



Survey Analysis:
Live tweeting Sasha Forster's inquest

Front and Back Cover Images: Photographs taken by Sasha Forster. She collected a sack of used ballet shoes from the English National Ballet, writing messages on them, and hanging them from a tree in her high street. Part art instillation, part provocation. Sasha achieved her aim of getting people to talk about the issues mentioned on them.

Sasha Forster



Sasha was born at home, two weeks later than expected, the most beautiful baby with intense blue eyes that would fix on you with an unwavering stare. Sasha was walking by about 9 months and chatted ten to the dozen. She had a lovely sunny nature, and even at an early age it was clear she was quite determined. Sasha loved playing... creating worlds with dolls and toys. She firmly believed her toys were alive and therefore should be treated with kindness. Clearing out months before she died she insisted her unwanted toys were sold to a kind person, who would love them properly.

Sasha hit life running. She skied, scuba-dived, rode, ran, shot, cycled, cooked and loved going away on holidays. She was much loved by all her family and very close to her elder sister, who loved Sasha dearly. Sasha was also a very good friend to many, including lots of very dear friends who she met during stays in hospital. Those friendships were tremendously important to Sasha and she often spoke about her friends with great affection.

Sasha's OCD emerged when she was tiny, 4 or 5 years old. She lived with it throughout her life and with the restrictions it put upon

her. It took a great deal of energy, focus and determination to keep on top of her OCD. Sasha enjoyed volunteering, including at an under 16s clubbing event, despite the challenge it presented her and her OCD. She enjoyed the vibe and the music. Her music taste was very broad, everything from Hollywood Undead, Eminem, Guns n Roses, to Taylor Swift and Skylar.

Sasha loved running and the sense of freedom it gave her. She got a thrill from going fast, whether head long down a ski slope or plummeting down rollercoasters. Sasha could run like the wind. Sasha was extremely competitive and enjoyed a good debate. She hated it when people tried to bamboozle her, and she certainly didn't suffer fools gladly. She loved butterflies, unicorns and bubbles. She believed you can't say 'bubbles' and be cross at the same time.

She loved socks, especially dinosaur socks, well written books and experimenting with her hair colours – platinum blonde, blue, pink, purple. She preferred black nail varnish with extra glitter on her middle finger and loved to be asked why, flipping the bird in response. Sasha also loved glitter because she believed that glitter makes people smile.

Sasha had several diagnoses including Obsessive-Compulsive Disorder and Post-Traumatic Stress disorder. She, and her family, believed she was Autistic but this diagnosis was only confirmed after her death. Sasha had a history of self-harm.

Sasha died, aged just 20, on 31 March 2017. She had been detained under the Mental Health Act and died after taking an overdose whilst on leave from a mental health hospital run by Surrey and Borders Partnership NHS Foundation Trust.

The jury at Sasha's inquest concluded that Sasha died by suicide after deliberate ingestion of a toxic drug. The coroner, David Reid, found many failings but ruled the evidence was unsafe to leave to the jury as causative or contributory factors to Sasha's death. He made three Prevention of Future Deaths reports.

Sasha's Inquest

In April and May 2019 I live-tweeted the inquest into the death of Sasha Forster. The funding to cover Sasha's inquest was part of an Ideas and Pioneers grant awarded to me by the Paul Hamlyn Foundation, to explore the impact and future business model of my open justice work from coronial courts.

Assistant Coroner David Reid sat with a jury for 15 days at Winchester Coroner's Court. There were 8 interested person's represented at Sasha's inquest. In addition to her family, there were three NHS Foundation Trusts, Surrey and Borders Partnership, Royal Surrey County Hospital, and Frimley Health, two police forces, Hampshire Constabulary and Surrey Police, and two private doctors Dr Deirdre Sills and Dr Stuti Hooda.

I had explicitly wished to try live-tweeting an inquest involving someone under the care of mental health services, to explore whether there was appetite and interest in live tweeting inquests other than those of learning disabled people. I am indebted to Sasha's family who allowed me to share Sasha's life and death with the world [@SashaInquest](https://twitter.com/SashaInquest).

