Our personal account of ideas on Suicide Prevention by David and Heather Roberts, which we hope will fulfil the last written wishes of our son Olly, 'to help others suffering like him'. He died by prescripticide (described as suicide) in 2012 aged 32. His death was totally avoidable and tragic, for various reasons which we explain below.

Firstly Olly died because of the neurological effects of RoAccutane isotretinoin, a drug regularly prescribed for the treatment of severe acne, but also a chemotherapy drug originally designed to shrink brain tumours.
According to MHRA's own figures, one person a month is dying by suicide following the use of this drug, ironically though, usually when the acne has cleared up, as acne is suggested by the makers of the drug as causing suicide. This drug is now being used for even mild cases of acne and the death rates by suicide are rising, the most recent reported to us happened in May this year. We have supported many bereaved families like ours.

Olly died because of AKATHISIA, a condition induced by prescribed drugs, which leads to such terrible inner restlessness of mind and body, that death can be felt by the sufferer as the only escape from the torture it causes. See www.MISSD.co for a clear explanation of this. In our opinion, AKATHISIA needs to be understood and watched for, as it is a main cause of suicide.

1. **Q: What would have helped Olly most before he died?**
   A: Had clinicians received any training at all in how to recognise an adverse event, ie the AKATHISIA reaction to prescribed drugs, and thus had this been diagnosed for Olly, that he was not suffering a mental illness but a mind-altering reaction to a prescribed medication, we feel sure he would not have died. Doctors seem to consider that a patient's (and family's) view of a drug's effects are just not trustable, they don't think that those of us on such drugs are able to distinguish between prescribed drug-induced suicidality and depression-linked suicidality. The lack of such training for doctors of course means that this problem is never going to be recognised.
   Most of the literature on these drugs is ghostwritten and there is no access to the data. So in these circumstances people effectively get poisoned and then trapped, because the literature denies that things can go wrong in treatment, as they did for our son.

2. **Q: What would have helped us most after we lost him?**
   A: Honesty by the NHS Health & Care Trust admitting the witnessed appalling callous, unenlightened and bullying treatment both he and we received in his last few months from one particular Worcester Home Treatment Team psychiatrist and his Care Co-ordinator Social Worker acting on this man's instructions. The psychiatrist would not listen when we tried to explain Olly's history of reaction to RoAccutane isotretinoin, and other drugs like Seroxat SSRI that had been prescribed for him, and worse than that, harangued and shamed him and his confided suicidal ideations in front of us and the Home Treatment team. We were afraid for our son's safety, witnessing the extraordinary behaviour of this psychiatrist, described by staff as 'confrontational', and after Olly's death we discovered that several staff had tried to whistleblow about this man's frightening and unconventional bullying methods but had been silenced. Although, after Olly's death, alongside a supportive clinician who helped us, we managed to meet the Trust CEO and discuss our concerns, we felt

that the whole episode was covered up and no lessons were learned from Olly's death. Even the GMC, to whom we complained, admitted that the psychiatrist's language could have been more empathetic but did not take him to task over stopping medications like venlafaxine cold turkey and then shouting at our son when he reported feeling even more suicidal. Instead he had removed all treatment from him, leaving us alone to care for a son who he himself said he expected would die by suicide. Occasional visits from the social worker, which were grudgingly offered, when we begged for some continuation of care, were callous and more than unhelpful. So much so that we noted in Olly's diary that he had another one scheduled in a day or so's time and he died just before it. We know that he dreaded these humiliating visits, in which the social worker would greet him when he opened his front door with 'Hello Olly, not dead yet then?' (witnessed by us) and after his one suicide attempt after being shamed by the psychiatrist in front of the Team, ' if you'd meant to kill yourself, you'd have cut an artery.' This in our view, is not suicide prevention, much more like driving someone over the edge.

3. **Q: What do we need to learn from these tragic experiences?**
   A: The current NHS model for prevention of suicide is not, in our opinion, fit for purpose. Until AKATHISIA is routinely understood, deaths like Olly's will continue. There is now an excellent charitable organisation in Gloucestershire called SUICIDE CRISIS which works on the front line with suicidal people and has not lost one since 2012, by employing compassion, careful listening, and where needed, good medical support. Often instead, prescribed drugs are the NHS's first resort offered to anyone in such distress. The question should be asked of the patient 'What has happened to you?' and time given to talk through their lives' problems with them to find hopeful solutions, not numbing them with mind-altering drugs which dull their senses and limit their ability to understand their situation and generate hope for a brighter future.

   For the 'bereaved by suicide' parents/carers, just being able to talk, if and when they are ready, to another understanding parent/carer can help. This helped us but it was a very private one-to-one thing.
   Also maybe to become part of a group of others who have experienced this, but who get together to do creative uplifting things, share good memories of their loved ones, but not to dwell on the horrors of the past. We are building the Creative Arts Centre that Olly started before he died, to facilitate this kind of service. Such places too as The Link Horticultural Therapy Centre in Powick, where we have run an Art Group for nearly 2 years, are helpful in providing community care and support.

References:
The Olly Roberts Charitable Trust – justgiving page

www.ollysfriendshipfoundation - Olly's story and that of 12 other families bereaved after taking RoAccutane isotretinoin

Suicide Crisis of Cheltenham
'Suicide Prevention Techniques, how a crisis service saves lives' by Joy Hibbins, ISBN 978-1-78592-549-8

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