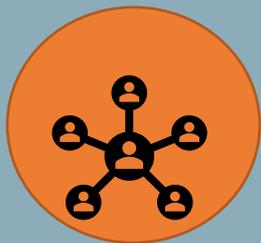


Stepping Back Safely

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

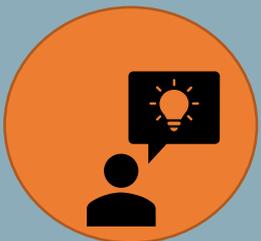
Aim of Session



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



Q & A to gain some critical feedback about our ideas



Q & A to gain 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



Norfolk and Suffolk
NHS Foundation Trust

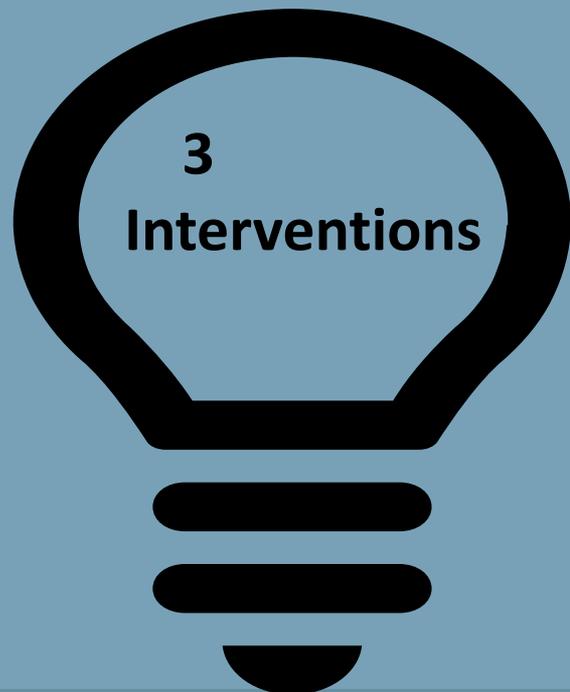
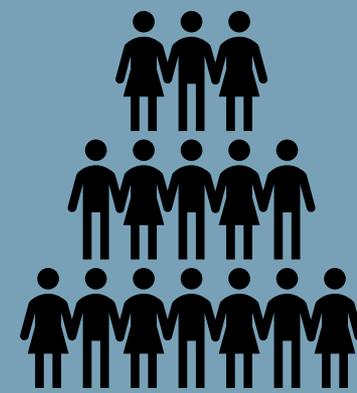
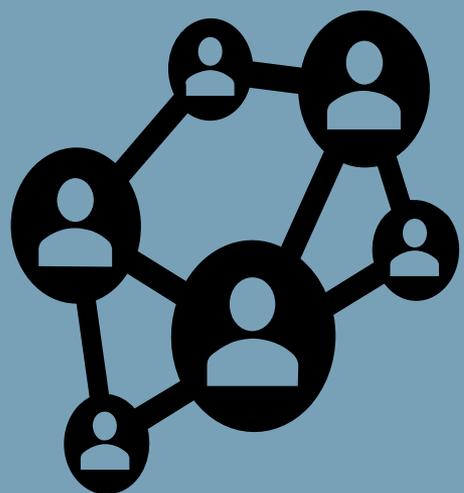
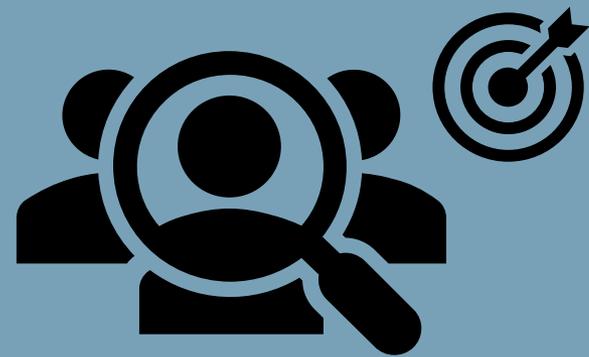
Based in Norfolk and Suffolk Foundation (mental health) Trust with some funding from DHSC Suicide Prevention. Norfolk was one of the areas nationally with higher than average suicide rates to receive this funding.

