

**12. Social Affairs Policy Review Committee –
Second Report 2020-21: Mental health and suicide follow-up report –
Amended motion carried**

The Chairman of the Social Affairs Policy Review Committee (Ms Edge) to move:

That the Second Report of the Social Affairs Policy Review Committee for the Session 2020-21 Mental health and suicide follow-up report [[PP No 2021/0127](#)] be received and that the following recommendations be approved:

Recommendation 1

That Tynwald is of the opinion that mental health is everyone's business; and notes that pressures on the mental health of the Island, which were already severe, have been made worse by the pandemic.

Recommendation 2

That the Department of Health and Social Care, working with Manx Care, should ensure that awareness of mental health issues is raised and that clear information is provided to the public on how to seek help.

Recommendation 3

That the stepped care model of mental health support should be adequately resourced at every level, with pathways allowing service users to step up and down according to their need; and that this should be a high priority for the Department of Health and Social Care and Manx Care.

Recommendation 4

That resources must be found as a matter of urgency to implement in full the Tynwald resolutions of January 2019 and February 2020 relating to mental health and suicide.

[[GD No 2021/0057](#)] is relevant to this Item.

The President: We move to Item 12, Social Affairs Policy Review Committee and I call upon the Chairman of that Committee, Ms Edge.

650 **The Chairman of the Social Affairs Policy Review Committee (Ms Edge):** Thank you, Mr President.

Mental health and suicide have been a focus of concern for the Social Affairs Policy Review Committee throughout the present administration. In fact the our interest goes back further, to May 2015, when Mr David Cretney was first elected to the Committee. In 2018 we produced a major report on mental health; and in 2019 a major report on suicide. Our 2018 report was
655 debated in January 2019; and the 2019 report in January and February 2020.

In March 2020, of course, the Island was hit by the COVID-19 pandemic. The pandemic affected everything and it obviously put a lot of pressure on the Department of Health and Social Care, and on the Public Health Director at that time. It put a lot of pressure on everybody's mental health.

660 In the Social Affairs Policy Review Committee it was natural for us to look at this again at what has been happening with mental health services and with suicide prevention. I would like to thank the Council of Ministers for the information they have provided in their response to our Report. Their response shows that work has been ongoing. The response also says that the Council of Ministers are going to propose an amendment to the effect that Tynwald should note that work.
665 If such an amendment is moved, I will not oppose it.

Mr President, there is always more we can do. The issue of mental health has been outlined by the Chief Constable. Regrettably the Director of Public Health, due to the pandemic, has not

reported since 2019, but when she next reports following a recommendation from the Committee it should include suicide statistics and the public health view on that.

670 Our recommendation 3 is:

That the stepped care model of mental health support should be adequately resourced at every level ...

The Council of Ministers' response says they accept this, and they say that Manx Care is in the process of developing a pathway. But, Mr President, we have heard it all before. This response document does not give any commitment to publish waiting times; it does not give any commitment to introduce *capacity* legislation; it does not give any commitment on support for carers. All of these are things that Tynwald resolved should happen, back in January 2019, when our first report was debated – long before anyone had ever heard of COVID.

675 Well, Mr President, maybe there is not much that this Health and Social Care Minister can do about it now, in the last days of this administration. But I hope Tynwald will unanimously support the motion on the Order Paper today, so that we can send a clear signal to the people outside this Hon Court, and to the next administration, that mental health is everyone's business.

This Hon. Court needs to support action, not words. I sincerely hope that the work continues for all, as early intervention and support is key for recovery for individuals and supporting their families, and as pathways for all on a road to recovery, and a future for all.

680 Thank you, Mr President. I beg to move.

685 **The President:** I call upon Mr Perkins.

Mr Perkins: Thank you, Mr President.
I beg to second and reserve my remarks.

690 **The President:** I call upon Mr Harmer.

The Minister for Policy and Reform (Mr Harmer): Thank you, Mr President.

695 Both mental health and suicide are topics of considerable importance. None more so than in recent times during which our Island has come through the trials of the coronavirus pandemic. Economic and social pressures, isolation and not seeing loved ones for extended periods are but a few examples of the tests faced by many over the past months. Recognising the scale and scope of these challenges, Government has sought to contribute to destigmatising mental health and promote awareness. The successful 'Are you OK?' campaign promoted community wellness, wellbeing and resilience and signposted those in need towards support.

700 Overcoming stigma is, however, only the beginning. Mr President, as Chair of the Council of Ministers' Social Policy and Children's Committee, I have welcomed the attention paid to matters of mental health and in particular suicide prevention. The Public Health Directorate have taken the lead in co-ordinating suicide prevention efforts on the Island. The first element is understanding the profile of suicide locally, not the overall rates, but also who are the risk groups? What are the methods used? Are there commonalities between cases? What are the individual contexts? It is this intelligence that identifies opportunities for intervention.

