Bridging the gap

Supporting individuals with suicidality while they are on waiting lists

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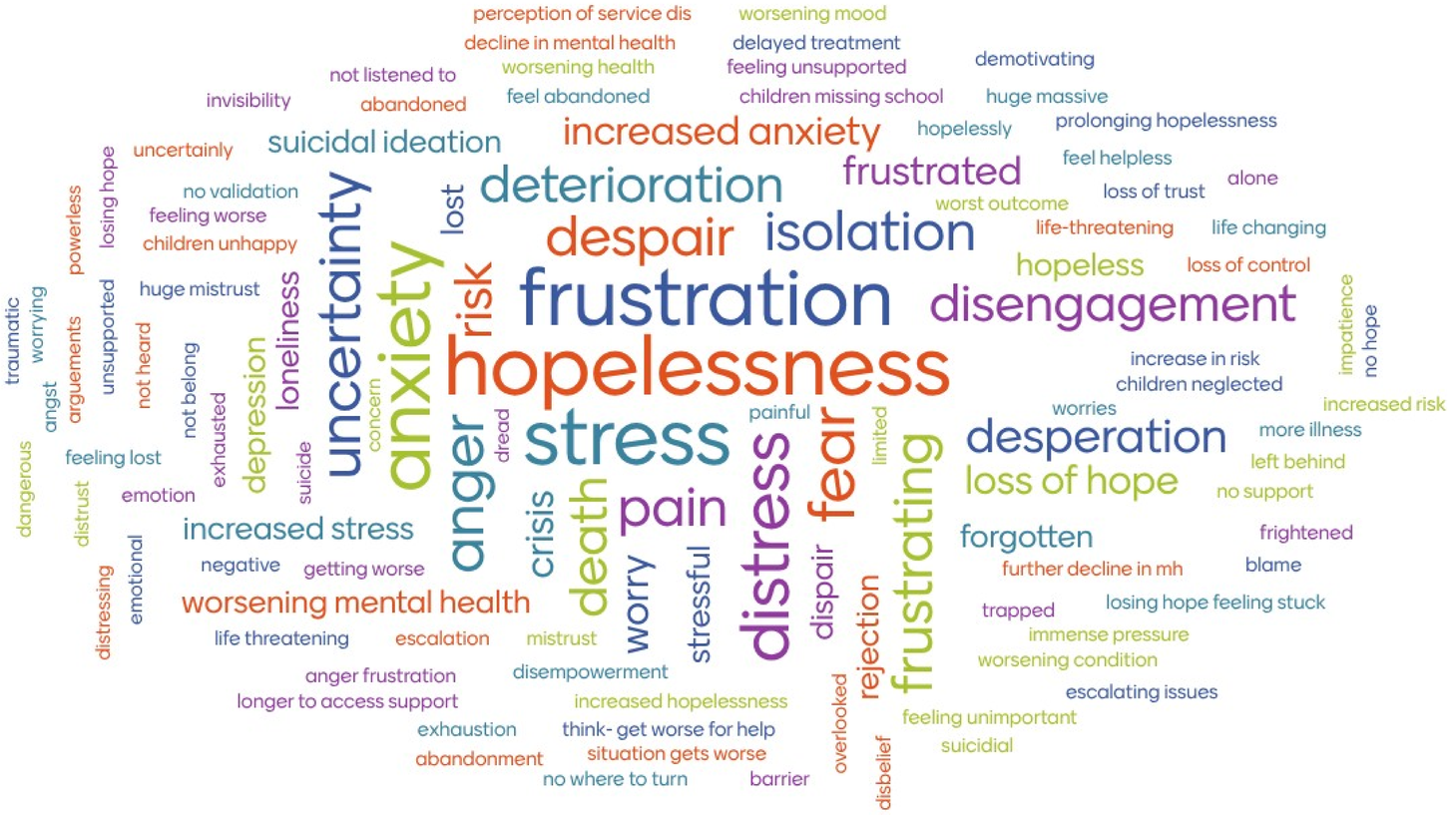
GRASSROOTS
SUICIDE PREVENTION

Objectives

Discuss the risks for people with suicidality during waiting periods.

Share practical strategies for providing immediate and longer-term support to individuals at risk.

