

Suicide Prevention Programme Learning Set 13

6 December 2023

Thank you for joining this National Suicide
Prevention event.

The event will start at 2pm.



Welcome

Emily Cannon

Head of Quality Improvement

National Collaborating Centre for Mental Health



IMPROVING MENTAL
HEALTH SAFETY
National Suicide Prevention



NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



Housekeeping

- Please mute your microphone unless you are speaking.
- If you would like to ask a question or leave a comment, please use the chat function within the meeting or raise your hand.
- If you experience any technical difficulties, please email suicide.prevention@rcpsych.ac.uk
- Some of our presentations will be recorded and shared on our website. If following today's event, you do not wish to be identified please contact us on the email above.

Agenda

Time	Item	Speaker(s)
14:05 – 14:30	The Stronger Together Initiative	George Adams & Debbie Frances Devon NHS Partnership Trust
14:30-14:55	Staff welling across the health and social care system	Dr Paras Patel Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
14:55 - 15:10	In-person event – 20 February 2024	Emily Cannon National Collaborating Centre for Mental Health
15:10 - 15:15	Close	Emily Cannon

Stronger Together

A quality improvement training initiative facilitating family and unpaid carers to support adults at risk of suicide and serious self-harm

Debbie Frances and Georgina Adams

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Stronger Together

Workshop One - Family, friend and caregiver empowerment

Provides caregivers with coping skills and tools to help manage risk in the person they care for, whilst also looking after themselves and building their own resilience.

Content overview: the neurobiology of suicidal behaviour, risk factors and warning signs, emotional regulation and the Window of Tolerance, how to help, managing risk and stepping back, self-care strategies, preventing carer burnout, setting boundaries, resources and signposting

Workshop Two - Family, caregiver and practitioner collaboration

Considers the challenges around information-sharing and consent which can act as a barrier to family involvement, and how to overcome these.

Content overview: facts and figures, exploring roles, Triangle of Care, collaborative care, national/local legislation and policy, consent and confidentiality, information-sharing, scenarios to apply learning, safety planning, managing risk



Background

- Growing consensus in government policies and guidance towards family/carer involvement in a person's mental healthcare
- NCISH has identified carer involvement as one of ten key elements for improved patient safety and suicide reduction
- Carers with access to information and support were likely to rate fewer adverse affects from caring, including mental or physical health problems, financial pressures, and impact on family relationships.
- Majority of suicide prevention research and guidance focuses on the role of clinicians, or on interventions targeting the suicidal individual
- The limited research on family involvement in suicide prevention has largely focussed on parents of young people. Consideration of **carers of adults** in suicide prevention initiatives is strikingly absent
- Carers continue to report inadequate and inconsistent levels of involvement, support and collaborative working



Changing organisational culture and attitudes

- Research and empirical evidence consistently highlight inadequate and inconsistent levels of carer and family collaboration and integration within mental healthcare
- Research points to patient confidentiality and information sharing policies and practice as being the primary barrier to involvement, as well as negative attitudes towards carers
- Policy and guidance alone are insufficient to bring about carer involvement - additional steps are needed to address the barriers that prevent it, and to challenge the organisational culture and attitudes that obstruct its implementation



Aims

- Carers have the skills and knowledge to safely manage risk, recognise the warning signs and know how to respond, whilst also looking after themselves
- Carers and practitioners learn and build a shared understanding of challenges in relation to consent, confidentiality and information sharing
- Improved staff knowledge and confidence when navigating consent, confidentiality and information sharing with carers
- Increased carers knowledge around consent, confidentiality and information sharing to enable them to feel more confident in engaging with practitioners
- Challenge the organisational barriers to caregiver involvement and create a culture in which carer collaboration becomes the norm



Co-production



Co-Production



Co-design



Co-decision making



Co-delivery of training



Co-evaluation



Co-learning model

“In order to work collaboratively we need to understand what we all do. All the perspectives not just the practitioner. It brings a genuineness and authenticity to the training. It is more meaningful. It is more valuable for those attending the sessions to get a perspective of what it is really like.”



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External evaluation

The evaluation aimed to establish ...

