



## Background

Prevention of suicide is a priority over the next 10 years in the NHS Long Term Plan, particularly amongst high risk and underrepresented groups. Suicidal behaviour is complex, and there is no single explanation of why people die by suicide. Most people who die by suicide do not have contact with specialist MH services. This project supports early intervention by developing an approach to personalised safety planning which can be carried out both within specialist MH services as well as in other settings people might prefer to seek support.

**“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)**

## Why is this important?

There is limited evidence for personalised safety planning and an ongoing reliance on predictive risk assessment tools despite evidence showing they have very little predictive value. There is a need to ensure that safety planning is truly personal and does not become a process “tick box” approach.

### 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**



## Our goals



- Review current evidence on personalised risk management and safety planning.



- Explore the lived experience of suicidality.



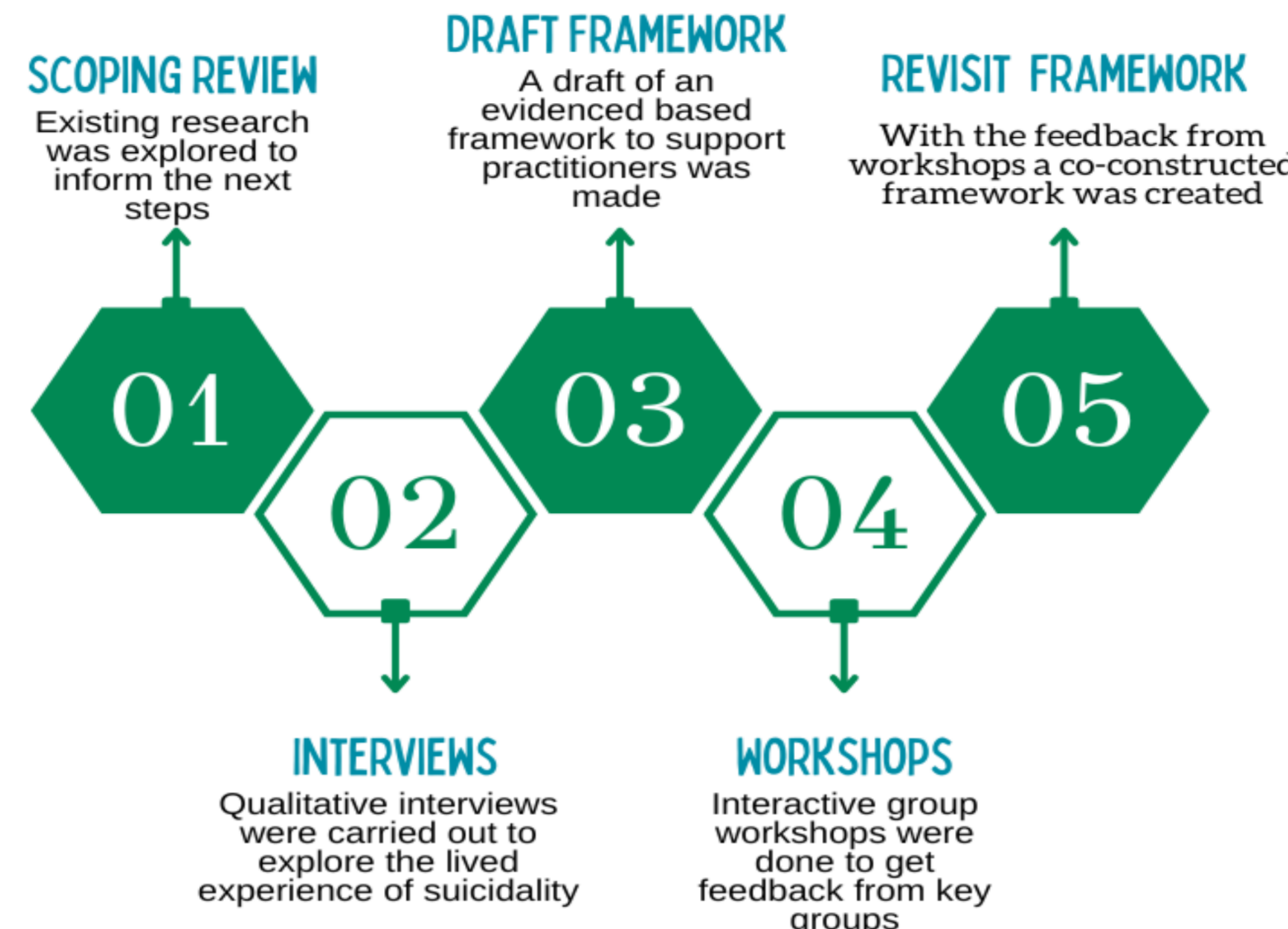
- Co-produce evidence-based Framework/ guidance for practitioners