What is the impact of waiting time on your clients/patients?



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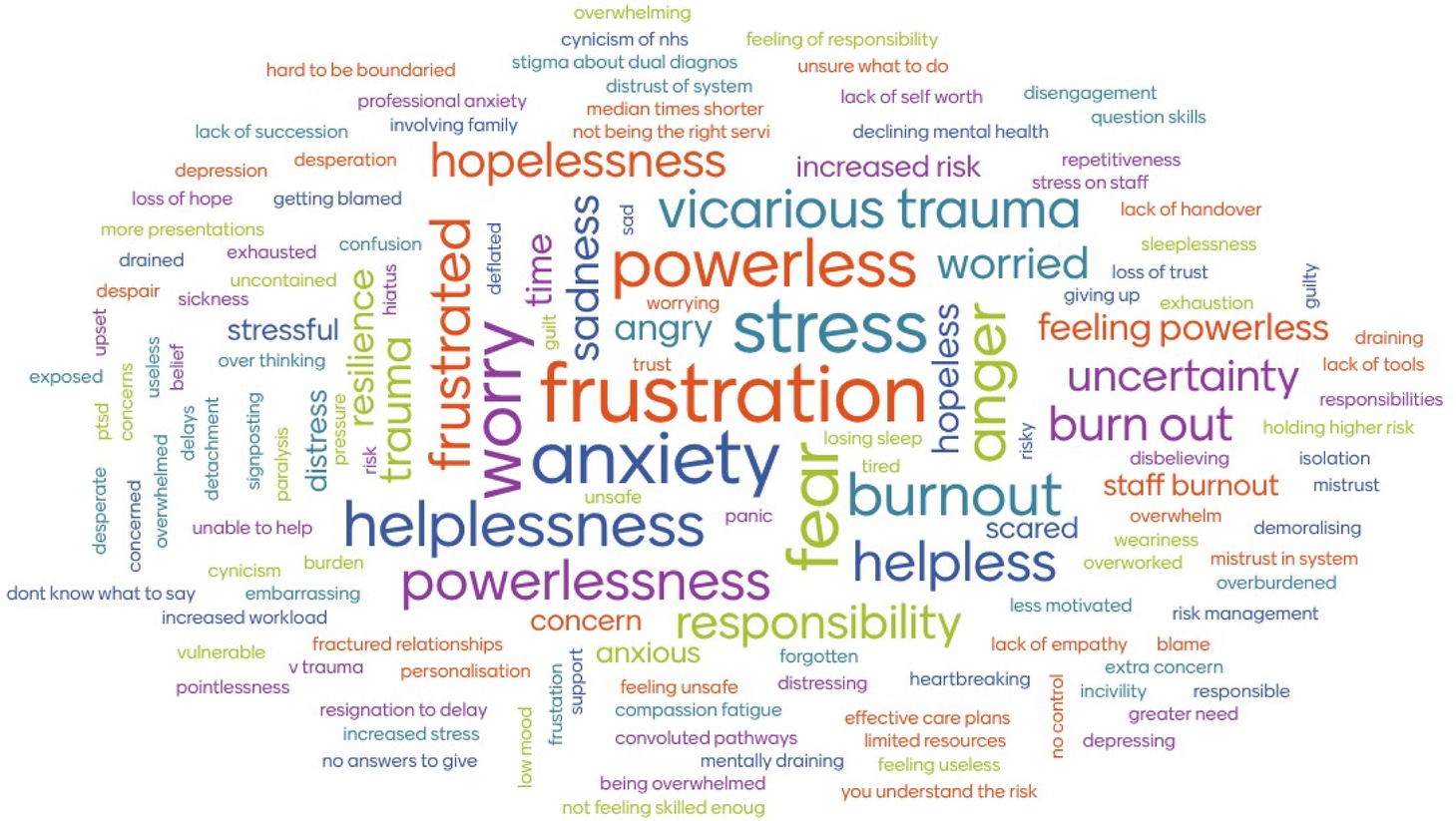
The waiting gap and its impact

- Waiting times for health and mental health services in Sussex range from six weeks to years. Some people cannot even get on a waiting list.
- People start to “give up”.
- Increased risks of suicide, self-harm, and crisis escalation during waiting periods.
- Repeated presentations to A&E: wrong place, powerlessness etc.
- Impact of isolation, lack of continuity in support, worsening symptoms, and limited coping mechanisms.

