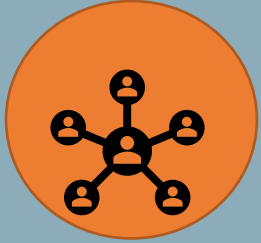


Stepping Back Safely

Working with carers to increase
long-term safety in adults with
chronic suicide risk

Deirdre Williams (Clinical Psychologist)
Catherine Phillips (Carers Lead and trainer)
Norfolk and Suffolk Foundation Trust

Aim of Session



To share the approach we have developed in NSFT to involve carers more closely when dealing with suicide risk in chronically suicidal service users



Provide a progress update



Q & A to gain some critical feedback and hear some new ideas for taking forward the next phase of our project

Why focus on carer engagement?



It might prevent suicides



National Evidence



Local Evidence

Additional reasons to effectively involve carers

- Carers bear the **emotional brunt** of responding to risk of suicidal loved ones – they deserve support from MH services
- They are often **left managing the risk alone** - out of hours or post discharge from acute ward setting
- **COVID19** has added to pressure on carers – access to support services for service user and carer has reduced
- **Conflict in approach** - Carers may be in conflict with MH services about approach taken

Our project – the context

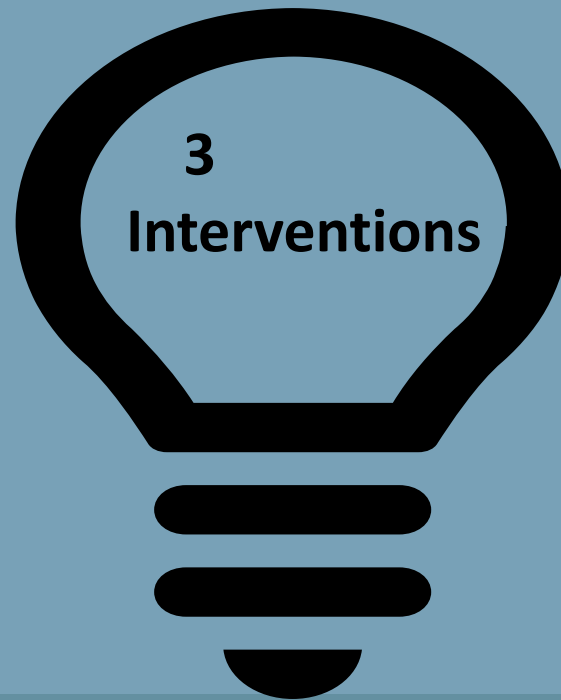
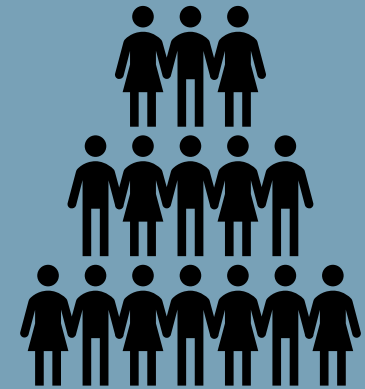
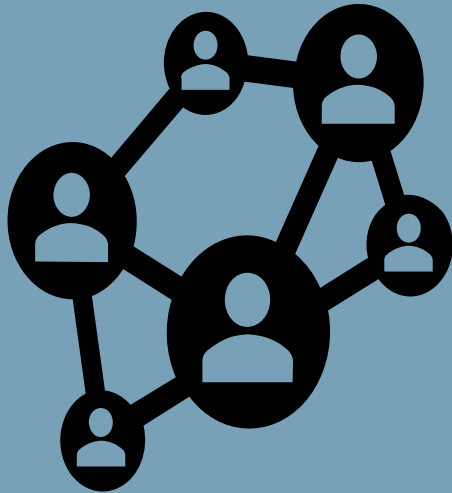
Based in Norfolk and Suffolk Foundation (mental health) Trust with some funding from DHSC Suicide Prevention. Norfolk was one of the areas nationally with higher than average suicide rates to receive this funding.

A pilot project was run for 18 months in one clinical area (Great Yarmouth and Waveney) which offers community and acute mental health services to 3900 adults.

This area was chosen as it had high levels of suicide, high levels of social deprivation, and a strained relationship between the trust and service user and carer advocacy groups.

It also had staff, service users and carers who were highly committed to service improvement.

