

Suicide prevention Local Action Plan Public Consultation response.

Date: 10/10/2020 – 25/10/2020

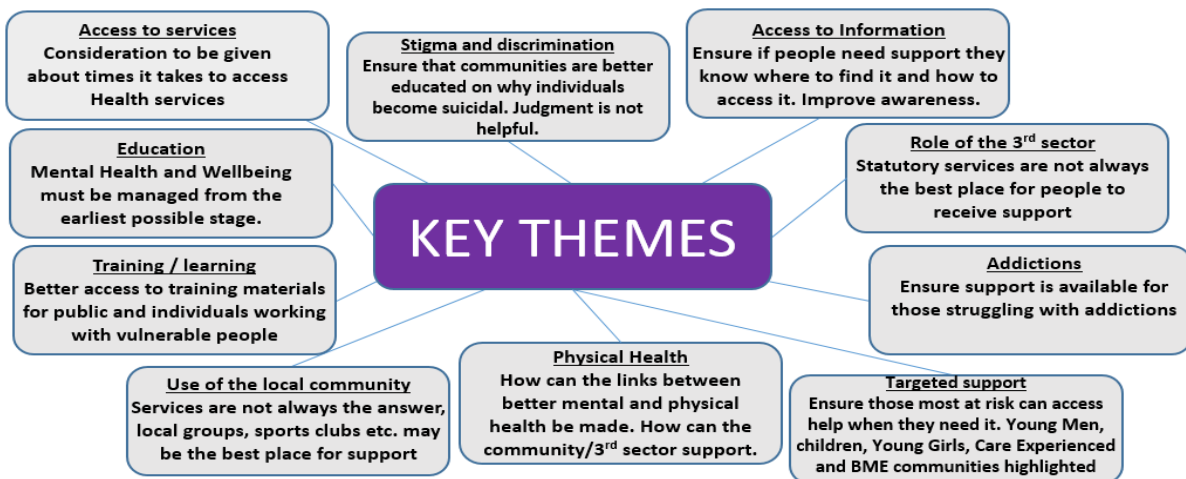
Analysis of the public consultation feedback has been noted and will be used to inform the development of the West Lothian Suicide Prevention Action plan.

Please note that some of the content has been redacted from this document however will still be used to inform the development of the plan.

The document has been redacted in part for two reasons:

1. To protect individual identity
2. To protect those that may be vulnerable to sensitive information around suicide.

The following themes have been identified from the analysis of the data:



Please remember to access any of the following support if needed.

Sources of Support and Advice

If you or someone you know experiences mental ill-health – or if you or someone else is feeling suicidal – support and advice is available from the following sources:

- Local General Practitioner (GP) / Primary Care Practices
- NHS24 – free 24 hours on shortcode 111
- Breathing Space – free on 0800 83 85 87 6pm to 2am Monday to Thursday; and 6pm Friday through the weekend to 6am Monday www.breathingspace.scot
- Samaritans – free 24 hours on shortcode 116 123. <http://www.samaritans.org/your-community/samaritans-work-scotland>
- Childline – free on shortcode 0800 1111

Consultation Questions for West Lothian Suicide Prevention Action Plan

1. 1. Please tell us your age category: *

Number of participants:

116

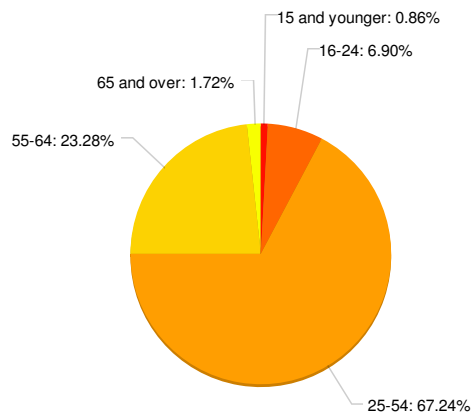
1 (0.9%): 15 and younger

8 (6.9%): 16-24

78 (67.2%): 25-54

27 (23.3%): 55-64

2 (1.7%): 65 and over



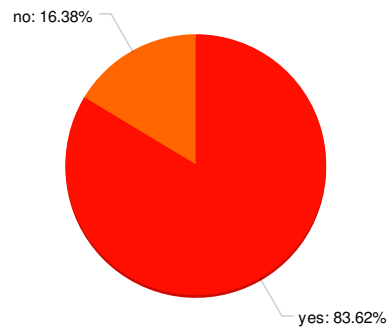
2. 2. Do you live in West Lothian: *

Number of participants:

116

97 (83.6%): yes

19 (16.4%): no



3. If yes, which ward do you live in? *

Number of participants:

114

- (0.0%): Linlithgow

6 (5.3%): Broxburn, Uphall and Winchburgh

20 (17.5%): Livingston North

16 (14.0%): Livingston South

7 (6.1%): East ivingston and East Calder

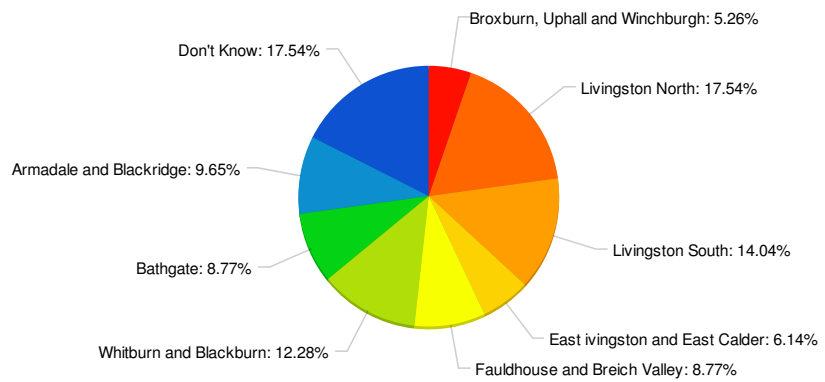
10 (8.8%): Fauldhouse and Breich Valley

14 (12.3%): Whitburn and Blackburn

10 (8.8%): Bathgate

11 (9.6%): Armadale and Blackridge

20 (17.5%): Don't Know



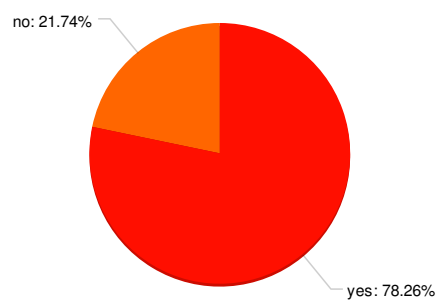
4. 3. Do you work in West Lothian?

