



**STANDING COMMITTEE  
OF  
TYNWALD COURT  
OFFICIAL REPORT**

**RECORTYS OIKOIL  
BING VEAYN TINVAAL**

**PROCEEDINGS  
DAALTYN**

**SOCIAL AFFAIRS  
POLICY REVIEW COMMITTEE**

**Suicide**

**HANSARD**

**Douglas, Monday, 18th March 2019**

**PP2019/0072**

**SAPRC-SU, No. 2/2018-19**

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**Members Present:**

*Chairman:* Mr D C Cretney MLC  
Mr M J Perkins MHK

*Assistant Clerk:*  
Mr B Awkal

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# Standing Committee of Tynwald on Social Affairs Policy Review

## Suicide

*The Committee sat in public at 2.30 p.m.  
in the Legislative Council Chamber,  
Legislative Buildings, Douglas*

[MR CRETNEY *in the Chair*]

### Procedural

**The Chairman (Mr Cretney):** Welcome to this public meeting of the Social Affairs Policy Review Committee, which is a Standing Committee of Tynwald.

5 I am David Cretney MLC and I chair the Committee. With me is Mr Martyn Perkins MHK and we have apologies from Ms Julie Edge MHK who is indisposed presently.

If we can all ensure our mobile phones are off or on silent so that we do not have any interruptions and for the purposes of *Hansard* I will be ensuring that we do not have two people speaking at once, and that is usually our side of the table.

10 The remit of the Social Affairs Policy Review Committee is to scrutinise the established but not emergent policies as deemed necessary by the Committee of the Department of Health and Social Care, the Department of Education, Sport and Culture and the Department of Home Affairs.

15 Today we will be hearing evidence as part of our inquiry into suicide, and today we welcome Gill Skinner and Joney Faragher of Cruse Bereavement Care, so welcome ladies.

### EVIDENCE OF

**Ms Gillian Skinner, Young Persons Bereavement Specialist, and  
Ms Joney Faragher, Children's Bereavement Specialist,  
Cruse Bereavement Care**

**Q46. The Chairman:** Is there any opening statement that you would like to make and would you like to say the qualifications you have which give you the ability to speak on this subject?

20 **Ms Skinner:** My name is Gill Skinner. I have worked for Cruse Bereavement Care now for 15 years. My previous experience was 10 years with the Metropolitan Police, working primarily with children and young people.

25 At Cruse we offer one to one support, it is our initial response to anybody who seeks bereavement support. And in addition to that we have expanded the children and young people's services and we offer social opportunities and opportunities for our children and young people to mix with other children and young people, other families, in order to support them and the organisation continues to grow with that.

**The Chairman:** Okay.

30 **Ms Faragher:** I am Joney Faragher. I have been working for Cruse for the past three years but I have been volunteering for Cruse since 2011. With the employment that I currently undertake with Cruse it does come with a high research and training remit really, so both of us have undertaken quite a lot of training around support services for families and children who are bereaved and that is ongoing.

35 **Q47. The Chairman:** Thank you.  
Is there any opening statement you would like to make?

**Ms Skinner:** The statement that has already been submitted to you.

40 **The Chairman:** Yes, thank you for that.

**Ms Skinner:** Okay, thank you.

Suicide is a particularly traumatising death for those left bereaved. The traumatic grieving process is complex and more difficult to resolve and, due to the social stigma, this is often exacerbated by families feeling unable to divulge the facts of a loved one's death to a child or young person, which is harmful in the extreme. Children who are under 18 when a parent dies by suicide are three times more likely to attempt suicide themselves. The type of language typically used around suicide can be negative and is often unhelpful, and we should be moving away from 'committed suicide' to 'died by', 'completed suicide' or 'took their own life'. This simple change removes the implication of criminality, judgement or persecution.

45 From our experience, preventative measures are inadequate. The World Health Organisation has recommended that toning down reports in the media is a basic step for the prevention of suicide. Research indicates an increased risk of suicide following front page placement of reports of suicide and the use of the word 'suicide'.

55 Cruse have experience of working with families where a parent has had a confirmed diagnosis of depression and in some cases a history of attempted suicides. It seems clear that the person and family need robust, appropriate and potentially long-term support. This has not been received following diagnosis. Children and young people bereaved by parental suicide unsupported then carry the burden and stigma into the future and societally we need to be working together, across various agencies, and putting more resources into preventing this.

60 Families report a feeling of frustration and confusion and a lack of information from the Police or family liaison officer and Coroner of Inquests Office. They feel vulnerable, scared and further out of control. Whilst generally accepting the need for an open court, there is a real fear of how the inquest will be reported in the local press and the confusion around reporting as a right to report legal proceedings and a matter of public interest.

65 Lurid or speculative reporting against various social media platforms and in the press is potentially damaging to families and friends of the deceased, perpetuates the stigma of suicide and inhibits the grieving process.

Ofcom's Broadcasting Code of Practice 1.1 states:

Material that might seriously impair the physical, mental or moral development of people under eighteen must not be broadcast.

70 Whilst IPSO guidelines do not replicate this, best practice should be robustly adhered to and consideration given to the implementation of such a policy to protect vulnerable children and young people on our Island.

75 There is currently limited Government-funded support and training available. The third sector is generally acknowledged as experts and are called upon on many occasions. For example, Cruse Bereavement Care are part of a small multi-agency crisis response team called in by the team of educational psychologists and/or school staff where there is a death in the school

community. Cruse are experienced and trained bereavement specialists, but with suicide being a very particular bereavement, it leaves a very complex legacy. It is felt that Government should be rolling out further training in supporting families bereaved by suicide. Without fail, all reports of suicide should highlight support available for those bereaved or contemplating suicide.

**Q48. The Chairman:** Thank you very much.

We will move on to some questions that we have got. What factors might commonly cause a person to begin thinking of taking their own life, in your opinion?

**Ms Faragher:** It is so varied and complex really. We can only be guided by research on that, which does show that having a suicide in your family will increase your likelihood of either attempting or dying by suicide yourself. We also know that people who suffer from mental health issues have a higher likelihood of dying by suicide. Anything else?

**Q49. Mr Perkins:** Any social differences? Are there any of the social scales equally vulnerable to committing suicide?

**Ms Faragher:** In our experience I would say yes.

**Q50. Mr Perkins:** Yes. And would you say it is more to do with the access to the means of committing suicide rather than ... it is higher in doctors isn't it, I think, the rate is higher in doctors and vets, am I right in saying that?

**Ms Faragher:** Sorry, I do not understand.

**Q51. Mr Perkins:** Well, they have access to the means of committing suicide rather than somebody who has not got a 12 bore shot gun or a farmer or whatever.

**Ms Faragher:** I see. Means of dying by suicide do not necessarily require access to ... So we are seeing increased levels obviously of people dying by suicide by hanging themselves, which anybody could access what you would require in order to do that.

**Q52. The Chairman:** I think previous evidence was that people in rural communities, male people in rural communities of a certain age were more likely to take their own lives. But, as you say, it seems that that now is changing, not only here but elsewhere, there seems to be more prevalence.