Our project



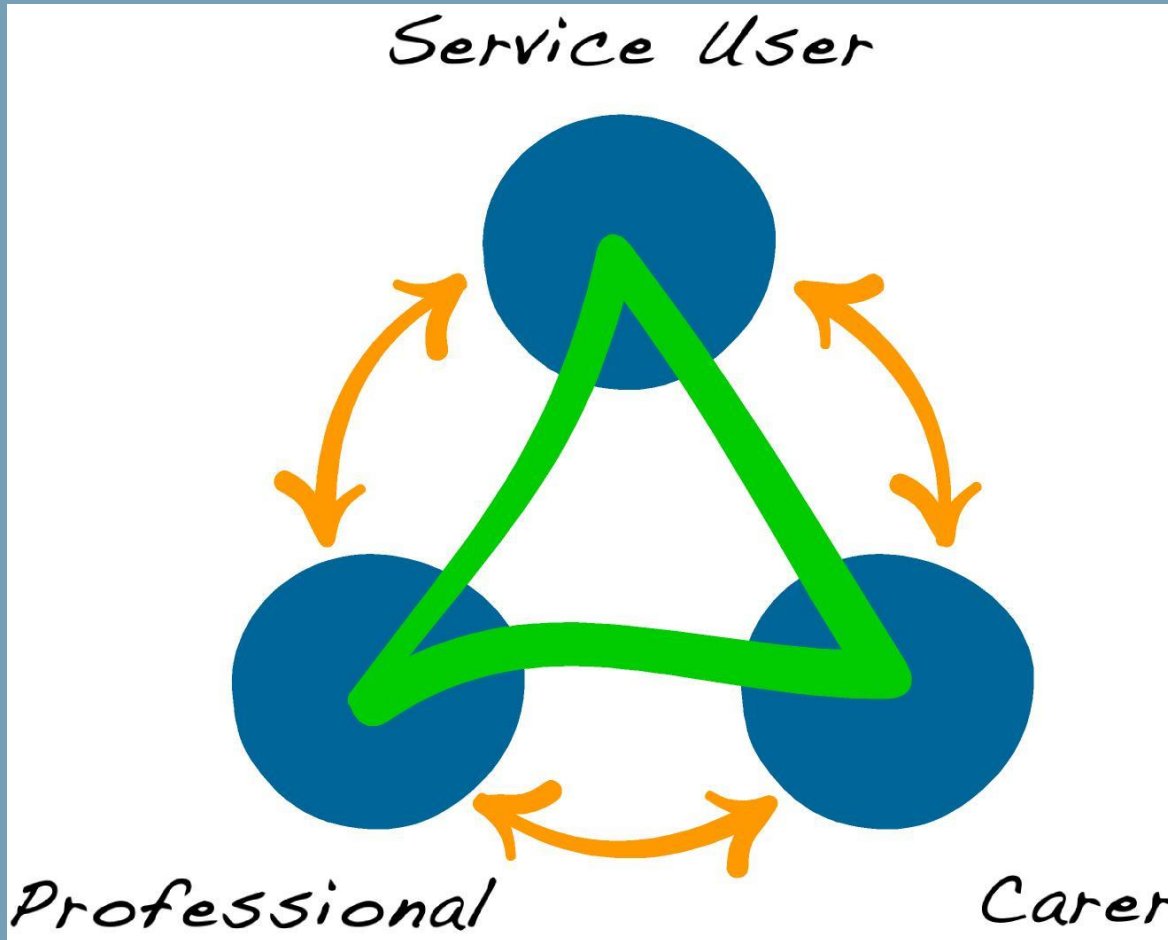
Underlying principles of the project

Triangle of Care



Recovery Approach to Risk

Triangle of Care



Risk averse practices

“Risk averse” practices may help reduce risk in the short term but may increase risk in long term...

And oppose recovery and the development of a “life worth living”