To do this we will...

- Talk to people who have had thoughts about or attempted to take their own life, to get their views and preferences on what should be included in guidance for practitioners on personalised risk management and safety planning. As far as possible people form different backgrounds.
- With them, develop an evidence-based framework (covering training, support, tools, documentation and policy to inform routine practice) for supporting personalised risk management and safety planning.
- Talk to practitioners to get their views

## What we did

- We looked at other people’s work to see what had already been found out
- We interviewed people who had been suicidal and experienced safety planning.
- We shared what people told us with practitioners to get their views.



## What do we want to find out?

- Looking to see if it helps improve people’s quality of life, so that they no longer wish to die.
- To see if it helps reduced repeat self-harm/suicide attempts.
- To see if it improves planned help seeking for people who need support.
- Looking at how useful the intervention is to people.



## Who was involved?

People with personal experience were kept at the heart of the project.

To reflect this we had several peer researchers on the research team – Paula, Tara, Vick and Becka!

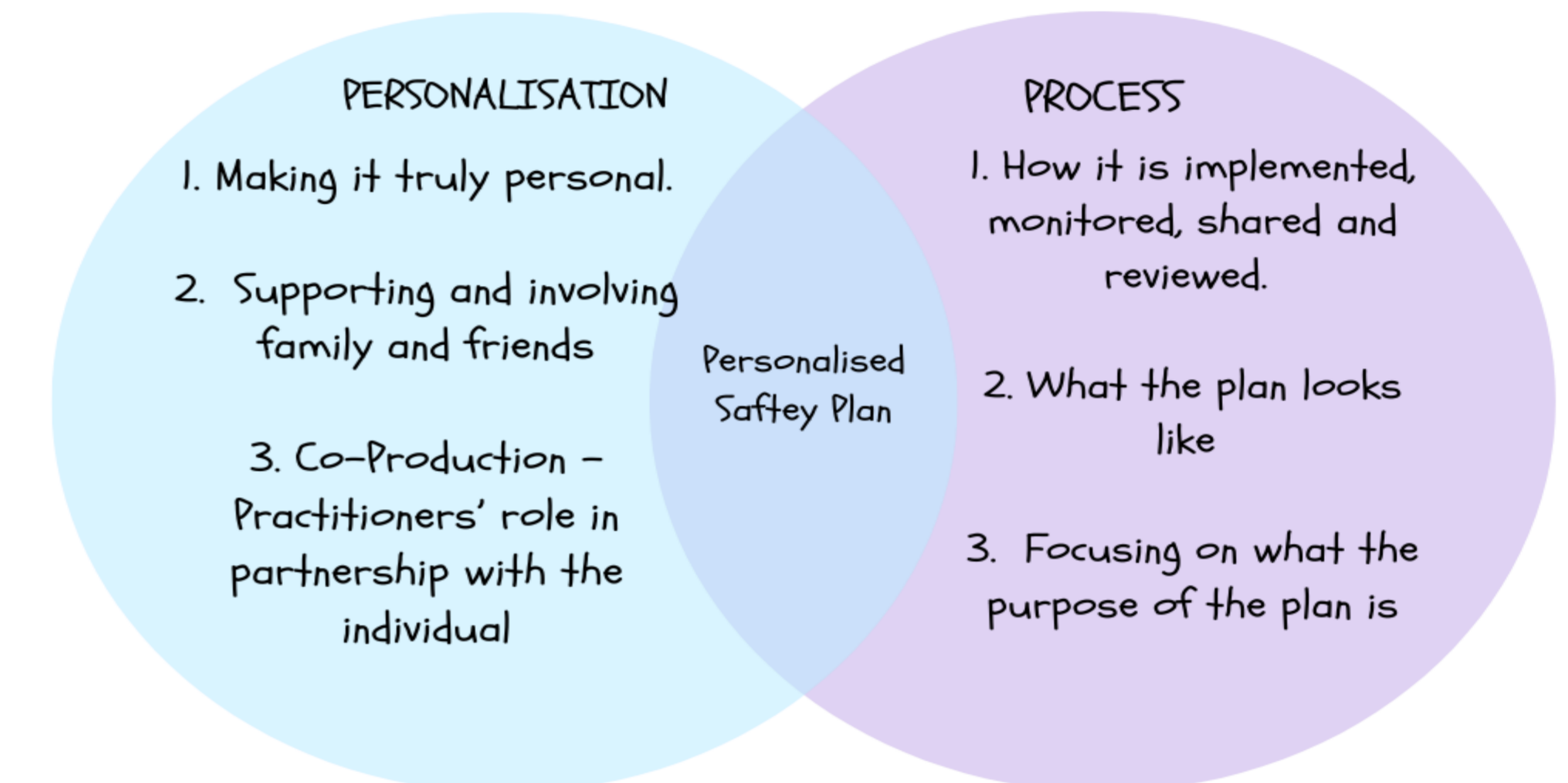
*“This is an excellent example of someone with lived experience seeking academic support, rather than academics seeking the support of people with lived experience. The involvement of the experts by experience has clearly been embedded in every stage of the project and I am confident it will continue to be so until the project concludes.”*

