Co-produced framework for practitioners on personalised safety planning

- ***National Suicide Prevention Programme Workshop - 11th Jan 2023***

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Background & rationale for the study

1. **Priority identified by people with lived experience of suicidality**
2. **Need to move from risk prediction to a personalised approach;**

- Risk prediction tools have little predictive value.
- Safety planning is a research priority.
- Personalisation focus of the NHS long term plan.

Co-production of an evidence-based framework and related guidance for practitioners on personalised risk management and safety planning for adults experiencing suicidality

Funded by
NIHR | Applied Research Collaboration North East and North Cumbria

The project team

Lead investigator – Katherine McGleenan

Co-leads – Prof Darren Flynn & Jill Barker

Research associates – Dr Isobel Gordon & Hollie Smith

Peer researchers - Paula, Tara, Becka, Vick

Academics/senior clinicians - 3 regional universities

NE/NC SP Network - multiagency partners

Safeguarding advice - NCISH & Glasgow University Suicidal Behaviour Research Laboratory

Dedicated to Jaymie

“After Jay’s death I learnt a lot about suicide. I came to understand the importance of personalised safety planning. I felt had one been available for Jaymie, her family and friends, it may have helped to save her life.”

Paula – Jaymie's mum

Investing in You – Dialogue and Change Membership Award

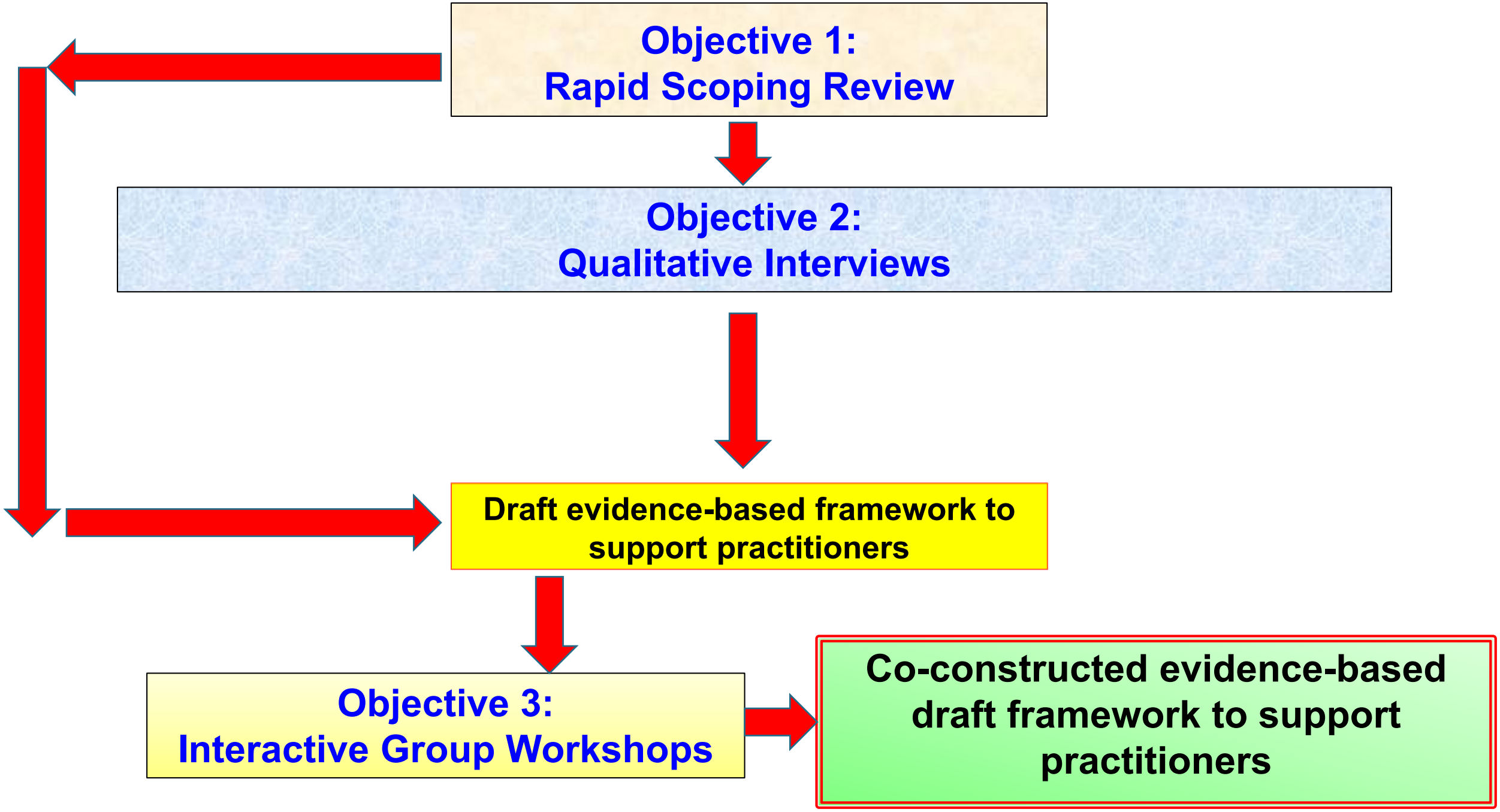
*"This project is an **excellent example of someone with lived experience seeking academic support, rather than academics seeking the support of people with lived experience**. The involvement of the experts by experience has clearly been **embedded in every stage of the project**"*