705 Suicide is complex. There is usually a string of contributing factors spread throughout an individual's life. For suicide prevention to be successful, interventions need to be equally as extensive and can only be achieved by strong partnerships.

710 **Mr Henderson:** Eaghtyrane, could I raise a point of order, please? A positive one.

Could I ask the Minister if he could remove his mask? I can hear you, sir, but the clarity is gone I am afraid.

715 **Mr Harmer:** Apologies, I will remove my mask, it did not work. Apologies.

720 This is why I welcome the establishment of a multi-agency, multi-sector suicide prevention group. This group, chaired by the Director of Public Health, has the aim of reducing the rate of suicide and self-harm within the Island. Whilst it is true to say the activities of the group have been affected by the demands of the pandemic, the immediate response to suspected suicides has not. The Suspected Suicide Rapid Response urgently reviews self-inflicted sudden deaths for emerging themes and possible links with other suicides, and plan support for those bereaved. Other initiatives include a comprehensive suicide audit to provide further local intelligence.

725 The Island's Public Health Directorate has also forged links with peer expert groups for shared learning such as the UK National Suicide Prevention Alliance and Zero Suicide Alliance. From 2021 to 2022 it is intended to publish a suicide prevention five-year strategy for the Island accompanied by a suicide prevention action plan. This will include a target ambition for suicide prevention with the intermediate goals and breakdown of the steps needed to achieve them. It will include developing community resilience, workforce awareness and training, safer care and improved mental wellbeing in high-risk groups. This will be supported by an expanded dataset capable of better understanding the risks but also valuing the progress of the strategy. Much has been achieved, but there is still much to do and it is essential this work is given a firm footing to continue.

735 Mr President, as Chair of the Council of Ministers' Social Policy and Children's Committee and on their behalf, I beg to move the circulated amendment to recommendation 4 standing in my name, which builds upon the original recommendation and adds a line in recognising the existing work under way and a commitment to work together on future delivery and outcomes:

To add at the end of Recommendation 4 the words:

' , noting existing work underway and a commitment of the Council of Ministers to work together on future delivery and outcomes.'

740 In closing, Mr President, the Council of Ministers keenly recognise the importance of these areas for the Island's wellbeing and agreeing with the spirit of the Committee's finding recognises that whilst work has clearly commenced, more can and should be continue to be done, with a continued focus on outcomes.

745 Just to highlight that, I would like to again thank the Committee for their Report. This is incredibly important, more deaths ... We have often been focused on coronavirus, but suicide and the issues of mental health are now one of, if not *the*, biggest issue. I know from the Sub-Committee for Legislation Capacity we are drawing up a list that I hope will help the next administration, but capacity is right there at the top. Again, I would like to thank the Committee for their work.

Thank you, Mr President.

750 **The President:** I call upon Mr Ashford.

The Minister for Health and Social Care (Mr Ashford): Thank you, Mr President.

755 I am happy to rise to second the amendment by the Hon. Member for Peel and Glenfaba, the Minister for Policy and Reform. Obviously, I am not going to repeat all of the remarks that the Minister has made there, that he made very eloquently, simply to say that I welcome the Committee's Report. In terms of the Chairman's opening remarks she mentioned there, quite rightly, that obviously the focus over the last year and a bit and everything we hear about is COVID, but there are other things that have been going on as well, and mental health and suicide is one of the most serious issues that needs to be addressed as a matter of urgency.

760 The worldwide pandemic of COVID is going to leave, as its legacy, a lot of mental health issues to be addressed, and we have to tackle that head on and get the support structures in place that we are ahead of this, that we are not behind it.

765 In terms of waiting times, I am happy to put on record and on *Hansard* again that in terms of
publication of waiting times this is already being worked on, Mr President, and this is already part
of the suite of KPIs that Manx Care is looking to develop to publish across all of our health services,
and that includes Mental Health. So there *is* a firm commitment to waiting times being published.
In relation to capacity legislation, capacity legislation is a priority. It has been a priority for quite a
long time as far as I am concerned, but it has been laid out to Hon. Members, the timescales we
770 are working to; and on the timescales we currently have, capacity legislation will actually be one
of the first pieces of legislation back before the newly assembled House of Keys and Legislative
Council when the next administration is formed.

So there is a *very* firm commitment in both of those cases to deliver on that. But, as I say,
mental health is going to be one of the most fundamental challenges, I think, in the coming five
775 to 10 years and we must not lose sight of that. So while everything may be talked about being
COVID, the rest of the world is carrying on as well with the challenges that we face. Mental health
and suicide is an exceptionally important topic, and can I take the opportunity to thank the
Committee for the very diligent work they have done in this area.

The President: I call upon Mrs Christian.

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Mrs Christian: Thank you, Mr President.