Number of participants:

115

90 (78.3%): yes

25 (21.7%): no



5. If yes, please tell us where: *

Number of participants:

108

10 (9.3%): NHS Lothian

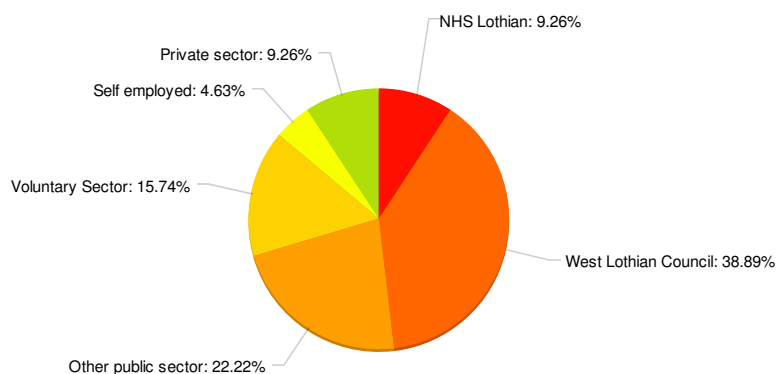
42 (38.9%): West Lothian Council

24 (22.2%): Other public sector

17 (15.7%): Voluntary Sector

5 (4.6%): Self employed

10 (9.3%): Private sector



6. The Scottish Government suicide prevention leadership group has set out six framework domains (see below). We would like to hear your thoughts on how we can implement these in West Lothian. How can we work together in our communities to implement these on a local level here in West Lothian:

a. Promote good mental health and mental wellbeing *

Number of participants: 108

[View all 73 previous answers](#)

- online training at present
- Access to outdoor space exercise gyms, healthy eating, support for unemployment support for homeless, more local third sector organisations
Reduce the need to travel to edinburgh to access groups and support via the third sector organisation
- Be more visible
- THIS IS SO IMPORTANT and this is something that a variety of groups (especially third sector organisations) can provide at a very low cost and high efficacy. This aspect needs much more support and focus.
- Hubs drop in centres
- Make access to Mental Health support more accessible and less of a waiting time
- Get DBT back up and running absolutely an amazing group to have been in n helped massively
- Education. I would say a lot of suicide is down to the way people are treated by others.
Promote mental health.
I would say encourage people to get out more.
Combat the alcohol abuse and drug abuse in Livingston.
As it is rife.
If these people stop abusing themselves and being septic towards other people that will solve many problems
- promote more nature related activity groups.
- Safer walking routes that are well lit
- Newsletters, social media, telephone calls to vulnerable people, emergency contact number. Wor
- Having a more robust plan to deal with mental health issues and improving mental wellbeing.
Most people I work with complain that there is not enough out there to help them. It is extremely difficult to access psychiatric and psychology services, the waiting times are extremely long. There is a feeling that health services are looking to quickly discharge people and follow ups seem to be inadequate. CPN service is only temporary where there are people who are experiencing mental health problems that are severe and enduring.
More practical help is needed for people who are in crisis. People describe presenting at A & E and being turned away when they are in quite a distressed state.
I am aware of wellbeing hubs, but unfortunately I don't have a lot of knowledge about them. It doesn't seem to be well

advertised and there is some confusion about when you are allowed to access them.

- Had a good experience of services from Health Services and Advocacy so can't think of anything else to improve. Could do with more advertising of services to help people get back on feet.
- Improve housing. Many clients I have worked with have their mental health worsen due to the quality of house they live in. Improve their wellbeing at home is only one step but an important one.
- People should have better knowledge of the services available. Maybe a good old fashioned newsletter/flyer of service information, phone lines, web sites etc. People don't know how to access help or get information and not everyone is able to access the internet.
Services should be more accessible i.e. bus routes can be difficult. Services are also overwhelmed and can have long waiting lists. Therefore more investment is required.

Example: mental health hubs are a good idea but difficult to access as rely on GP referral.

- Education within schools to teach young people about mental health from an early age.
Provide services in the workplace to encourage discussion of mental health and well-being.
- Video tips disseminated on social media and through industry partners e.g. West Lothian College
- Providing funding to help prevent social isolation, by encouraging and promoting inclusive community groups.
- More work in schools about maintaining good mental health. Not just about how to fix it when it's poor.
- Tackle discrimination. Maybe more help in local health services. Have groups in surgeries run by nurses. Promote more self help groups
- Advertising services more that can help. General awareness of mental health among the community.
- Education about this should start at primary school level all the way to academy level. There should be more modules in high school about life skills, self care & mental health. Kids don't just need education in maths, English etc. Mental health first aid training for S5/6 has proven successful in some high schools in West Lothian.
Workplaces should have mandatory mental health modules as well as appointed mental health first aid person who can sign post to external support & agencies.
- Meetings in local community centres for men and women also perhaps mixed groups or couples meetings ie: married couples / partners
- Make more groups available for people to talk about someone they have lost to suicide
- Begin within schools - primary school age upwards. Change the curriculum, teach self care, meditation, calming methods, personal development, etc etc. Counselling is not enough - too late by then.
- We must have access to services to intervene before you are at your end stage of suicide.
- Desperate need to educate and promote issues regarding mental health in schools, colleges and workplace.
Measures need to be put in place to accommodate this.
- Lives can change in a second. Fund raisers, sponsored walks, do anything to make the public more aware about mental health.
- Work on decreasing the amount of drug use and educating young people on the mental health impact drugs can have on young people.
Provide more funding into St. John's mental health ward to have it better sectioned, and actually split up the ward for different illnesses rather than having everyone in the same ward.
- • Make it clear to people in West Lothian what services are available.
In addition to NHS services, there are many small charities and help organisations in the area. Many have been set up by families on the back of family tragedy and offer niche services e.g. some suicide prevention charities are just for men. However, they are not well known about. We recommend a central point research all of the services available and communicate to the public about them.

