, from our findings it would appear pathways and services already exist**, since over 25 different services were referred to. The solutions from the feedback appear to be more around providing a service which is accessible and joined up 24/7 with a synergistic person-centred approach. This could also be linked to the disjointed view between professionals who cited 100% that services were in place, when that wasn't the view of individuals impacted by suicide.
- In addition, the **evaluation of the Strategy and Plan appeared to be absent**. Evaluation will offer a greater understanding of what has been achieved, the challenges, lessons learned, and the value of money spent on activities, in terms of end results, lives saved and longer-term benefit.
- It was acknowledged that high risk groups were specifically targeted as part of the work with the aim of reducing incidents in those cohorts.

Please note all comments in blue boxes are statements taken directly from the qualitative feedback and have not been amended but reflected in their original form.

2. THE RESPONDENTS

We received 114 responses to the suicide survey during the 4-week period, the following highlights the statistics behind the results from the feedback received

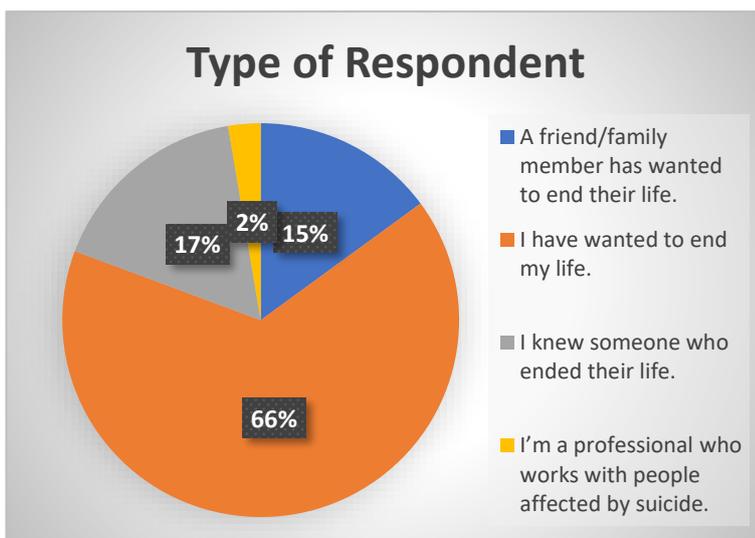
As we can see below, the majority of the feedback came from females, which is a normal indicator in our Lincolnshire survey responses. However, they were not only reporting on themselves but also on experiences of others directly connected to them, which were often referring to male members of their family.



In terms of locality we can see a relatively even spread across the county with the smallest amount of feedback coming from South Holland and the greatest from East Lindsey.

The following chart is significant in understanding the cohorts of people who responded.

66% were people who had wanted to end their life and further 17% were people who had been directly impacted by someone dying by suicide.



The split between the respondents illustrates the challenges in supporting those currently in need and indeed the impact of those who have supported people or experienced a loss as the result of suicide.

3. THE FINDINGS

The following provides the overarching themes and trends, and some context through the words of the respondents, giving a real life and in-depth perspective of people's experiences.

In light of the newly distributed Suicide Prevention Strategy 2020-2023, and the Suicide Prevention Action Plan 2020-2021, the findings were, where appropriate considered alongside the content of the Strategy and Action Plan to highlight areas of cohesion and where there are potential gaps and observations on content.

What follows is a review of survey responses in relation to each question.

Please note all comments in blue boxes are statements take directly from the qualitative feedback and have not been amended but reflected in their original form.

3.1 Do you think there are services in place in Lincolnshire to help prevent suicide?

The above question was asked of the 114 recipients when considering from their perspective whether they felt services were in place to prevent suicide in Lincolnshire. We broke down the responses in terms of respondent type, this is important to acknowledge the experience of suicide from a reflective point of view but also from those living in the 'here and now', experiencing suicidal events.

Are Services in Place?	A friend/family member has wanted to end their life.	I have wanted to end my life.	I knew someone who ended their life.	I'm a professional who works with people affected by suicide.
Yes	41%	23%	21%	100%
No	47%	45%	47%	0%
Don't know	12%	32%	32%	0%

We can see from the table that those who have had historic experience of someone else being suicidal, nearly half (**47%**) that felt that **services were not there to help prevent that suicide**. Equally those people who had considered **ending their own life by suicide reported a similar percentage (45%) feeling that the services were not in place which would help**. For those family and friends trying to support someone **who did end their life, the figure was again nearly half, (47%) who felt services were not available**.

Reflective Viewpoint

From the responses there appears a significant challenge in people understanding and effectively accessing what services are already available to them. The challenges around service pathways, how they are communicated, and accessed may not necessarily be a lack of knowledge from the individual, family, or friend but more a bureaucratic maze of processes and procedures.