I would also like to thank the Committee for their work, it is a really incredible piece of work
and I am really excited, hopefully, to see this develop over the next 10 years, as the Minister said.

785 The Minister is absolutely correct: mental health is really going to be prolific. We spoke
yesterday about business support, and I am not harping on about that again, but that is absolutely
affecting the mental health of a greater wider public – stress of money – it is all part of this holistic
effect of mental health that COVID is having an effect on people.

790 Since being elected last year, in August, I have come to know a family who are my constituents
and who have suffered the worst effect from mental health difficulties that any one family could
endure. Prior to this sitting, I have submitted a letter to all Hon. Members a letter from Ann Glover
who has given me full permission to speak her name here today, and her family members will be
referred to by their relationship to Ann, the letter writer.

795 Ann's eldest son suffered with multiple and complex mental health difficulties from 2005 to
2015. He suffered from depression, anxiety, anxiety with depression, agoraphobia with panic
attacks and bipolar affective disorder. During this time he continually got worse. Ann's son,
tragically, took his own life on Thursday, 16th May 2019. He was a bright and friendly young man
revered and loved by all, especially in the local football community. Friends called him a legend,
and you would find it hard to find a nicer lad. He adored his three children; and, particularly, his
younger brother who he had an unbelievable bond with. Ann described in her letter that there
800 has been no support for his children since he died, and no follow-up intervention or support for
her. Furthermore the effect of his death has had a huge impact on his brother, such that he has
also attempted to take his own life five times now, and recently just last week.

805 In the inquest the independent consultant forensic psychiatrist referred to a number of red
flags which were not picked up, and that no formal diagnosis of Ann's son's mental condition was
ever made which, together with an unreturned call from his brother to the Crisis Team for help
just three weeks before he died, meant that opportunities were missed. It was accepted in this
inquest that this was an error, and potentially a serious one. An internal investigation into the lack
of response to the call revealed that the call should have been entered in the CRHTT diary, on the
whiteboard on the wall, as well as in the paper diary. But this was not done.

810 Procedural changes *were* made to ensure such an error in communication does not occur
again. However, Ann's belief that these changes do not go far enough was reinforced in a
nightmare situation in March this year, when her younger son attempted suicide. On 16th March
Ann made that same call her younger son did, to advise a family member was in crisis. No one
called him back.

815 I personally advised the DHSC on 17th March that no one had called back her younger son. This was acknowledged by the Department. In the early hours of 18th March Ann's youngest son took an overdose and was admitted to hospital. It was *luck* that day that saved his life.

820 Recommendation number 4, that resources must be found as a matter of urgency, is highlighted by the experience of Ann Glover's family. The Crisis Team is overstretched and under-resourced, and it is our duty to put this right to help others in the future and avoid a traumatic series of errors. However, I wanted to take the recommendation further today so recommendation 5 is in front of you now. Ann does not want what happened to her family to happen to anyone else, and neither should we let that happen. This recommendation quite simply states: 'That Tynwald is of the opinion that more support should be provided for the immediate and long-term aftercare of family and relatives affected by attempted or completed suicide and evidence of this must be gathered to lay before Tynwald Court in July 2022.'

825 Continuing with the example of Ann's family, Ann herself has struggled with mental health issues – guilt, grief, PTSD ever since the tragic death of her eldest son. Her younger son is also struggling with significant mental health issues directly linked to the death of his brother. This is exemplified by his own numerous suicide attempts. Furthermore, Ann has grandchildren who are suffering in the aftermath of both the death of the eldest son and the attempted suicide of the younger son. Support options for Ann, her surviving son and the grandchildren are currently inadequate and simply do not go far enough to stop the cycle from continuing.

830 It was the opinion of the doctor for Ann's eldest son that he would have benefited from a more longitudinal, multidisciplinary and fully integrated management of his mental health difficulties; and in his opinion the Mental Health Service was inadequate. Ann's family and friends, like them, should also be able to benefit from this advice around the requirement for a more holistic treatment and aftercare. I would like to see a care plan for Ann's grandchildren, who are growing up fast. I want to see a long-term care plan for Ann's younger son, who is extremely affected by the death of his brother, and I want to see more support for Ann herself who is holding this family together with every fibre in her body.

845 It is only in doing so that we can learn lessons from the tragedy of suicides and attempted suicides, and prevent these horrendous and sad situations from creating long-term mental health impacts on family members who have to pick up the pieces. It is our duty here today to support, not only those who are driven to such actions, but also their family members. While I have talked at length about Ann and her family today, I thank them for allowing me to do so. There are many more families like this on our Island and for every completed suicide, or attempted suicide victim, there is a wider family network that is affected and needs support to achieve early intervention.

850 Recommendation 5 is for all of those families, not just Ann's. I hope that you will support these recommendations and the additional recommendation today, and we can show to this family and many other families that we *do* care, and that their mental health *is* urgent and that this Government and the next one will make these changes.