After Sasha's inquest concluded I conducted an online survey to collect feedback, the responses provided are the subject of this report.

Survey information including responses received

A short survey was shared on social media following the conclusion of Sasha's inquest. It was hosted on the Survey Monkey platform and respondents were asked a number of questions about their experience following Sasha's inquest online. One limitation is that I wanted to keep the last word on the inquest account as the statement from Sasha's family, so I couldn't advertise the survey directly to followers there, so I shared it on my personal twitter account and asked people to share it widely.

104 people responded to the survey. Some questions allowed people to pick multiple options, resulting in a larger number of responses. Most questions included an opportunity for people to add comments if they wished.

Who responded

Over half of respondents reported that they were someone with mental ill-health (57%), approximately a third were a family member, advocate or close friend of someone with mental ill-health (34%) or a health and care professional (27%). Twelve respondents were autistic.

Familiarity with inquests

The vast majority of respondents had never attended an inquest in person themselves (72%), given evidence at an inquest (82%), worked (98%) or volunteered (99%) at an inquest. Only one respondent had been a court appointed expert, and three respondents had reported on an inquest for the media.

Engagement with live tweeted inquests

Perhaps unsurprisingly nearly everyone who responded had followed Sasha's inquest (91%) and over a third of respondents had followed previously live-tweeted inquests (35%).

Almost half of respondents reported that they had shared, retweeted or commented on tweets from Sasha's inquest (45%), the same number reported that they had never shared,

retweeted or commented on tweets from live-tweeted inquests. Just under a third of respondents said they had shared, retweeted and comments on previous live tweeted inquests (27%).

'Used the live tweeting to educate myself about the law and legal processes. To understand better how care for those with mental health problems and/or autism/learning disability goes wrong and how to make it better'.

In response to an option to identify that tweets had been used in education and training, 88% said they had never done so, 8% said they'd used tweets from previously live-tweeted inquests in this way, and 9% said they'd used tweets from Sasha's inquest in this way.

'I plan to refer to it in education and training when I am delivering training as a service user'.

Over half of respondents (52%) said they'd returned to tweets from Sasha's inquest after it was completed, 26% said they'd returned to tweets from previously live tweeted inquests and 35% said they had never returned to tweets after the inquests tweeting concluded.

'Although I haven't yet used Sasha's inquest tweets in education and training or returned to them after the inquest, I think I will do in future'.

One person commented that they had used the tweets from the inquest to raise concerns about services, as examples of how people labelled as having emotionally unstable personality disorder [EUPD] are treated:

'Sent links to tweets to managers at my trust to show attitudes about EUPD and support my concerns about how I'm being treated in my own care owing to professionals believing I have traits of EUPD. Discussed with other service users concerned about EUPD'.

Reasons for following inquests online

A number of options were available for people to choose, along with space for additional reasons to be given. More than one option could be chosen.

The primary reason chosen for following inquests online was for more information about the case (81%) and to develop understanding and knowledge (79%). Almost two thirds of respondents responded that they followed to bear witness (59%) and to show support to the family (57%). Not being able to attend in person was chosen as a reason by 17% of respondents, and to prepare for an upcoming inquest by 4%.

A number of themes were identified in other reasons given. To learn to advocate for oneself or others was a common reason given, for example:

'To find out how this happened so hopefully it can not happen again. If I understand I can help other people understand I suppose and stand up for myself if I was in hospital again'

and

'To learn about mistakes in health and social care in the hope I can prevent them happening to myself or friends or family'

and

'It's helped me personally in explaining some of my own concerns about my own care as a mental health service user and drawing from the tragic cases and how I wish to avoid that'

and

'Concerns about my own care and the treatment of people when professionals think EUPD applies. Wanting to understand how professionals think and their justifications for what seems to me frank cruelty. To some extent - validation of what so many service users say about how badly we are treated and the attitudes we face. The

ghastly testimony from Collette Griffin Chapman was so painful I couldn't read further for a while but it also showed what kind of attitudes so many of us have to deal with, the disbelief, the disregard, the ignorance'.

