

# From Mum Bereaved by Suicide to Advisor for Suicide Prevention Norfolk and Suffolk Foundation Trust

The Journey so far...

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and

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# Daniel Paul Willgoss 03/10/1992~17/06/2018

Daniel died on the 17<sup>th</sup> June 2018, Father's Day, he was 25 years old. Daniel had been under mental health services since he was 3 ½ years old. Daniel was diagnosed with autism just before his 9<sup>th</sup> birthday. Although he had always experienced anxiety his biggest struggles came after a head injury in April 2010. He took his first overdose in the December that year. Attempts on his life continued, serious intentional attempts. He died waiting for a call back from Mental Health Services...again. Daniel also had an Education, Health and Care Plan at the time of his death. He had absolutely no support from Social Care or Education. Ultimately he was failed, nowhere near enough was done. Everyone had their part to play to ensure Daniel achieved 'the best possible educational and other outcomes'

Section 19 of the Children and Families Act 2014: Every Local Authority in England must have regard to the following matters in particular—

d) the need to support the child and his or her parent, or the young person, in order to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes.

Suicide Prevention is everyone's business



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Myself and Daniel's two younger brothers found Daniel. Despite ours and paramedics attempts he had gone, Daniel always said he wanted to "go to sleep and not wake up". He looked peaceful. Sadly we weren't surprised to lose him. But we shouldn't have. I was angry.

I sat with him, holding his hand, and promised him that something positive would come from our loss. It had to, something had to change. #LiftLoudForDanny was born. Lift Loud Made for the strong was one of Daniel's clothing logos. It seemed fitting.

Within a week I spoke at a local conference stating I didn't know what I was going to do but I was going to do something. I spoke about the lack of support for those with autism and mental health difficulties and how that had to change.

We later launched a Monday day time support drop ins for those with mental health difficulties and their carers were they can access free relaxation therapies and mini mindfulness/breathing meditation, added an evening group, wellbeing walking and singing groups. We've done lots of training, talks, conferences, trained others, been a support for those struggling, but most of all a voice for our members, feeding back experiences, both bad and the good. We sit on working groups and other meetings.

Ironically I did already take part in some of the trust's suicide prevention meetings.



About a week after our loss an envelope came through the door, a condolence letter from the CEO of the Trust along with the book Help is at Hand.

I didn't want a letter or a book, I wanted you to help my son when he needed it, I was still angry. Angry and saddened at the devastation that was now happening to my family, friends, Daniel's friends, the ripples were huge, ongoing and never stopping.

About three weeks after our loss I was invited to a meeting with the Interim Chief Nurse and Deputy CEO. They listened, they wanted to hear my story about my son, our experiences. They were kind, patient and offered to work with me to make things better.

It was a start and changed the way I felt.

Daniel's SIR came through. The investigation team had not spoken to me. It was factually incorrect. The team who Daniel was under undertook the investigation, I was not happy at all. I contacted the trust. It was redone with a different team, with me, my diaries, my phone, Daniel's phone and the system. Once in draft form I was invited to sit in on the review panel too before making the report final.



I gradually met more staff, sat on more groups, worked on projects and in May 2019 held a joint conference with NSFT, mainly Liz, on a Crisis Centre, with Joy Hibbins, who runs her own Suicide Crisis Centre in Cheltenham and author of the book Suicide Prevention Techniques - How a suicide crisis service saves lives. They have achieved zero suicides for over 7 years with their clients. It can be done. Our ultimate aim is to have our own here in Waveney in memory of Daniel. I then spoke with Liz at the Student Mental Health Conference in Nov 2019 on suicide prevention.

Staff from NSFT came along to our support groups, met with members, listened to them.

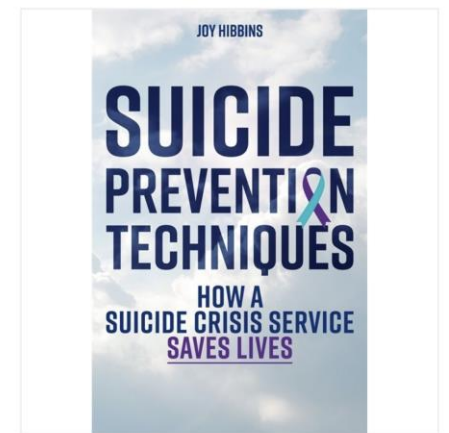
I have challenged on many, many occasions on the treatment of local people and their carers, on my experiences as I am still a carer and a service user myself and continue to do so but I'm so happy to say I have more positive things to feed back than I have had in the past.

The experience of families with children and young people still breaks my heart but there is conversation now, and I know people are trying.

I heard this very recently

‘Better to build strong children than mend broken adults’

Early support and intervention with everyone working together is vital.



Suicide Prevention Techniques

How a Suicide Crisis Service Saves Lives

Joy Hibbins

Focusing on the methods used at a ground-breaking Suicide Crisis Centre which has a zero suicide achievement, this guide offers strategies to help people in suicidal crisis. Founded after the author's own suicidal experience, it challenges the established ways of working in mental health and sets out a new way to provide crisis care.