Thank you, Mr President. I beg to move the amendment in my name:

To add at the end the words:

'Recommendation 5

That Tynwald is of the opinion that more support should be provided for the immediate and long term aftercare of family and relatives affected by attempted or completed suicide; and that the Social Affairs Policy Review Committee should gather evidence from Manx Care and others on what progress has been made in this regard and lay a report before Tynwald by July 2022.'

A Member: Hear, hear.

855

The President: I call upon Mrs Corlett.

Mrs Corlett: Thank you, Mr President.

I beg to second the amendment proposed by Mrs Christian.

860 The number of suicides is at an all-time high, and that is what we see when we look at data: numbers. But this is not about numbers, it is about people. Every suicide is a tragedy that affects families and communities. It has long-lasting effects on the people left behind. The grief, the guilt is devastating for families, relatives, friends and work colleagues.

865 I have pushed within Mental Health for more support, for better information, for more understanding for families and loved ones. Some things have improved, but there is much more that needs to be done. I do have to make the point that this is not something that only involves Mental Health services. The Committee do recognise and accept that suicide and the prevention of suicide is multifaceted and requires collaboration and co-operation across Departments and agencies to help prevent suicide and to help those affected by suicide. Raising community awareness and breaking down the taboo is important if we are to make progress in preventing suicide.

870 Mr President, I feel it is now vitally important to include suicide prevention among our health priorities. Thank you very much.

875 **The President:** I call upon Mr Henderson.

Mr Henderson: Gura mie eu, Eaghtyrane.

880 I am quite astonished that the Hon. Member, who has just resumed her seat, has said that suicide should be a mental health priority. It should have been – no criticism to the Hon. Member – but I am just saying why wasn't it ever a priority, if that is the case?

Mrs Corlett: Mr President, could I just interject there, please?

885 **The President:** Yes, thank you.

Mrs Corlett: I did not say it should be a mental health priority. I said it should be a *health* priority. Sorry.

890 **Mr Henderson:** Fair dos. Gura mie eu, Eaghtyrane. I thank the Hon. Member for the clarification.

Well, why has it never been a health priority? That is the point I am saying, then. And that goes back and back.

895 I have listened to the Health Minister, Eaghtyrane, make a positive contribution to the debate in regard to seconding Mr Harmer's amendment but, like I have said before, for 23 years I have stood in this place and how many times have I heard that? No disrespect, Health Minister, jam tomorrow. The problem is that the Health Minister said that with all sincerity, which I truly believe he meant in an honest up-front way, but then going back to the Department ... And we are at the end of this administration now, where is it going to go and where is the money going to come from to support what the Health Minister has just said? Again, no disrespect to the Health Minister, I am just looking at the bottom line here – the reality of it when it plays out over the summer, when people have thought about it, and so on.

900 I have seen it so many times, Eaghtyrane, in the past, when we have had mental health debates, and when we have had debates about suicide.

905 **Mr Ashford:** Would the Hon. Member of Council give way for one moment?

The President: Yes.

910 **Mr Ashford:** Can I thank the Hon. Member of Council for giving way, and the Hon. Member who is now effectively the Father of the Court, I think, if I am correct.

I have seen many things come and go with the various administrations, and I am pretty certain he has heard this a thousand times before, but one of the key things this time off the back of the Sir Jonathan Michael Review and the creation of Manx Care, is that the work streams are already being embedded. So this is not a case of the Department pushing forward a load of work that suddenly is going to fall in the next administration, within Manx Care itself there are already work streams under way.

920 So in terms of online support for mental health, also working in the community itself, there are community work streams that are already being put into place. There is also around the 'Are you Well?' campaign that is up and running. So there are lots of work streams that are already advanced and, to be perfectly frank, those work streams will continue whether I am under the political bus in September or not. So I think that is very important to emphasise, because I think in the past – and I have been highly critical myself, as the Hon. Member knows, when I was a backbencher, in relation to mental health. And where I have always seen the failing I think is exactly the same as the Hon. Member of Council, that administrations come and go and each time it seems to be a blank sheet of paper again. Well, I think what is different this time is that Manx Care is a continuing organisation. (*Interjection*) Those work streams are there and it is important that those continue to drive forward.

I can certainly say for one, Mr President, that wherever I may be –

930 **Mr Henderson:** Minister, I have the floor. I think you have made your point ... I think the Minister has made his point, Eaghtyrane; and I thank you for the direction, before I lose the thread completely here.

935 I accept absolutely 100%, Minister, that you are sincere in what you say – Manx Care. But I am afraid I have seen, unfortunately, the jam tomorrow scenario too many times. So, if somebody centrally can give me some sort of commitment – the Hon. Member for South Douglas, who has resumed her seat, telling us the most harrowing of accounts – that absolutely there will be priorities and changes made. We will see.