Support for campaigning and awareness raising was mentioned:

'For campaigning on wider mental health issues that the inquest drew attention to, e.g. in Sasha's case it drew attention to EUPD traits used as a proxy diagnosis, and this is especially relevant at a time that the next ICD11 manual will revise personality disorder diagnosis'.

Interest in (in)justice and platforming voices we don't often hear was mentioned a number of times, for example:

'You have given voice to the voiceless and I am so grateful for that'

and

'Specific interest in justice (or injustice) facing deaths in state custody/responsibility, particularly of the marginalised and those whose voices are delegitimised and are often smeared by the media'

and

'Inquests often give a voice to the voiceless, and as a nurse I feel it is important to listen and reflect on my own practice'

and

'It's important to support as there is a means of real transparency needed and that despite a judge's ruling, there is the necessary exposure of the multitude of failings and lack of preventative care and family support by commissioners, local authorities, charities and care providers'.

Service improvement or change was mentioned:

'My work is focused on systems change in health and social care services for people facing multiple disadvantage and the live tweets of the inquest were hugely helpful in helping understanding of the way systems do or don't work'.

The hope that what happened, and routinely happens, might be believed was also mentioned:

'I guess this is probably in 'bear witness' category, as someone who uses services nothing that came out is a shock. Having been abused and neglected and watching people I love being abused and neglected, sometimes to death, it was compelling to see it in words. Written by someone other than us. So it might be believed'.

Discussion of potential resources as a result of inquests

Respondents were asked to indicate how useful they would find a range of resources. Response options were don't know, would not use, somewhat useful or incredibly useful.

Blogs discussing an overview of the evidence were considered to be incredibly useful by 65% of respondents, and somewhat useful by 29%.

Blogs discussing specific elements of an inquest were considered to be incredibly useful by 60% of respondents, and somewhat useful by 31%.

Blogs providing commentary on evidence of multiple inquests were considered to be incredibly useful by 51% of respondents, and somewhat useful by 38%.

Tools and resources for education were considered incredibly useful by 55% of respondents, and somewhat useful by 35%.

A fully searchable archive was considered to be incredibly useful by 52% of respondents, and somewhat useful by 33%.

Open responses included a comment relating to timing of publication of blogs after conclusion of inquest; alternative options for presentation of original source material; a request for a brief summary of the case with links to more detailed information if wanted; a request for a tweet that would enable people to indicate their support for the bereaved family; questions about follow up, for example future steps towards justice, prevention of future death reports.

One respondent requested proactive outreach to families:

'Blogs are sometimes useful but there needs to be more awareness around the many individuals and families who are silenced and gagged by the courts. There needs to be a reaching out to them so they can have their voices heard in some way. Many cases do not even make it to the inquest arena when undoubtedly they should. How will they be heard?'

Other responses requested the situating of the inquest findings and coverage within wider context, for example:

'Journalism about the findings and how they relate to current poor practice going on in mental health services today. Prevention for these kind of cases where patients are neglected to death'

and

'The majority of inquests into young women with MH problems who've killed themselves involve those with the BPD label. Perhaps all such inquests collated could make a case for an inquiry into the treatment of people labelled BPD'.

Obscuring drug names

During the course of Sasha's inquest I received feedback about tweeting drug names. My judgement was questioned and, while done to ensure I did not filter or edit the information shared and to make reporting comprehensible, I felt that I had made the wrong decision. I therefore stopped sharing drug

names. I asked respondents whether they thought that drug names should have been obscured. 44% said yes, 33% no and 23% didn't know. A number of comments were made regarding my responsiveness to the request, such as:

'I file info like this away, never forget it, and then obsessively and dangerously research it when very unwell. (I can also feel desperate, angry and futile when info like this is withheld from me.) I completely understand your original motivation and intent. Thanks for being so responsive to feedback and willing to admit you may have made an error in judgment'

and

'This is a mistake that a lot of people make and it is very heartening to see that you've reflected and changed your view. It's a hard thing to understand if you haven't been suicidal but once you have, particularly for a long time or repeatedly you become alert to potential methods. Over many years of being intermittently suicidal I have learnt a lot about the methods including drug combinations and doses. Some of this I have deliberately sought out but other information I happened across while doing something else. This information then lodges in my brain to potentially be used at a later date'.

