Revisiting the safety standard and equity principles

Sal Smith

Challenges that informed the work

- **So much is unsaid.** Do we know we are being risk assessed? Do clinicians really want to know how we feel? Is it actually done together?

- What is the function of the ward? **Who is being protected from risk?** Patient or organisation?

- **Which groups of patients get a shitter time of it?** Autism not being understood. Trauma being turned away from. Racism impacting risk assessment.

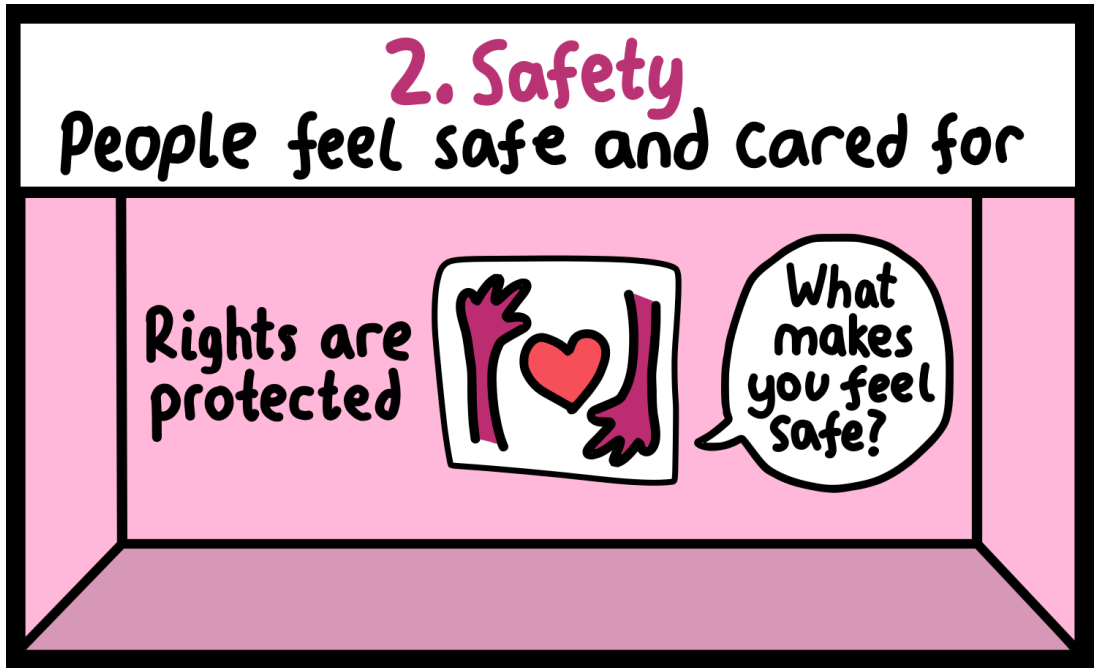
- **Lack of understanding or curiosity** about the relentlessness of living with suicidality, the reductive understanding of self harm and its function.

Challenges that informed the work

- The **stigma** within MH services around suicide and self harm.
- **Clinicians feeling scared** and not trained or supported to respond.
- The experience of being met with **cruelty** when in distress, criminalization. Positive risk taking being weaponized.
- The **impact of restrictive practice**....on patients, on staff, on relationships
- The ongoing threat of **new tools and products** that can ‘solve the issue’ but endanger our human rights.

2. Safety

- All people (patients, staff and visitors) feel safe on the ward
- We respect and protect people's civil and human rights
- Staff prioritise building therapeutic relationships to support patient safety
- People always receive a compassionate response when they feel unsafe
- The approach to safety is relational
- People's mental health and physical health needs are understood and met



Moving towards the vision?

- How close are we to that vision?
- What work has happened over the CofC programme that has brought us closer?
- What takes us further away?
- How might we sustain changes we have made?

Safety

Safety is not the absence of threat; it is the presence of connection

Gabor Mate