**Ms Faragher:** I would honestly say that the questions that you are asking us kind of highlight the issue that we face, which is that statistics and facts are not readily available on the Isle of Man. I do not think that we follow a UK trend. I do not think that we would follow that trend that you are talking about of males in rural areas and I would be interested to find out if we can access those facts and statistics, but that *is* one of the issues that information is not readily available or shared if it is known.

**Ms Skinner:** And there appears to have been an increase in suicide by hanging which tended, at one time, to be more a male suicide. However there has been, I feel, an increase in female death by hanging.

**Q53. Mr Perkins:** Would you say there is any difference on the Isle of Man? Is it different to the UK, how does that pan out?

130 **Ms Faragher:** Well, we know that our rate of suicide is far higher than the UK who have an average of 10.1 per 100,000 of population. However, I think that we figured out that there were around about 17 last year on the Isle of Man. We do not even have a population of 100,000 so that puts us at almost double.

I guess you guys have access to these figures, but that does put us at almost double the UK and I do not believe that we have the three quarters male that they do in the UK either.

135 **Q54. The Chairman:** One of the things that I found interesting in your correspondence which has just been read out was about the media influencing people in relation to developing or progressing suicidal thoughts.

140 Years ago I got into a bit of bother with the media by saying that whilst the Coroner's Inquests are a public court and as such are open to the press and media to report in the manner they may wish, I felt that it was not necessary for them to sometimes go into the detail which they did, and you reflect that in your correspondence. Is there anything you would like to add to ...?

145 **Ms Skinner:** Absolutely. Given the period of time between a death and an inquest, the family then is going through additional hurt again. I would hesitate to say it is opening up those wounds because they are not actually closed; however, it is about almost – people have mentioned to me – the airing of very personal information to them in public and it is a very frightening event for people. We do accept that there is a limited public interest maybe but the sensationalism is quite frightening and social media has brought us very rapidly to a much higher level where there is lurid speculation, for want of a better phrase.

150 **Ms Faragher:** I think statistically speaking, two statistics that speak quite strongly on that particular issue are that we do statistically see a spike in suicides when there is a very high profile suicide being reported, that is the first one.

155 And secondly that we do know that people who have lost a loved one to suicide are at a higher risk of dying by suicide themselves.

So I think those two speak quite clearly about the need for sensitivity around how we report suicides.

160 **Q55. Mr Perkins:** Do you think that mental illness contributes to suicide?

**Ms Skinner:** Yes.

165 **Q56. Mr Perkins:** And on the Island is there more mental illness than there is in the UK, per head of population, do you know that? I do not know that, but we can find out, it is an interesting –

170 **Ms Faragher:** We would not be able to answer that question, I do not think. I think it is more about how you deal with issues around mental illness. Obviously, as we have already mentioned, we do know that people with mental illness have a higher likelihood of dying by suicide but it is more complicated than that. It is far more complicated than that, because suicide is still statistically rare, whereas mental illness is actually statistically common, so it is not just depression or mental illness in and of itself that causes suicide or that can provoke people to die by suicide; it is something else at play.

175 **Q57. The Chairman:** I think you referred to the time it takes sometimes to access mental health services and I just wonder whether, given the difficulties that presently are encountered on the Island in that regard, do you think that that earlier intervention may assist more?

180 **Ms Faragher:** Absolutely, yes, and earlier intervention that is research based and that is more community based. So rather than people having to attend an institution or an office, the onus should be the other way round, the mental health professionals should be attending people's homes and communities.

185 **Q58. The Chairman:** Do you have any further comments on how Government services respond when a person has taken or attempts to take their own life?

**Ms Faragher:** Yes.

190 I think that it is really important that we have a strong connection between research and practice. Overall in the area of suicide prevention and postvention we still have a lot of missing information. New research is emerging weekly which should inform our practice and overall services and services should be evolving with new findings.

195 The key, I think, is that services should be working collaboratively. I do not think we have a very collaborative working in partnership system currently, and that is key to where our failings lie. Co-operation in information-sharing helps us develop an understanding of other services and therefore aids the provision of a joined-up service for people who are affected by suicide, people seeking support from a close family member who has died by suicide or who are having suicidal thoughts themselves.

200 **Ms Skinner:** There can be an issue, for instance, in the immediate aftermath of a suicide where it can be days before there is a formal notification that somebody has died by suicide and that void allows – going back to social media – the social media to fill that gap and again this is something we have to deal with regularly with the children and young people we work with and the families of somebody who has died by suicide, that they are then further hurt and stigmatised by it, and stigma is the issue which is raised constantly.

**Q59. The Chairman:** I have been contacted by people who were affected by suicide in their family 20-plus years ago and are still trying to cope with that.

210 But in terms of the immediate aftermath, if you like, where people will ask questions as to what if, etc. is that where your services can assist in terms of people who say, 'What have I done or why has this happened?' Do you help in that regard or is that something that is more specifically for mental health services?

215 **Ms Faragher:** Yes, we absolutely help in that regard. These are regular questions that people who are bereaved by suicide will ask. So, yes, that is a lot of the support that we will put in, particularly for a child, but also for other family members who are bereaved by suicide.

220 **Ms Skinner:** But quite often we are aware that it is likely it is a death by suicide and you may have people saying to you, 'Have they died by suicide?' And actually we cannot say that but by not saying something actually makes it more obvious that it is and by not telling the truth of what we know we become to be lying almost.

225 **Q60. The Chairman:** So generally you would be dealing with children whose family member may have decided to take their own life. Have you ever had to face the reverse where a child has decided to take their own life and you have had to deal with the family left behind?

**Ms Skinner:** Yes I have, family and also with other peers in school and again that is where this void of information makes it incredibly difficult.

230 **Q61. Mr Perkins:** Just going back to the previous suggestion you made about the professionals going out to people's homes. Have you put that forward to anybody within Government?

235 **Ms Faragher:** No. I have done quite a lot of research myself about countries that do have more effective and research-based suicide prevention and postvention services and that is one of the areas that seems to be quite key, that we need to turn it around a little bit instead of people being expected to either be admitted – which has never been proven to be successful – to an institution because of suicidality or being treated in some way that they have to attend a hospital or an office, turning that around so that mental health professionals then actually are becoming more community based. There is a lot of evidence that shows that that has a higher impact upon people's suicidality, upon their suicidal thoughts.

240 **Q62. The Chairman:** We have made two reports to Tynwald already in terms of mental health services on the Island and fortunately the Department has agreed with most of the conclusions. If you were to say to us today three issues that you think would be important for us to try and address as a society in this regard, would you like to tell us?

250 **Ms Faragher:** I would say working collaboratively that is a big one, so all services that are involved in either prevention or postvention around a suicide should be able to work in partnership – the Police, the Coroner's Office, third sector organisations and funding, Government funding, for these services.

Research, again, shows that countries who give continuous funding to suicide prevention and postvention services have continuous suicide prevention and postvention services but if they do not give funding those services flounder so that is a big issue.

255

**Q63. Mr Perkins:** Do you get funding at the moment from Government as Cruse?

**Ms Faragher:** A small amount – our service does not; the adult service does.

260 **Q64. Mr Perkins:** And how many people have you got working for Cruse at the moment?

**Ms Faragher:** Four.

265 **Ms Skinner:** We are the two paid employees for working with children and young people and there are two people in the office, one full-time.