Others discussed the dangers of not redacting, such as:

'Personally I struggle with intrusive thoughts and when I found out one of the drugs was XXX I got really scared I would overdose on it (even though I don't want to, hence intrusive thoughts!) didn't even realise it was lethal. I know that's just one person but think this type of thing can be common with OCD etc and guess a lot of people reading will have mental health struggles. For chronically suicidal people also knowing that XXX and YYY is lethal is probably not that great'

and

'I thought waaayhay I don't know that X amount of Y could kill you. Or how to get it from private GPs. That's handy to know for personal purposes. So not good there. But then the type of medication maybe useful to see how risk was assessed etc. And I don't like redaction and secrecy as a matter of principle. I'd go for no. I followed the feedback you received during it and a concern was possible tyranny of the more vocal minority? Perhaps trigger warning or something similar?'

Other respondents expressed varying degrees of indifference of naming the drugs used, such as:

'It's relevant to the case so why not say?'

and

'An inquest of a suicide will always include detailed information about the processes of the death. I don't see how this can be obscured'.

Other respondents reported that obscuring drug names had made the inquest harder to follow:

'I'm not sure on what basis this was questioned, possibly because this may be triggering for some people. However, I found that it affected the clarity of the information reported. It made it difficult for me to make sense of some of the evidence'.

Another respondent raised a concern that an opportunity for positive impact may have been missed:

'I am really not sure on this one. Would not want the names, or information about drugs to be misused. Similarly, information could have a positive impact if the dangers of certain drugs were clear'.

One respondent expressed their disappointment in my choice to obscure drug names:

'I was disappointed you felt you had to do that, you were reporting live discussion, this wasn't the time for people on twitter to demand they were "protected". You're not responsible for how people feel about or what they do with info gathered from an inquest'.

I take my personal responsibility for not causing harm very seriously; I was grateful to the discussions I had in the first day of reporting and was not prepared to risk causing harm myself through the live tweeting process. I felt sick to the pit of my stomach when reading this response, and if I were to live-tweet an inquest into a suspected suicide again I feel sure I'd obscure certain details, for the following reason:

'Tough call. As is, there is nothing in your tweets that isn't available in other media. There are other stories of suicide where XXX was used. I wonder if having the whole thing live tweeted changed it though. I know for me, the process of watching it unfold eventually became traumatic and I became unhealthily fixated and flooded with traumatic memories. I can't explain this very well, but almost on autopilot I obtained (with extreme ease...) a large amount of XXX myself with a view to taking them. I didn't, I got rid to my care team. I just wonder if having all the detail made it more risky to also have knowledge of the drug. I can't imagine reading a brief media story where I am not so saturated with facts and history and clear examples of contempt and disdain from medics would have led me to consider trying the same approach. Well it is not something that has happened before. Apologies for long rambly answer I think it is complicated and I would worry about people with less support than me having a similar response'.

One respondent suggested that the names should be available on request, but I feel that would put more responsibility on myself to have to make a decision about whether to share with an individual.

Trigger warnings

Once I decided to obscure drug names I added a note to that effect that doubled as a trigger warning and pinned the tweet to the top of the twitter account. When asked whether a trigger warning was needed 103 people responded, 67% saying yes, 22% no and 11% didn't know.

Responses were very varied, such as:

'Mental health inquests can be incredibly triggering for people - a warning would be good so readers are aware'

and

'I have a significant trauma history and strongly dislike trigger warnings for reasons that are too complicated to explain here, but most people would want one, I imagine'

and

'It's an inquest into a young woman who killed herself. Of course it's upsetting. Of course you're going to read testimony from so called healthcare providers which infuriates and distresses. A trigger warning seems superfluous. It's a bit like picking up a copy of The Rape of Lucrece and being upset that it talks about a rape of a woman called Lucrece'

and

'The clue's in the name, a trigger warning is completely unnecessary unless you're pandering to people who can't or won't keep themselves "safe" whilst consuming news'.

This discussion of personal responsibility to keep oneself safe, and the responsibility that falls to me as someone broadcasting information, is relevant to the next discussion too.