What are the challenges and impacts on you/your staff of supporting individuals with suicidality during waiting periods?



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Common challenges

- Having to support suicidal individuals without adequate resources.
- Supporting people with co-occurring issues without multi-disciplinary support.
- Insufficient training: anxiety, helplessness, referral rejections.
- Inconsistent access to crisis services, helplines: too much signposting.
- Resource constraints limiting support offer, regular check-ins, and in-person follow-up.
- Moral injury, emotional strain leading to burnout, vicarious trauma and high turnover.

What solutions and strategies are working well and what else could we do?

Talking with people

Linking across services . Multi agency triage meetings .

Safety planning for self-harm and suicide thoughts

Commissioning VCSE more to deliver wellbeing and support

Joined up working

Working well with partner agencies

Early assessment and resourcing sessions

Albion In The Community More Than Football

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What solutions and strategies are working well and what else could we do?

Recovery college

Dedicated resources

Community projects like football therapy sessions - Mental Health United

Using trained volunteers to undertake regular check-ins

Waiting well alternatives - VSCE key role in delivering these

Early contact and managing expectations

Safety planning and risk assessments

Compassionate practice

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What solutions and strategies are working well and what else could we do?

Working collaboratively. Utilising community assets, involving voluntary sector

Connectedness across services

Thoughtful services in schools

Offering flexible ways of meeting with young people

Good partnerships / more funding needed

Multiagency working

Partnership working / awareness of other teams and organisations

Multi agency triage hub

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What solutions and strategies are working well and what else could we do?

Easy to access flow charts and processes. Senior staff available as duty to discuss cases as a priority

Sussex Cricket Sporting Memories

Multi agency working Postvention support Face to face bereavement support

Using stay alive app

Check in on people

Keeping people informed and involved

Multi agency approaches

Strong partnerships

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What solutions and strategies are working well and what else could we do?

Multi agency working and checking on gaps

Training, increase professional knowledge of mental health and how to have supportive conversations with people

Signposting

Training with staff

Signposting to charities/services.

Adapting response to the individual

Reaching out and safety planning

Communication across services and departments

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What solutions and strategies are working well and what else could we do?

Honesty and openness so people are heard

Peer support, lived experience, group consultations

ASIST training for everyone - staff but also general public

Training staff in suicide first aid

Detailed audit and work around coastal signage.

Community- support and connection with people who understand you and share lived experiences

Working more closely with VCSE

Safety planning

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What solutions and strategies are working well and what else could we do?

Peer support Encourage mare collaborative working

Sharing the learning across counties

Sussex Bereaved by Suicide Project. ...please keep funding

Dad La Soul

Meaningful safety planning with clients

Proactive wellbeing check ins while on waiting list for assessment and triage, when risks have been identified at referral and triage.

Empowerment tools for clients. Templates for expressing yourself to professionals / asking for referrals

Crowd source everyone and skill them up to recognise, ask listen and hold.

What solutions and strategies are working well and what else could we do?

Training

Range of support available

Gove clinicians the time to give to each person, dependong on what they actually need

Peer support

Co-commissioned services

Working in partnership

Sharing training with others

Focus on prevention and raising awareness in communities

What solutions and strategies are working well and what else could we do?

Time to listen to clients and bring empathy to the conversations Instilling hope in someone else, reminding them of their strengths Connection/ peer support

Simple and easy accessible help (online)

Signposting to other community services.

Working together Meaningful safety plans that involve families. Sharing information. Linking services.

Multi agency working

MDT safety investigations. Learning to be shared across the system. Put the patient at the heart of any learning.

Data sharing in the development of the West Sussex Public Mental Health Needs Assessment

Signposting to additional supports whilst waiting.

What solutions and strategies are working well and what else could we do?

Engaging with people listening and making people feel wanted and valued

Ease of access to support

Using staying well and safe haven services

Working together, multiagency, joined up thinking

Voluntary sector. Particularly men's groups like ManKind.