940 Now, Eaghtyrane, I have seen what an underfunded mental health service is like, and I have seen it more extreme than anyone in this Court, to the point where there was an assessment done of the onsite facilities at Ballamona Hospital by a guy called Prof. Simes, and it will be on record. His bottom line was: 'This is the worst complex facility I have ever seen in the British Isles'; and that is how underfunded mental health was in the 1990s.

945 At that point, even moving *towards* the current day – I will put it carefully – it has been second best and has not been receiving the funding it should have recognised in the first place 30 to 40 years ago. I can bear total witness to that to the point where, even working on geriatric wards, we did not even have a lift or a hoist or any type of equipment to assist the staff. The funding was refused time and time again for *basics*, I am talking about.

950 So we are still in a position obviously now where, from the description of the Hon. Member, Mrs Christian, the system has failed there. That needs a *thorough* investigation in my view. It *might* have had, but I did not hear of anything in Mrs Christian's account, the Hon. Member for South Douglas, on that.

955 So I put it out there that there *has* to be, if there has not already been, a thorough review of what went on there. Absolutely there does. And we have heard of other issues in the same vein, so something is not right. Certainly there are resource issues at times, there is no question of that, and the Hon. Member, Mrs Christian has highlighted it, absolutely very brave to do so, and very brave of the family to put themselves forward in this fashion, and I am very grateful to them. I am very sorry for them as well.

960 However, Eaghtyrane, it always seems to me when we have mental health debates and debates on suicide, there always seems to be a shift of focus – it is Mental Health's problem. What is Mental Health going to do about it? What is the Health Service going to do about it? And in

reality what the Chair of the Committee said, 'It is an everybody problem' – that is exactly correct. It is all of our problems, all of our duty to keep an eye on our family, our friends, and so on, to a point that we can reasonably be expected to do so. We cannot just be all shipped to DHSC or Manx Care or whatever, there is a wider responsibility to be taken on here.

965 It is so easy at times, and I have seen it from the other side of the fence, something terrible happens in the community; and myself and colleagues in Mental Health, as was, have been the whipping posts for something that was *well* without our remit. So we have got to have a balance here. The terrible truth is, Eaghtyrane, that if somebody is intent and planning that the only way forward in their life that they can see is to end their own life, there is nothing you or I, or anyone
970 else, can actually do about that. It can be kept so well hidden that it is invisible and then events will unfold accordingly. *Very* unfortunately. So there are different aspects to this and we need to be careful how we manage it and we need to manage it sensitively.

But certainly, Eaghtyrane, we need to look at the services we provide, the resource issues, and learn from previous cases that have unfortunately gone before us. Certainly when I provided my
975 evidence to Mr Cretney's Committee and appeared before the Committee to provide further evidence and observations, it was quite clear that in certain areas yes, the finger could be pointed; but then again there were also clear signals that this kind of issue should be a public health issue if anything, a community issue, and a much broader conversation and education programme throughout our community to cover the subject to raise people's awareness and so on,
980 Eaghtyrane.

But I congratulate the Committee on what they have done and continue to highlight this and put it on a footing where it is today so that it can be better considered.

The President: I call upon Loayreyder.
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The Speaker: Gura mie eu, Eaghtyrane.

Just a few points, really, largely focusing on recommendations 1 and 2, rather than the later recommendations.

I just wanted to look at this a little bit differently. The focus so far this morning on this debate
990 has been very much on suicide, which obviously we have heard of the tragedy of suicide and the failures of the service there, but I think we should look at the start of the mental health journey and not just at the end of the journey.

So, for example, the listening service in schools is overwhelmed. At the Southern Healthcare
995 Committee, a charity that I chair, in which Members of Tynwald and local authorities in the south of the Island are members, we are funding an enhancement from September for the sixth formers, and it is disappointing that it is having to take charitable funding to do that rather than for it to be provided as part of the support to students in secondary schools. We have also offered to fund mental health awareness training for pupils and parents, and again we had hoped for a wider support for this community initiative.

1000 Members of Tynwald have had the opportunity to undertake a two-day mental health first aid course, with the fantastic Steve Hobbs of Shine, and I hope that the benefit has been seen, not just within this Court, but wider than this. I know that things are in train to ensure that this training will be offered to new Members when they come in here in order to better support constituents because not all of us have had mental health training before coming into this Court, and being
1005 able to at least signpost and help constructively is, I think, something that is becoming an increasing demand on Members of the House of Keys and, of course, Members of Legislative Council, but principally through the constituency work of MHKs.

So I would like to see, now more than ever, more Government support across the community
1010 to help public self-care in mental health in terms of self-recognition of mental health issues, self-understanding and also knowing where people can go for help. Mental health awareness is effectively a public health issue. It is every bit like washing your hands or brushing your teeth. We

all need to know these fundamental basics in order to be able to deal with this thing right at the grassroots level, not just when the system has already missed a few people as it has gone through.