• Have leaders speaking openly about the fact we all have mental health and the importance of looking after it. In private organisations, good mental health and mental wellbeing is promoted from the top i.e. from Chief Executives speaking about the importance of looking after mental health. The Chartered Institute for Professional Development (CIPD) promoted this at its annual conference in 2019 and highlighted the organisations that were leading from the senior management team (e.g. RBS and the John Lewis Partnership). West Lothian Council has links with so many local services and as an overarching public body, it could lead by example by the senior team putting out messages about promoting good mental health and mental wellbeing. This could be done via social media as well as through various departmental policies.

• Proper training for staff in West Lothian Council coming into contact with vulnerable people.
West Lothian Council and its employees have contact with many residents. How they communicate with all their service users can impact on their mental health - either to better support someone in a difficult time or to promote positive dialogues. It may be helpful to consider what further mental health training can be given to council

employees, so that they are better able to spot the signs of poor mental health and to ensure that they are promoting good mental health in the conversations they are having with the many residents that contact them. It is also important to ensure that they are supported with their own mental health, as they are undoubtedly exposed to a significant amount of distressing and harrowing information and to be able to continue to support people this needs to have an appropriate outlet.

- Tackling social inequalities and treating people with dignity.

Poorer mental health and wellbeing is associated with poorer socio-economic conditions (employment, housing etc) and we know that West Lothian has many deprived areas where people experience problems with poor housing, health and so on. Treating people with dignity goes a long way.

Some people we support who would like to access local services for mental health, such as local talking therapy groups, do not have access to transport or funds to travel there. It would be helpful to create a fund to support those in this situation.

- Embrace joined up working of services.

At the moment, the system seems clunky and disjointed. There is an air of fatigue when new problems arise rather than a recognition that they need tackled. For example, we understand CAMHS has seen an increase in cases of autism this year. We, as an office, hear about cases piecemeal and try to tackle them on an individual basis. It would be helpful if all of the services (council, education, health) could be joined up and proactive about promoting better mental health.

One way to knock down the silos and encourage a more joined up approach would be to organise a series of meetings with stakeholders in the community, such as support groups, surgeries, mental health professionals, MP/MSP staff, council, health service. The first aim of this group would be to discuss the challenges they face and the gaps they see in the system, followed up by an action plan with tasks on each representative to work towards closing the gaps. This may have to be carried out virtually in the short term, but we believe this would not only benefit those suffering poor mental health in the area but could well benefit the stakeholders in improving communications in other areas where collaboration would be beneficial.

When we, as an office, contact GPs surgeries in West Lothian, the responses are often very hostile. There are NHS consent forms allowing us to contact a GP on behalf of a constituent. Yet, even then communication is often met with reluctance. Communication and joined up working is key if people are to gain trust and benefit from help they are seeking. GPs no doubt see it all and have good insight into this therefore have a role to play in getting more involved, training, listening and helping at an earlier stage.

- Do more to promote the good mental health resources that are available in West Lothian

It is important to better promote the good mental health resources that are available in West Lothian. For example, the natural spaces that are maintained for community use, the network of community spaces and sports facilities. Whilst there are indoor sports facilities provided by Excite there is not a central leisure centre in Livingston, which could help to promote better wellbeing through physical health benefits. The links between physical and mental health are undeniable. The feedback locally from people about positive things to come out of the Covid-19 situation include spending more time in nature. There are many good walks and much outdoor space in West Lothian that ought to be promoted more.

- Provide easier access for people to speak to who are struggling with mental health and mental well-being - let people know about Neils Hugs foundation
- There needs to be immediate access for people who need help. They can't wait weeks months or years to be seen. They need appropriate help to suit them.
- Not sure
- Make more use of social media to encourage people to look after their mental health.
- This should start in school, higher education and into employment.

7. b. Tackle mental health inequalities , stigma and discrimination *

Number of participants: 107

[View all 72 previous answers](#)

- online training at present
- Ensure equity of care across specialties in nhs
 - Ensure that mental health patients get physical health cover by medical physicians and gps not psychiatrists
 - Ensure mental health services are adequately resourced
 - Look at why death from suicide is seen as an adverse event and failure yet death from cancer is not
- Encourage care providers to be trained in what to look for.
- this is a long term project because these issues are prevalent and will take time (generations) to shift.
- Not sure
- Ensure it you are admitted to A&E due to Mental Health the right professionals are there to support you
 - I have been admitted a number of times due to suicide attempts and the A&E staff haven't been supportive or understanding as they aren't trained in that sector
- I don't know think it's always been stigmatised although has cam long way
- As before.
 - Usually the discrimination is coming from poorly educated people who target well educated people like myself.
 - They target people in minority groups.
- make applying for disability benefits more understanding to those who are analysing the report.
- Take people seriously
- work place visits, poster campaigns. Be visible librarys etc
- Regular education at school level upwards. This would include health professionals. Continued funding for support services including Independent Advocacy, Council Advice service, Citizen's advice, specialised advice for those with mental health issues.
- More help from GP. GP asked if I had a CPN which I did not. I had to go searching for a CPN myself.
- By creating opportunities for more young people in particular to get help and training.
- More positive mental health work conducted in schools. Use our youth to promote issues such as these and also how they can promote well-being amongst their peers etc.
 - Training and advice for employers, services etc. (including medical services)
 - Increased resources for mental health Advocacy to provide more collective forums and get people who experience mental health difficulties to have more of an input..

It can be very difficult for people to access resources when the are dependant on GP (one person's opinion of their mental health) before they can get referrals for services.