In July after another conversation with our Chief Nurse I was asked if I'd like to come to do a piece of work with the trust. I said I'd think about it... It wasn't easy to come to work for an organisation that had failed my son. We spoke more about it. I said I'm not going to work for you if I can't carry on with the #LiftLoudForDanny aims and I can't have anyone tell me 'You can't say that now you work for us'. She said, 'We don't want you to stop being you Sue, we need that challenge'. One of my challenges was the words, 'you have capacity, if you choose to go home and kill yourself that's your choice, you have capacity to make that choice'. I had been told by the trust those words should not be said. And so, here I am.

Within a week of saying yes I had another young person experience those words, 'You have capacity...' It was the fourth time in a short period of time. This young person went missing but was fortunately found by police, using 136 taken to a safe place and admitted.

I sent emails off complaining, raising the issue again, thinking I haven't even got a contract yet, not sure they'll still want me.

But it wasn't like that at all. We had a teams meeting on the issue where we said why can't staff listen to us discussing this right now...live webinars were created! Our first one launched on World Suicide Prevention Day, 10<sup>th</sup> Sept 2020, with a plan to do four that month.

#Youhavecapacity



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Our first suicide prevention webinar was called:

Change the Language - Save a Life, Suicide is not a Choice, Diane Hull, our Chief Nurse and the Exec pledged that 'those words were never to be said or written in this trust again'. We know this is an issue nationally and our hope is that other trusts will follow in our footsteps. Over 500 members of staff joined us live and was recorded for others to watch when they could.

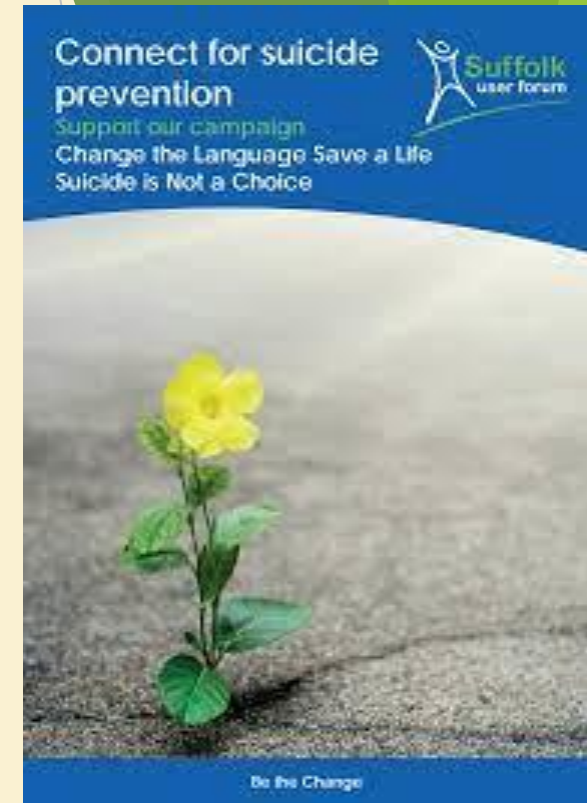
The second, Daniel's Story and Autism and Mental Health Difficulties.

Then Drugs, Alcohol and Suicide and finally Personality Disorder and Suicide

They were so well attended we were asked to continue them for a year and do two each month.

We invite people with lived experience to attend on the panel along with other regular panel members. Staff can ask questions, anonymously if they wish. We always have lots of questions. Feedback has been really positive.

We have covered many areas, veterans, carers, children and young people, men's mental health, information sharing, domestic violence, with our last one being a review and asking staff on what topics they would like future suicide prevention webinars to cover.



Following on from the first webinar I now, with the Trust's Mental Capacity Act Lead, deliver training to crisis teams, liaison teams and acute ward staff on changing the language and misuse of the MCA. I also work with Liz on many other groups too, forums and strategy groups, as well as working groups such as purposeful admissions, with our next major piece of work being our suicide prevention strategy review.

We are hoping to go live publicly in June, at the moment these webinars are just for staff, a safe place to ask questions or comment and will continue to be that safe place but we believe that our messages, awareness and information on suicide prevention would be of benefit to all as suicide prevention really *is* everyone's business.

While it has mostly been a positive experience I have had challenges. At the student nurse conference a couple of staff got up and walked out. Some staff have challenged the view on the MCA. I wasn't really wanted by some on forums and strategy groups but I like a challenge. I hope that the work I have done has overcome peoples fears and they can see the real value of lived experience. I understand that people can have concerns but no one should fear the truth and hearing it 'how it is'.

I truly believe you cannot shape services, make changes, improvements etc without the voice of the lived experience and true coproduction, as the 4Pi National Standards for Involvement say 'Nothing About Us Without Us'.

Everything I do, I do with Daniel in my heart and mind, always.

Thank you for listening



Daniel and the dragonfly