- Impact of the training on carer's confidence and competence in supporting someone experiencing suicidal thoughts/behaviours
- Impact of the training on staff confidence and competence in working with families
- If the training improved knowledge of legislation to help carers and staff navigate consent and confidentiality
- Effectiveness of the training in enabling better relationships between carers and staff

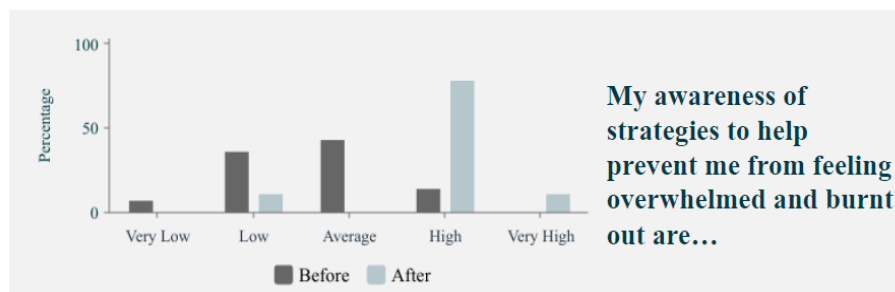
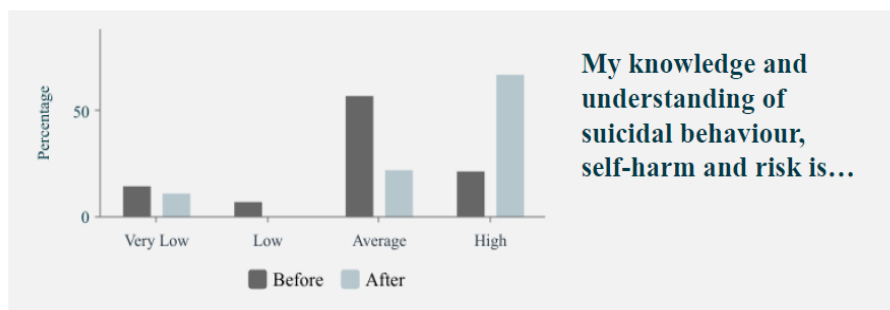


University
of Exeter



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Carer feedback



Carer experiences

Carers also reported an increase in:

- Confidence in how to respond and support the person when risk is increasing
- Confidence in how to hold safe boundaries for themselves at times of increased risk
- Knowledge and skills to effectively support someone who is suicidal
- Knowledge and understanding of consent, confidentiality and information sharing



Clinician feedback

Clinician responses

- 100% clinicians reported having gained techniques to overcome barriers to collaborative working

“The training has made me consider different approaches in order to achieve meaningful and sustained support for individuals when they are most vulnerable”
- 86% clinicians indicated improvement in their knowledge and understanding of consent, confidentiality and information-sharing
- There was an increase in clinicians self-reported confidence in working with and supporting carers
- The workshops provided an opportunity to bridge the gap and showcase the importance of collaboration between clinicians and carers to achieve better care/outcomes for suicidal individuals



Evaluation findings

- Workshops had a notable impact on the knowledge of both caregivers and clinicians
- Having carers and clinicians learn from each other, listen to one another and share experiences was an important element of the workshops
- Co-delivery model had an important effect in both providing reassurance and feeling understood by carers, but also for clinicians to listen and understand the challenges carers face
- The findings support the role of the workshops in enhancing knowledge and skills, and in demonstrating the importance of collaborative working among carers and clinicians
- Having a safe space to share experiences, co-production and involvement of carer expert by experience in the delivery of the workshops were valued



Conclusion

- Caregivers are a protective factor in suicide prevention - the involvement of carers and families is fundamental to improving patient safety and reducing deaths by suicide
- Working collaboratively with carers and families aligns with recovery principles, in which the knowledge and expertise of service users and carers is of equal importance and validity to that of mental health professionals
- Co-production of Stronger Together resulted in the development of a quality improvement initiative which aligns with national policy and guidance and with the findings from existing research
- The co-delivery / co-learning model is unique in addressing both the needs and challenges of carers supporting suicidal adults, and in overcoming the barriers to carer inclusion and collaboration in suicide prevention
- Wider roll-out of Stronger Together has the potential to reduce deaths by suicide and reduce caregiver burden



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Any Questions?