- Provide information in clinics, schools, workplaces, etc about mental health issues and conditions so people are more aware of conditions and how to support someone struggling with it.
- Case studies of those who have been through it
 - Workshops in schools/ college
- Providing education and awareness events, and encouraging people to speak about their experience of mental health issues.
- More education in school. I have been criticised by teachers for coming forward and telling them my concerns about someone self harming.
- Advocacy is good for this as they are independent. More awareness raising .. even GPs and other professional get it wrong sometimes.
- Educating people from schools to workplaces.
- Mental health charities going into schools & work places to provide insight into mental health & how it can affect peoples lives. Education is crucial as a lot of the stigmas & discrimination comes from lack of knowledge & experience of mental health. People who suffer with their mental health maybe talking too to give a deeper insight from someone who has experienced mental health.
- Talks in schools , youth groups etc
- Make lots off posters telling people men woman that there is help make big bold so they see it and its out there so they feel safe so than can talk if they cant talk to family
- As above
- Have real people to talk to accross West Lothian and be allowed to discuss what is in your head. This goes hand in hand with good strategies for keeping well. The vulnerable must feel they have choice and control.
- Should be done as early as young people can understand. The #itsoknottobeok is everywhere, however I feel there is still a stigma attached to mental health and people don't take it seriously enough until it's often too late.

- People should know about people with mental health issues who have become the best they can be, and who have helped others. People with mental health issues are not just junkies, weirdos, loonies, they are people who feel, hurt, love, and just need a little help, love, and support.

- Speak about it more within schools, at home and in work. Have more counselling services offered within work and school and make sure that parents know how to speak to their children about their mental health.

- • Better training for GPs and others on the front line

GPs often seem like the gatekeepers to mental health services. So often, we hear of constituents who have really plucked up a lot of courage to visit their GP to discuss their mental health, only to be met with a knock back that involves a long waiting list or worse, judgment. In these cases, we have seen people in despair, ready to take their own lives. Obviously, we only have one side of the story, but we cannot ignore the numbers of people who tell us their GP is not listening. Is there better training that can be offered to GPs? SAMH undertook a survey of GPs in 2014 - It was found that:

49.9% of GPs said they last undertook accredited training on any aspect of mental health more than a year ago.

11.4% said they have never undertaken accredited training on any aspect of mental health.

87.3% of GPs wanted information guides on local services for referral, including social prescribing opportunities.

81.6% wanted resources to help people self-manage their conditions.

Source: https://www.samh.org.uk/documents/A_SAMH_Survey_of_general_practitioners_in_Scotland_1.pdf

Mandatory training for all civil servants, teachers and front line staff would better identify the level of crisis a patient/claimant/client/pupil presents with, leading to more tailored support to that person's specific needs at an earlier stage, rather than a general-purpose approach.

• Research/monitor where referrals to CAMHS are coming from

We are concerned that more CAMHS referrals might come from GP surgeries in affluent areas and would suggest West Lothian looks into the statistics around this. It is clearly a mental health inequality if those in more deprived areas who are likely to have poorer mental health than those in more affluent areas, are actually referred for help less and this needs to be tackled with GPs surgeries. Is there a lack of thoughtful consideration given to the complex needs of patients from deprived areas? What is the threshold for referrals? What are the attitudes of GPs? Is there systemic class discrimination? Should mental health knowledge and awareness form a bigger part of Medical Professionals yearly appraisals?

• Recognise that not all mental health problems are best dealt with by mental health services

There is a lack of timely access to adequately resourced services for patients with mental health problems and lengthy waiting times. However, not all mental health problems are best resolved by mental health services.

Schools have a bigger role to play - WLC schools speaking to parents and grandparents about mental health would help them be better equipped for speaking to their children about mental health. We know lots of young people are feeling pressure more with social media and sometimes older generations pass on the stigma about mental health when we should be educating them that everyone has mental health. Could we create parent/ grandparent support groups?

It may also be helpful to directly contact specific groups who are usually harder to reach through the conventional services, for instance our office has engaged with the BAME community through a local group FJSS.

Some young men are reluctant to engage with traditional counselling and support therapy but we know from speaking with the StrongMen Charity that encouraging them to take part in activities (e.g. climbing) with others in a similar situation, bonding and sharing experiences has proved to work. Indeed, young men were more open to trying counselling after such activities. I believe collaborating with and/or launching similar initiatives in the health board area could have a significant impact for young men struggling with poor mental health.

• Being creative about how to reach those who are struggling but who will not speak out

It is well documented that suicide rates are higher among men, but there is a problem in particular with younger men in their 20s. Frequent social media users will regularly see a post about someone losing their friend. One local young man has lost five male friends to suicide since the beginning of lockdown.

While we want to avoid sweeping generalisations, the type of young men in question are often popular, have partners or girlfriends, children, frequent local pubs and football supporters clubs to attend matches etc. In the example given above, recreational drugs and alcohol are often prevalent in their lifestyles, which will also have a detrimental effect on mental health. Often the way they feel goes unnoticed because they may not reach out to people enough. This speaks for a need to target and reach these groups and their peers and families.

One way to reach these groups could be in collaboration with football supporters clubs, specifically the organisers of local buses that take people to SPL games in Glasgow and Edinburgh. These often leave from designated stops and pubs in which an initiative may be arranged that could attempt to change the culture in these spaces, turning them into potential hubs for accessing mental health resources, stigma and judgement free. Generally, more attention could be paid to finding a way to bridge the gap between mental health services and GPs and informal settings in which these groups circulate and feel comfortable.

- You can only do that if people change their attitudes - let people know about Neils Hugs foundation
 - They need help with whatever situation they face. They need people who care and not people who have been in the job too long and become cynical and wrapped up in red tape.
 - Not sure
 - More support groups available for individuals who are struggling.
- As a West Lothian council employee who has suffered with poor mental health the absence management policy and the way it is implemented for mental health needs to be adapted. I have had additional anxiety and fear of losing my job when I have been absent due to mental illness.
- Education about mental health is where it needs to start. Training for frontline staff is urgently needed as this is where inequality, discrimination and stigma lies.

