Summary of NHS staff discussion, 2nd June 2021

Challenges	Ideas/plans
Service users and emerging issues • Increase in referrals to CAMHS • Waiting lists are long, difficult to manage people on them but an important time • People are not accessing services at the moment, missing face to face appointments with mental health liaison services – important to understand why, what people want, how to better meet needs • Concern people trying to self-manage at home, which risks accessing support when more acutely unwell • Police are identifying people at need, but without mental health staff going out with them they are needing to manage it themselves • Transferring people from enhanced care to standard care can be a risky time, possibly feeling lack of support • Fear of the future, and coming economic impacts, possible recession, unemployment etc.	• Using NCISH self-assessment toolkit (here) to guide what we will be doing on suicide prevention • Exploring data, identified important risk factors including autism • Domestic violence – working with local partners to better understand how each other work
Staff well-being • Staff impacted by deaths on wards or under care of the Trust – feel anxiety and fear of blame • How can we support clinical decision-making when staff are under scrutiny after an incident? • Increases in usage of staff health and well-being and support services shows increased need	Organisational: • Suicide prevention lead following up with teams affected after a death, ensuring they get a de-brief and support, not just the investigation process • Reminding teams that we know they are saving lives too

• Acknowledge that remote working is here to stay, so how can teams and managers build in those informal connections? • How to support colleagues through Covid, which brought up lots of emotions, including historic feelings and trauma • Anxiety about the return to the way things were	• Promoting emotional resilience training for NHS staff, very positive feedback including that it's good to see staff well-being finally being prioritised • Ensuring staff book in clinical supervision rather than letting it slide Personal: • Going for a short walk before and after work – to help define the working day and get moving; setting a walking target and raising money – gave a real focus for a period of time, now trying to maintain that • Take breaks between meetings, and schedule meetings to start at 10 past or finish at 10 to so everyone gets a break • Connecting with colleagues, touching base each day, having a sounding board, providing and receiving support • Saying no and managing workload rather than thinking you need to do everything • Protecting downtime – turning off laptop and phone, no work emails on personal phone • Can feel irritable and angry, and respond to people like that – talked to colleague and now we try to 'smile not snarl'! • Using mindfulness and meditation apps to help re-set at the end of the working day

Partnership working • How can we avoid a blame culture in local partnerships, especially when feelings are high, there is anxiety about deaths of vulnerable or young people, or a possible cluster etc? • Often people want to identify 'reasons' for someone taking their life, or what the role of the Trust was, but very difficult to know when not in contact with the Trust for a year or more, or when not one clear point of failure.	• Useful to focus on what could have been done better and how the system could have worked more effectively
Training and awareness raising • Working to implement suicide awareness training across the 5 CCGs in one patch – for Primary Care Networks, and non-clinical staff • Previously delivered training in schools – on 5 ways to wellbeing you can send some information and slides, but not appropriate when talking about self-injury etc so that work is having to wait until staff can go back in to schools • Holding open 'suicide prevention conversations' with SP Lead, Chief Nurse, bereaved parent and other specialists, where staff can ask questions. Themes include: veterans, importance of language, children and young people, needs of carers, bereavement. Very positively received, now doing one and inviting people from outside the Trust. • Holding suicide prevention drop-in sessions each month, to find out what has been happening across Trust and promote training; attended by researchers, admin staff, data analysts • Offering 'coffee and a chat' sessions to local businesses – lots of staff interested, and then encourage them to do Zero Suicide Alliance training (here), and then more specialist training • For World Suicide Prevention Day will hold a series of seminars on issues and groups we are hearing about, hoping to engage experts we haven't worked with yet	

Real-time surveillance/bereavement support • How to ensure data comes back to the boroughs where people might live and work if death happens out of borough? • Lack of accurate data, or delayed data can mean bereaved people don't get the support they need	• Helpful if bereavement support can have different referral routes – police, coroner or self-referral

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?	• 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

• 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 • 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	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? • 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	• 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

after people, possible fear of sharing their own struggles, so how change that culture?	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

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