3.2 Which services have you or a friend/family member accessed that have helped in supporting suicide prevention? And how did they help?

For those who said there were no services, 51 of them entered a free text comment. **49% of those 51 people said they had received some kind of positive experience** through organisations such as Samaritans, SHOUT, Mind, Cruse and private psychotherapy, 18 of those also included positive comments related to NHS based services (CAMHS, CPN, Willows, PHC, Hospitals, GP).

How did the service help? ...

“Being put in hospital on the other side of the country away from all my triggers.”

“Crisis team in Lincoln arranged admission to inpatient unit in Nottingham. I didn't know about the crisis team or how important it is to ask for help and who to contact. I waited until a planned appointment with a professional who referred me. If I could have known how to self-refer or who to ask for a referral sooner I might not have become close.”

“A and E gave me a space place to sit when I felt suicidal. They called my husband to take me home.”

“Samaritans, listened and was able to give advice.”

“CBT - helped by offering me different ways of thinking, boost self-esteem and be an impartial person to listen to me each week.”

51% of those people cited negative experiences when asked what services had been accessed and how they had helped. Where people had tried to access services or hadn't met the criteria for a service this led to a reinforcement of their negative viewpoint on localised provision. More significantly for those people living in the here and now who want or who have wanted to end their life by suicide the view that no services are available are much higher.

“None. In the end I saw a consultant privately.”

“GP not much help.”

“None of them helped each time my partner was referred to Ipft services the were frankly useless. They didn't listen just applied preconceived ideas to his situation.”

“None particularly, CMHT is underfunded and I wasn't offered anything else.”

“I found after moving to Lincolnshire 12 years ago there is a distinct lack of mental health services available with the most used phrase being "we haven't got the resources" this phrase is used for both mental and physical problems and has been used on numerous occasions by both GP and CPN.”

“No service available in Lincolnshire to help.”

“None! It is impossible to access any services in Lincolnshire. I am ex armed forces and the catalogue of absolute, shameful, lack of duty of care drive me to attempt to hang myself last year. Mental Health Services and access to help/treatment/suicide prevention are impossible. People are dying and LPFT and CMHT has blood on their hands. This is a fact!”

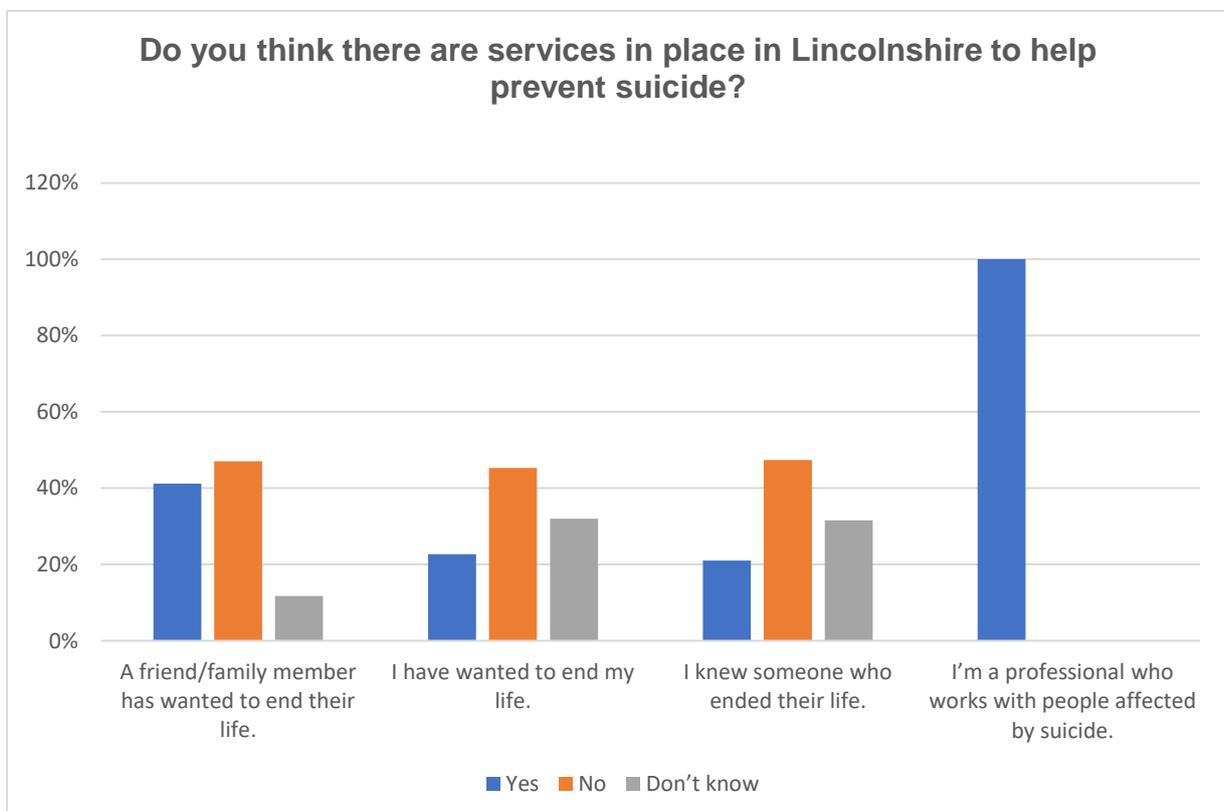
What was noted from the feedback was that 100% of the professionals who completed the survey felt that services were in place to support people, family, and friends during suicidal episodes. The following box lists the services professionals cited as available.