**Q65. Mr Perkins:** Right, for the whole of the Island?

**Ms Skinner:** Yes.

270

**The Chairman:** Anything else?

**Q66. The Assistant Clerk:** Something you have touched on is the need for some sort of Government support service because of the complexity of bereavement by suicide. What sort of form would that service take, what sort of provision would you like to see?

275 **Ms Faragher:** Well, I would personally like to see prevention and postvention services married up. Rather than there being a completely separate service for suicide prevention and one for the aftermath of a suicide they should be together, so that would be my first point.

280 Anything that you would like to add?

285 **Ms Skinner:** I have an issue with language and reporting of suicide and this slowness of turnaround. I understand we have legal processes but for a family to be waiting maybe six, eight, 10 days is wholly unacceptable and exacerbates the issues that we deal with and impacts on the mental health of those left behind.

**Q67. The Chairman:** So that eight to 10 days is in relation to the release of the body?

290 **Ms Skinner:** Yes, it can be much longer than that.

**Q68. The Chairman:** Because in terms of the inquest it is months.

295 **Ms Skinner:** Yes, an inquest is opened generally within a few days but there are issues, as you say, with the release of a body and that does add to issues with the mental health of those left behind. (**The Chairman:** Absolutely.) And as Joney pointed out, the children of those who have died by suicide, the rates of attempted suicide and completed suicide again are higher.

300 **Ms Faragher:** It could be that the Government service would be actually providing a point of co-ordination for all of the services that were around a suicide, one coordinating person who could bring together all of the organisations and also I think more effectively provide a model for practice.

305 **Q69. Mr Perkins:** What about education in schools? Do you think there is any place for a mentoring type of thing?

**Ms Skinner:** Sorry, how do you mean, mentoring?

310 **Q70. Mr Perkins:** Well, prevention is better than cure in trying to get the mental health or whatever it is the youngsters to understand, because I would assume that it is hopelessness that drives people to suicide, am I right in saying that do you think?

315 **Ms Faragher:** I am not sure whether that assumption... I think that suicide has very complex causes and we are really not sure, are we? A lot of newer research is showing that suicide should be seen more as behaviour rather than a mental health disorder.

320 **Q71. The Chairman:** If you look at some of the recent high profile instances in the United Kingdom, for example, then it seems to be that peer pressure or, as you say, in relation to social media, things that are being discussed on social media that it would be best that they are not discussed on social media, have caused young people to contemplate taking their own lives.

**Mr Perkins:** That was the sort of thing I was trying to get at actually, yes.

325 **Ms Faragher:** I suppose all I could say in response to that was if there was strong evidence that a mentoring scheme in schools was effective then yes, but I have not actually read anything about that. It sounds like a good idea to me but it would have to be evidence based, I think.

330 **Ms Skinner:** Schools are much more reactive now to mental health and positive mental health. It is recognised that there are issues on the Island with possibly low self-esteem, even in young people who are high achievers, self-esteem is low.

It is talked about and that is good, that is the first step, that we are beginning to talk about this. (**The Chairman:** Yes.) As always, the young tend to be much easier. One day I was working with a young man and his phone kept buzzing, this was some years ago, and I said 'just answer your phone' he said, 'Yes, I am just with my counsellor at the moment,' and so for that teenage

335 boy that was not an issue. (**The Chairman:** To say that.) However, I think we need to back up the words that we are talking with some actions.

**Q72. The Chairman:** In terms of social media, just to complete that little aspect, there is probably not a great deal that we can influence on our Island but I think some of the platforms need to do better in terms of what they are allowing to be seen in terms of the various platforms and then young people follow what they see and it is really very difficult.

I think I have ... Anything else?

**Q73. The Assistant Clerk:** I would just – obviously you are both experts on bereavement for children, around children – if there is an instance of suicide involving a school child how do the Isle of Man schools react and how should they react?

**Ms Faragher:** Well, there is no model, that is kind of one of the problems, so each of them would react according to how the head of that school reacted, so it is individual, which is not right. We need to have a model in place, a protocol, that we can follow.

**Ms Skinner:** We have got better in our collaborative working with the team of ed psychs and in the event of a death of any type in a school we generally will get a phone call in the evening at home and we will try ... well, we always manage that one or both of us will be in the school for staff briefings for how students are told and to support within that school. You will always hear that there are counsellors available in the schools and so that is part of what we do.

**Ms Faragher:** And we are we are currently in the process, it is ongoing, that we are creating a protocol for crisis response within schools, in tandem with DESC.

**Q74. The Chairman:** Is there anything further you would like to add?

**Ms Faragher:** I think I have said it all, actually.

**The Chairman:** If there is anything further please feel free to send anything that may come to you that you would like us to see, but in the meantime can we thank you very much for your written presentation and also for the important work you do because it cannot be easy and we are very grateful for what you do, so thank you very much.

We will now adjourn until we have our next person.

**Ms Faragher:** Thank you.

**Ms Skinner:** Thank you.

*The Committee adjourned at 2.58 p.m.  
and resumed at 3.09 p.m.*

### Procedural

**The Chairman (Mr Cretney):** Welcome to this public meeting of the Social Affairs Policy Review Committee a Standing Committee of Tynwald.

375 I am David Cretney MLC and I chair the Committee. With me is Mr Martyn Perkins MHK and we have apologies from Julie Edge MHK who is unfortunately indisposed.

If we can all ensure our mobile phones are off or on silent so that we do not have any interruptions and for the purposes of *Hansard* I will be ensuring that we do not have two people speaking at once, which is usually this side of the table.

380 The remit of the Social Affairs Policy Review Committee is to scrutinise the established but not emergent policies as deemed necessary by the Committee of the Department of Health and Social Care, the Department of Education, Sport and Culture and the Department of Home Affairs.

385 Today we will be hearing evidence as part of our inquiry into suicide, which follows on from two mental health reports where we have reported to Tynwald, so we would like to welcome Julie Bibby on behalf of the staff welfare team of Government Staff Welfare.

**EVIDENCE OF  
Ms Julie Bibby,  
Government Staff Welfare**

**Q75. The Chairman:** Perhaps if you would like to start by setting out what qualifies you to give evidence on the topic and if you would like to make any opening statement?

390 **Ms Bibby:** Okay, thank you.

I do not have an opening statement as such. I am one of five Government staff welfare officers, there are five of us, all 0.5 posts, so two and a half full-person equivalents.

395 I do not know how familiar you are with our service but we provide a counselling and support service for any civil servants and public servants, and I guess what I feel qualifies us to comment is that we will sometimes see clients, obviously, who are feeling suicidal, so we work with people in that way. We are involved in some wellbeing, managing stress, those sorts of initiatives within Government, although we would like to be doing more of those.

400 And I guess maybe to some extent within Government we may well be called if a manager or a colleague, for example, was concerned that a colleague of theirs was suicidal or we may be called in to see someone at quite short notice. But also as part of our general client work we are obviously looking at managing suicidal ideation or working with clients who have been bereaved by suicide.

**Q76. The Chairman:** Right.

405 I guess stress in the workplace is an issue, not only here, but also in the UK and elsewhere. Has it got any worse of late?

410 **Ms Bibby:** I do not know. Personally I do not know that I can comment, because I have just worked for the service the last 18 months, before which I worked at the college, so I saw lots of young people, lots of suicidal young people, so that was a great concern.