8. c. Support people in distress or crisis *

Number of participants: 107

 View all 72 previous answers

- online training at present
- Access to resource out with the secondary care to manage people's distress
Focus back to gps to manage stress and distress
Allowing secondary care to focus on true mental health crisis
- Training in how to do this.
- We feel this should be handled by specific qualified professionals.
- Emergency telephone number
- Ensure a befriending/safe space 24/7
- More trained cpns all bands. Drop ins
- More support.people are distressed or in a crisis for a reason like myself.
I was the subject to bullying as I'm transgender.had a good job nice home.i become suicidal after abuse from people [REDACTED] who think they are better even rho no job make no effort to get are job.spend all their dole money on drink and drugs and abuse the nice people.
There is no support not from the police anyway.just say nothing they can do.[REDACTED]
[REDACTED] was threatened with violence [REDACTED] due to bullying.
No support whatsoever.talking to somebody over the phone is not support.
- sort out mental health waiting times soo they can get seen by a professional quicker instead of waiting an average of 1 year before any help is given.
- Have more support available
- Dedicated contact number, 121 visits if necessary
- Increased funding for emergency service. A drop in service for people in crisis to attend. 24 hour service, central and easy to use transport links to get to. Staffed with experienced mental health professionals.
- Be there for people. Services getting back to people as quick as possible.
- Stop gatekeeping.
- More crisis services should be available and immediately accessible. Maybe a local phone crisis line dedicated to helping people with the added knowledge of knowing the local area and services and how to get appropriate long-

term support.

People/services need more training to know how to support people in a distress and what to do.

- Offer 24 hour helplines so people have a point of contact when in distress
Offer an telephone or face to face appointment soon after initial crisis call to follow up and make referrals or a plan to help support them
- Utilising local charity groups e.g Behind your mind
- Through named and experienced organisations who can give dedicated and immediate support, and which is in line with the individual needs of the person requiring the support.
- There are hardly any services for young people in West Lothian. camhs has a very long waiting list and GP's are reluctant to help without specialised input. There is nowhere to go in a crisis especially if you don't want your parents to know.
- Not enough services. Everything has a waiting list. People might feel strong enough to get help but if they have to wait it might be too late. 18 month wait for psychology .. !! Surely more specialised nurses in clinics could do some front line intervention.
- Ensure robust services are in place for when people are in crisis. Don't put up blocks. Feels like services are blocked to some people. Have to jump through hoops to get help.
- Charities & the NHS have to work together as they are fighting the same battle. The NHS do not have adequate resources therefore should collaborate with charities more.
Early intervention is essential as well as consistent support. Too many people in crisis are being sent away from hospital without adequate support in place.
More emphasis on advertising where people can go for help especially from charities.
- Lists of available groups
Phone lines / numbers
24 hr places for people with no where or no one to turn to for example , community centre , church halls somewhere secure and safe
- Have local areas with a call away if anyone needs to talk day or night a hard ask but doable
- As above. Also additional staff in schools/workplaces/community hubs who can support and deal with those in crisis.
- Give them solid foundations to rebuild their minds and body. Sign post. We already have an excellent organisation in West Lothian that is doing it's utmost to meet the crisis need, Neil's Hugs. This is the only organisation that I know of. It is well advertised on Social media and throughout West Lothian. However, it is not an emergency service and is not available 27/7 and if professional support is also required there is nowhere that can be accessed in a reasonable time scale throughout Lothian far less in West Lothian.
- More support is desperately needed for people who are suicidal and for families bereaved by suicide. I am a mother who sadly lost my daughter to suicide in May 2020. The devastation this causes to families is unbearable with very little or no support available. People who are suicidal need intervention there and then, not told to come back tomorrow or wait lengthy times to speak to someone.
- People can be supported in many different ways, there has to be Shelters where people live, get support, information, and respect. Help to show how to run a home, do laundry budget, and help cope with everyday life.
- Self refer check in to the hospital, and even regular check ups. The fact that there's months of waiting lists is shocking when people who's ready suicidal are clearly at breaking point when they're asking for help.
- • Where do people go?
Mental health and suicide prevention charities recommend calling 999 or advising people to go to their local A&E if they are feeling suicidal or have self-harmed. However, there are constituents my team is currently supporting who have done just that and tell us that they have been badly let down by the care and treatment they received when they attended A&E. While I appreciate the impact of Covid-19 on resources, people who present with severe mental health issues should be treated as emergencies, in the same way that victims of car crashes or serious assault are - self-harm and suicidal thoughts are as much a risk to life and must be recognised as such. If A&E is not the right place for them to be, we must be more creative in finding a place that is. For example, it could be that a local drop in centre running 24/7 is set up as a place those in distress can go for help. Somewhere rapport and trust can be built up is key.
- Investment
Ensuring that planned investment in mental health support results in specialist mental health services being supported with additional resource to support people who have feelings of suicide and self-harm.

Anyone who has displayed suicidal thoughts and receives a psychosocial assessment should have the option of

receiving a suitable community-based or NHS-provided service in line with their level of distress and the intensity of their needs.

The points raised above on improved mental health training would be helpful here, for instance if more council employees could be trained as mental health first aiders.

- Provide better support and access - turnaround times need to be quicker - let people know about Neils hugs foundation
- They need the support at that time not at a later date. They can't afford to wait on appointments. There needs to be emergency access for different groups. Children, alcohol/drugs. Postnatal/ bearvement and all mental health problems.
- Have call lines and online chats open for people to contact any time they need someone to talk to just for someone to listen. Also for advise for people who may know someone in distress or crisis. Have drop ins in the community that isn't too obvious that people would be noticed going etc.
- Easier access to support groups or counselling services and increase awareness of the support available.
- This needs a joined up approach and a dedicated service.