“MHCT Lincoln”

“Crisis team but limited as to what they can do we need some day care”

“Crisis Teams”

“Churches”



Reflective Viewpoint

There was little variance in age and location regarding people's perceptions on whether services were available.

Within this section, there was an undertone that although services might be available 'on paper', access to, and appropriateness of those services seemed to be the key factor for reporting that no services were available. People felt like they were being pushed from pillar to post. Having inconsistent and unreliable services and delays in support and care packages, drained people's resilience and belief in localised care.

"No resources do not call back always in meetings."

"Crisis Team Community Mental Health Team – Lincoln. They didn't help. Kept battling me between each other without any emotional support; CMHT is underfunded and I wasn't offered anything else."

"Crisis Team Community Mental Health Team – Lincoln... they popped round for a chat then told me there would be no help available for at least 6 months."

"Have been on emergency list for psychiatrist now for over a year, been told no counsellors available, can't do phone (like crisis team etc) as people in my head won't let me. So, nothing"

For family and friends 'looking in' at the services and looking to support the person in finding a way forward, their views of services were mixed. Some citing excellent interaction and involvement of the family and friends through to those that felt the interventions were totally unsupportive.

Crisis Team: "assessed person for a few days and eventually helped to get person sectioned for safety; instant phone help, next day attendance at the house to our son. Attendance continued for 6 days and then phone contact and support for a long time afterwards. Parents involvement was welcomed. Superb support."

Telephone Helpline: "They told him to take the dog for a walk. Ridiculous when he couldn't get out of bed."

LPFT: "None of them helped each time my partner was referred to lpft services they were frankly useless."

3.3 Tell us how services could do more to help prevent suicide.

Within this question some responses could be anticipated, however what was less predictable was the strength of feeling relating to what more could be done to prevent suicide. The core themes were...

From those who wanted to end their own life:

- Help, time, compassion, kindness and understanding.
- Make services accessible.
- Mental health isn't a 9-5, Monday to Friday life event.
- Remove the myriad of process and hoops to jump through, one person told us they were 'unable to speak to the crisis team because they would be removed from Steps2Change creating a vicious cycle'.
- Act Fast. Radical, honest, and open review of the waiting times for services and be clear in terminology. For example, calling someone who has self-referred to assess, and then putting them on waiting list for 6-18 months with no intermediary support, is this really person centred and meeting the needs?
- Provide services that listen to people and hear what they need, remove a medicalised view of what treatment and therapies will work. For example, for some wanting verbal interaction, a service offering a faceless online CBT model was not conducive to recovery.
- Provide mental health support where it is needed, ensuring publicity is everywhere and that schools and employers have easy access to appropriately trained and appropriate mental health support workers.
- Provide different therapies and care support packages, 'think differently'. Group therapy, online and CBT isn't for everyone, there are multiple different forms of mental health therapies that could be packaged to support a person-centred recovery and prevent repeated relapses. No one size fits all.
- Acknowledge the current environment (pandemic) and find a way around it. People felt that telephone or digital was not good enough and they didn't feel safe using them to share their personal concerns.

Supporting family and friends of those who had wanted to end their life, added:

- Provide mental health emergency access points, physical places to go 24/7 where people understand and listen.
- Much earlier intervention, someone shouldn't have already tried to end life before they get support.
- Access to the Crisis Team and services need to be consistent, individuals citing they felt they were being fobbed off, and told they would be referred to the Duty Team.
- Work harder to remove the continued stigma of mental health, improve people's ability to recognise, accept, and seek help, particularly for men.