- Development Manager, Investing in Children. December 2022

Our Study Aims

Aim: To co-produce with people with lived experience of suicidality, a 'draft' evidence-based framework for practitioners on personalised risk management and safety planning.

- Developed in partnership with Experts by Experience.
- Focus on personalisation - *the individual – the process – the practitioner role* - rather than the document its self.
- Focus on prevention, mitigation, early intervention.
- Focus on underlying distress.


Objective 1:
Rapid Scoping Review
Objective 2:
Qualitative Interviews
Draft evidence-based framework to support practitioners
Objective 3:
Interactive Group Workshops
Co-constructed evidence-based draft framework to support practitioners

Safety planning description

- A brief intervention to help prevent suicide, where a template of prompts helps encourage people to plan and think ahead about what might help them to safely navigate suicidal feelings and urges, build hope, identify actions and strategies to resist suicidal thoughts and develop positive ways to cope with stress and emotional distress.
- It can also be a way for people to plan how to communicate and check in with the person(s) supporting them going forwards.

Qualitative interviews

- Explore peoples lived experience of suicidality and personal experiences of safety planning.
- Semi structured interviews.
- Views, priorities and preferences on the content of related guidance for practitioners.

Inclusive criteria used;

- 18 years or over
- Current or past suicidality
- Currently receiving support from a 3rd sector support organization.

11 participants interviews

Demographics:

- 8 females, 3 males
- Aged between 24 and 62
- 10 White British, 1 Asian/Asian British (Indian)
- Range of socioeconomic backgrounds.

Diverse lived experiences:

- Borderline personality disorder
- Post natal depression
- Psychosis
- PTSD
- Depression
- Anxiety
- ADHD
- Autism
- Past/recent trauma
- Self-harm
- Substance addiction

Findings from interviews: 6 themes

Personalisation

- Co-Production
- Family and friends
- Making it personal

Guidance on the process

- Purpose
- Format
- Implementation

Personalisation:
Co-Production

Skills & Values: Emphasis on practitioners having positive attitudes, compassion, and essential skills such as active listening.

Facilitate not direct: Practitioners should facilitate, guide, and support the individual to develop their plan, not lead or direct.

Time: Giving the right time is essential for true co-production.

Personalisation:
Family and friends

Active involvement: Where a participant has family and friends to support them, it would be helpful to actively involve them

Agreement: Individuals should be consulted about which family/friends are involved to ensure the right people are being contacted

Alternative support: When someone doesn't have anyone , how they can access emotional and practical support needs considered.

Supporting family & friends: Consideration should be given to the wellbeing of friends/families.

Personalisation:
Making it personal

Personalised plan: People didn't find one-size fits all tick box plans helpful. However, this is what most people had experienced

Developed by the individual & ownership: Personalised aspects of the plan must come from the person and be targeted towards their preferences. Personalised safety plans may look very different for each person – they are as unique as the individual.

Process:
Format

Calling it a plan: No consensus over what plan should be called, this should be informed by a discussion with individuals about their preferences.

Design and contents of plan: There was no consensus over what a plan should physically look like, they will all look very different and this should be informed by a discussion with individuals about their needs and preferences .

Process:
Implementation

Timing of the plan: Safety plans often created after a crisis event, but participants felt this wasn't always the best time for them. Suggested they would like preventative plans, or plans made in recovery.

Who should help? Participants did plans with many different practitioners. They felt in general it didn't matter who the practitioner was, it mattered what skills and values they possessed.