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What can we learn about living from staff who have tried to end their own life

Dr Paras Patel

Dr Angela Kennedy



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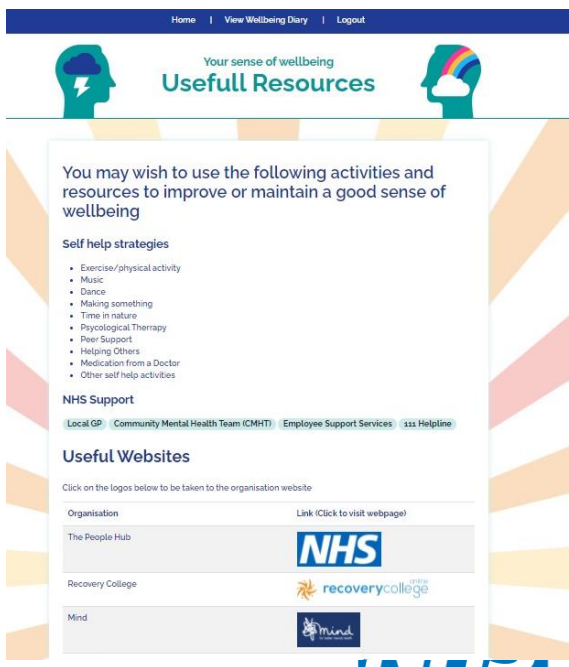
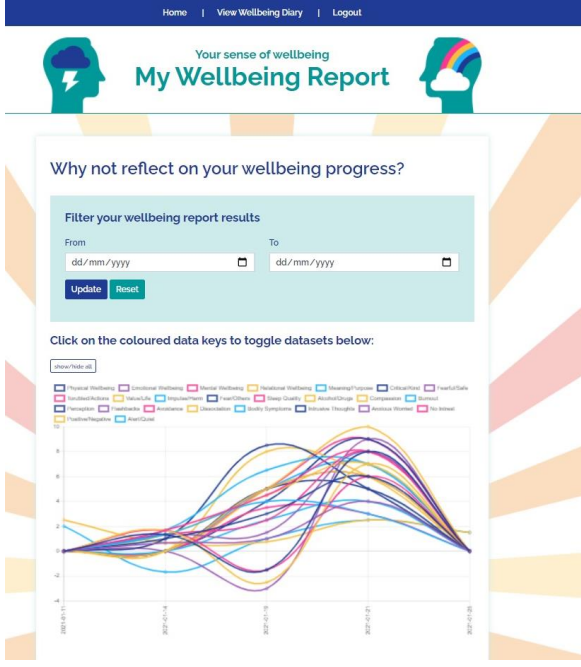
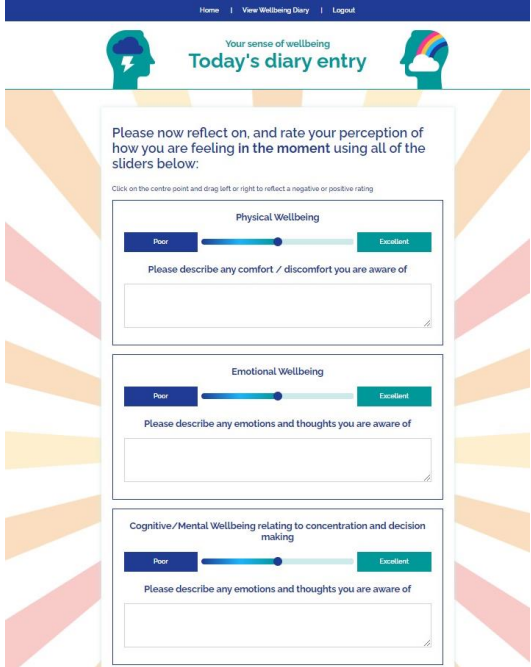
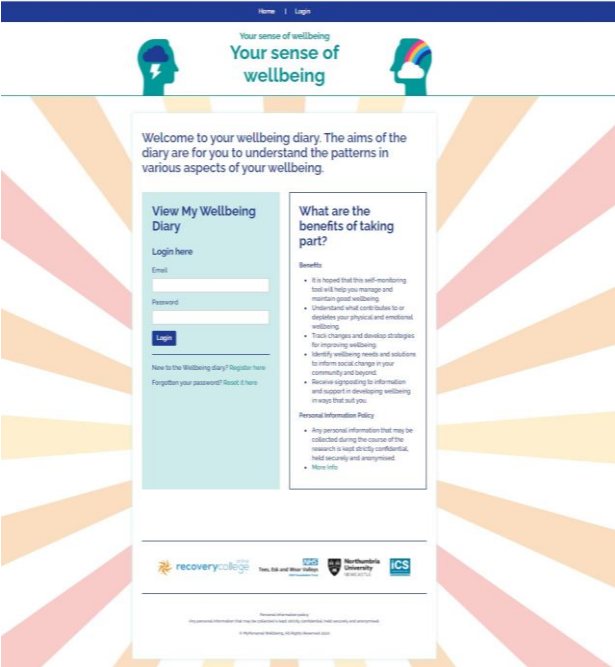
Spotlight on... wellbeing diary