A Whole System Approach:

It was recognised throughout and particularly in the telling of people's stories, how wider life influences impacted on mental health and suicide. This was true not only for the people that ultimately ended their life by suicide, but also those people left behind. We saw a pattern emerging of hopelessness and loss, leading to their own significant mental health distress.

Examples of gaslighting (controlling and coercive behaviour), wider relationship issues and previous life trauma all being cited. Ex-service personnel experiences not being acknowledged and addressed. The fear of being sectioned when all they seek is help, we noted that being sectioned added to the fear of exposing mental health concerns.

"If someone dies in an accident I understand a family liaison person supports the bereaved After a suicide you are just left totally alone and adrift"

"More counselling. Only got 6 weeks and nowhere near enough. Took me years to get over my brothers suicide"

"Some sort of follow up. After my sons totally unexpected suicide 10 months ago I have had no follow up from any professional services"

"I needed somebody to help me deal with what I was feeling and to help me sort out/work through the issue that caused me to feel like that"

"Somewhere to turn to for help for my son. As a parent I had no idea how I might be able to get help for him."

"My teenage daughter committed suicide in July 2020. She was let down so badly by the nhs"

"I needed help to remove myself from a toxic relationship. Husband was a narcissist and I was the victim of gaslighting and coercive-control."

"A better social life would have helped. I've tried to improve my situation, but covid restrictions have seriously set things back."

"I had 2 family members attempt suicide. One of them, I figured out what they'd done and called emergency services. They needed to be hospitalised, not sent home the same day. As far as my own suicidal thoughts.. they stared when I was very young (under 10) I needed someone to notice me."

"My daughter passed away at 18yrs in 2015 and it really broke me, it has been very hard to access bereavement counselling locally too, my uncle killed himself too, many years ago now, shot himself in the head with his shotgun."

"Help with coping with my disabled son, I got so isolated , I couldn't get help life seemed not worth living."

"My cousin committed suicide and there was no counselling offered other than for direct family."

Observations:

Action Plan ID 1.1 and 2.1 talks explicitly about ensuring co-production with those people with lived experience. From the responses we received it suggested that the voices of those impacted by suicide wasn't being heard and therefore a pivotal element within the plan and could also be reflected in **ID 4 Intelligence Section**.

Action Plan ID 1.2. The strategy and plan refer to mapping existing services and developing clear pathways. However, from the findings it would appear pathways and services already exist as over 25 different services were referred to as accessed or tried to access. **The solutions from the feedback appear to be more around providing a service which is accessible and joined up 24/7 with a person-centred approach.**

There is also reference to further promotion of telephone-based help such as Samaritans and 101, as well as identifying apps and web-based support. **The promotion of cheaper, easy access services is admirable, however the views of the respondents suggest that alternatives to traditional methods should not replace longer term interventions with a consistent and longer lasting impact. Telephone and web-based interventions were not viewed as a long-term solution, rather a 'holding place' for an immediate crisis.**

'I am the partner of a veteran who has attempted suicide multiple times. It's the disconnect of being see sometimes by a crisis team the having to wait months for therapy...' I was on the waiting list for steps2change for 8 months before my attempt, never managed to see anyone'

Within the strategy and plan there is nothing that seeks to resolve the long running theme of quick access, right place, first time approach. **The feedback tells us the ability to gain timely and fast access to services was a priority, 70% of people said they felt delays and lack of accessibility being the main driver for poorer, longer term outcomes.**

Action Plan ID 1.3. Within the Action Plan there is a section relating to the impact on family and loved ones when someone wishes to end their life or does end their life by suicide. The longer-term impact on families is palpable in their stories, the feeling of loss and that complex grief which compounds their own struggles with mental health.

Therefore, explicitly within the Action Plan we ask, does 'explore options' for commissioning a suicide bereavement support service for those bereaved through suicide go far enough and quickly enough? We raise this question, especially given that the respondents to our work talked about limited services not supporting a wide enough group of bereaved people who were impact by suicide, therefore further increasing the complexities of grief and ongoing mental health.

"My dad ended his life though suicide, he had tried many ways and times of doing it. Two years ago, he hanged himself nine days after being discharged after taking an overdose and the mental health team said he was at no further risk due to being appropriately dressed and giving eye contact. This has left a massive affected on the

family and especially myself due to finding him. I was waiting 11 months from referral to seeing someone in person after a suicide attempt.”