1015 I am worrying that we are falling into the same trap as we had for many years fallen into with physical health, that we focus only at the last end of this, not at the start. The equivalent would be, we have always had a well kitted out Accident and Emergency Department at Noble's Hospital and we have had a well kitted out mental health facility, firstly, at Ballamona and latterly at Grianagh Court, but actually what we have realised in health now is that low-level, persistent awareness-raising self-help, self-awareness and community-based preventative measures are
1020 what is going to solve a lot of our problems in the health environment. What we have not yet seen is that translate in the mental health environment, and I think that is going to take co-ordination from education in schools in terms of health and in terms of public health to put these pieces together to make sure that at the public health level, in terms of every man, woman and child on this Island needs to know enough about their own mental health, have that self-awareness, have
1025 the ability to recognise it in themselves and others and have just enough knowledge and experience to signpost and help people at that first instance, and that is where I think the focus of this debate may have got lost.

I do not decry the focus on suicide, and I am certainly more than happy to support Mrs Christian's motion, because it is absolutely essential for those who the system has repeatedly
1030 failed, but we need to get at people a lot before then. People need to know *themselves* that they need to get into the system a lot before then, and that is where I think we as a community are letting people down. And that is the challenge that I again want to put back to Ministers who, thanks to Mrs Christian putting her amendment, have now got the opportunity to respond and speak to that amendment, but I would also hope that in doing so, they might in passing deal with
1035 some of the issues that I have raised here about merely making sure that when it talks about this being *everyone's* problem, this really is. Not just in here, not just in Government, but this is *everyone's* problem.

Thank you, Mr President.

1040 **The President:** I call upon Mr Peake.

Mr Peake: Thank you very much, Mr President.

I am very grateful for the Committee to take the time and effort to actually interview a vast array of people in this sector. I think they have gone about their duty in a diligent way and they
1045 have made some great recommendations. The Report is good and it is about opportunity, it is about looking forward, it is about leadership and it is about having some principles.

I think, as the Lord Bishop mentioned yesterday in another debate about the language in there, where I am heartened is there is a lot of language in the recommendations about working together. Now that is not an easy thing to do. It is an easy thing to say, but it is not an easy thing
1050 to do, but where there is a will there is a way.

I think what I am seeing in a charity that I do work with is there is a change now. There is a change in public attitude, there is a change that actually people do want to support people who are struggling a bit or struggling a lot.

So the barriers are coming down now, and I am heartened that some of the executives in the newly formed Manx Care are stating that they are going to reach out and they are going to find
1055 out at the grass-roots level who knows what, who knows who, and I can confirm that they have taken the time and effort to actually come down to the charity and actually meet people and talk about that. So I am heartened by that, and I think what the Committee has done is to really show a way forward, so I am happy to support recommendation 1 because it is everybody's business, you are absolutely right. I think that is a good way of doing it. We have got this change in public
1060 attitude and we can bring about that understanding that mental health is what we want to aspire to, good mental health, and sometimes when we suffer from some mental illness we can then have some support, easily accessible support in the community.

1065 As I say, recommendation 2 talks about Manx Care working together, and I do see that as an opportunity of them working with that third sector together.

1070 In recommendation 3 we talk about resourcing at every level. It is not just about money though, it is not, because we have all got the opportunity, we have all been given by the Manx public an opportunity to actually use our positions here to take some interest and to use some of the valuable time we have got to actually share that time with people and to help bring some organisations and people together that have fallen out of trust, perhaps, with the Departments and with Government, because they do see that as part of the problem, and we have that opportunity to invest some of that time to listen and to bring those two stakeholders together. So I do see that as being very important, even more important than actually money.

1075 Finally, recommendation 4, I am happy for the amendment brought through by Minister Harmer. I think that does bring in the Council of Ministers, if you like, and it is a great opportunity then to stop doing *to* and again to start doing *with*, so I am really very comfortable with all of that.

1080 Recommendation 5, that has just appeared today, it does not sort of fit, in my opinion, with what the Committee has tried to set out and what they have tried to do, for all the best intentions. It feels like a motion to me, or it feels like something that is sort of operational on Manx Care and, with all best intentions, it just seems to be bolted on, but does not quite fit in that balance, so I was interested to hear the Speaker's comments that he would support that. I just think it would be better placed somewhere else. I have not got all the answers, but it seems to be out of kilter with the rest of the Report and recommendations.

1085 Thank you, Mr President.

The President: I call upon Mr Quine.

Mr Quine: Thank you, Mr President.

1090 I would like to publicly thank my hon. friend and colleague, Mrs Christian, for the tireless work she has undertaken to address the issues which have understandably distressed Mrs Glover since the sad loss of her son.