Blocking accounts

During the course of the inquest someone contacted me requesting that I block their twitter account, in order to limit their chances of seeing the tweets. I asked whether I should advertise that I was happy to block accounts and received 104

responses, 63% said yes, 15% no and the remaining 22% don't know. This question generated a number of additional comments, some grateful and positive, such as:

'Suicidal brain will seek out information about suicidal methods. Hopeless brain will seek out confirmation of hopelessness. People who should not for their own health be reading the inquest tweets will be drawn back again and again to doing so, and blocking their accounts adds an extra step to make that harder'

and

'Definitely! I need to block things sometimes for the aforementioned intrusive thoughts. This is an awesome kind thing to do to people who can't always keep away from things'

and

'Although the reader does need to take some kind of responsibility. I know easier said than done in some cases. You have so much to think about given the very nature of what you are doing and you shouldn't have to have added pressures in making sure that every individual is catered for. Don't mean to be harsh but what you do is incredible and should be implemented without too many 'outside' influences'.

Other respondents considered that this was not my responsibility and questioned why people could not just block themselves, such as:

'I don't think that you should be responsible for doing this. It is an impossible thing to ask or expect someone to do'

and

'NO. Why would it be necessary for you to block their accounts? Surely people can opt to follow or not if they wish to? I assume they could also block you if they do not wish to see any of this information?'

and

'Are you blocking them rather than them you in case they later unblock, read and become more distressed? How much responsibility could this become and should it be your responsibility to bear? I don't know... I understand you are willing to do it, but I would probably be more inclined to regularly advertise/remind people of their right to block you rather than advertising your willingness to block them'.

Future inquests

Live tweeting Sasha's inquest raised a number of concerns about causing harm to people reading the tweets, in a way I had not previously considered. I'd often had concerns about frightening people who relied on services, or potentially over-exposing a bereaved family, or leaving witnesses feeling over-exposed, but on balance I don't think I'd ever considered that I might have been causing harm. Live tweeting Sasha's inquest led to me reflecting and asking myself a number of questions about potential negative side effects of my open justice work.

I was therefore pleasantly surprised to see 90% of respondents say that yes, future inquests of people using mental health services should be live tweeted, 3% said no and 7% didn't know. While there are a relatively small number of respondents (104), and most of those had chosen to follow Sasha's inquest, it reassured me somewhat given my concerns about causing harm. A large number of the comments that accompanied this question referred to its importance in providing transparency and recognition of experiences many face trying to access services, such as:

'It is important for people to see blow by blow accounts of the ways in which people living with serious mental illness who end up taking their own lives are treated by mental health professionals. This is particularly true of young women with personality disorder'

and

'Without this it ALL remains hidden. This level of transparency so important. I've sent on what you've done to senior MH clinicians and Ombudsman in the past. Don't want anyone in authority being able to say they didn't know'

and

'Yes, from my perspective, it is harrowing but also validating to see that the bad things that happen are roundly condemned by a wider audience who might not otherwise know these things do happen'

and

'All inquests where there has been systemic failings leading to a preventable death should be live tweeted. It's the only way we are getting to see the full depressing scale of the level of abuse and appalling services enforced on loved ones'

and

'Gives voice to the voiceless. The fact that so many people responded seeing parallels in their own or their family's care speaks volumes. Live tweeting allows specific details and aggressions of mental health professionals to be illuminated that might otherwise not be picked up on. These things are very familiar to those of us who use mental health services but not necessarily glaringly obvious to everyone'.

The potential for understanding wider system failings was also raised:

'Correlation of information from various inquests is beginning to show a pattern, particularly around diagnosis, attitudes and to me personally the familiar pattern of parent/patient blame and the he said she said scenario, the scrutiny is essential and needs to be in public domain'

and

'Funding for this is obviously problematic, so it is hard to say they SHOULD all be live tweeted, but there needs to be some way of making the inquest process much more accessible. Similarly, there needs to be an opportunity to follow certain themes across regions and nationally and live tweeting is a potential tool for this'.