“steps 2 change has such a long waiting list’ (female 18-24 wanted to end own life)”

“I was on the waiting list for steps 2 change for 8 months before my attempt, never managed to see anyone” (female 18-24 wanted to end own life)

“Steps to change is a joke with long wait lists and a time limit on access to the service any” (female 18-24 wanted to end own life)

“Intervene quicker. Placing someone on a 6 month waiting list isn't helpful” (Female 35-44 wanted to end own life)

“Steps to change helped long term but for immediate 'real time' care I haven't experienced any” (female 18-24 wanted to end own life)

“Told I would be referred to S2C but never happened.” (male 45-54 wanted to end own life)

Action Plan ID 2.4 refers to the reduction of inpatient and community suicide to zero. The plan needs to be clear around this as an action with an explanation of terminology. We know that a number of people who end, or try to end their life by suicide, whilst may not be known to LPFT, they have had their concerns raised in other areas of the community sector such as GPs, Schools, Colleges, Counselling Services, Police, Ambulance, all these need to be cited within the zero suicide ambition plan, as not every incidence is known to LPFT.

Action Plan ID 5. Awareness and Training. It is encouraging to see within the strategy that training provision is planned.

A Mothers Story

In 2019 my son took his life he was 29. He had been diagnosed with depression but did not feel that medication helped him nor did he seem able to easily access the right kind of help to discuss his issues. People/organisations that could or should have helped did not seem to recognise his symptoms. He was the ‘life and sole’ of the party but the jokey exterior hid a number of demons. Sadly he had become addicted to cocaine and used cannabis - I did not know how bad his usage had become. I knew he had problems but found it difficult to discuss things with him due to his mood swings and the fact that I think he felt like a failure and had let me down, even though he knew I was always there for him. I did not know who or where else to turn to for advice and to try and find him the help he evidently needed but would not seek himself. He was let down by his employer, the job centre, a local training agency (who were also supposed to give mental health support) and his own GP as none of them did anything more than give him a ‘plaster’ for something that needed far more in depth help. He was a much loved son, brother and friend. His death shocked a huge number of people and he is missed every day by them all. If we were all more educated in the signs to look out for then maybe a few of us would have realised just how low he had become and been able to support him better and help him find the counselling he needed. There seems to be no cooperation between

services and one central place to go to find everything that is available, be it via the NHS, charitable services or help groups. There is also very little help for those who are left behind grieving.

In our observations we felt there were no metrics provided within the action plan that could be measured either from a qualitative or quantitative perspective that would provide stakeholders and the public with a sense of progression, and a feel for what success will look like.

Finally, the evaluation of the Strategy and Plan appeared to be absent. Evaluation will offer a greater understanding of what has been achieved, the challenges, lessons learned and the value of money spent on activities in terms of end results and lives saved and longer term community needs acknowledged and met.

5. CONCLUSION

Suicide should never be considered inevitable and there is much that can be done to ensure that prevention and early intervention improves people's opportunity for self-development, change and recovery. The 114 stories that were presented by respondents offered insight into the real challenges and impact on individuals', families and loved ones in trying to prevent suicide. The journey is often long and arduous with the services that are supposed to help them not being easily accessible.

Therefore, it is useful to see a 'targeted one-year' approach to achieving impact on suicide. However, there are no metrics included within the plan which would support the evidence for progression, certainly from a stakeholders and publics perspective there is little evidence within the plan as to what success will look like. For the plan to make tangible differences in people's lives it needs an open, transparent, and critical evaluation to ensure the time, money and efforts put into the plan are realised.

Healthwatch and our charity (HWLincs) main ethos, values and beliefs pertain to the preservation of people's health and wellbeing and ensuring the public voice is heard. We will continue to seek validation of the strategy and action plan over the next 6-8 months and would be more than happy to support any independent evaluation.

6. PERSONAL SUICIDE STORIES

The following provides some of the stories we have received through doing this work. Each story is poignant in its complexity and its far-reaching implications.

The stories touch on the myriad of services, people, life stages and situations which impact on a person's mental health to the point where they want to end their life.

There is much we can learn here from putting people at the centre, being accessible, timely, secure that people are safe, not experiencing compassion fatigue through the lack of joined up or appropriately commissioned services, right through to the impact of loss and grieve on those left behind.

It is worth noting, that the stories below are a sample, and for many they told us retelling the story would just be too painful.

"I've wanted and tried to commit suicide on numerous occasions when I couldn't see a way out of mental and physical pain without any support to get through the pains. I can now see and feel when I'm heading towards that, but support is difficult during the pandemic when there's a higher demand for help. Perhaps next time I don't get (or even want) the help and succeed. "

"I discovered that my husband was having an affair and he became very abusive, telling me I was worthless, ugly, useless, and culminating in threats to kill. Gradually I came to understand he had been controlling me gradually throughout the marriage. I was trapped with no money and unable to see a way out of the abuse. I sank lower into depression to the point I felt like life was not worth living and I contacted MIND. I was very lucky to be allocated a fantastic Counsellor who helped me to rationalise and cope with the situation."

