Summary of NHS staff discussion, 21st April 2021

Challenges	Ideas and Suggestions from Participants
Service users and emerging issues • Self-harm on in-patient wards and among young people • Non-binary and trans identities and suicide - lack of information and accurate records making it more difficult to provide the right support • Polish community – more presenting with acute mental health crises than before, possibly linked to Brexit, some people returning home and so less community to link to • Young people at home can be at risk from online harms • Domestic abuse and impact on everyone involved, including young people who witness it	
Staff well-being • People working on Covid, people working with people who are suicidal, and the impact of that • How do we do suicide prevention among staff body? • Concerns about sharing difficulties with colleagues who might judge you or think it makes you less effective or reliable as a colleague • Many NHS staff have their own lived experience, but because of stigma they may not share it • Increasing distress and despair among staff, as well as the public, about Brexit, Covid etc. • Can be difficult for staff to reach out and ask for or look for support	• For people dealing with traumatic incidents one police force uses TRIM (Trauma Risk Management) for first responders, and have also helped the local fire service and mental health trust embed TRIM. It gives a framework for different interventions at different times – immediately after an incident, 6 weeks later, longer-term access to local support. (See presentation here from Merseyside Fire and Rescue on their use of Critical Incident Stress Management – similar to TRIM) • On-going psychological support or supervision can be very beneficial, especially as is not delivered by peers • Using staff wellbeing plans – help staff understand their own 'red flags' e.g. when they aren't able to concentrate or feel anxious, and the strategies they find helpful to improve their well-being. Should NHS staff have safety plans too?

• Staff can internalise and absorb many of the emotions and difficulties in their work, and don't have usual support systems if not able to see family and friends • Concern that focus on 'self-care' and 'resilience' can put the responsibility on individuals, but it's important that teams, organisations and systems are resilient and take responsibility	• Embedding co-production and peer support can improve openness of conversations around staff mental health, enabling staff to look after themselves and each other • Key elements of staff support are open conversations that feel safe and supportive • Need to be pro-active to support staff and push them to have these conversations • One Trust has created two lived experience roles to provide support to staff – opportunities to talk, go for walks, drop-in sessions – well received • Trained coaches are offering 45-minute sessions for staff to reflect and talk about the challenges of work, how they manage – very helpful
Training • GPs have not taken up offer of Emotional Resilience workshops, possibly because of a sense of themselves as the ones who look after people, possible fear of sharing their own struggles, so how change that culture?	• Community training – inspired by Hull's Talk Suicide (here) where they use the Zero Suicide Alliance free online training, with local information and data to make it more relevant, and have lots of data on how many people have started and completed the training etc. • Offering training on suicide awareness and prevention for professionals – GPs, non-clinical staff like social workers and more • Providing training to GP reception and admin staff, so they are better prepared to handle people calling or arriving with suicidal ideation. Main focus areas are recognising the signs, asking the question, and signposting

Multi-agency working • Feeling detached from colleagues and wider work • Multi-agency groups not meeting as often if at all • Safeguarding often not linked to suicide prevention but vital to understand hidden harms around Covid and how might impact on suicidality	• Multi-agency group meeting every week, thinking about impact of Covid, the real-time surveillance system, how we can work together • Big communications group thinking together about how not to duplicate work, but instead how to join messages and work up • Real-time surveillance being implemented in lots of areas – working with public health and police
Longer-term concerns • Economic impact of Covid and how that will impact suicide rates • Potential reduction in services due to cuts or changes in priorities • Focus has been so much on physical health and not as much on mental health protection • Lots of new work being developed and implemented, but they all need embedding, effective communications to ensure they're being used appropriately, and won't see benefits for a while yet	• Community messaging and communications about mental health, suicide prevention, awareness of safety planning • Important for NHS and public health to think together about how to recover