One comment again highlighted the impact of the tweets:

'I do. But I also know there has been a lot of upset about. That is not a reason not to do it. The people I talk to, we have been good at supporting each other. I guess I think acute awareness is needed for how life and ongoing these issues are, that it is rare for someone to use mental health services and come out unharmed - even people who might have found help. There is a lot of trauma around this stuff. Twitter has felt very heavy and fragile during the inquest'.

Another highlighted the need for the live tweeter to be experienced:

'Obviously with everyone's permissions but it's got to be done by someone very experienced. To get it right takes a very special set of skills'.

One of the considerations for my future open justice work is whether to concentrate my live tweeting in one area, which to date has been inquests into the deaths of learning disabled and autistic people, or whether to open it up to other situations. One comment offered some advice on this dilemma:

'I think the need for opening up inquests to public scrutiny is probably greater for those involving learning disabled people. There are many failings and injustices in mental health services, but they are probably more visible. The deaths of so many learning disabled people are invisible and just 'accepted'. I think if you had to choose where to concentrate your efforts then tweeting the inquests of

learning disabled people might bring about more change. Just my thoughts. They are both important’.

A large number of comments in response to this question highlighted the need for family agreement of an inquest being live tweeted:

‘It’s important for people to see what goes on. As long as the family etc is happy then I say yes. YES it’s gonna be hard for some people to read but at the end of the day you can’t feel guilty or that you caused harm as long as it’s done with the measures said earlier because if you went down that line no one can ever report anything bad’
and

‘Yes, if it is what the person would have wanted (as far as we can ever be certain of that), and it is what their loved ones want. I find what is reported in the media about situations like these so stripped of detail and context as to feel near meaningless - it conveys so little of the profound injustice to those who do not have experience of it. Although the inquest system is limited and in many ways the clinicians' testimonies perpetuate the 'othering' and continue to frame Sasha's experience in quite perverse ways that do not always reveal themselves as such to those who don't know, it's still the best chance of some justice, however small, that's available. I have to believe the live-tweeting could be useful for research and change-making (ugh, optimistic, I know) in the future’.

I have never tweeted an inquest without explicit permission of, or invite from, the bereaved family. I also always recommend that they discuss their decision with their legal counsel in advance. I am very up-front about some of the potential over exposure or intrusion that they may experience. I am currently exploring family experiences as part of my Paul Hamlyn review and to my knowledge it is not a decision that families ever take lightly.

When I shared these survey findings with Sasha's mother, Angela, we discussed some of the content and the number of responses raising concern about consent. Angela has written a blog post explaining her thought processes that is available on my blog, but an extract of the family's decision making process is offered below:

'I thought about it for a long time. Sasha was an intensely private person, very reluctant to discuss personal matters and I thought she would be horrified by all the information about herself that would be placed in the public domain. And yet, she was a great champion of what was right, very vocal about issues that she felt needed to be exposed, she was writing a book about her experiences in the mental health system and she had huge admiration for people like Renee Yohe and Jamie Tworowski (Write Love on her Arms) Portia de Rossie (Unbearable Lightness) Susanna Kaysen (Girl Interrupted), all people who didn't hesitate to highlight the issues and their experiences.

After a long tussle, and discussions not only within our family but also with our legal team, we agreed. One of the most important points for all of us, was George's absolute impartiality, which we knew from past experience. Somehow it was vital that Sasha's inquest story was told without influence from either her family or the mental health professionals involved in her care'.

Concerns about the live tweets from Sasha's inquest

This open ended question resulted in 40 comments. I've tried to group them and share a flavour. The vast majority did not provide concerns, instead offering gratitude or highlighting the importance of Sasha's inquest being tweeted, such as:

'It was informative and factual. I encouraged colleagues to follow the inquest as I felt it was important to be aware of these things going on'

and

'I have had no concerns about your live tweets. My concerns lie solely with those that caused Sasha's cruel and unnecessary death. You are providing a vital resource for the service of justice and dignity. I am extremely grateful for the time and work you have put in to help people like myself understand why our friends keep on dying young'

and

'I don't have any concerns. Only gratitude for the transparency given. All too often the general public has no knowledge of these incidents. How else will public awareness be raised. The press are more and more restricted on what they can state at the level when it could have been prevented. It's important we see how there were lots of red flags and opportunities missed, just very tragic we don't get to find out until a death. The very least, they have not died in vain and gives a chance for reform and change'

and

'My hearts full of pain for both Sasha and her family. Devastated to learn there was so many failings in the system, there were times I wondered if the professionals even cared about her. Other than that, nothing wrong with the tweets, people can either read it or not'.