I know that our numbers have gone up, sort of quite significantly. Yes, that is a concern, so it seems to me that things – and from what longer-term colleagues have said – people seem to be under more pressure maybe than they once were.

415 **Q77. Mr Perkins:** Is it prevalent in any different areas or is it right across the board?

**Ms Bibby:** I would say we see people right across the board, so we would not just see people in relation to workplace stress, it might be personal situations and so on as well. But yes, I would say sort of right across the board.

420 Obviously our work is very confidential so I would not feel able to say that there were any particular areas there, but occasionally we will get, if you like, a spike in particular areas if there are particular difficulties going on in a workplace.

425 **Q78. The Chairman:** Following on from what I just said, do you think there are any specific local factors in the Isle of Man that may lead to people considering taking their own lives, either young people, with your previous experience, or now?

430 **Ms Bibby:** From what I can understand, in terms of general pressures, I get the impression we are quite similar to the UK. I have to say, I have just been trying to find out how our figures relate to the UK, but I could not find that information, so I am not sure if it is available and I just could not access it, because I understand it is what has led to your inquiry, concern that the figures last year were very high. **(The Chairman: Yes.)** Whereas generally in the UK I think it is a downward trend, even though it is now – I am sure you know the figures as well I do for the UK – the most common cause of death in men from between 20 and 49, which is very concerning.

435 **Q79. The Chairman:** My interest goes back a long way, it is a most difficult area as a lay-person, a representative of the people, trying to deal with people with mental health issues full stop, or in particular when they .... In 1993 I raised this issue in Tynwald, so that is how long my interest in the subject goes back. But you are right; it does appear of late, both here and elsewhere, to be more prevalent than perhaps has been the case.

**Ms Bibby:** Yes, but as I say, I believe the latest figures, for the UK anyway, were the lowest for 30 years.

445 And I thought this was interesting: I do not know if it is anything to do with the Isle of Man, other people have more expertise than me, but I noticed that there are higher levels in Scotland and in Ireland, for example, that just made me prick my ears up thinking, Celtic nations, I do not know, I have no idea at all, but I just thought that was interesting.

450 **Q80. Mr Perkins:** One of the things you pointed out in your opening statement letter is that it takes 10 to 12 months to actually get some sort of proper treatment, do you happen to know whether that is the same in the UK or not?

455 **Ms Bibby:** I do not know. When I have spoken to people who work in the mental health services in the UK – and I do not have much contact with them, I have to say – I know that waiting lists are a problem. But I am sure you will be aware that the government, a few years ago, brought in an IAPT service, the idea being that people would be able to get quicker access to psychological therapies, my understanding is that has improved waiting lists, but I do not know any figures I am afraid.

460 I also note – I am not sure whether people from either the Community Mental Health Service or the Psychological Therapy Service are speaking to you, so obviously they can speak for themselves, but my understanding is that for the latter they have been doing what they can to get the waiting list down, as I am sure have Mental Health, and their waiting lists have now come down to about six months, because when I wrote the letter I think we saw 10 to 12 months. So that is encouraging, but it is still a long wait.

465 **Q81. Mr Perkins:** Especially if you are in crisis, it is a long wait, isn't it?

470 **Ms Bibby:** Yes and I guess they would probably say they are not necessarily a crisis service, as such, but I think it is fair to say, and what I said in my letter, was that we are quite often supporting now people who are on the waiting list for mental health or psychological therapies. So there is lots there; I mean they are still seeing somebody, so they are getting some support,

and I hope that we would be responsive if they were suicidal and we would do what we could to support them, of course we would. But if we can only see them every two or three weeks then it is quite a space in between.

475 So we are doing things that we would not necessarily normally do: we are checking in more with people and that sort of thing and obviously we are putting them in touch with the crisis response team, who I think are very busy from what I understand. (**The Chairman:** Yes.) But it also means when people are not getting the service that they need, and they know that the only way they are really going to get the service is if they are in crisis, it leaves them just without that

480 sense of a safety net, which is going to increase their anxiety and make them more likely to move into a crisis.

So I could not comment on how effective the crisis response people are, but I do think if there is more preventative work in place obviously people are not then getting to that point, I think that is generally accepted as being how it is.

485

**Mr Perkins:** Thank you.

**Q82. The Chairman:** Do you have any idea what percentage of people who attempt to take their own life you believe actually suffer from a mental illness?

490

**Ms Bibby:** I do not know, and I have only seen figures in relation to the UK, so I do not know. I have seen figures which say 90% of people who eventually take their own lives are thought to have had some sort of mental health issue.

495

**Q83. The Chairman:** And do you think the media can influence someone to develop or progress suicidal thoughts? Again, perhaps we are looking at, for example, social media, where people can be bullied online or one thing and another and unfortunately, for whatever reason, sometimes civil servants seem to be the butt of some people's –

500

**Ms Bibby:** Yes, and I think if you are already feeling vulnerable then to be attacked, in sometimes quite a vicious way ... I mean I am sure you have probably – well, I do not know – but, (*Interjection by the Chairman*) well, yes, and it is just horrible, isn't it?

**The Chairman:** It is horrible, yes.

505

**Ms Bibby:** It can feel personal, it is different to just questioning you professionally, when it becomes personal ... And I know, although I realise I am not here in that role, but certainly when I was working with young people, the impact was massive, but also the stuff they can find online about how to kill yourself or harm yourself, is all quite worrying.

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**Q84. The Chairman:** We just had that discussion with the last people from Cruse who were in. (**Ms Bibby:** Oh, yes.) Because in particular it is for the social media operators and platforms to kind of get their act better.

515

**Ms Bibby:** Yes. I think though the other thing about social media is that there can be positives to it. So there will be various online support groups that people can say, 'I am having a rough day', and somebody maybe would come back to them, so I suppose there is good and bad there.

520

**Q85. Mr Perkins:** We heard again from the previous people that the Isle of Man suicide rates are higher than the UK, per head of population. Have any Government employees that you are aware of committed suicide?

525 **Ms Bibby:** I have been there 18 months and, I am not sure, there was certainly one person, sadly. I have probably come across about three, maybe, I think, but that is kind of anecdotal really. Only one that I officially knew of, if you like.

**Q86. Mr Perkins:** Do you think there are good enough anti-bullying policies in place in Government management?

530 **Ms Bibby:** Well, there are good policies in place. (**Mr Perkins:** Right.) I guess part of our role is to support people if they feel that they are being bullied, so there is the Fairness at Work Policy. I think in theory the policies and the procedures are there but it can be ... I obviously hear what may be one side but it is concerning that I think it can vary maybe from Department to Department.

535

**Q87. Mr Perkins:** And would you say that the Government takes the mental health of its employees seriously enough?

540 **Ms Bibby:** Again, I think that that seems to vary. I think the Government as a whole, just lately, I do not know if you know, but they have brought in some workplace wellbeing courses for managers, which they seem very keen that managers go on. I went to it to see what it was like. So I think that is really good that conversation is starting. I think there have been a lot of those days that have now been delivered, although I believe funding has officially stopped, but different Departments are going to fund it themselves.

545 We are involved in some training for people so, for example, I deliver a 'manage my stress' half-day through LEaD, and LEaD put on other stuff, but the demand is more than we can meet. For example, if you want to do a 'manage my stress' half-day you are waiting a few months, I think that is booked up right through to the end of the year now, and I have just offered another session.