Holistic view
of mental
health

Allow self-
monitoring
and reflection

Risk
indicators

Allows
organisational
and public
health data



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Rationale for further learning

- 68% of staff report high Anxiety / Worry
- 61% of staff report poor sleep quality
- 60% of staff rated self-compassion as low
- 32% of staff have rated their lives as negative (My life is meaningless, and I have no hope for the future)
- 15% of staff have scored as harming themselves



Literature review in attempted suicide in healthcare staff:

Rediscovering a life of meaning

Social Connectedness

- Meaningful connections with professionals and peers = self-acceptance
- Support groups decreased loneliness
- Relatability found in art forms e.g. Music lyrics
- Religion = sense of community

Value

- Realisation of choice to live = belongingness and purpose
- Thoughts about consequences of suicide e.g. impact on children/family, health and wellbeing
- New perception of life – found value in hobbies, pets etc.

Literature review in attempted suicide in healthcare staff:

Contextual Factors that Facilitate a Life Worth Living

Things Other People Can do to Help

Kindness and Respect

Social support without stigma or judgement

Regular contact with professionals and distant family = preferred in recovery stage

Setting small achievable goals

Lifestyle Changes

- Make changes to location, friends, jobs, relationships etc.
- New hobbies e.g. exercise
- Jobs in social sciences provide purpose and meaning

Literature review in attempted suicide in healthcare staff:

Internal Changes

Understanding Thoughts, Feelings and Behaviours

- Learn about human emotion and behaviours during recovery
- Symptom management and personal boundary setting
- Early warning signs, distraction techniques, recognition of emotions

A New Sense of Identity

- Positive self-regard and acceptance
- Less critical of selves
- Religion provoked self-love

“It's almost like it's the worst thing you could possibly talk about. Staff can talk about their mental illness; they can occasionally talk about their traumatic lives. They do not talk about having tried to take their own life. They just don't do it.”

“What people do is they go into mental health mode. So at that point they start to see me as someone that needs help or they started to analyse why I might be talking about it and in my opinion over analyse it.”

“It spurred me on to try and have a positive influence for other people going through the same thing as me.”



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Learning from health care staff experiences of attempting to take their own life: How we co-create lives worth living

Method: A survey was designed drawing upon an earlier literature review into attempted suicide by healthcare staff