One comment addressed my motives for live tweeting:

'I didn't have any cos it was done for the right reasons not 'entertainment' or money'.

Another my bias:

'You are a biased and poor reporter. Your style is akin to Jeremy Kyle'.

One person raised concerns about the potential impact on those giving evidence:

'Only that the people giving evidence maybe subject to abuse online. This would not be helpful and may increase people's anxiety giving evidence, when I am sure it is already nerve wracking'.

To the best of my knowledge this did not happen in any way, certainly not that I saw and no-one raised concerns with me about it happening (although it would be outwith my control if it did).

A number of issues raised previously were also commented on, such as obscuring drug names, and consent of Sasha's family and concern for Sasha and them:

'I've said them in my comments to other questions. None of them to me outweigh the vitally important need to tweet inquests'.

Comprehension was raised as a concern by a small number of respondents, which included comments relating to one day when I was unable to tweet due to a prior commitment:

'Sometimes difficult to get a full picture from information given'
and

'I have followed every single tweet of Sasha's inquest and was "disappointed" when a couple of days were unable to be covered (no criticism at all, marvellous that it was tweeted)'
and

'With Twitter following the thread through a lot of information can be difficult especially if you have concentration problems. Information taken out of context can be misleading perhaps even unnecessarily. Someone I follow had to step away from Twitter altogether for the duration and I really missed them'.

The final concern was alluded to in the last response, but also addressed by others and that related to the impact on those following:

'I think my main concerns are not about the tweets in themselves, I broadly support this manner of reporting for a lot of reasons, my concerns are for not impact on people still struggling with the stuff coming out in the inquest'

and

'It was quite heavy going for someone suffering from mental health problems to follow. Summaries of points would therefore be helpful'

and

'It did make me very sad and angry and affected my mental health illness but it was my choice to follow and read all the tweets. I would like to thank you very much for live tweeting'

and

'It's traumatic to read, but that is why it needs to be done as a verbatim account. Not sensationalist commentary. Just bearing witness'.

Ideas to improve safety or experience of those reading live tweets

There were 39 responses to this question, many repeating issues and suggestions discussed previously such as blocking or muting, the use of trigger warnings, obscuring drug names. One comment highlighted the need to report verbatim, and how obscuring difficult content would be inappropriate:

'Apart from trigger warnings don't see how you can improve. It's a brutal brutal environment and the reality of what those left behind have to endure of the system needs exposing to be honest. The comments of professionals in evidence and from records are impossible to make safe. To do so would sanitize'.

One of the practical difficulties of requiring detailed trigger warnings is that I do not know in advance what will be discussed or said, so some of the suggestions would be hard, or impossible to implement, such as:

'Threads of tweets under a content warning describing the content vaguely'.

Likewise a suggestion to include a hashtag on every tweet would reduce my ability to keep up in court, and I'm unsure of the value given people can just block the account. It might be a useful way of discussion being curated, and blocked, from other accounts though.

Although other suggestions such as signposting to websites or helplines might be possible to enact. One suggestion could be useful for all those following live tweeted inquests:

'A blog post perhaps pinned to the top or occasionally tweeted that talks about the issues following an inquest can bring up, how it can be very distressing. And at the end of the blog post some suggestions e.g. take time out - you can come back and read when you are feeling more resilient, read it in small chunks, don't read at time of day when you don't have support around you either at home or online'.

One person suggested it might be useful to have a signpost to information on what an inquest is and what possible outcomes are; and another suggested including contact details for where people could make complaints about individuals or links to campaigns and petitions. Another person suggested using a hashtag on all tweets to enable people to block the hashtag.