Involve people in their own care and be honest about waiting times

Using technology - Shout text service

Peer support for people

What solutions and strategies are working well and what else could we do?

Keep all informed.

Listening

Training hairdressers in suicide prevention

Assertive outreach work workinf well - Changing Futures/RSI etc

Signposting

Have more mental health hubs people can drop into, in the day not just OOO staying well services

More work in the community - outreach

Community created resources & info. Support communities to build resilience and self advocacy. Workforce mental health support.

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What solutions and strategies are working well and what else could we do?

Don't wait, look for other things that can help. Create sense of control

Amaze ND navigation support

Effective multi-agency working in a suicide prevention initiative being run in west sussex.

Talking hubs Creative community spaces Talking benches Shared system suppport plans

Coproduction of joined up processes

Prioritising Prevention

Use trained volunteers to help during waiting periods

Staff training in risk suivide prevenyion safety planning navigation MH awareness

What solutions and strategies are working well and what else could we do?

More lived experience delivery of peer support

referral triagulation with third parties (accepting confidentiality issues)

Collaborative working

Trying to inplement a focus on positive social stuff while waiting for clinical stuff

Working as a partnership Sharing knowledge and learning Building interpersonal relationships

Meaningful safety planning

Joined up partnership strategies

Crawley staying well crisis centre

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What solutions and strategies are working well and what else could we do?

Support local recovery services

Training for community groups

Joint working,

Community mental health services delivered in partnership with VCSE and SPFT - embedding clinicians into VCSE services: Staying Well!

Support for staff

Listening Educating & empowering young people Training staff Using the power football

Role of community and voluntary sector

Give each person plenty of unhurried and attuned time of welcome and genuine listening

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What solutions and strategies are working well and what else could we do?

More services at night and at weekends to support emergency service's

Collaboration

Agencies collocated- CGL, MH located in criminal justice settings

Early intervention support

Friendship benches - safe place to talk to people in the community

Talking more about the subject so people feel talking is ok

Preventative and proactive response to suicide

The Multi Agency Mental Health and Education Triage (MAMHET).

What solutions and strategies are working well and what else could we do?

Continued support and contact.

Embedding people in community groups and services

Working together

Facilitated group work programmes

Crisis services outside A & E

CAB money advice in MH inpatient services

Clear plan whilst waiting, what can be done in the meantime

Share information between services

What solutions and strategies are working well and what else could we do?

Facilitated "holding" groups while people are waiting for 1:1 support

Different options for support: face to face, online, phone

Suicide prevention forum and ensuring everyone has a safety plan

Outreach work

CMHL service - suicide prevention and response

Kindness

Involve voluntary sector in a joined up way

Training staff in schools to feel more confident to have conversations about suicide and to know what to do

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What solutions and strategies are working well and what else could we do?

Staff training is helpful, builds confidence and gives them toolkits for support and clarity on how to respond

Peer support groups

Investment is needed

Staff training

Get the VCSE involved in support on suicide prevention. Train community leaders in suicide prevention. Eg faith group leaders

Every school having MHST

More peer support opportunities avross the system

Involving parents in safety planing conversations

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What solutions and strategies are working well and what else could we do?

Drop in support for people in crisis - not waiting for an appointment

Need to have post assessment meetings . Respected assessments so that person doesn't need to repeat their story.

Talking about loneliness

Linking physical and mental health

Working to prevent violence against women and girls and keep specialist women led services. Work with the causes of the suicide ideation.

Linking with our community and vcse partners

Crisis team works well. Changes to CAMHS has been positive in ED (they come to see sooner now) however still huge waiting lists and a feeling that 'they aren't helpful'. More psychology/therapy needed

Preventative work not reactive!

What solutions and strategies are working well and what else could we do?

Multiagency working - MAMHET Early intervention Being connected

Reflective practice

Holistic wrap-around services

Inter-agency working

Coordination of VCSE offers

sollboative strategic conversations

Regular check ins. Good safety planning. Involving friends and family. Good pathways to support when the team isn't there. Involvement of wider community services.

Make access to help more simple

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What solutions and strategies are working well and what else could we do?

More training, not just clinical or healthcare - generally for 'joe bloggs'

Listen to lived/living experience

Working flexibly

Clarity of pathways to multi disciplinary resource.