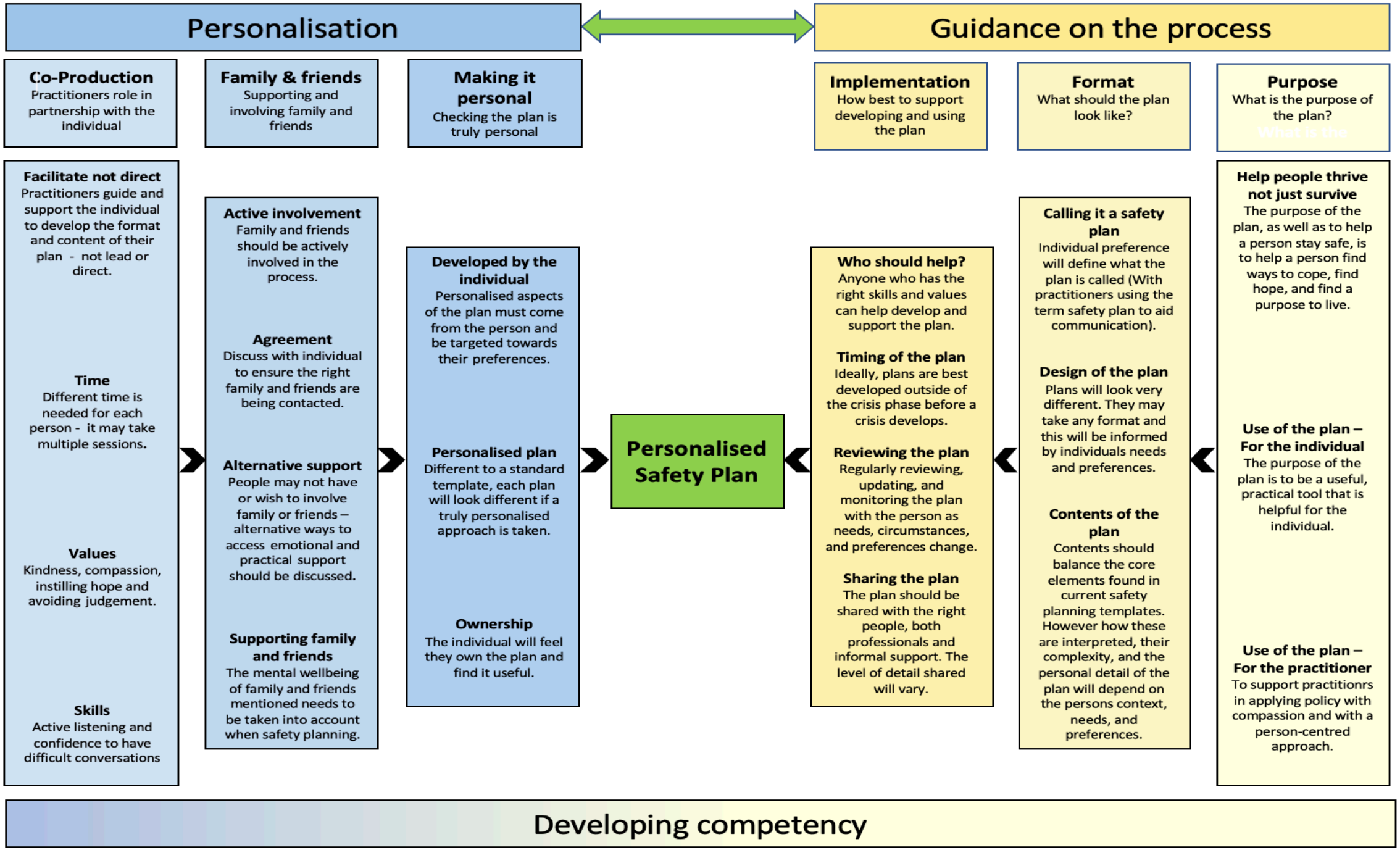
Reviewing & Sharing: Participants emphasised the importance of reviewing, monitoring, updating, and sharing their plans as their needs and preferences are likely to change over time. Participants plans were implemented but rarely monitored or reviewed or shared.

Process:
Purpose

Thrive not just survive: Participants wanted the plan to help them thrive not just survive. The focus should be more long term than immediate response to crisis situation