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



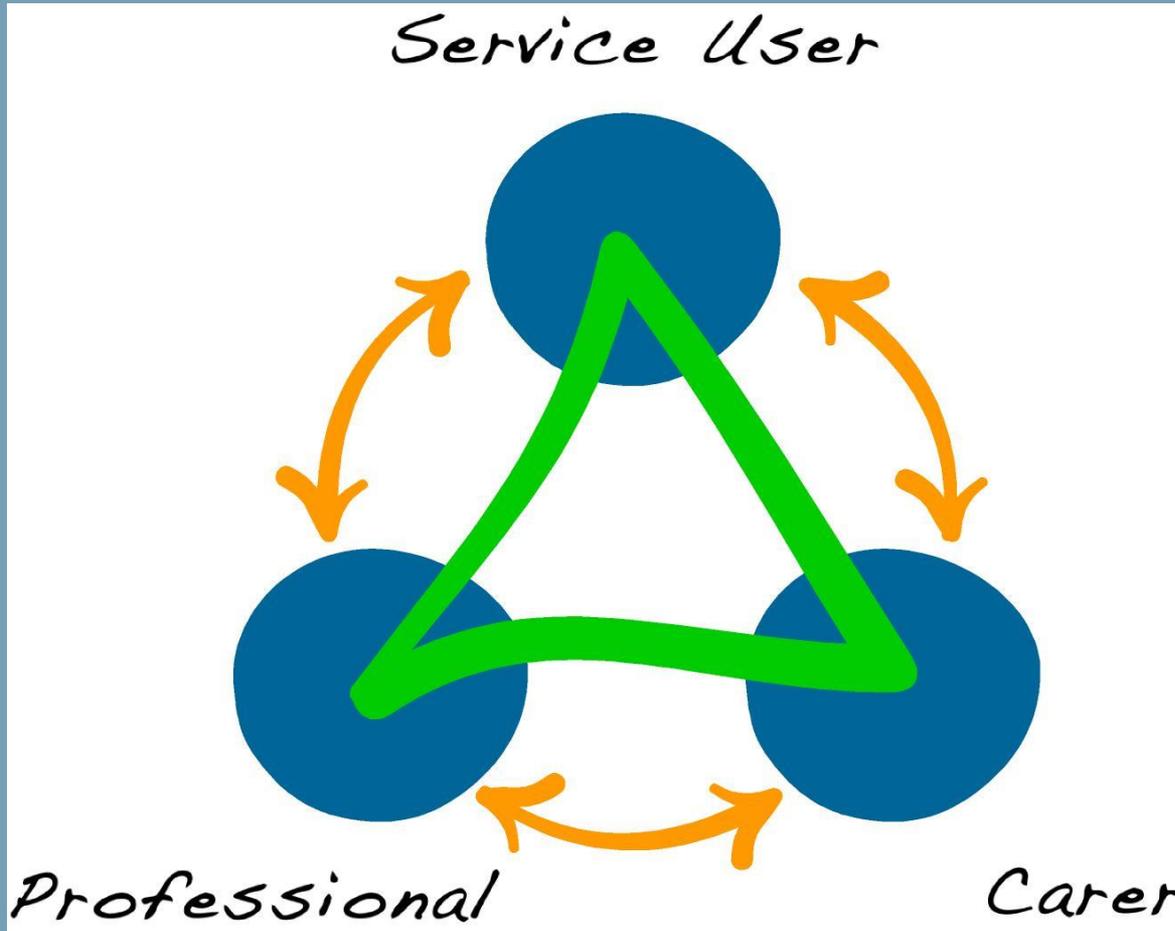
Underlying principles of the project

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

Recovery Drivers

CHIME

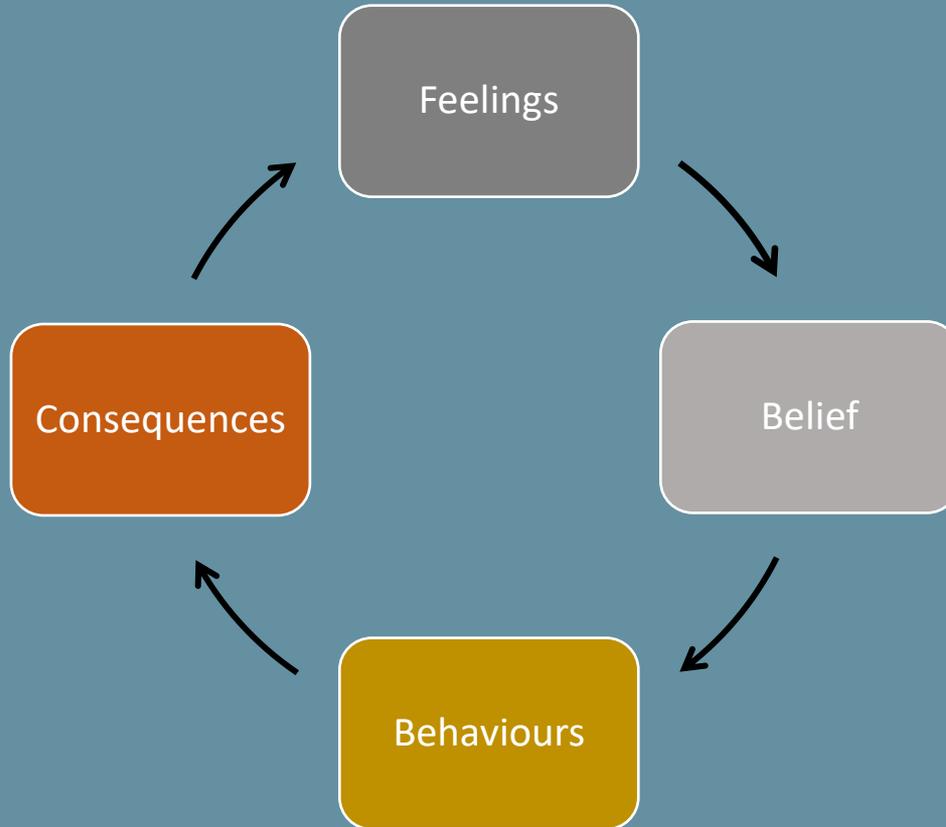


Circularity of risk-averse approaches

“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