9. d. Promote resilience and recovery *

Number of participants: 105

 View all 70 previous answers

- online training at present
- Education on resilience in schools is excellent and should be expanded
Should some educational resource on resilience for adults in the local community
Improve the community knowledge on resources available to help their resilience and recovery
- Be more visible.
- This is really important and something the 3rd sector can contribute to in an effective way and with a lower cost to traditional services.
- Not sure
- Promote from the horses mouth advice from survivors and how they have dealt with these situations
- Self help hubs to help socialisation
- Suicide prevention and mental health if people are actively being trolled and bullied how can u become resilient or recovery.
I contacted police then get told I am a dirty little grass.

- more activities and support within the community.
- Advertise there is help available locally
- support network, dedicated number, people to talk to.
- Increased funding to provide follow on support. Services are currently very limited in their duration and how often they can provide support. It is important for people to be able to access support easily and quickly if they are feeling they need that bit of help.
- Consistency with mental health help and help to find activities to help recovery and get support that way
- Greater public awareness of services out there that can help people
- More self-help services/groups .. encourage peer support.
- Support groups for people through different stages of recovery to support each other and provide insight in how to promote others resilience and recovery
- Tap in to free advertising space using connections and industry partners e.g. The Centre, Bulletin, Courier and Metro will offer free space for good causes
- Giving the person time and the information to feel able and supported to begin making a recovery, and knowing that they won't be left to struggle alone.
- Don't know
- Again more early support rather than having nowhere to turn for a bit of help. It then becomes more severe requiring a lot of help

- Tackle the causes of mental health. Not all can be tackled but things like jobs, recreation and housing can increase people's mental health
- Use social media to show actual real life stories of people who live with mental health illnesses to show there is light at the end of the tunnel. Also use this in schools to show there is no shame in suffering a mental health illness. People also going into schools & work places to talk about their experience with mental health illness.
- One to one counselling
 - Follow up sessions
 - Record keeping by both parties
- Lots off care and groups who can meet up and talk on a one to one and group some people cant do a group talking thing a safe palce for meeting and talking
- As above
- This is not achievable without services.
- Definite need to promote resilience and recovery for young people with suicidal ideations and for families bereaved by losing a loved one to suicide.
- Places need to be freely available for people with mental health to go and get advice on their personal situation ie: where they can be assessed, given options on different medications and treatments, to recover. Mental illness can be treated/or managed with or without medication for a brighter, happier future.
- Keep up to date with patients after they have began recovery.
 - Schools should have regular check ins with all pupils, even if it's a form rather than a conversation to just see how everyone is doing.
- • Creating and building trust between patients and staff
 - We have seen constituents following suicide attempts and can comment by way of example on what we have seen be done badly versus what eventually worked well in promoting recovery and resilience. In all examples, trust between patient and worker was key. Where trust was gained, people generally started to recover and made big improvements. Where trust was lacking, people did not begin to recover.
- Consistency of staff
 - We have been told about negative experiences with the ACAST team following hospitalisation after a suicide attempt. This consisted of different team members visiting each time (even though there were only three follow up visits in the week after, five different professionals attended), which made it difficult to build up trust to allow the patient to open up and start to deal with their mental health problems. A more comprehensive follow up after a failed suicide attempt, with more visits made by the same professional would help to avoid getting into a cycle of readmission to hospital.
- Supported accommodation or other temporary measure
 - Some people who have contacted our office are actively seeking further treatment but report being discharged from hospital too soon. We understand that hospital capacity is stretched but perhaps some supported accommodation that could act as half-way house, to allow further recovery after a suicide attempt, would be helpful. We have heard reports of people being discharged back home 24 hours or less after a suicide attempt, with home situation sometimes being a contributing factor, which fails to give a full intervention to allow recovery to begin.
- Connected to local support
 - Also, it is important to ensure that patients discharged are connected/ signposted to local support groups, for instance Neil's Hugs Foundation evening meetings. This ensures there is some support in place if there is a lengthy waiting list for NHS treatments.
- More services are needed - let people know about Neils hugs foundation
- There needs to be follow up treatment. Not a generic treatment then left to get on with it with no follow up.
- Have people talking about experiences just to show it's normal and lots of people from small communities like ours and that we aren't all alone.
- It would be good to have a support group specifically for education staff throughout the council who have struggled or are struggling with mental illness.
- Each community/local authority area would need an approach suitable for their needs.

10. e. Prevent self harm or suicide *

Number of participants: 106

 View all 71 previous answers

- online training at present
- This needs to be viewed as a community problem and not a mental health problem
 - Look at Improving housing, employment
 - Improve relationship support resources
 - Target high risk groups such as males 18-30
 - Education in schools
- Encourage people to get along side on a one to one basis. Trained people.
- We feel this should be handled by specific qualified professionals.
- Hub drop in service
- Again provide advice on other ways to tackle these times when you feel like this and not just go to A&E or call Samaritans
- I think there are not bad amounts of places to contact now than ever. Unfortunately breathing space has gone down hill. It lacks caring it's just pay at end of month. Beginning of breathing space had empathy. I don't think is there anymore
- Prevent it. if a person is going to do it they will. some people are pushed to the limits and as mentioned usually to do with outside factors. main one I'd say is being bullied by knuckle dragging nethanderals
- Most people i've talked to that have self harmed/attempted suicide are afraid to talk about it as they dont want to look bad, i think we should be aiming to talk more openly about suicide soo they dont feel bad, growing up i would often have friends say "suicide is selfish" and related words, i think we should tackle that.
- Advertise there is help available and support people who live alone
- robust support network 24/7
- Improving services that can be accessed when feeling suicidal or want to self harm. Specialised healthcare professionals that could provide some input at crisis point. Better support at times when not feeling suicidal/like self harming to help to prevent crisis point developing.
- Unsure.
- Again access to services. No delays if someone needs help. Create opportunities for people.
- Need more awareness of how to spot the signs i.e. Schools could help to educate parents on the signs and what they offer in schools.

Again more crisis support. The only place for people to go in a crisis is A&E or phone the Police. Maybe we need a WL crisis telephone support / dedicated service.