550 So I think there could be more of that available. But for us, because there are only ... I suppose that is what I was saying in the letter, that we are stretched, as every Department is, so we are feeling maybe sometimes we are not offering the best service we can, if we cannot see someone for another month because of all the clients we have got.

555 But also we are having more and more requests for us to come and do wellbeing stuff or stress management stuff, and we are having to decide do we see clients or do we do that, and unfortunately we cannot respond to the other stuff.

**Q88. The Chairman:** So if you are operating such a course as you have just described, how many people would be in attendance for that?

560

**Ms Bibby:** Well, it started off being 10, we have now put it up to 14. We could possibly take more but it makes it a different thing then.

565 I think also in terms of what we would like to get involved in would be more workplace wellbeing initiatives. I think there are some Departments so, for example – I am just saying this because it is one I know about – the Department for Economic Development are trying to do quite a bit in terms of workplace wellbeing so they have asked us to be involved. We are able to be involved to some extent but the sessions that we – and it is me that is going to deliver them – because we have not got time in our ordinary working day, I am going to do those as extra hours.

570

**Q89. The Chairman:** We have spoken to an external provider of such services as well. Would it be that if there was pressure on the Government service that consideration would be given to referring people to an external provider?

575 **Ms Bibby:** Well, I know that Home Affairs, for example, they will refer to – and I cannot off the top of my head think what they are called – but they will see –

**Q90. Mr Perkins:** I think the Police use a place in Harrogate, don't they, to send people away?

580 **Ms Bibby:** Yes, I think they can do, but also there is a provider on Island, a counsellor, an occupational health service, that they can use.

**Q91. The Assistant Clerk:** Do you do you have a waiting list at Staff Welfare, obviously for your training services you do, but your ... I do not know if workplace counselling is the correct term, for those services?  
585

**Ms Bibby:** Yes, so we would offer counselling.

**Q92. The Assistant Clerk:** Do you have a waiting list for those services?

590 **Ms Bibby:** We do not. We are at the point of trying to decide whether we will need to bring in a waiting list, because we try to see people within maybe three weeks, but unfortunately we are feeling now we have reached that point of if we are bringing in new clients it is then impacting on current clients because we cannot ... It is about providing a good quality service really.  
595

I think we are reaching a point now where we think we might need to introduce a waiting list, but we are reluctant to.

**Q93. The Chairman:** Do you sometimes meet relatives of persons who may have been affected by a suicide by another member of the family and have to help them?  
600

**Ms Bibby:** Yes.

**Q94. The Assistant Clerk:** Do you have any comments on the reaction to the public services when that person's friend or relative has taken their own life, do you have people coming in and saying that certain things were good or certain things were bad?  
605

**Ms Bibby:** Possibly, there might have been comments, but I do not feel that – because I know this is recorded and so on – I could make any comment because it could –  
610

**Mr Perkins:** Even though it is a parliamentary committee, you are at privilege to say that.

**Ms Bibby:** Yes, I just feel that it could possibly, if I –

615 **Q95. The Assistant Clerk:** But there have been no recurrent themes?

**Ms Bibby:** As far as I am aware there has not been a recurrent theme. No, other than that people are unable to access services or being on a long waiting list. Yes, that is a recurrent theme.  
620

**Q96. Mr Perkins:** So if you could give us three bullet points you want us to take away from today what would you suggest?

625 **Ms Bibby:** (Laughter) Okay. We could do with more staff, and then we could be doing better work, that might be one.

The other I think – and I do not know where we are up to with it – is about a national strategy. I believe that there is a national suicide strategy on its way.

630 **Q97. The Chairman:** Yes, again we have received evidence about that and people are not certain where it is up to at the moment.

**Ms Bibby:** Yes, I could not find a draft, I just saw that there is something that is on its way, so obviously that would be good and the people involved will be pursuing that.

635 I suppose I can only comment really on Government staff, but I feel we could be doing a lot more preventative work. When I look at our figures we know that men can be most at risk. I looked at the last two years – 22% of our clients were men one year, 29% the previous year. Maybe that is just how it is, but it does concern us that typically we know that men are less likely to ask for help. They are more likely to be – if you can call it – successful, when they make attempts at suicide, so that is a concern I think it would be good to target.

640

**Q98. The Chairman:** People from my generation, in particular, were less likely to speak publicly or to others about such things. Do you think that is improving?

**Ms Bibby:** I do not know. I hope that it is improving, but I think it is still a difficulty.

645

I have noticed that when, for example, I have done something – gone into the workplace and spoken to people, done a workshop or there has been an incident in a workplace and sometimes we will go in and we will be available for staff to talk to you, if something difficult has happened in a workplace, that people will come to us, or men will come to us, and they say, 'I would never have come to you if it had not been for this.' So I feel if we could be more visible and making more connections with people then it would encourage them that there are places to go.

650

The other thing, and I do not know if anyone else has mentioned this, but I believe it has been successful in the civil service in the UK is mental first aid training, so you have got people within workplaces, because that is where people need the support really, in their immediate workplace with their workplace family, that they can feel comfortable talking to each other.

655

**The Chairman:** Yes, that has been spoken about, I cannot remember who it was, but somebody certainly mentioned that.

**Q99. Mr Perkins:** I think we are adopting it, aren't we?

660

**Ms Bibby:** I think it is kind of getting there in terms of Government more – this is something we have talked about doing but have not had the time – better self-help stuff that is very easily accessible for people, which could then be opened out to the general public and I do not know that that is really available yet, but we have spoken to colleagues in other Departments and we have all said, 'Wouldn't it be really good to do more on this, if only we had time.' So it can come down to resources really.

665

**Q100. The Chairman:** Anything else you would like to add to what you have written or said today?

670

**Ms Bibby:** I do not think so. I had made some notes, if you do not mind me quickly –

**The Chairman:** No, please do.

675

**Ms Bibby:** You will have come across the ASIST course, have you? (**The Chairman:** Yes.) You have heard of that, yes, which is a very good course, I would say. I know there is one being

offered this year, and I know at one time they would be able to offer a few during the year, so I do not know whether that is down to resources.

680 I think also I feel I have talked about frustrations about particularly more specialist services being available and that is not a criticism, I think colleagues in Government work very hard and they offer a good service, but they are just stretched and then that is not good when people doing that sort of work become overloaded.

685 **The Chairman:** Absolutely. I think that is why early intervention in all these things is so important because if you do not have early intervention then it just becomes perhaps twice as many people having a problem, rather than one person being helped at the appropriate time. (*Ms Bibby:* Yes.) Anything else, Martin?

690 **Mr Perkins:** That is it, no.

**The Chairman:** Anything else, Benjamin?

**The Assistant Clerk:** No.

695 **The Chairman:** Can we thank you very much then for coming along.

*Ms Bibby:* I thank you for the opportunity, and good luck with your deliberations.

700 **The Chairman:** Thank you very much.  
We will now cease until the next person comes along.

*The Committee adjourned at 3.32 p.m.  
and resumed its sitting at 3.40 p.m.*

### Procedural

**The Chairman (Mr Cretney):** Welcome to this public meeting of the Social Affairs Policy Review Committee, which is a Standing Committee of Tynwald.