A recovery approach to risk



A life worth living

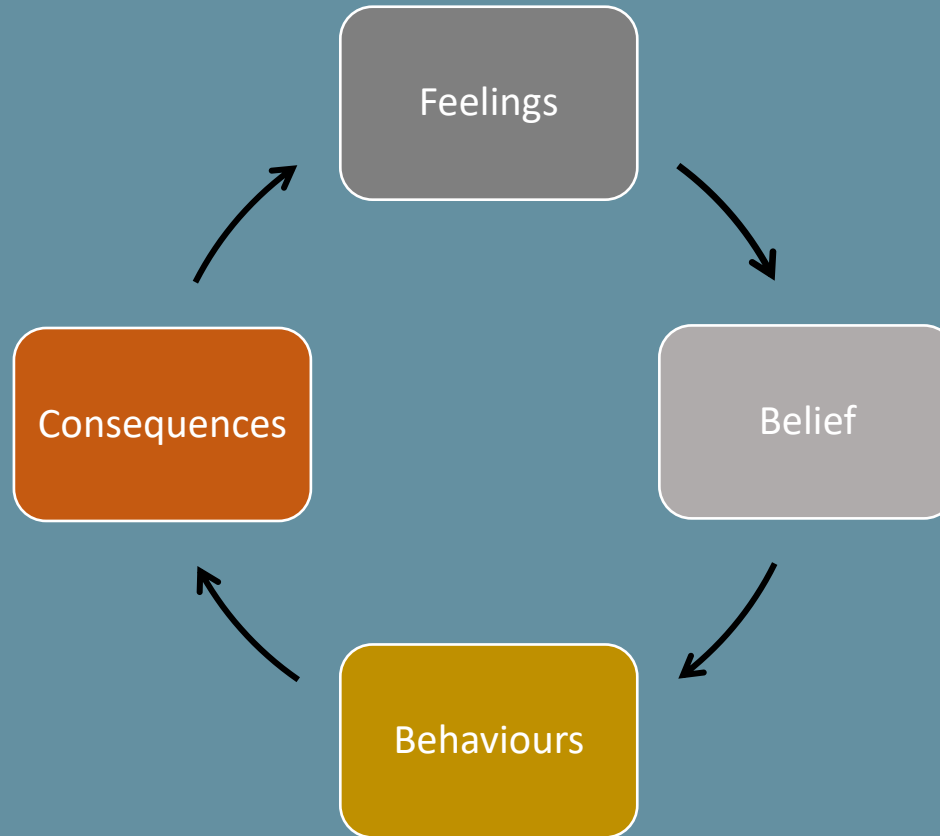
- Connection
- Hope
- Identity
- Meaning
- Empowerment

Circularity of risk-averse approaches

“Need to be Looked after trap”

Undermine service user’s sense of control and agency, reduced trust in the service user’s capacity to cope