1095 As the Hon. Member of Council, Mr Henderson, alluded to when he recently addressed the Hon. Court, he has been here for 23 years, both myself and Mrs Christian have only been here for a matter of months. However, all too often during that time we have been alerted to the despondency of people who have lost loved ones to suicide. The grief of Mrs Glover for the loss of her son and the void left in the lives of the children who have lost their father is something that can only be understood by those who have suffered such a tragedy. Mrs Glover effectively witnessed her son's death over a 10-year period. Her anger and contempt slowly gaining traction as one failing after another occurred until her son, sadly, took his own life. But then to compound that grief in such a way as to effectively cast the family and specifically her late son's three young children adrift is something which, when considered, must reflect badly on us as a society in general and upon those tasked with ensuring that adequate support is available. In particular, the red flags highlighted by the independent consultant psychiatrist at Mrs Glover's son's inquest are items upon which we should all take particular note. And that is in a large way why I so welcome this amendment, as put forward by Mrs Christian. None of this will bring Mrs Glover's beloved son back, but at least she may take some form of solace from this and know that future people will not have to bear the burden she has had to shoulder without the support and care such instances require, and that her slow walk towards some form of closure will not be taken alone.

1100 Thank you, Mr President.

1110 **The President:** Mrs Barber.

Mrs Barber: Thank you, Mr President.

1115 I have listened with interest to the comments made and I think there is a really important piece that plays really well with the recommendations of the Committee, and I do thank them for their

work, and that is about normalising the discussions about mental health. (A Member: Hear, hear.) About making sure we embed them in our education and in our curriculum so that we are talking from a young age about the importance of caring for your own mental health and recognising when either your own or others are potentially at risk, and I think that is something we must absolutely embed within our curriculums.

It is also imperative we train all professionals in recognising mental ill health and also being able to refer people to the right places at the right times. It cannot just be for medical professionals. This has to be across all of our systems, and we have to work to reduce stigma. We need to be able to talk openly about people's mental health. We need to be able to say when we are struggling with our own mental health and not just refer to it as, 'I am having a bad day, don't worry about it,' and almost dismissing it, because actually it furthers the situation. We cannot expect children when they are telling us things are not right ... the old adage of 'just man up', that does not work. It does not work! All it does is compound a problem and just store it up for a future time. That is incumbent on everyone, but we need to make sure it is embedded across all of our Departments.

For me, that is why the points that Mrs Corlett said are so vital, that this is a health priority, but actually this also crosses all Departments, this is multi-agency. We have seen that with the suicide surveillance group and the work that is going on, and that is a cross-departmental group and that draws within public health. There is a big focus on public health within this, which is absolutely as it should be. This cannot be any one area in isolation, because things that are affecting people's mental health are things such as physical health, criminality, housing benefits, educational attainment, they can both affect your mental health but they can be affected by your mental health. It is imperative that every single Department thinks about this in all the considerations and policies that are being made to make sure that we are truly putting this at the heart, because it is absolutely right, and the Department are more than happy to support Mrs Christian's amendment. I take the comments Mr Peake said and I understand where he is coming from, but actually we have an opportunity to address this within this motion now and it would seem a shame not to do that.

I believe that we do not want to get to the point where people are attempting or completing suicide, but we do need to address it when that does happen. We need to absolutely front-load the system; we need to make sure we are working on supporting people, as I say, both to understand mental health, to talk about mental health and to know where to send people to get the right support for their mental health at the right time, so I will be supporting all of the recommendations and the amendments as tabled.

Thank you very much, Mr President.

The President: I call upon the Hon. Member, Mr Robertshaw.

Mr Robertshaw: Thank you, Mr President.

I welcome the Report from the Committee, an excellent Report, along with the amendment in the name of Mr Harmer. I will support Mrs Christian's amendment, with reservations. This is the right place, as so eloquently put by Mrs Christian, to express emotion and passion, that is part of our duty and our job, but I want us just to step back a little bit.

We formed Manx Care for some very particular reasons, and it was to give space, light and oxygen for our medical and mental health services to form first-class policy and to have reporting systems from them to go to the Department and then up to us. Historically, the problem has been we have surged in with reactions to things that are not right. We have never created, previously to now, the space for our medical and mental health professionals to deliver formed strategy that delivers good services that can be measured and, because of all of that, that is why Mrs Christian is speaking now because, as we heard from other speakers, this is the end of a long multi-year process where things have gone wrong.

1170 When I supported and was involved with Sir Jonathan Michael's tremendously good work, I always feared that there would be a totally understandable desire for us to surge back in to engage in issues where it looked as if we were not giving Manx Care the time and opportunity to come back to the Department and back to us with the right structured processes and with the right reporting systems. And so I will, of course, support the passion and the emotion behind the amendment and how sad it is to hear all of that, but it is that which we have to solve and we have to give space and time to Manx Care to do that. I think the Report helps guide that whole process.