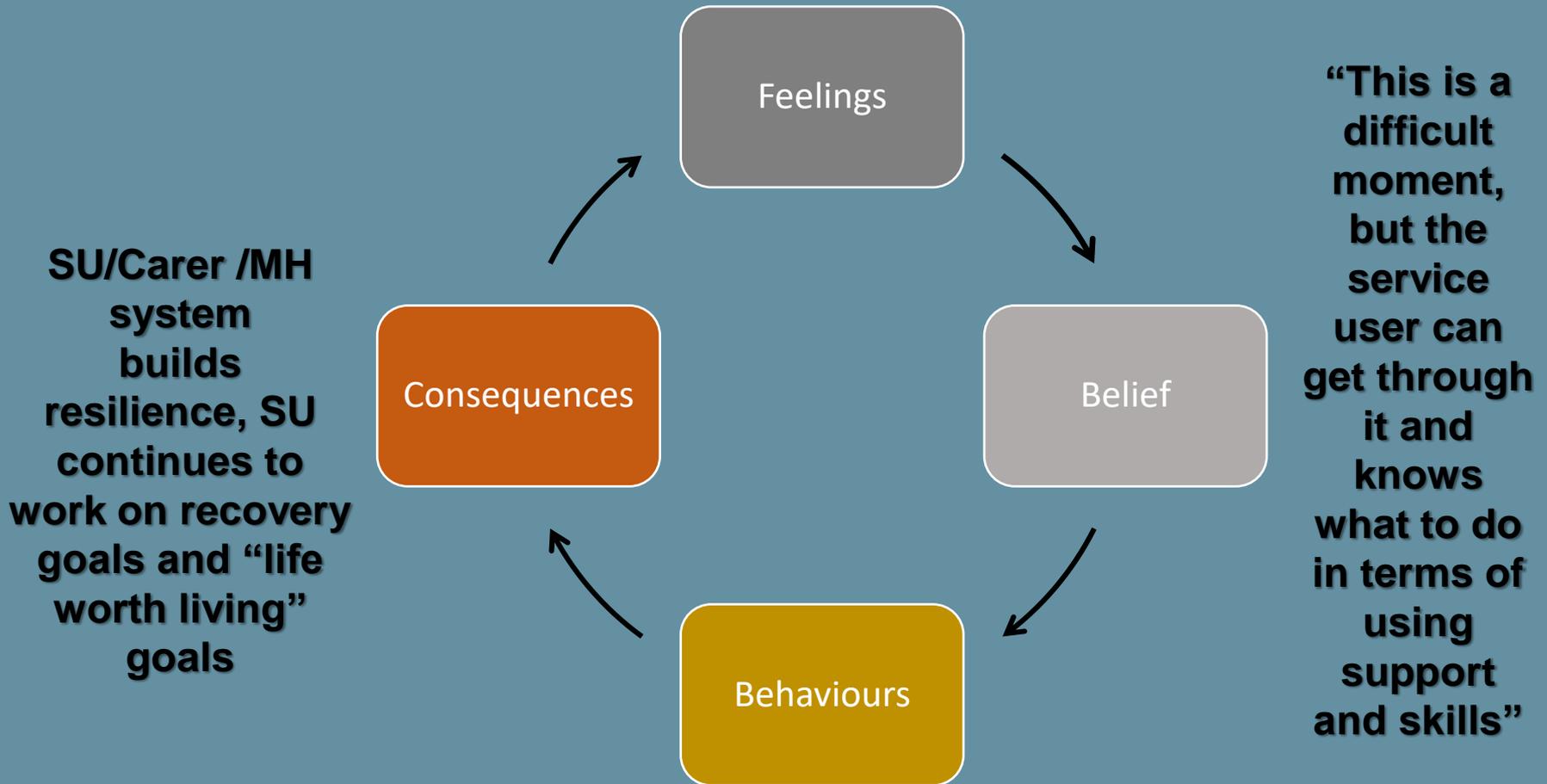


LCP/SU/C
Others need to manage the risk and take care of the service user, The service user can't cope/self-manage

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

Stepping Back Safely

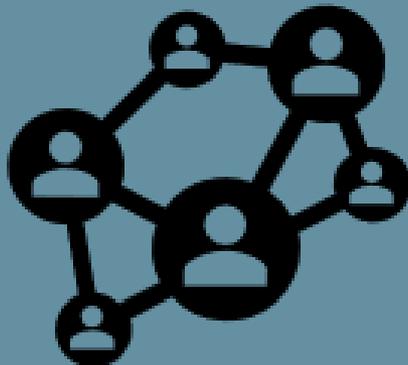