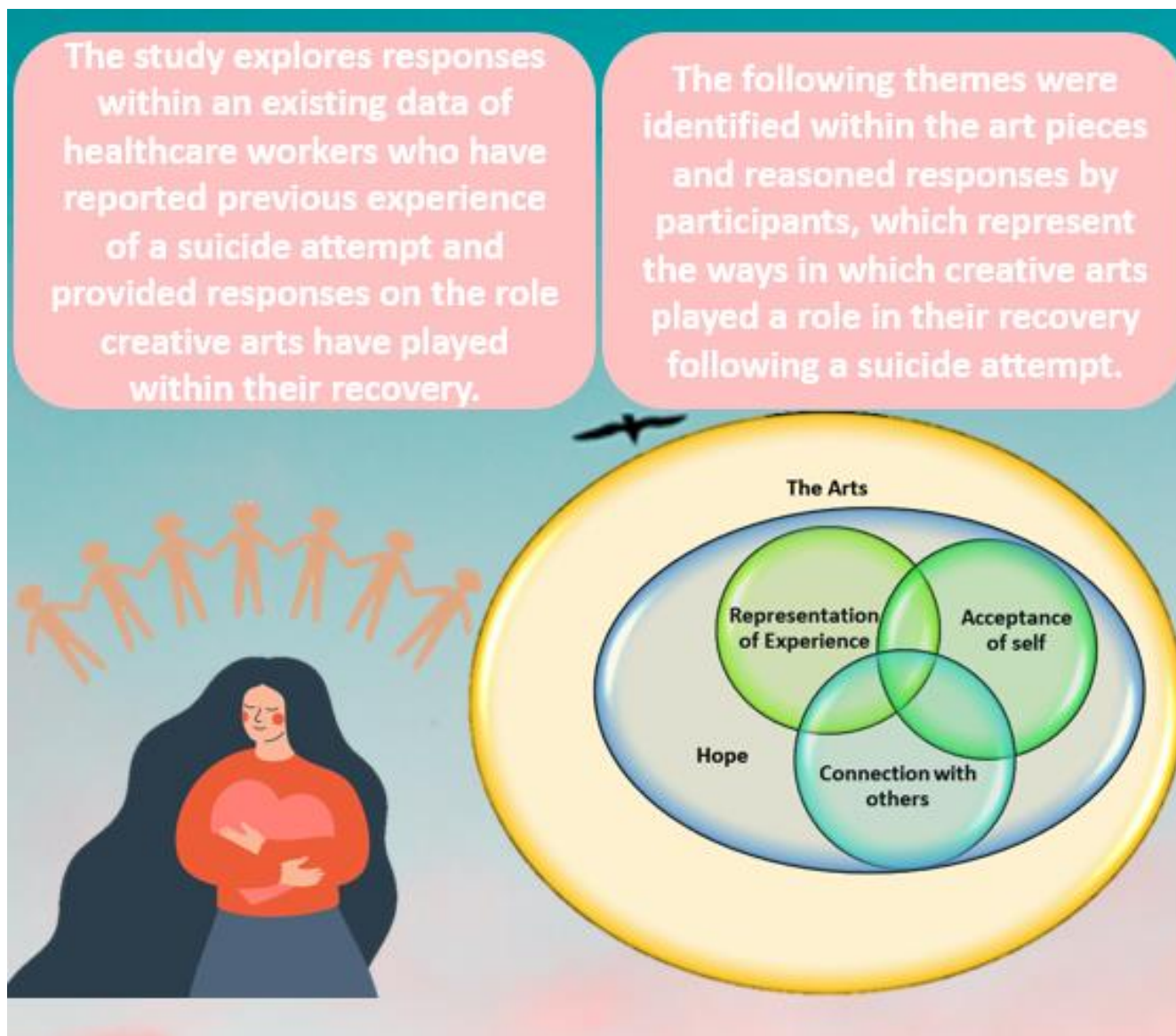
- Part I: Online survey — exploring the impacts of the attempt (on identity, self-concept, attitudes, behaviours), what helped them survive and find a life worth living, other people's reactions (personally and professionally), how they understand the reasons why they tried to take their life, learnings that can share with others or hopes for the future, mental health diagnosis and services or treatments that were helpful or hindering - 25 completed survey
- Part II: Interviews — key lines of enquiry included meaning and purpose, relationships and connectedness, lifestyle changes, how to better manage, impact on identity over time, link between experience and motivation on health or care, impacts of working in health care, what key things can we learn from their experience - 10 interviews

Results:

Cause and effect	<ul style="list-style-type: none"> • Life events • Illness 	Personal value	<ul style="list-style-type: none"> • Live through/for others • Inherent meaning
Dealing with suffering	<ul style="list-style-type: none"> • Escape suffering through a suicidal act • Hope and survival 	View of others in distress	<ul style="list-style-type: none"> • Empathy • Judgement
Life's meaning	<ul style="list-style-type: none"> • Precious • Essentially meaningless 	Self as perceived by others	<ul style="list-style-type: none"> • Seen as fragile • Seen as resilient
A pivotal event	<ul style="list-style-type: none"> • Diminished by struggle from others • Opportunity for growth 	Impact of stigma	<ul style="list-style-type: none"> • Hidden history from others • Openness when trusted
Locus of control	<ul style="list-style-type: none"> • Only self to rely on • Others there when needed 		

Output: Full report and journal publication

The role of creative arts in healthcare staff who have attempted to take their own life



Suicide and self-harm prevention network

- The North East North Cumbria Suicide prevention and self-harm network are developing a Suicide and self-harm prevention research collaborative workshop
- We would be interested to hearing from anyone who is involved in Suicide and self-harm prevention research or would like to join the network
- Email: liveswithhope@cntw.nhs.uk

In person event

Emily Cannon

Head of Quality Improvement

National Collaborating Centre for Mental Health



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