Working in partnership

Recognition of trans and non binary people in data surrounding death (recently changed for children but not adults)

Focus and support groups

Manage expectations; signpost to other sources of support, keep lines of communication open

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What solutions and strategies are working well and what else could we do?

UOk Well-being Centres

Collaboration with other services - offering space to offload while they wait - regular connection so the service user knows we are there

speak to patients at referral and advise re waits and safety plan for period will be waiting

Don't put all eggs in one basket. It may be wrong bus you're waiting for.

Multi agency working, joint delivery. Focussed on benefits of physical health on mental health.

We could have dedicated websites with self help and signposting people on waiting lists. A website for people waiting memory assessments was set up in Covid nationally and this had excellent feedback.

Sport and health

Autism In Schools programme

What solutions and strategies are working well and what else could we do?

Support for home educated young people

Advocate for more funding for prevention.

More support for healthcare workers - EAP's / wellbeing events that take care of the workforce

Educated rhe community to safe lives we train basic life support start prevention in secondary school

Creating safe spaces

Train more community people in helpful interventions, not just training professional staff, volunteers as well

Give everyone access to the listening and holding skills. Find something for everyone to do.

We need to evidence prevention,; the elements that led to people not dying by suicide. What works, why, and how can we build on this.

What solutions and strategies are working well and what else could we do?

Action after chat make sure voices are heard

Safety planning, Stay Alive app

Signposting prior to support to engage in wellbeing

Link in to the 16 ICT in Sussex

Guided signposting to services not just giving a leaflet or website

Investing in and connecting with voluntary sector offer

Understanding local need
Working alongside community partners.
Prioritise prevention.

Brighton and Sussex 5 year strategy

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What solutions and strategies are working well and what else could we do?

Learning and training

Celebrating successes within the team

Great people working in services wanting to make a difference

Networks of safety , leaning in to (and funding) VCSEs

Regular well being sessions for staff involved in suicide prevention work.

Involving experts by experience.

Further training with staff regarding risk - acknowledging its dynamic and not static. Being mindful of upcoming dates/ anniversaries that have meaning or are difficult for clients.

MAMHET for children and young people

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What solutions and strategies are working well and what else could we do?

Focus on recovery-focused psychoeducation and coping mechanisms as support for people suffering from suicidal ideation. These are coproduced by people with lived experience at Recovery Colleges.

Manage expectations

Talking cafes

Social prescribing

We need to co-locate mental and physical health services rather than operate in separate services/sites/hospitals/NHS Trusts. This will serve patients better and contribute to destigmatisation.

Better more equipped services for children in care

Survivor leadership

Increased awareness of health impacts of loneliness

What solutions and strategies are working well and what else could we do?

No more policy documents

Sustainable, long term funding to extend waiting well alternatives. Commissioning which enhances workforce security and confidence

professional / clinical supervision with peers

Using business to help fund and recruit champions, its everyones business

Mental health Advocacy services supporting people to navigate services more quickly and effectively

Multi disciplinary team

Providing points of connection

Drop in sessions eg group CBT

What solutions and strategies are working well and what else could we do?

Lived experience could be made available. Peer support . Make use of the knowledge and experience from lived experience roles. It is priceless.

Greater focus on prevention

Use good care events from safety incidents. Using safety 2

The use of language towards people and their experiences requires consistency across provision

Men In Sheds

Stop assessing and signposting. Start helping and holding

More access to place of safety that's not A&e

More visible support in public places

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What solutions and strategies are working well and what else could we do?

Better development of peer support networks and use of lived experience

Low cost therapy providing quick access. The Old Bank Wellbeing Trust is a good example.

Training and education

Listening to people with lived/living experience

UOK partnership

Eastbourne Survivors

Better ise of lived experience workforce

Someone/ safe space to talk and be heard and valued while waiting for clinical support / mutual support spaces

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What solutions and strategies are working well and what else could we do?

Closer links to those referring, clear understanding of what being referred for

Promoting messaging to reduce stigma around mental health

Active listening

The Suicide Prevention and Response Team for schools and young people in West Sussex

Comedy course for men in London wad co produced. Worked with recovery colleges

Consistent relationships

Use of technology for helpline more text or instant messaging services 24/7 support

Support services beyond 9-5

What solutions and strategies are working well and what else could we do?