Service user may feel suicidal again, but this may induce less anxiety about their ability to cope.



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

Stepping Back Safely- 3 Interventions

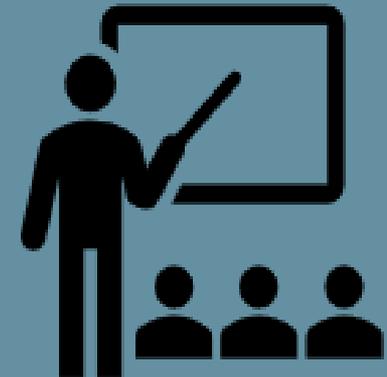
1. Systemic Safety Planning Intervention



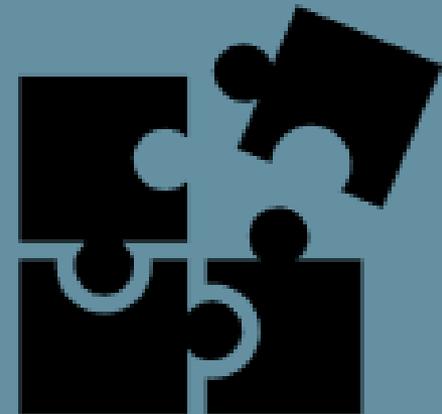
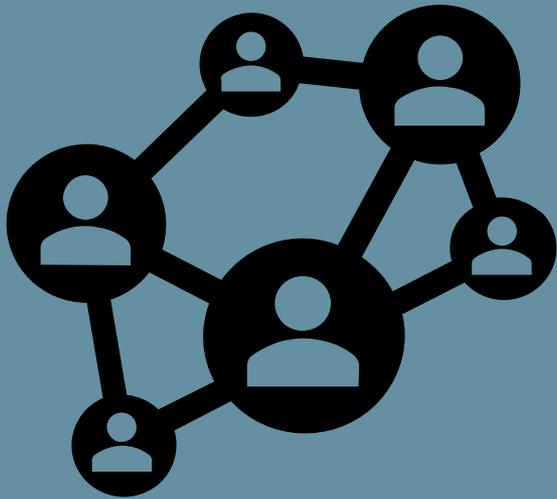
2. Carer Workshop



