# Preventing Suicide (from affecting us)

### **Exclusion Culture in Mental Health Services**

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#### Choose talk, change lives.

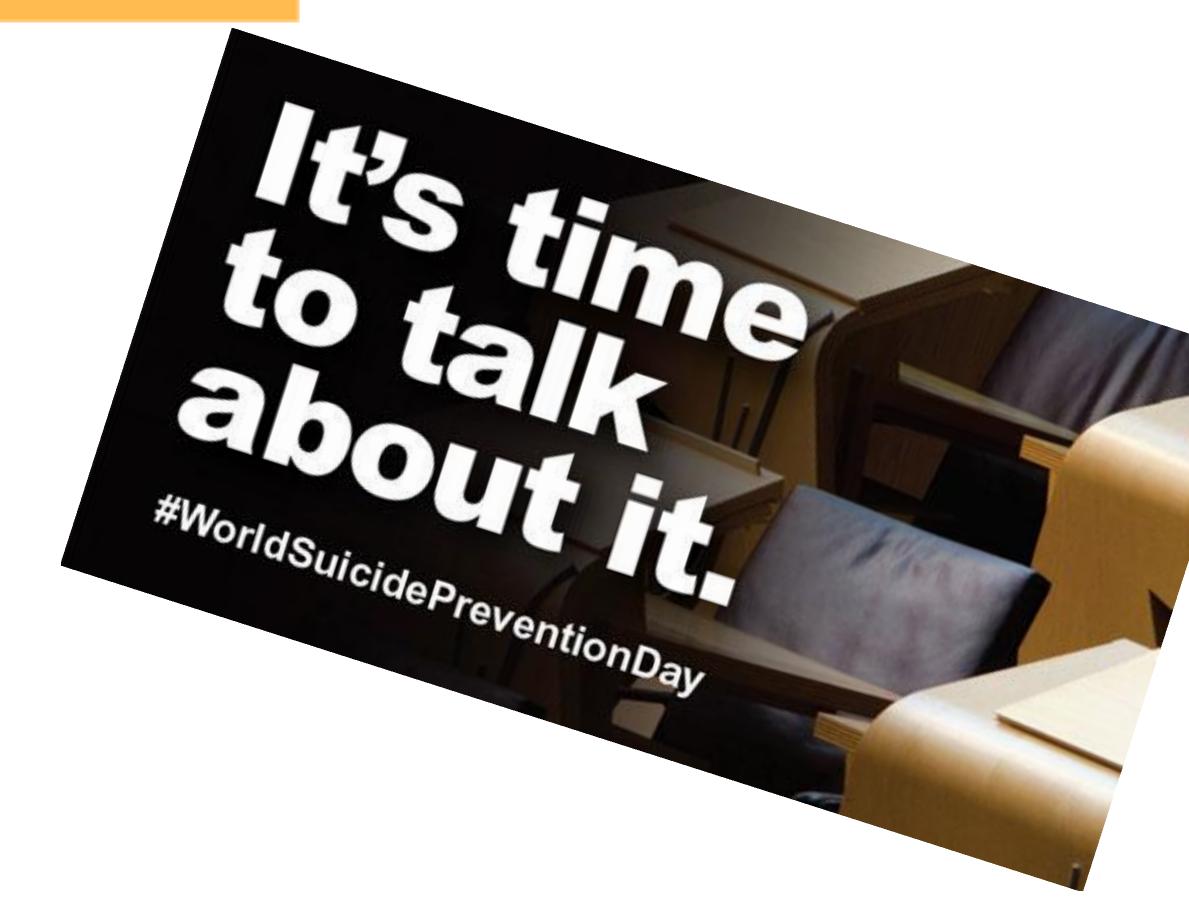
#timetotalk



No one should have to struggle alone with suicidal thoughts.

Talking about suicide saves lives.





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### SYSTEMS DESIGNED TO EXCLUDE

- Gatekeeping/ protecting beds
- Wrong diagnosis
- Too much risk/not enough risk
- No alcohol or drugs
- Psychiatric assessment units

#### HOW TO REDUCE SUICIDES IN SERVICES

- Make sure suicidal people are kept out of services
  - > Rely on false predictions of risk
  - Misuse the concept of mental capacity
  - > Engage in positive risk-taking
  - > Blame the patient ("you need to take responsibility...")
  - > Dress it up as compassion ("we're not the right service...")

### LANGUAGE OF EXCLUSION

- Risk 'low risk' 'no plans or intent' 'impulsive' 'fleeting'
- Pejorative 'manipulative' 'behavioural'
- Legal illiteracy 'has capacity'

### THE RESULT

- Poor care
- Exclusion
- Outright harm
- Mutual mistrust
- Perverse distribution of risk
- Static suicide rate

## "Make the care of the patient your first concern"

**GMC, GOOD MEDICAL PRACTICE 2019** 

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### MORAL INJURY

### Working in healthcare right now means being asked to do the impossible—then being abandoned to our inevitable failure

The single worst stressor on healthcare workers is the gap between what their patients need and what they can deliver. The covid-19 pandemic is making this divide wider than ever, writes Esther Choo

Esther Choo emergency physician

### WHAT ELSE MIGHT BE GOING ON?

- Capacity to justify inaction
- Bogus concern for autonomy
- Dislike of patients/ behaviour
- Fear of indirect harm
- Resolving cognitive dissonance
- Who are we trying to keep safe?

### Pluralistic Ignorance



### DOESIT WORK?

False reassurance Nasty shock when it all goes wrong Organisational messaging Intensified mistrust & paranoia

### CANTHINGS IMPROVE?

- Honesty
- Co-production not tokenism
- Collaboration with third sector
- REFUSE TO BE COMPLICIT