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



## What we found out

From interviews with participants, there were 2 main themes (**personalisation and process**) which people thought were most important, with 3 sub themes under each, related to the desired focus and approach to development and use of safety plans for people experiencing suicidality.



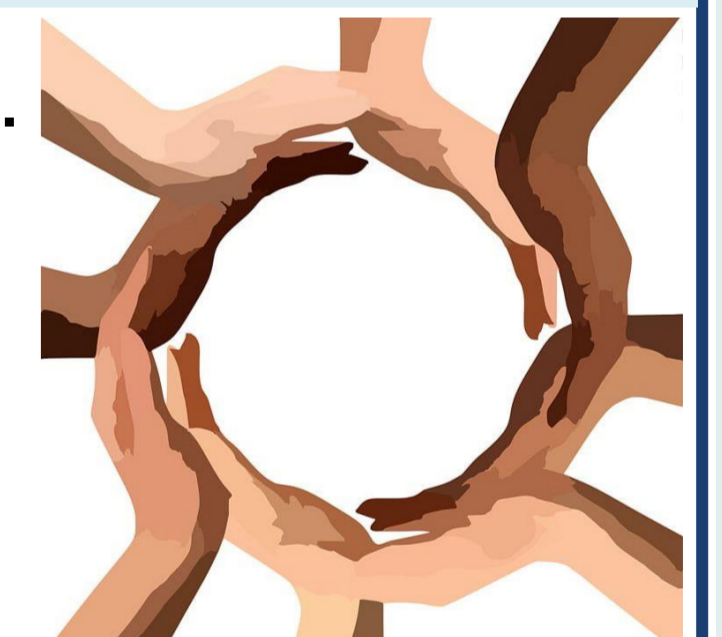
There was general enthusiasm and support for the framework from practitioners we spoke to - any issues for were mainly around practical implementation issues which we aim to look at in the next phase of our project.

## What's next?

- Refine the draft Framework with service users and practitioners.
- Evaluate and test it with service users and practitioners

The next steps for this project is to...

- Test the framework on a broader range of individuals including those in high risk groups to ensure it is as inclusive as possible.
- Test the framework in a range of organisations
- And most importantly – continue to work closely with people with lived experience



## Find out more

To find out more you can contact Katherine McGleenan at: [katherine.mcgleenan@cntw.nhs.uk](mailto:katherine.mcgleenan@cntw.nhs.uk)  
Visit the Stop Suicide NENC [Stop Suicide NENC - Suicide Prevention Suicide Prevention](#)  
Or scan the QR code displayed to the right



## References

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