- Talk about it! Have more than just one day a year to talk about suicide prevention and self harm. By bringing up thoughts of self harm and suicide to people, it can be less taboo and normalised in the sense that it's easier to communicate with each other about it.
 - Should start educating on the subject in schools, talked about in health clinics, more open in workplaces and allowing employees mental health days off.
- Utilising local charity groups e.g Behind your mind
- Contine to promote the dedicated crisis care teams, and provide funding to continue to have information and education on personal safety.
 - Recognise the extremely desperate point that a person can get to very quickly.
- Need more crisis help. Places to go or phone don't really exist for young people, especially out of hours.
- More crisis services. A 4 hour wait in a&e is no good for someone in a mental crisis. Maybe a dedicated hub for people to drop in in all hours
- Awareness. Look at what some football clubs do by creating conversation on mental health that it's ok to talk.
- Signposting available help & advice available.
 - Early intervention is essential.
 - Education is vital so people are aware of mental health illnesses & what it involves.
 - Training for carers, parents to they can support their loved ones more.
- Availability of places to go with trained councillors
 - People who themselves have been in this position and have managed to recover
 - Helplines
 - Meetings
- Call lines in each area and as i said lots off adverts posters and stuff with numbers on it so they can access help day or night a lot off people are on there own feel on there own and maybe just that local call to someone might just be

enough to stop that person thinking they can't do it anymore that they are a worth that it doesn't matter what they have done it can always always be talked about

- As above
- Again accessible services, funds and resources.
- Something needs to be done to help people who suffer and contemplate this every day. The waiting lists for services are unrealistic to someone who needs help there and then.

- Places where people can go to learn they are not alone, get advice on where they can get help, counselling, medication, and places they can stay until they are mentally stronger. People need to know they aren't the odd one out, they need to know People Care.
- Listen to young people when they are begging for help. There are so many young people who have lost their fight even when they are getting "help" because they're not getting the right help. Authorities all pass the problem to each other as if it isn't their own problem, and it's so hard to even get help to begin with so many people are just not even trying to get it. It needs to be as easy as phoning with a flu to get help.

- Encouraging active listening
Listening to people is key. People often know that they have problems which are difficult to fix or have suffered from events that they cannot change. However, the value of listening cannot be underestimated. Anyone who works in the service sector could be encouraged and provided with access to mental health training for when they are dealing with members of the community e.g. people who work in hair salons, gyms, beauty salons, anywhere people talk. If more people were better informed about mental health it would help to reduce stigma and allow people to open up more about feelings of self-harm or suicide.

- Run a campaign

Encouraging people to talk with a campaign including posters etc in places they're not traditionally seen would be recommended to reach people where not normally reached, football clubs, supporters buses, pubs, gyms, hair salons etc

- Designated mental health advocates

Having designated mental health advocates that actively go out and speak about mental health, including to:

- Local businesses
- Community groups
- Schools
- Public services
- Etc

This would help to link up the services, to make people aware of the issues and of what support is available in their community. Get the conversation started and help people to know that help is out there.

- More services are needed - let people know about Neils hugs foundation
- This is hard as although there are signs this will happen you never believe it will. When people attempt this or ask for help they should get it. If family show a concern they should be listened to and measures put in place. When people beg for help as they are suicide there should be somewhere for them to do. There is nothing just now except phone the Samaritans
- Have talks in schools from people from village or Somali areas etc to relate to.
- Easier access to counselling services or talking therapies.
- This needs a whole system approach to the underlying issues .

11. f. Improve the quality and length of life for people living with mental ill health *

Number of participants: 105

 View all 70 previous answers

- online training at present
- Ensure that their physical health needs are investigated and assessed by gps or medics and ensure that this doesn't fall to psychiatrist who are not as qualified as medics to monitor or treat physical health .
Their should be access to physical health care for all mental health patients that is equal to those without mental health diagnosis

Eg you don't want a psychiatrist managing you heart failure or diabetes if you can have a cardiologist or physician.
This is a problem in psych wards and rehab units

- Help them to know they are not alone.
- This is really important and something the 3rd sector can contribute to in an effective way and with a lower cost to traditional services.
- Ongoing support via phone hub drop in centre
- Normalize the illness and not refer to many mental health illnesses as disorders
- Giving training n understanding more about there mental health. Positive things like dbt cbt distress tolerance
- Improve the quality.
People like myself who had a good job well educated can pay their bills on time.no addictions.we are the invisible ones.we are just told to call a helpline.
What would have made me.feel better is the people who cause the problem to be dealt with.making somebody mentally ill is abuse so they should be treated acvordingly
- more support, more community activities and support and more awareness.
- Support them fully
- Care and support from hospital and G.P
- Increased facilities. For example, services at Strathbrock Partnership - the Brock garden centre and woodwork provide great purpose and a improved quality of life to the service users using them.

Service users used to be able to meet up in Strathbrock mental health resource centre and do group activities together but this seems to have been cut leaving the people to spend more time without contact with others.

- Could be a lot more help from hospitals, rehab and making safe environments for people to live in. Some people are neglected and stems from attitude of GP.

My brother had a bad experience compared to me - he was in and out of hospital and it took a psychotic breakdown for him to get the help he needed.

- Being as inclusive as possible of their thoughts and needs. Act on peoples opinions. Improve housing and opportunities to get training and employment if that's what the person wants.
- Essentially the things already said in this questionnaire. Unfortunately due to reduction in services and introduction of care contributions people are not always aware of how to get access to services etc that can help them or can no longer afford the care.

This can include self help techniques. These are available on the westspace site but not every one has internet access or know how to navigate the internet. Maybe consider training people to help at local services such as CIS, Libraries i.e. something similar to the McMillan drop-ins.