I am David Cretney MLC and I chair the Committee. With me is Mr Martyn Perkins MHK and we have apologies from Julie Edge MHK who is indisposed.

705 If we can all ensure our mobile phones are off or on silent so that we do not have any interruptions and for the purposes of *Hansard* I will be ensuring that we do not have two people speaking at once.

710 The remit of the Social Affairs Policy Review Committee is to scrutinise the established but not emergent policies as deemed necessary by the Committee of the Department of Health and Social Care, the Department of Education, Sport and Culture and the Department of Home Affairs.

Today we will be hearing evidence as part of our inquiry into suicide, which follows on from two reports we have made to Tynwald in relation to mental health, and today we welcome Dee Beldon and Dr Hulme from the Isle of Man Health and Care Association. You are very welcome.

**EVIDENCE OF  
Ms Dee Beldon and  
Dr Lynne Hulme,  
Isle of Man Health and Care Association**

715 **Q101. The Chairman:** Perhaps if you would like to start off by setting out what qualifies you to give evidence on the topic, and if you would like to make an opening statement?

**Ms Beldon:** Possibly what makes me qualified is that I worked for over 40 years in mental health and within that I actually had a specialist interest in suicide during my tenure.

720 Since I started to work for HACA, the charity, the profile of suicide has come up again on the Island and obviously my interest was perked. I have actually had some contact from people who are experiencing issues, either they have been touched by suicide directly or they are contemplating it or have been contemplating it, and I have found it very difficult to get them assistance, so hence me coming here or feeling I want to talk about it, really. **(The Chairman:**  
725 Okay.)

Have I answered what you want from me?

**Q102. The Chairman:** Yes, is there anything you would like to add?

730 **Dr Hulme:** No, I chair the charity. Dee is our mental health expert on the board, and I am here really as support for her.

**Q103. The Chairman:** Okay that is fine, thank you.  
Perhaps a little bit of background on the organisation that you are representing?

735 **Ms Beldon:** On Isle of Man Health and Care?

**The Chairman:** Yes, please.

740 **Ms Beldon:** Lynne is better to do that than me.

**Dr Hulme:** Yes, it is an independent charity and we offer a free service to people who may have had a concern or a disappointment in their health or social care.

745 We work very closely with people to guide them through the complaints advisory of the complaints service within the Department and work very closely with Noble's and the Mental Health Trust to try ... Because we all have the same goal, which is to improve the health care for all the people on the Isle of Man. So it is a very positive thing, and I think we are probably the only organisation that has arm's length independent governance, which we feed back into the health care system. So that is what we do.

750 **The Chairman:** That is very helpful, thank you.

**Q104. Mr Perkins:** How do people refer themselves to you? Are they referred to you professionally or how does that work?

755 **Dr Hulme:** We are listed as a support service within the Department's complaints leaflet. Then we have posters and leaflets, which are up in all the Departments in Noble's Hospital and at the Mental Health Trust, word of mouth, we have been on Manx Radio, we have a website.

760 But it is still very slow because I think people are a little afraid to complain. They do not see that it actually can be a very positive thing, because I am a great believer that quality is either

set by the board and they manage it down, or complaints feeding in drive it from the bottom up, and we are trying to support the bottom-up improvements in quality.

765 **Q105. Mr Perkins:** And it is just complaints? You do not hear anything of the things that go well?

**Dr Hulme:** Yes, of course, we do, yes. And we are able to follow the complaints through and see that outcomes have changed and that positive things ... We have had pathways changed, when people fall through cracks in the system, because you do not know that the cracks are  
770 there until possibly somebody falls through them. So, yes, we are a very positive organisation, we are not there to kick.

I used to be a non-exec director at Mid Staffs Hospital after the Francis Inquiry and I am very mindful that the continual criticism of that hospital led to its implosion. So once you have the attention of management you have to work with them to positively achieve the goals that you  
775 are all aiming to achieve – which is an improvement in services.

**Q106. Mr Perkins:** One thing the Committee is acutely aware of is the large turnover of mental health staff, particularly psychologists, and people like that. Is there any reason for that, on the Island, that you know of?  
780

**Ms Beldon:** That would be me, I think.

I think there are quite a lot of reasons. Obviously a lot of my information is anecdotal because we do not get facts and figures given to us readily. I do hear that there is quite a throughput of staff – trained staff generally, not just the psychologists.

785 You know from my written submission I have asked questions like how much training is available for people when they are in post, and I am not hearing that there is too much available to be honest, and that can be very ... It is very frightening to work with people who are acutely mentally ill if you are not on the ball with your training. In fact, it is something that of course technically speaking, certainly from a nursing background or a medical background or for that  
790 matter a psychologist's background, you are not allowed to do ... you have to be up to date. So I do ask those questions, I am not sure that there is much about.

I think a lot of staff feel very unsupported and feel very much as if it is the management and then they are just there on the ground floor, not supported by the management. I know we are aware that there was stuff in the newspapers from whistleblowers, and I know there is criticism  
795 of people following that route. But interestingly, the very week that came out in the newspaper, I had two members of staff who came to see me, who were not involved in the article in the newspaper, but they were asking me about going down the route of whistleblowing because they were so concerned about standards. They were both trained members of staff, they had not worked with me, and so it was not as if they had some personal bond with me, they just  
800 knew me through HACA, and they were asking me what they could do. I had to advise them not to go down the whistleblowing line because it is just not safe for them; they would not necessarily continue to be employed.

**Q107. Mr Perkins:** There would be repercussions so that it was a threat to their jobs?  
805

**Ms Beldon:** Absolutely, yes. So if people are feeling like that – do you stay in a job where you feel so threatened or you feel unsupported, sadly?

**Q108. The Chairman:** You said just before, you do not get facts and figures given readily. Our  
810 first interview this afternoon was with Cruse Bereavement Care and they said one of the things that could be improved would be in relation to sharing of data. Is that something you would – ?

**Ms Beldon:** Yes, I think so.

815 I mean, before I came here I approached the Coroner's officer and she told me to go to  
Mental Health. Now, Mental Health did provide me with some very basic stuff, but according to  
the figures that they have over a period of a year there were a possible five suicides. Well, I  
suppose they have to stick with that because that is what is documented as being suicide – but  
we know from newspaper reports, sadly, that there has been an awful lot more than that.  
(**The Chairman:** Yes.)

820 And people who die unexplained deaths in Mental Health, I wonder if that is something that  
needs to be looked at more closely as well? We are working with a family at the moment with  
that, and they are struggling with various services to come and tell them the truth as to what  
actually happened to their child.

825 **Q109. The Chairman:** I think Dr Henrietta Ewart, the Director of Public Health, has made a  
comment in relation to that inasmuch as not everybody who may eventually contemplate or  
follow through taking their own life has actually been engaged with the Mental Health Services –  
full stop.

830 **Ms Beldon:** True, not everybody is. But I do notice from the five that I got from Mental  
Health, there were two on waiting lists which, as you know from my written documentation, is  
my worry. I would like to know how many people are on waiting lists to go to Psychology.

835 I have got a gentleman who recently was told that if he comes back in January 2020 – he was  
told in November 2018, that if he comes back in January 2020 – he will get counselling. Well, I  
am sorry, this man has got an acute depressive disorder and I do not think that is appropriate.  
And I am just using that one because that is the most recent to me.