User led support in all forms

Multi agency mental health education triage team and service

Connecting the connectors

Education and health information at an early age

More learning from - real lived experience integration with transformation and change

Multi-disciplinary approach when safety planning.

LISTEN

Strategies such as co-occurring conditions protocols help break down barriers and create no wrong door approach

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What solutions and strategies are working well and what else could we do?

Funding for local groups run by community members

Poverty reduction and increased support to prevent economic abuse

Understanding which organisations to work with

Increased funding is a core need which is widley know, however it fes like more needs to be done to address this instead as accepting it as a given.

Empathy

Multi agency working - MAMHET Collaboration Early intervention Honesty

Public Health team are supportive

Reasonable adjustments in education

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What solutions and strategies are working well and what else could we do?

Have survivors tell their story to wider groups of people as they are more relatable and inspiring and able to offer a real sense of hope

Reducing rejected referrals

Understand who is at higher risk and target support

Conjoint case working. Peer mentor input. Complex case meetings. Equipping staff with complementary skills (dual diagnosis). Alcohol related brain injury and dementia pathway screening.

Listening to the experience of the person in the middle, and the person/people closest to them (eg, support worker)

Joint work with mental health team and voluntary services
Duty system supporting clinicians and patients
Supportive kind and colleagues

Diverse representation of hope and role models / intergenerational joy

Time to do the best job they can

What solutions and strategies are working well and what else could we do?

Risk and safety plans. Signposting. Professional sharing of advice. Use off apps, websites and helplines. Conversations. Training. Awareness. Media and social media as a positive to promote awareness

giving info to carers and enabling them to have carers assessments and support put in place

Really listening to peole with lived experince. Following up on what they feel works. Prevention or early intervention alongside crisis i tervention

Improve access to services

Invest in peer support groups. Therapy treats people in isolation. As Peter said, people have 'live the rest of the time in their communities'. Shared experience is the best and cheapest support

Make it easy to recognise mental illness.

Training in suicide prevention and recognising what signs are, and really listening and being present

Co-location of physical and mental health services.

What solutions and strategies are working well and what else could we do?

Mind in Brighton advice service - quick and easy to access space to find listening support

Teach people active listening skill

VCSEs can help offer connection - we have time to listen when clinical services just don't have that time.

Finding what works for individuals.

West Sussex MAMHET

Appropriate sharing of information between agencies and pulling resources still requires improvement

Ring fenced ICB and Trust funding

The power of connection in tackling loneliness

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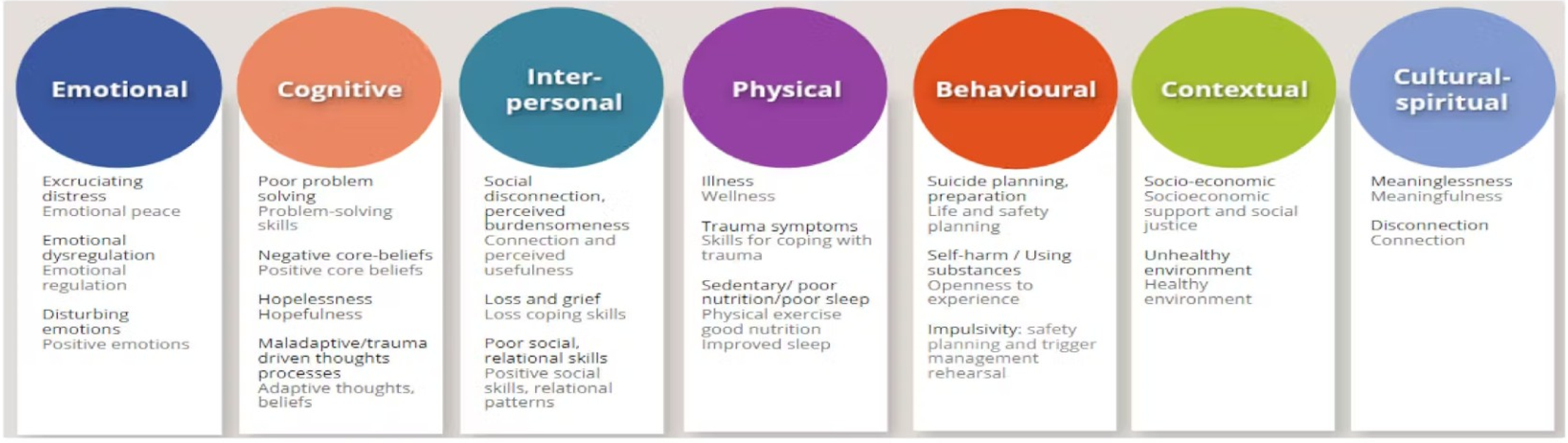
Practical strategies for bridging the gap