"Experiencing suicidal thoughts, in the past, as a mother, leaves a deep painful guilt and sadness because I believed that they would truly be better off without me. I know now this isn't true, but I was so sure it was. If these memories enter my mind, they feel traumatic and underlying is the fear that, it can happen. Your mind can become a dangerous place. The local service tells you to call the crisis team as a response. There is very little resources and so I can't get any therapy....anytime soon! Fortunately, I work for a mental health service out of area and they are prepared to help me because my local area can't."

"My dad ended his life though suicide he had tried many ways and times of doing it. Two years ago, he hanged himself nine days after being discharged after taking an overdose and the mental health team said he was at no further risk due to being appropriately dressed and giving eye contact. This has left a massive affected on the family and especially me due to finding him."

"Over the past 30+ years I have attempted to take my own life many times, to be labelled an attention seeker, unbalanced, and unhinged. It was only due to my last attempt 3 years ago that I finally got a diagnosis of emotionally unstable personality

disorder and was given the right medication to help balance my moods. Why did it take 30 years of ruined relationships, self-harm, suicide attempts before I was diagnosed?"

"Getting rejected by services when asking for help does not help. Still feel like ending it sometimes. Have had to start on antidepressants again. Still no support from services."

"My Son was 32 years old. He had a partner and a 10 month old baby. They lost their flat because his partner's Dad told them to stop paying the rent. The council wouldn't help them and they came and lived with us. We live in Lincolnshire. They then moved to her parents in Norfolk but split up and my son came back to us for a few weeks. He got a Job in Suffolk which was 20 minutes away from his ex and daughter but she wouldn't let him see her unsupervised on her parents advice. He facetimes me on the Tuesday to let me know he had his daughter on his own for the first time. That was the last time I saw and heard from him. At 10.30am a policeman knocked on my front door. When I let him in he told us there had been a RTA in Suffolk. I asked if X had gone and he told me he didn't have that information. I asked him again and got the same answer. He went. I phoned his work and when I told his boss who I was she screamed and started crying. I said, "He's gone then." She said yes he has. Our family liaison officer phoned, I asked if he had taken anyone out. He asked what I meant. I said we were told there was a RTA. He, my dear he was on foot. He jumped in front of an articulated lorry. We still haven't had any help from anyone. Except my Dr a few weeks ago when I wanted to go in the sea and not come out. So, has upped my antidepressant."

"Each day is different, I am a survivor of Rape and Domestic abuse. I have days where I feel worthless and want to end my pain, but I have days that I bring light to other people's lives by helping them."

"I was 14 when I saved my dad's life after he purposefully overdosed on my sleeping tablets. I heard him convulsing in the room next door. This led me to have my own issues later in life which led to self-harm. I had to fight for a decade to get the help I needed. More funding is so desperately needed in the mental health sector. "

"My story is a long and complex one as a person who cares for someone who has a mental illness, who at times has been so ill that they have felt their only escape is commit suicide, but has had several unsuccessful attempts (thankfully) sometimes my person has been treated like they are an attention seeker, sometimes my person has been saved by an individual who although is a professional, has

managed somehow to get through the darkness, and gone the extra mile to just listen and support.”

“I have often planned my own suicide and have stored pills in order to do this, I self-harmed and abused medications and alcohol. I was lucky and had the support of my partner to help me stop abusing substances and start enjoying life again. I have also used Samaritans help line many times when I feel most alone and just need to vent. I am still not perfect and am working through my issues, I find life hard but am appreciating the joys of life and have not contemplated suicide in years.”

“Suicide is not the answer. It leaves so Many questions for the family left behind. Tomorrow will always be a new day with a new sunrise. Talk to anyone to help you through that passing darkness. The grief that goes along with loosing someone to suicide is so complicated. “

“My husband had been battling depression for years and has tried to commit suicide 4 times in the past. Trying to get help for him when needed is very difficult.”