- Address the issue of substance abuse and financial burden put on people causing mental ill health. Offering support through food banks, clothing, drop in sessions to chat to someone face to face without judgement all helps to create a better quality of life for people.
- Utilising local charity groups e.g Behind your mind
- Prevent isolation.
Encourage contact within community.
Show understanding of the person's situation.
- More help in younger years. Self help techniques practised/given in schools for anxiety. Educate people more on how to help themselves. More frontline access to care than having to wait for a gp and then a referral
- As said above.
- I'd go back to jobs, housing and recreation again. Make sure people have a sense of purpose.
- Adequate support & therapy is essential. Signposting available help so people are aware of where they can go.
- All of the aforementioned.
- I feel there needs to be more activities for people just to go along to join in without judgement of who and where they are from there background its just good to talk and they may realise there is more to life and a purpose to go on
- As above
- Person centred planning with intense support up front, reduced overtime and an excellent plan sitting behind it going forward. Accepting that when someone is doing well, but fall off their path all they may need is small intervention to get them steady again.
- I have seen nmny groups available for men but rarely any for women. When my daughter enquired about a group she was told she was in the wrong post code so couldn't attend!

- People should be helped not for just a week or a fortnight but for as long as it takes them to get well. Find homes learn how to budget, clean, food shop. People should be given the chance to get education, work, money.
- Have support groups aimed at specific mental illnesses. It's unfair to group them together as they are all so different.
- Remove the residential social care charge. Many people we have spoken to have had to cancel their support package as they cannot afford it, often this was their main social contact or provided them their only opportunity to leave the house. Without this undoubtedly there is a huge decrease in quality of life.
- Better support - let people know about Neils hugs foundation
- They should be listened to and plans on place for every situation they might face. Support for them and their families to help.
- Not sure
- Far more support groups for people that meet at different times of day. Subsidising gym memberships for council facilities to encourage people to exercise more.
- Listening to people who have lived experience will help shape this.

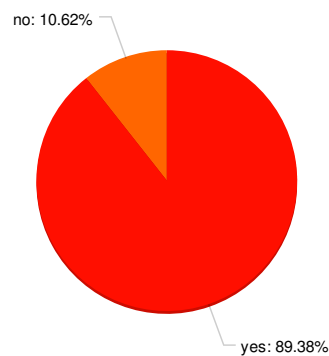
12. 4. 4. Would you be interested in learning more about suicide prevention? *

Number of participants:

113

101 (89.4%): yes

12 (10.6%): no



13. If yes, how much time would you be willing to spend in a training session?

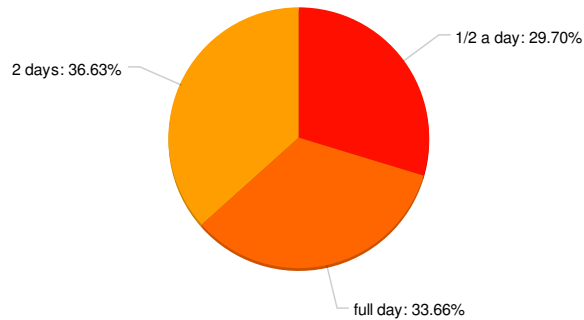
Number of participants:

101

30 (29.7%): 1/2 a day

34 (33.7%): full day

37 (36.6%): 2 days



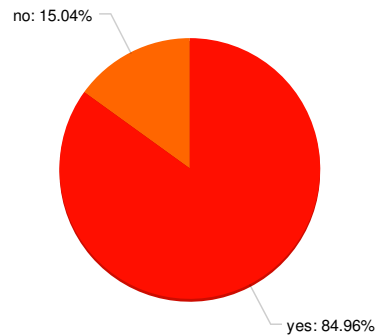
14. 5. Would you be interested in any other mental health and wellbeing training? *

Number of participants:

113

96 (85.0%): yes

17 (15.0%): no



15. 6. If yes, please tell us what specific aspects of mental health and wellbeing you would like to learn about?

Number of participants: 82

[View all 47 previous answers](#)

- I have already done Mental Health first aid training and train the trainers course but would like more specific training about supporting young people and ways we can engage with young people around mental health issues and support suicide prevention.
- Young People
- Impact on mental health through drug use.
- All types
- I have suffered from mental health problems since i had a break down four years ago due to mental torure from my ex partner. Im struggling to speak to friends or family so i keep myself to myself and push everyone away
- All mental health aspects
- Most common mental health illnesses such as depression, anxiety and eating disorders.

- All aspects of MH and Wellbeing. Especially MH first aid.
- mental health in young people, how to support them.
- A general interest but it is not really essential for my job
- Prevention of illness
 - Learn about mindfulness, yoga exercising healthy eating
- Loneliness, encouragement, counselling
- trauma informed approaches
- The psychological side of why this can happen and when should further action be sought when a person is going through an episode
- Distress tolerance
- Na
- depression and anxiety related illnesses.
- Suicide prevention, trigger signs.
- Anything relevant to west lothian services.
- How to cope with a mental illness on your own.
- Learning about conditions like depression, anxiety, borderline personality disorder, bipolar, etc. I have heard of them all but don't know how it affects people in their daily lives and how to support some one I meet with it.
- Suicide prevention
 - Spotting the signs of depression/ anxiety
 - Depression medication and the side effects/ stigma
 - What support is available/ most suited for each person - lots of groups/ charities but what one should people contact?
- The impact of The Covid Virus on mental health and how to manage this during the current restrictions.
- Self help techniques
- How to manage anxiety and low mood
- After losing my niece to suicide when she was 16 I would love to have training in crisis intervention & suicide. Also looking at positive ways on how someone can take care of their mental health.
- Understanding how to help in crisis without being taken to same place as sufferers. For example a mother helping a son
 - A wife her husband
- Any just would like to be that person that helped someone having lost someone to suicide and trying to move on and trying to instill in them theres always a reason to stay
- I get excellent training at my work, so it would depend on what was offered and if I haven't had that opportunity previously to attend.
- I'd like to work with young adolescents who have behavioural problems. I'd like to help at least one person to reach their potential and reach their goals.
- Bipolar
- How to speak to people who are struggling
- How to help give people advice if they are worried about a friend. And how to help people cope in situations.
- Self harm prevention
- Train the trainer for mental health first aid

16. 7. As we cannot deliver face to face learning opportunities at the moment due to Covid -19, would you be able to access online training via zoom/skype/teams?

Number of participants:

113

98 (86.7%): **yes**

15 (13.3%): **no**