840 **Q110. The Chairman:** To be fair to the Department, in the recent Budget there was £500,000  
additional money, and hopefully that will be applied to earlier intervention because that is  
obviously the key.

**Ms Beldon:** With respect, I do not always think it is money. (**The Chairman:** No.) You have to  
have the right people in the right place at the right time and, as I say, suitably qualified.

845 The gentleman that I reference was unfortunate enough to be ... He had the sense to take  
himself to a Department where he could get immediate attention – he had had a good service  
from them previously. Unfortunately, the person that saw him that particular time when he  
went in acute distress, was from an agency and failed to look up any evidence about him and  
actually at the end of it told him that he should get a hobby. Well, I picked him up that night, as  
in on media, because that is how he contacts me. I think I prevented something from happening  
850 and I did manage to get in touch with somebody to get him an urgent appointment,  
(**The Chairman:** Good for you.) but that was more by good luck than good management.

**Q111. The Chairman:** Okay.

855 Do you have any information on what factors might commonly cause a person to begin  
thinking of taking their own life?

860 **Ms Beldon:** It is multiple, unfortunately. I mean, obviously you do have people who are low in  
mood and depressed and that can be through family; that can be through multiple problems. I  
take what a lot of people are saying, social media plays its part, most particularly I think with the  
younger generation, they are terribly influenced. And of course we know that from national  
news today as well.

I notice that the age group ... When I was in practice some years ago the age group that we  
worried about was the 18 to 25 year old male and I see that that has actually changed and we  
are looking at the 35 to 50 age group that we are more concerned about.

865 You have to wonder if family disintegration plays a large part in that and we can say families  
disintegrate for many reasons: drugs and alcohol, unfortunately, we well know play a huge part  
on this Island. Well, they do everywhere. And I know you have had evidence from the likes of  
870 Graih about the homeless and how that has increased – there are no support mechanisms. So it  
is not just that statutory authorities have an obligation, I appreciate that, but why is it that we  
are seeing so many homeless people? Why is it that we are seeing people allegedly attending  
food banks regularly? There is something going wrong in our society. It is a big question, isn't it!

**Q112. The Chairman:** Absolutely.

875 Do you think there are any specific local factors in the Isle of Man that may lead people to  
consider taking their own lives?

**Ms Beldon:** Well, I suppose sometimes the 'insularness' of the Island can be difficult for  
people because they can very quickly get headlines for simple things really, can't they?

880 I did subscribe to a suicide committee in the 1990s whereby we were successful in reducing  
the headline effect that suicides had at the time because it used to go, as you know, on the front  
page of the paper and it used to be what people did and, of course, we get copycats as a result  
of that. And I notice that that has decreased considerably.

885 I do think people feel that everybody knows their business. I am sure it is not nearly as bad as  
it used to be, because we are very diluted now, but yet you if you were remanded or somebody  
is picked up for £9 worth of cocaine, their next door neighbour and Uncle Tom Cobley and all  
knows about it, and it depends how resilient that person is. **(The Chairman:** Yes, absolutely.)

890 I have always said – and I know it is trendy now – that we ought to be teaching resilience or  
mental health issues in schools, but I have always been told that they have got too much to do  
and they cannot afford to spend that time. But I think it is actually very important to our young  
people growing up, that we make them more resilient as they go through life.

**Q113. Mr Perkins:** And just picking up your comment about the food banks, there are a lot of  
young men that are going to the food bank that do not know how to cook a meal. They have  
been through the education system and just missed out on that altogether and it is a sad  
895 indictment of the education system, I think.

**Ms Beldon:** Yes, you also have to consider that maybe their parents did not teach them as  
well.

900 **Q114. Mr Perkins:** Disintegration of the family though, again, isn't it? That is the problem.  
**(Ms Beldon:** Yes.) And if they cannot budget and cannot cook for themselves what chance have  
they got?

905 **Ms Beldon:** I think there are probably quite a lot of young women as well, if I am honest, who  
do not know how to do it either!

We used to find that when I was at work – we used to find that an awful lot of young people  
could not cook and certainly did not know how to budget.

910 **The Chairman:** It is interesting that you refer to the 1993 work that was undertaken, that  
came about as a result of a resolution from myself in Tynwald.

**Ms Beldon:** Oh, right.

915 **Mr Perkins:** Twenty-six years ago, crikey!

**Q115. The Chairman:** Yes, but not 40 years, as you have been involved. And you are from a professional point of view. For a layperson dealing with people with mental health issues it is the most difficult area that a public representative can ... Because you think you are helping and it does not always happen.

920 So just on that, what percentage of people who attempt to take their own life do you believe actually suffer from mental illness?

**Ms Beldon:** That also is a very big question, because I know a lot of people who are very mentally unwell who do not go on to try to kill themselves. We have also got the younger generation, predominantly I have to say, who are engaging with gambling, with drugs and alcohol and it almost becomes a pastime for the weekend, 'What are you doing tonight?' 'Well, I will just have a few cups or a few pills.' And the number that actually just revolve around A & E, I am sure you have had evidence of that. Sadly, I think that there are some who will accidentally go on to kill themselves because of that Russian roulette behaviour. I do not know that they actually want to die, I think they just do not realise the severity of their behaviour.

930 The people who are mentally ill and go on to kill themselves, unfortunately, are very adept at professionals being unable to pick up when they are going to do it. In my career, fortunately, I was only caught out once by that, in a very early stage in my career, and it taught me a big lesson. That person came over as smiling, wonderful and tickety-boo, and actually took the trouble to take a plane to London, book into a hotel and jump out of the first floor window. We had been caring for her for six months and she appeared to be getting better, but I learned a lot from that experience.

935 But that is what I am saying: the person who is severely mentally ill, getting them to engage is difficult. So you need a need a service that is very open and accessible for those people – they are in their district, they are around the place. I have often thought I wonder if the Mental Health Service would benefit from having a bus a bit like the Mobile Library going around, so that people could actually access it. If you live in Andreas, coming down to Douglas is pretty tricky, particularly if you are not very motivated, when you are depressed.

945 **The Chairman:** Well, they are doing something with the northern bus services at the moment! But that is another issue.

**Q116. Mr Perkins:** Yes.

950 So you would advocate home visits as well would you, presumably?

**Ms Beldon:** Oh, yes. That is what I trained in initially, and I think it is terribly important that community professionals are out there in people's homes because, apart from anything else, you can tell an awful lot about a person's mental state by being in their home.

955 I am not a great one for this telephone approach that goes on. I believe it has its place, but it would be secondary to the actual home visits, I think.

**Q117. The Chairman:** How can the media influence someone to develop or progress suicidal thoughts?

960 **Ms Beldon:** How could what, sorry?

**The Chairman:** The media – what influence does that have in terms of someone developing or progressing –

965 **Ms Beldon:** Well, I mean, Facebook and young ones – says she, I am on Facebook – but it goes round very quickly the message that we are self-harming today, and I think that does not help very much.

970 As I say, I think the newspapers have improved tremendously, but when you get a high profile suicide I think that has a detrimental effect on younger people and those people who are on the brink of contemplating suicide. They think, 'Oh, well, they have managed to do it.' I do think social media has a big impact on young people, and not a positive impact.