“I am the partner of a veteran who has attempted suicide multiple times. It's the disconnect of being see sometimes by a crisis team the having to wait months for therapy, if he had a stroke he wouldn't be left in limbo like he has been. Anybody who attempts suicide is a complex case and should be treated a such. The last time we were at Lincoln Hospital the doctor he saw was great but I could hear her arguing on the phone with the crisis team who didn't want to come to see him because we reside in an area covered by Grantham. Whereas the hospital doctor was great other clinical staff interlocks towards him which was distressing to me, staff need to appear compassionate or judgemental it's rude and debilitating to communication for the patient and their family. Eventually he was s distressed that once his wrist had been stitched, he discharged himself and despite their promise the ecosystems never turned up before he left. He did engage with the service at Grantham but that only lasted two weeks and afterwards it was clear they hadn't really listened from the evidence of the inaccuracies of their report (I was present at some of the meeting so I know what they wrote wast said). He has only got better since having intensive therapy from the veterans service but once loft referred him to that we had to wait unsupported for over a year for that to start. There is just me and him so we have done most of this alone, I have ptsd from the trauma of all this, the last attempt involved a police search to find where he was, he lost his job because his employers couldn't understand and basically saw him as a liability. “

“In 2019 my son took his life he was 29. He had been diagnosed with depression but did not feel that medication helped him nor did he seem able to easily access the

right kind of help to discuss his issues. People/organisations that could or should have helped did not seem to recognise his symptoms. He was the 'life and sole' of the party but the jokey exterior hid a number of demons. Sadly he had become addicted to cocaine and used cannabis - I did not know how bad his usage had become. I knew he had problems but found it difficult to discuss things with him due to his mood swings and the fact that I think he felt like a failure and had let me down, even though he knew I was always there for him. I did not know who or where else to turn to for advice and to try and find him the help he evidently needed but would not seek himself. He was let down by his employer, the job centre, a local training agency (who were also supposed to give mental health support) and his own GP as none of them did anything more than give him a 'plaster' for something that needed far more in depth help. He was a much loved son, brother and friend. His death shocked a huge number of people and he is missed every day by them all. If we were all more educated in the signs to look out for then maybe a few of us would have realised just how low he had become and been able to support him better and help him find the counselling he needed. There seems to be no cooperation between services and one central place to go to find everything that is available, be it via the NHS, charitable services or help groups. There is also very little help for those who are left behind grieving."

"My 18year old son who had left school and just commenced a job nearby and seemed to have everything going for him just totally unexpectedly took his own life at home. Other than seeming a quiet boy and lacking confidence he was never in any trouble. He was taken to Lincoln intensive care who removed life support after 4 days due to the unrevivable brain damage. We had to wait 6 weeks for funeral due to delay with admin from hospital and postmortem. To date i have still heard nothing from coroner."

"I was abused growing up and ended up in an abusive relationship with my husband who isolated me from my support. I had no one to turn to professionally or privately. I planned to commit suicide the following day as I needed money to buy what I needed to do it with. I popped round to an old friend who forced me to ane and sat with me all night to make sure that I didn't run off. I was admitted the same day.

I've had anxiety and depression for most of my life. I first contemplated suicide at around age 14. I have been described as passively suicidal, so nothing has ever really been done about it as I'm not a major threat. "

"My daughter struggled with mental health since she was 11. She was such a kind-hearted girl with so much beauty inside and out. She thought she was nothing. She wouldn't listen to anyone how important she was to her family and friends. She left an imprint on everyone she met. When I went to my local florist to sort out her flowers she was upset too. Her son knew her. She made impacts on everyone. She was so talented and loved life. But her soul was so broken cos she just kept pills

every time. Pills don't work for everyone. Therapy helps. The kind that has empathy and understanding. Not what is learnt in a book. “

“My brother took his own life at 22 . He hung himself in bedroom. He'd had a relationship break up but my parents weren't emotionally supportive no cuddles or love. I've recently felt the same but feel no one to go to as become too much for the couple of friends I spoke to. Apart from a crisis line when it's at end point and other telephone numbers there's no one. Need help now not when in crisis “

“Not my story but two of my male friends contemplated suicide when both of their wives died. “

“I felt so low trying to care for my mum in law and dad in law and my husband wasn't much help as he felt unwell. My mum in law had the start of dementia and dad in law was deaf and very slow. We paid for carers to help but it was still very difficult. I felt like I wanted to die instead of carrying on but looked on the internet and realised that I just didn't want this particular life and that my other family meant too much to me to be so selfish. My mum in law is now in a nursing home, my dad in law has now died and I now know that my husband was not just being lazy but in fact had lung and brain cancer which was diagnosed too late and now he is dead. Nursing him in his final months made me want to die with him (been together 40 years). No support offered from anyone during lockdown as COVID-19 is where all the resources are targeted. I have dealt with 2 deaths, funerals and never ending paperwork this year, and looks like mum in law is now deteriorating rapidly so I will have all that to deal with again on my own. Feeling very low and I can't seem to cope without crying all of the time. I just want to stay in bed rather than start another day.”

“Last year in October I jumped off a road bridge in an attempt to end my life, the mental health services in Lincolnshire only cared after I had made 'such a serious attempt', therefore I chose not to engage with services after I had made the attempt, I am fortunately in a much better place mentally now, I do think serious changes need to be made, I can't fault the aftercare I received/would have received had I accepted it .”