- Personalised Suicide Safety Plans.
- Active monitoring with regular check-ins.
- Addressing social determinants driving suicidality.
- Involve peer and community support.
- Crisis support services e.g. Staying Well service
- Clear pathway of support for people with suicidality.
- Support, safety planning and crisis management training for families/friends/carers.

Practical strategies for bridging the gap

- Strengthen multi-agency collaboration: joining up services.
- Publicise and develop more safe places.
- Expand low-intensity psychological support.
- NHS and private talking therapies.
- Communication tools to support neurodivergent people access.
- Digital support and apps.
- Enhance training and knowledge sharing.

Crisis to Recovery - From crisis intervention to recovery promotion



Enables professionals to identify what might be the main drivers of suicidality in a client and create appropriate intervention strategies.

Addressing Summers-Flanagan's seven dimensions of suicidality (emotional, cognitive, interpersonal, physical, behavioural, contextual, cultural/spiritual).

Meaningful safety planning for suicide prevention

GRASSROOTS
SUICIDE PREVENTION

Objectives

Explain the importance of effective safety planning.

Reflect on common practices in safety planning.

Explain ways to make a person-centred approach meaningful.

Why is safety planning important?

- Offers clear, actionable steps that prevent crisis escalation.
- Empowers individuals, promotes a sense of control and agency.
- Provides a lifeline.
- Builds trust with professionals.
- Reduces suicide attempts.

Why might people struggle to engage in Safety planning?

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Current safety planning practices: a critique

- Lack of personalisation.
- Checklist-driven interactions.
- Not addressing reduced capacity.
- Lack of backup plan.
- Neglect of longer-term support.

Current safety planning practices: a critique

- Limited inclusion of trauma - informed practices.
- Failure to address family dynamics, domestic violence and abuse.
- Assuming that there are family or friends who can be called upon.
- Inconsistent follow-up.

Challenges workers/clinicians face

- Time constraints
- Professional fear and hopelessness
- Burnout, emotional exhaustion
- Lack of resources and organisational support
- Dealing with multiple intersecting issues without adequate training
- Protocol-driven pressure
- Scope for incorporating more trauma-informed principles into commissioning decisions.

Individualised, meaningful Safety Planning

- ✓ These are warning signs that I might be struggling…
- ✓ I will calm myself by trying…
- ✓ I will do to my safe place…
- ❑ **If I am struggling, I can talk to…**
- ❑ In a crisis, I will seek help from these professionals or organisations….
- ❑ My ideas for staying safe…

What good practice do you notice?

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What does meaningful safety planning look like?

- Establish trust.
- Manage your own feelings of fear, helplessness.
- Use the Stay Alive app (app, browser, PDF).
- Co-created, personalised, live tool.
- Account for impaired cognitive capacity.
- Incorporate a range of coping strategies.
- Provide families, friends with practical ways to support their loved one.
- Ongoing follow up and reviews.

Download the Stay Alive app

Problematic substance use

- Identify drug, alcohol use triggers.
- Include harm reduction strategies: set, setting, substance = experience.
- Provide contacts for substance misuse services.
- Help the individual identify ways to limit access to alcohol, drugs when feeling suicidal.
- Explore ways to help the person manage their drug, alcohol-affected thoughts, actions.
- Appreciate the role of reduced tolerance in overdose risk/amplification of suicide ideation.
- Integrate mental health support.

Dr Sangeeta Mahajan, Mental Health Activist and Educator, on the Stay Alive app