

Rose's mother's statement

Rose's death was a perfect storm of professional ignorance, indifference, arrogance incompetence and complacency. Despite 34 suicide attempts/ideations in 2.5 years and 18 visits to A&E in her last eight months, professionals all dismissed suicidality. Instead, they believed that they knew best and ignored Rose's desperation. This demonstrates a shocking lack of knowledge and understanding of suicide.

Rose was consistently clear that she self-medicated with alcohol and illegal drugs to help her cope with untreated trauma. Professionals - who failed to treat that trauma - chose to see it instead as a lifestyle choice and were so obsessed with blaming her that they were unable to see the full picture. The full picture was a tortured, terrified, traumatised, vulnerable, often psychotic young woman. Yet one social worker stated that being on the streets would encourage her to 'change her behaviour.' Another social worker even recommended eviction to hasten 'rock bottom'. You can't get more 'rock bottom' than dead.

This callous cruelty did nothing to help Rose, and exacerbated an already desperate situation. They only needed to look at her life to understand why she wanted to end it. That lack of compassion was evident in Rose's medical notes which are full of judgemental unkind comments. No wonder she didn't want to 'engage'. The police reports on retrieving her remains were easier to read as they were simply factual.

Rose's family was willing and able to be part of a team caring for her. Instead, the professionals chose to see us as adversaries rather than useful allies and all our efforts met with brick walls. There was no triangle of care, despite it being a statutory requirement.

We made increasingly frantic attempts to alert those who should have acted but didn't. The terror of knowing that her death was inevitable but no one cared will affect us forever. Saving evidence for Rose's inquest before she died is a situation no family should have to endure.

When there is a sudden death, the bereaved are often helped by knowing that those caring for their person did all they could. Rose's family does not have that comfort. Her death was totally predictable and could well have been preventable: we will never know, and we have to live with that for the rest of our lives.

The impact of Rose's death affects far more than her family and friends. Since her death, three of her friends attempted suicide and one of those completed suicide. This not only damages the lives of those immediately affected but costs the economy at least £1.7 million per suicide (*Department of Health and Social Care 2017*). It also traumatises those emergency workers who have to respond, and the services involved have to spend time and money on investigations. Would it not be better to train professionals to recognise suicidality and act when someone is so obviously suicidal?

I understand that SABP now has some suicide prevention training in progress. In Merseyside, everyone from the CEO to the cleaners undertake that training. I would like to see that in Surrey, with training a mandatory part of any staff induction process and annual training for those already in post. From my experience of dealing with

several hundred relatives bereaved by suicide, the weak link in prevention lies with health trusts and social services. That needs to change if further unnecessary deaths are to be avoided.