3. Staff Training



(1) The Systemic Safety Planning Intervention



Focus of the safety plan sessions

- A common understanding of triggers and vulnerability factors
- Open conversation -balance of short and long-term risks of a risk averse approach
- Consider obstacles (to moving towards a more recovery-oriented risk plan)
- Rebuild relationships if eroded and increase collaboration
- 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

Observed effects of safety planning intervention

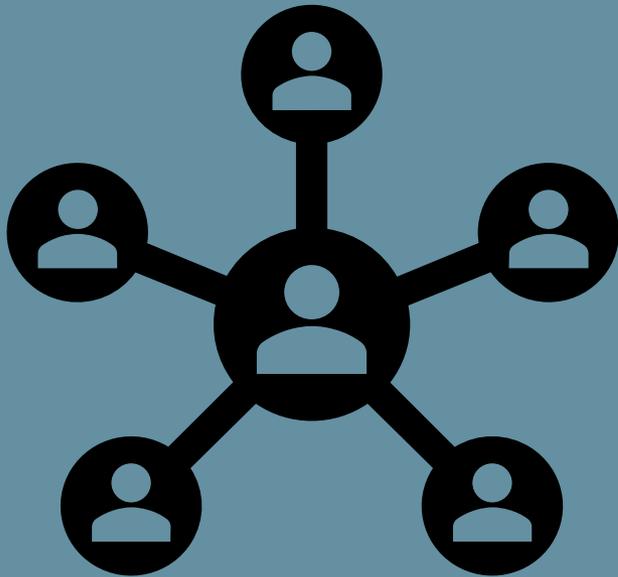
A more personalised safety plan with increased understanding of what leads to risky episode

- 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.
- Shared understanding of and support for the recovery approach.
- Signposting towards appropriate interventions for service user and carer

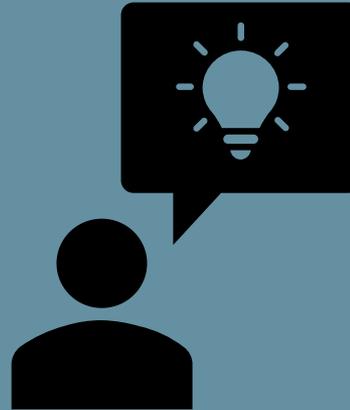
SBS Systemic Safety Plan – Template

<p>What are my triggers for feeling unsafe?</p>	<p>What are the early warning signs that it is becoming harder to keep myself safe?</p>	<p>Getting through right now what I can do to reduce impulsivity?</p>	<p>People I can Telephone: 1 2 3</p>
<p>Things that sooth me when my emotions are running high or get me activated when I'm feeling cut off?</p>	<p>What I can say to myself to give myself hope and encouragement? (Safety Buffers)</p>	<p>How people can support me who I can talk to if I'm thinking about suicide?</p>	<p>How can others respond helpfully to me when I am in this state of mind?</p>
<p>Making my environment or situation safer?</p>	<p>My strengths and resources? (what keeps me well)</p>	<p>Activities I can do which will help distract me (including connecting with people)?</p>	<p>Anything else? When do I need to seek professional help? (Next Steps)?</p>

(2) The carer's workshop



(3) The staff training



Moving forward

- We received some funding from within the trust to buy out some of our time to roll out the interventions trust-wide.
- Plans to embed and adapt in different clinical areas (e.g. community youth services, acute inpatient services).
- Developing a train-the-trainers approach to make this part of our standard clinical offer within services.

We welcome your critical feedback

- Any questions

Q & A's

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

Ideas



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