975 **Q118. The Chairman:** Yes, not always. I mean, I am on Facebook as well, but you could not help but have noticed in the UK the recent high-profile situation where a young lady took her own life, and I think the social media platform providers need to get their act improved.

980 **Ms Beldon:** Well, that is what is on today, isn't it? On the national news they have actually said that they are expecting to put monies in now (**The Chairman:** Right, good.) to provide some service to stop this.

**The Chairman:** It is very important, isn't it?

**Ms Beldon:** Yes.

985 **Q119. Mr Perkins:** Taking down the self-harm sites and stuff like that?

**The Chairman:** Absolutely.

990 **Ms Beldon:** Well, you can research suicide, 'How to commit suicide?' That is a bit worrying.

**Q120. The Chairman:** Absolutely.

Do you have any comments on how Government services respond when a person has taken or attempts to take their own life?

995 **Ms Beldon:** Well, I think you saw my written submission, I did say that I know the Police are very supportive and I said there that I hope that Mental Health Services offer support to people who have gone on to actually ... their families anyway. But, of course, if they are not actively involved, if the person has not been in Mental Health Services I do not know how they are meant to know.

1000 I am very pleased, since I wrote that, I noticed that Cruse is starting a support service, as of today, I think, for survivors; and that has been much needed. There was one briefly, but it disintegrated when the person retired from Mental Health Services.

1005 **The Chairman:** Yes, I saw you noted that in the correspondence.

**Ms Beldon:** I am pretty sure, I know it was a suicide last year, and I was approached myself to see if I could assist with the children. Now, I do not have any expertise in children, but I got in touch with my little network and we set it up, so should the children need it that would have been there, because I could not find anything that was actually available to them. So that is a worry.

1010 **Q121. The Chairman:** And you have referred to it, but in terms of those bereaved by suicide in terms of the questions they may be left with or the legacy, to put it that way, that they have to live with in the future, do you have experience of – ?

1015 **Ms Beldon:** Oh, yes, a lot.

Unfortunately we do know factually that people whose parent, for instance, committed suicide, there is a 50% chance of them being successful in suicide. But I think if we can get in there and provide ... Let them know that there is support for them, that there are people

1020 listening, there are people willing to listen, and if we can educate them to the fact that there are other ways to deal with it rather than actual death.

That is where you come back to education in schools, but you would be educating in other areas. I mean, formerly I have gone out to people like the Women's Institute and stuff like that to talk to them and I do think there needs to be a lot more of that done to make people aware of what is available.

I think an awful lot of people do not know what is available from the Mental Health Service until such time as it actually hits a member of their family and then, unfortunately, they can sometimes hit brick walls.

1030 **Q122. Mr Perkins:** I think early intervention – just picking up on the children's side of things – the earlier we can intervene as a society the better it is, presumably?

**Ms Beldon:** Yes, I think so.

1035 I know that they are actually starting some schools in the South of England that their whole *modus operandi* is resilience. I do think we need to start and do that with our youngsters.

1040 **Q123. The Chairman:** Do you think there is a change from – without talking about *you*, but talking about my generation – where we were supposed to be more resilient. Do you think that is less these days; and counter to that do you think the fact that males now appear to be more prepared to talk about things that –?

**Ms Beldon:** I think males are coming forward more, and I know the statistics were reflecting that. I have not seen any in the last couple of years, but I know it was reflecting that men were more prepared to come forward and talk about how they were feeling.

1045 As to our generation and resilience, my impression would be that our generation had stronger resilient factors. Now, why would that be? Is that, again, because we had stronger family models? We could go out safely into our communities and interact with other people; we were not behind doors playing on electronic games. There are lots of things that perhaps were not that great about our era, but there were lots of things – there was that freedom to participate which seems to have been very curtailed, I think the Island is less so than that. Our society, generally, is a good deal safer than that of a lot of our adjacent isles. But, even so, I think that social interaction that used to go on ... I do not know, I guess somebody would be able to say, do as many people go to Guides and Cubs and Scouts? Do they formulate all those things? Do they go camping? Do they do all that stuff that builds resilience? I do not know, that would be an interesting question, really, for somebody else.

**Q124. The Chairman:** I think those kind of organisations do still exist.

1060 **Ms Beldon:** I know they still exist, but do people participate that much in them? That is what I am wondering.

**The Chairman:** Right, okay. Anything?

1065 **Mr Perkins:** I think that is it, really.

**The Chairman:** Benjamin?

**The Acting Clerk:** No.

1070 **Q125. The Chairman:** Okay, so what we ask people at the end, first of all, if there is anything else you would like to say please feel free to do so. But we ask if there were – clearly like we did

1075 with the mental health reports, we reported twice to Tynwald and now, no doubt, we will be reporting to Tynwald in relation to our findings after speaking to people in this regard. Are there three things that you would like to give us as a message that we should do, encourage Tynwald to do better or as a society or as a community we should do better?

**Ms Beldon:** I would like to know that accessibility to Mental Health Services has improved. There is a gap going on, my perception is there is a gap between when people have been to the Crisis Team and then moving to the community, something happens there.

1080 Like the gentleman I am saying, to wait for a year to get counselling. All the people that I have seen this last year taking serious overdoses have a good experience with the Crisis Team apparently, but then are sitting waiting to receive treatment, ongoing treatment and ongoing therapies. That worries me a lot and I do not know why that hole has appeared. I do not think that is all about money.

1085 I do not think the idea that we have got agency nurses in Mental Health is a good one because people coming in, just dipping in, do not understand the culture of this Island, the idiosyncrasies between Ramsay and Douglas. And people can say, 'Oh, well, that is very insular', but there are very subtle differences and it needs to be known and people who belong here and work in the service do understand that. And people need to feel more supported by their managers. I do not know how you engender that as a Tynwald.

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**Mr Perkins:** Could I just ask one more question?

**The Chairman:** Yes, please.

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**Q126. Mr Perkins:** Going right back to the beginning when you said you had these three people whistleblowing and you advised them not to whistle blow, were there common reasons for the whistleblowing?

1100 **Ms Beldon:** They all had the same thing, yes. They were concerned about –

**Q127. Mr Perkins:** It was just one incident or was it three different incidents?

1105 **Ms Beldon:** No, they came to me – two people, sorry. Two people came to me and said should they whistle blow about the standards that they were observing and the lack of stuff that was happening on the Mental Health Service Inpatient Unit. And I advised them that the whistleblowing service is flawed, by the experience I have had with somebody else, an ongoing experience with somebody else.

1110 **Mr Perkins:** Thank you.

**The Chairman:** There is an ongoing Tynwald inquiry into whistleblowing.

1115 And also the other thing you raised towards the end there in relation to agency workers, in one of our previous inquiries about social workers that was certainly the case where people came in and from time to time were not even aware of some of the differences between the Isle of Man and legislation elsewhere. So that clearly is an issue.

Thank you very much, once again, for being prepared to come and speak to us and for your written presentation. It will certainly help inform us when we go back to Tynwald, and thank you for the good work you do.

1120

**Ms Beldon:** Thank you for listening.

**The Chairman:** Thank you.

That brings to an end today's hearing.

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*The Committee adjourned at 4.11 p.m.*