“I told my gp I was suicidal, and he didn't even look at me. Flicked a prescription impatiently and I left. The antidepressant exasperated my symptoms. I went a further 3 times begging for help. They just increased my dose. 10 months in I was self-harming, had crippling insomnia and was at a point of dissociation that I was almost nonverbal and confused all of the time. One day I had a breakdown at work, told my team leader I wanted to die and left mid shift. I don't know where I went or how I got

home but I was gone for 5 hours. I went the next day to my gp who referred me to the crisis team. I went to a crisis house and eventually to hospital for 6 weeks. I was discharged with no support and eventually got an appointment with a CPN 6 months later after ringing every day begging to see someone. During the first year I had 3 separate CPNs and not much help, just people calling me in compliant and telling me they can't help me because I don't know what I want. I was in chaos internally and I found after an initial diagnosis of BPD people were dismissive and cold to me. I was subsequently diagnosed with complex PTSD and people were more sympathetic after that, they listened more to my story. A change of meds helped me get stability, but I was told access to a psychologist was impossible because there's a year's wait list and I should go private. I wasn't offered any other therapy. I have an appointment in November and despite ongoing depression and suicidal thoughts, I'm expecting discharge and to be honest, I think that will be the end for me. There's nowhere to go after here. Just back to the same despair I had at the beginning of all this. “

“My brother aged 41 committed suicide in 2011. The whole family and his friends had no idea that this would happen. He had a son aged 6 who he loved dearly and a close living family but never asked anyone for help. Years later I am still not over this and think I never will be. It is an utterly devastating event for anyone left behind. I wish he would have realised the impact of his actions and asked for help. There is nothing that can't be sorted out.”

“I was a mum of a new baby and a 2-year-old. I did not know it but i had PTSD. I became severely depressed and suicidal. I didn't tell anyone for a long time because I just wanted to keep going for my children. My illness negatively impacted our whole family. When I told my husband, he didn't know what to do, now 2 years on we have had a talk about what actions he needs to take if I or anyone tell him they are suicidal. I work in front line healthcare and he leads a school. Neither of us knew the questions to ask or actions to take if someone discloses being suicidal. Awareness and a clear set of questions to ask and actions to take depending on the answers need to be taught to everyone from school age children to professionals training. I know people are better at talking about suicide now but a standard, consistent action plan needs to be applied nationally to make real progress. I needed a huge amount of treatment to help me out of the hole I went down. I know not everyone who is suicidal needs medical help but feel strongly everyone should be assessed as a potential medical emergency and then if medical input is not required then support them to access other services.”

“I have attempted suicide 3 times and have struggled with depression and anxiety for over 20 years. My battle with suicidal thoughts is ongoing. My overall experiences of Lincolnshire mental health services have been negative. This is partly due to service limitations and partly professionals with poor skills and understanding of how to

respond to someone who is suicidal. I have got to the point where I am reluctant to seek support because I have lost faith in local service ability to be any support.”

“I'm in constant pain at the moment, I've described it as being in every molecule of my body, which it is at various degrees of pain all the time, I struggle to sleep now so I am awake for three days or more before my body gives in and I sleep, when I wake I'm sometimes paralysed for a bit which is really bad as I'm desperate for the toilet, mum helps me to get moving in the morning if that happens, if she isn't here then I sometimes have an accident, I've been to the go I've explained the issues, I've been referred to see people, one of which is next month, also I was referred to a physiotherapy guy, unsure why as I've not been seen, just a telephone call and he gave me exercises to do, those exercises actually make the pain worse but I continue to do them as I was told to. What would improve my situation is access to care quicker than is being provided. I have said if this continues I will be ending my life as this inst life this is some messed up version of existing. I'm at the moment not mentally unwell, taking my life is purely based on the indignity of messing my bed or clothes sometimes, living in some form of pain constantly. “

“Lost my business, house and Dad to cancer. ran up massive amount of debt trying to live a life style I clearly couldn't afford on the edge of loosing my marriage. Not many weeks go by where I don't think about doing the ultimate sacrifice 😞. Only two people are helping me not do it, my daughter and close friend ❤️.”

“I have personally attempted suicide 4 times and for all intents and purposes had all this world can offer, when you are in this situation you need confidants and support networks other than family. The Lincs crisis Team were excellent but need more resources and I am doing my bit as a peer link worker because I know how it feels to get to this situation in life, lived experience is crucial and desperately needed today more than ever.... Don't be ashamed or blamed but Talk talk talk I have saved life's already through my own journey.”

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