LCP/ SU /C- Suicidal states of mind create anxiety about coping in whole system

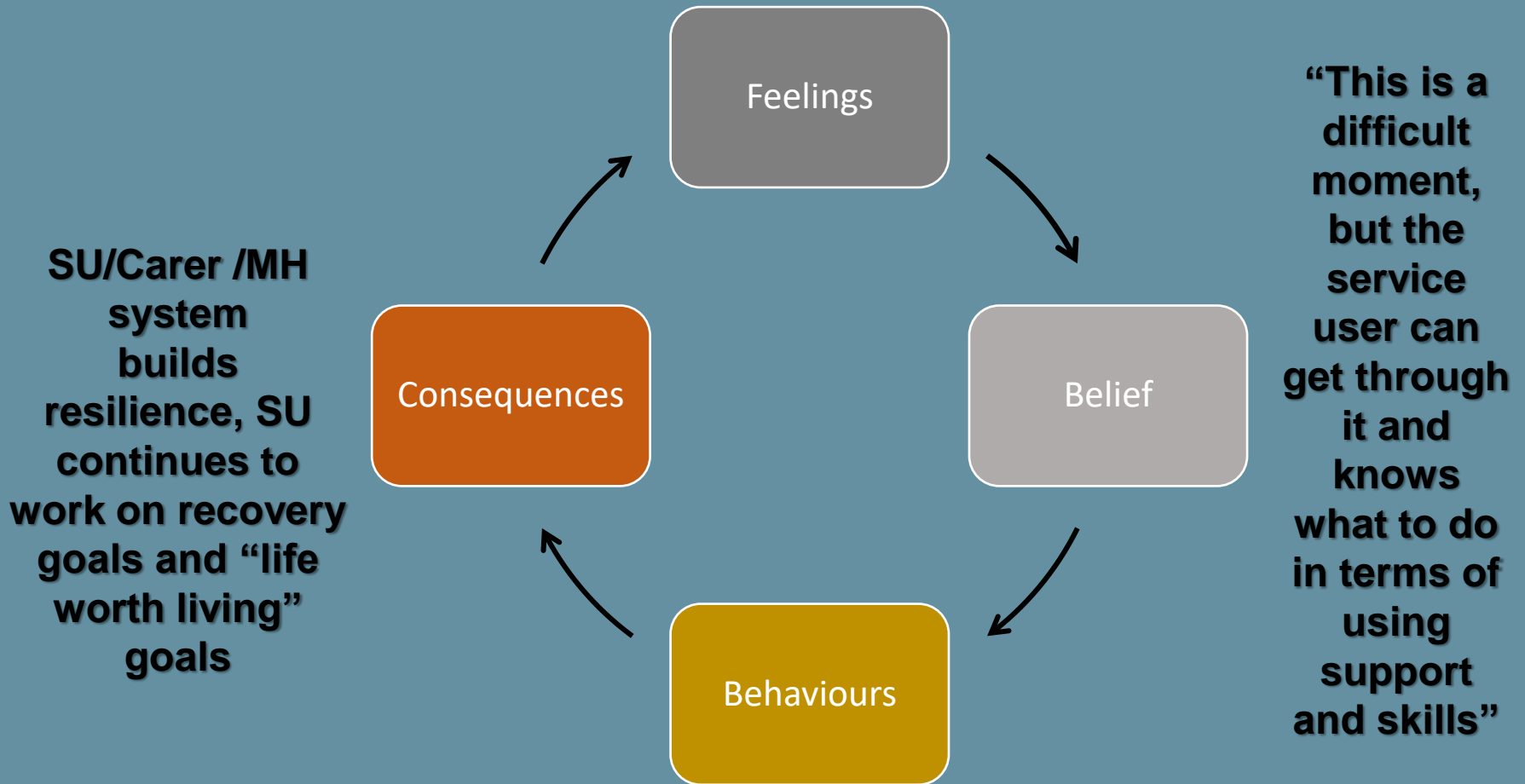


LCP/SU/C
Others need to manage the risk and take care of the service user, The service user can't cope/self-manage

Patient , family member and MH services become more risk averse, seek system to take control of risk

Stepping Back Safely

Service user may feel suicidal again, but this may induce less anxiety about their ability to cope.



Consult safety plan, soothe, validate, make a plan how to get through.

Stepping Back Safely- 3 Interventions

1. Systemic
Safety Planning
Intervention



2. Carer
Workshop



3. Staff
Training



(1) The Systemic Safety Planning Intervention



Systemic safety planning – 4 session intervention

- Origins : Draws on other safety planning interventions (e.g. Barbara Stanley) and other therapeutic approaches like Dialectical Behaviour Therapy. Also draws on approaches like Behavioural Family Therapy which normalises family communication and responses as an emergent property of high stress situations.
- Delivery : Currently delivered by a mental health professional or therapist to the service user, the family member/carer/loved one and any involved professional. Ideally a carer's lead or advocate could also be present.
- Inclusion criteria : Can be offered to **any** service user in secondary care where there has been some suicidality or severe self-harming and where the service user wants to involve their carer and the carer wants to be involved.

Focus of the safety planning sessions

- Create a common understanding of triggers and vulnerability factors
- Open conversation -balance of short and long-term consequences of the current approach to risk
- Consider obstacles to moving towards a more recovery-oriented risk plan
- Rebuild relationships if eroded and increase collaboration and trust
- Increase service user skills (e.g. to cope with triggers or to deal with risky states of mind)
- Develop confidence in the Safety Plan and hope for the future

Numbers I can call when I don't feel safe (including professional support)

- 1.
- 2.
- 3.

My Strengths and Resources (what keeps me well)

 Working together for better mental health

Aviva: Internal

Keeping safe plan

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This plan is designed to help you keep yourself safe. This includes things you can do yourself to reduce your risk, as well as involving professionals, friends and family support.

If you are experiencing a crisis you can also call the Samaritans on 116 123



What are my triggers for feeling unsafe?

What are the early warning signs that it is becoming harder to keep myself safe?

What I can do to keep myself safe

Getting through right now
(what I can do to reduce impulsivity)

Things that soothe me when my
emotions are running high

How people can support me
Who I can talk to if I am thinking
about self-harm or suicide?

How can others respond helpfully to me
when I am in this state of mind?

Making my environment or
situation safer

Activities I can do which will help
distract me (including connecting
with people)

What I can say to myself to give
myself hope and encouragement?

Observed effects of safety planning intervention

A more personalised safety plan with increased understanding of what leads to risky episode

- Increased skills use and self-management by service user (and increased confidence in this by everyone).
- Use of help and support in such a way that long term risk is not increased. Service user feels less of a burden, carer feels less helpless.
- Shared understanding of for the recovery approach and more movement towards “a life worth living”
- Increased hope, decreased sense of entrapment or defeat.
- Identifies areas for further interventions for service user and carer

(2) The carer's workshop



(3) The staff training



Where we are now

- Safety planning intervention. Workbook and safety plan have already been developed. Clinician manual, clinician training and information leaflets for service users and their carers in progress. Rolling out in two clinical community areas now, and two inpatient areas in the next two months.
- “Stepping Back Safely” workshop for carers - workshop developed but we are revising in response to observations and feedback. Forming a working group for co-production and potential co-delivery.
- Staff training – we are working to include aspects of carer involvement with respect to risk within our existing mandatory training (e.g. within our care planning and dialog+ training).
- Thinking of how to adapt to other settings e.g. primary care

Where we are now



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NHS Foundation Trust

- Board approval and funding provided to take SBS interventions across NSFT
- Broad approval given to work with external organisations to share knowledge, skills, processes and materials for each of the interventions
- Focus group meeting set with external organisation 26th April to understand how best to take work forward and agree plan

Q & A's

- Are you doing anything similar in your areas of work?
- Can we share/ learn from?



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