A number of respondents felt that the responsibility for personal safety should be with the reader:

'Cannot think of any really. I think we all have to take responsibility for not exposing ourselves to material which impacts negatively on our mental health and know when to "switch off" as you would with the TV'

and

'Why do those reading need a safer experience??? If people do not want to see live tweets, then surely don't sign up for them or follow those who do the live tweeting? Why is there a need for live tweeting inquests? There should be an improvement of the safety and experience of the people who these inquests are about, whilst they are alive...BUT there is NOT! These live tweets is the ONLY way we see this!!'

and

'People can choose to ignore/mute/block legitimate reportage if they'd rather not know how mental health patients are treated. Those who do not want to understand injustice do not have the right to expect you to stop helping others understand injustice. Again, I wish to say thank you for helping myself and others better understand the legal, procedural and attitudinal realities that underpin our deaths and our inquests. You should know that you are helping us make better sense of our lives, and you give us hope that we are not alone'.

The importance of reporting verbatim was raised again:

'Very helpful that you reported verbatim the inquest without commentary and let it speak for itself'

Crowdfunding

The final question asked respondents whether they had contributed to crowdfunding live tweeted inquests. 16% had, 3% could not remember and 81% had not.

Any other thoughts

There were 41 responses to this open ended catch all question. A large number of responses referred to the value of highlighting system failings, such as:

'It's been hugely helpful to shine a spotlight on the treatment people experiencing severe mental distress have from so called professionals'

and

'I feel it is a real eye opener into the state of our mental health services, the disjointed systems were so apparent in this case, I really think it highlights the need for stand-alone emergency departments for mental health, the scale of the problem is huge, these cases should be brought before the government and an independent inquiry looking at all these deaths really is a matter of urgency'

and

'Really important. I hope this continues because so many things that came up in Sasha's case were very familiar to a lot of people. Hopefully this can bring attention to mistakes, wrong doings, deliberate or non-deliberate prejudices that people with mental illnesses face when dealing with health professionals.'

Others stressed the value of transparency and the hope that the detail shared would improve practice, such as:

'Transparency is key. I welcome this'

and

'Educational, reflective, thought-provoking, eye-opening, exposing, bringing people together to speak out about the systemic corruptness'

and

'I think it is vital. No one believes us. Tweeting the inquests show the world so much better than just a news article saying what the findings and recommendations are. I also think it is vital you tweet the names of the staff. People need to know. We need to be able to avoid them in our own care'

and

'Great idea - the less silence, the more will surely have to be done to improve support for those still living with mental health issues; we have to look at individual cases and see if there's anything we need to learn. Those we lose from our society matter, we must bear witness'.

Respondents raised a number of issues discussed previously, such as the value of the tweets for education and training or for one's own professional development. Concerns for Sasha's family and/or Sasha's personal preferences if raised in advance were also raised again:

'If the family find it distressing (or if the victim has previously stated that they do not wish for live tweeting to take place, then that ought to be respected. If there aren't objections from the family, or prior statements from the victim, in this regard, then tweeting the inquests is the right thing to do. Please know how much you have helped me make sense of the deaths of my friends'.

All the remaining responses were offering gratitude or acknowledgement of the value of having Sasha's inquest tweeted, such as:

'Very important for the public to know what happened to her. She seems like she was a beautiful person'
and

'We should see more of this for public record'
and

'Difficult but important task - thank you for doing it. Hope it helped the family to know that Sasha's story reached so many'
and

'Thank you for what you did. It was hard to read but needs to be said and heard'.

One of the respondents suggested the development of a wider network of live tweeters, something that will be considered as part of my wider Paul Hamlyn review:

'George Julian's work is groundbreaking. Not aware of anyone else doing this work. The skill, integrity and sheer determination is amazing. Could do with developing a group of people with these skills willing and able to tweet at inquests - however there would need to be funding and a framework for vetting/training and supporting people doing such important work'.

Conclusion

I'm very grateful to those respondents who provided feedback to the survey sent after Sasha's inquest. The contributions will feed into my wider Paul Hamlyn review, and will shape any future reporting I do from inquests into the death of people using mental health services.

I'll finish with a comment left on the 'any other thoughts' question. It was another that stopped me in my tracks.

'If I died by suicide I and my family would want you to live tweet. Can't say more than that. What a sad fucking statement that is'.

Dr George Julian
5 August 2020



STRENGTH