1175 All I would say in conclusion is let's try and resist interfering. Let's give the space and the time necessary for us to be able to say in here, 'Yes, we now have good health and mental care systems and the right reporting systems to give us the confidence to know that that is the case.'

Thank you, Mr President.

The President: May I call upon the Chair to respond.

1180 **Ms Edge:** Thank you, Mr President, and I thank everybody who has contributed today.

It is quite clear that everybody is on board and that we do need to be better at providing support. I thank Minister Harmer for all of his words and fully support them, and it is good to hear that the multi-agency suicide prevention group is a priority and will be dealt with.

1185 The only area of concern, and it did concern me when this was launched, was the 'Are you OK?' campaign. Certainly from training I had when I was in a school environment from supporting people, it was the last words that you ever said to anybody who was suffering possible mental health concerns, and I just quickly looked up today and certainly there is evidence online it is the last words that some people want to hear when they are suffering because they feel they have to say they are okay, so I did have concerns around that campaign, even though I am sure it has had its successes.

1190 Obviously the Minister supports structures to get ahead and I am pleased to hear that waiting times will be published and a commitment to the capacity legislation. It is disappointing from this administration that we have not achieved that but obviously we are all aware of what got in the way.

1195 Mrs Christian, who has brought forward an amendment, the concerns outlined are real, and we do need to do better. Our report outlined concerns with responses from the Crisis Team, and it is not good enough. I am sure this will be a priority for Manx Care following today's debate, and I hope that the Minister ensures that the debate is highlighted to Manx Care.

1200 The seconder to the amendment and a new recommendation, Mrs Corlett, said it is important to include suicide prevention as a priority and I completely concur with those words.

Hon. Member of Council, Mr Henderson, has obviously clearly raised concerns that he has been listening to the same messages for over 20 years. It *is not* good enough. We do need to make sure that we are taking action and not just promises but commitment from all of us.

1205 Hon. Member for Rushen, Mr Watterson, said the start of the journey is key, and I completely agree with him. It starts in our schools and luckily the Committee does scrutinise Education as well as Health and as well as Home Affairs, and the Chief Constable has raised concerns. The journey starts in schools, and it is good to hear that the community is supporting a programme within the sixth form, but it needs to start earlier in Education and it needs to be picked up early to give all of the people the opportunity for a future and signposting is key, and we all in here need to understand the signposting and how we can help support people and make sure that signposting is there, available. People do not like leaflets now, they think it is online, everything is online, but if there is a leaflet produced with signposting for people that they can pick up *anywhere*, without actually having to ask for it, I think that would help support change.

1210 Hon. Member for Douglas North, Mr Peake; it is an opportunity and it is moving forward, and it was great to hear those words because we have had many opportunities obviously discussed in here, but it is the moving forward for people with issues that is key. It was good to hear him mention his charity, Quing, and that he has now been working in conjunction with Manx Care and

1220 hopefully form in trust with Government Departments and stakeholders to make sure that everybody who is interested in supporting people with any concerns, whether it be mental health or issues with addiction, etc. that we do that.

Mr Quine for Douglas Central fully supports his hon. colleague, Mrs Christian, and made some really valuable contributions.

1225 Mrs Barber I think hit the nail on the head that normalising discussion, the importance in education and the suggestion that it should be in the curriculum to remove the stigma, I think needs to be picked up, and those words are now clearly in *Hansard*. And again the signposting came up that every Department needs it at its heart.

1230 Mr Robertshaw's comments with regard to the amendment from Mrs Christian and his reservations, I do concur that Manx Care have been given a remit from this Court to go away and comments with regard to a strategy and direction rather than interfering, I do think is going to help resolve the issues.

1235 All Hon. Members know, obviously, that the Committee can only recommend and it is down to Departments to deliver that action. And that includes all Departments, not just the Departments that this Committee scrutinises. I do wonder going forward, although the Committee *has* brought Public Health into the Committee and heard from the Director of Public Health, should this be an annual occurrence for this Committee going forward, for the next administration, to be able to address the concerns from the Public Health report?

And with that, Mr President, I beg to move.

A Member: Hear, hear.

1240

The President: Now, Hon. Members, we come to voting on Item 12. The motion is set out on the Order Paper and to that motion you have two amendments. No motion has been made that the recommendations be voted separately; I will therefore treat the motion as a whole.

1245 I put first, the amendment in the name of Mr Harmer. All those in favour, please say aye; those against, please say no. The ayes have it. The ayes have it.

I now turn to the amendment in the name of Mrs Christian. All those in favour, please say aye; those against, please say no. The ayes have it. The ayes have it.

Finally, I put the motion as amended. All those in favour, please say aye; those against, please say no. The ayes have it. The ayes have it.