Individual: Useful, practical, and helpful tool

Practitioners: Applying policy with compassion and understanding


Personalisation
Guidance on the process
Co-Production
Practitioners role in partnership with the individual
Family & friends
Supporting and involving family and friends
Making it personal
Checking the plan is truly personal
Implementation
How best to support developing and using the plan
Format
What should the plan look like?
Purpose
What is the purpose of the plan?
Facilitate not direct
Practitioners guide and support the individual to develop the format and content of their plan - not lead or direct.
Time
Different time is needed for each person - it may take multiple sessions.
Values
Kindness, compassion, instilling hope and avoiding judgement.
Skills
Active listening and confidence to have difficult conversations
Active involvement
Family and friends should be actively involved in the process.
Agreement
Discuss with individual to ensure the right family and friends are being contacted.
Alternative support
People may not have or wish to involve family or friends – alternative ways to access emotional and practical support should be discussed.
Supporting family and friends
The mental wellbeing of family and friends mentioned needs to be taken into account when safety planning.
Developed by the individual
Personalised aspects of the plan must come from the person and be targeted towards their preferences.
Personalised plan
Different to a standard template, each plan will look different if a truly personalised approach is taken.
Ownership
The individual will feel they own the plan and find it useful.
Personalised Safety Plan
Who should help?
Anyone who has the right skills and values can help develop and support the plan.
Timing of the plan
Ideally, plans are best developed outside of the crisis phase before a crisis develops.
Reviewing the plan
Regularly reviewing, updating, and monitoring the plan with the person as needs, circumstances, and preferences change.
Sharing the plan
The plan should be shared with the right people, both professionals and informal support. The level of detail shared will vary.
Calling it a safety plan
Individual preference will define what the plan is called (With practitioners using the term safety plan to aid communication).
Design of the plan
Plans will look very different. They may take any format and this will be informed by individuals needs and preferences.
Contents of the plan
Contents should balance the core elements found in current safety planning templates. However how these are interpreted, their complexity, and the personal detail of the plan will depend on the persons context, needs, and preferences.
Help people thrive not just survive
The purpose of the plan, as well as to help a person stay safe, is to help a person find ways to cope, find hope, and find a purpose to live.
Use of the plan – For the individual
The purpose of the plan is to be a useful, practical tool that is helpful for the individual.
Use of the plan – For the practitioner
To support practitionrs in applying policy with compassion and with a person-centred approach.
Developing competency

Interactive group workshop

Participation	Collective Action	Reflections
1. **Are you able to support** the use of this guidance? 2. **Who would be the key people** who would drive this guidance forward and get others on board?	1. **Who could use the guidance** (volunteer, friend, staff in third sector or other organisation)? 2. **What will be required to implement this guidance** in terms of resources, support, training, policy, strategic fit?	1. **What impact** do you think implementing this guidance will have on you/services/individuals? 2. **Should anything else be included** in this guidance?

Benefits of the Framework.

Help to support a holistic, personalisation approach rather than one size fits all.

A more proactive approach - rather than a reactive one-off intervention in response to crisis.

Supports a trauma informed approach.

Supports a flexible approach - supporting the balance of policy implementation and a focus on right thing for the individual.

Aligns well with current practice and would not be difficult to adopt, particularly in planned care settings.

Clear and easy to follow.

Enablers to support implementation.

A system wide workforce of skilled practitioners.

A system wide consistent approach - all “singing from the same hymn sheet”.

Using in primary care, 3rd sector, and other **non-urgent settings** would support a focus on prevention and increase resource.

Multiagency **sharing of the plan would support prevention**/de-escalation.

Need to focus on compassion - this requires **the right organisation/team culture**.

Involving key people, champions.

Clear implementation plan.

Barriers to implementation.

- **Gaps in the availability** of people to provide follow up after crisis contacts.
- **Lack of consistent Implementation** - affecting people who have contact with different parts of the system.
- **More of a time challenge** for people working in this way. Practitioners reported following a template/tick box process is easier when under time pressure.
- **If not careful this may become another tick box exercise** and therefore not have the desired impact.
- If the wider workforce are supporting personalised safety planning, there needs to be **consideration of risk management and escalation process.**
- **Evaluation may be difficult** due to the variation of personalised safety planning.

Observations

- **A tendency for practitioners gave their view on what form personalised safety plans should take** - rather than giving feedback on the co-designed framework.
- **A tendency for qualified practitioners to use the term "clinical"** when referring to experience and decision making, this was not highlighted by participants as a priority in the context of personalised safety planning.
- There was general support for the framework – practitioners and people affected were in general agreement - **any issues for practitioners were mainly around practical implementation issues.**
- Although the general view was that the framework and its focus on personalisation was acceptable for both NHS and VCS contexts, there was some concern it would be **less feasible in NHS contexts, due to the need to focus on recording of safety plans on "systems"**

“it’s taken me, what, thirteen attempts to realise that I didn’t want to die.” - (male, age 36, White British)

“Anyone in a trusted relationship can help develop a safety plan. Allowing me to write it out myself - makes you feel like it is your own.” (Female, age 48, Indian)