Importance of language when describing someone in a suicidal crisis

Suicide Prevention Workshop 7th Oct 2021

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Why ask to talk today?

- Ask to attend a Professionals Meeting for a 23-year-old female
- Currently admitted informally to an inpatient unit
- Diagnosis of EUPD
- Self Harming and suicidal ideation
- Care Co-Ordinator called a Professionals Meeting as she did not feel upon discharge she could manage her safety.

Research notes before meeting…

- Clinical entry previous day by Charge Nurse on the ward

- *"*****…has been struggling with her voices and has spoken about having thoughts to end her life. She stated at the minute she would not want to do this in hospital as she would upset staff. But reminded this is her choice to end her life and this is not death by misadventure"*

Norfolk and Suffolk
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No one should ever hear it's OK to take your life

- People need to understand that can never know of someone in suicidal crisis has capacity immediately prior to attempting to take their life
- Capacity changes from hour to hour
- Capacity is reactive to high levels of distress or mental illness
- We have a duty to contact, assess and support
- Not a reason to step back
- It is not for us to predict or imply a Coroner's verdict.

This isn't new…

- 20+ year old female
- Diagnosis of EUPD
- Presented to MHLT at local A&E- suicidal ideation
- Told had Capacity to take own life as she had no acute mental illness
- Communicated thoughts through Twitter as she drove car erratically
- Tweets picked up by 2 off duty nurses who spoke to her and through the emergency services was admitted to an inpatient unit

What this triggered for the service…

- Firstly, Service Manager personally apologised to SU
- Immediate review of pathways and he communicated his expectations to the CRHT and MHLT- “We assess on presentation- not diagnosis”

What this triggered for the Trust

- Our first Suicide Prevention Webinar “Change the Language- Save a Life” World Suicide Prevention Day 2020
- Panel – Chief Nurse, Suicide Prevention Lead, Advisor for Suicide Prevention, Peer Participation Lead, Carer
- Watched by 500+ people live- 325 have downloaded it to watch later
- Firm message “These words are not to be said in our Trust and we need to understand why they are being said”

And the work goes on…

- Webinars continue twice a month. Different subjects and experts presenting.
- Theme of Suicide is not a choice has continued with SU's and Carers presenting their experiences good and bad.
- Bespoke Mental Capacity Training has been delivered to either teams that identify they need it or have been identified to need it. Delivered by our Mental Capacity Lead and Advisor for Suicide Prevention. With the full support of our Chief Nurse

We haven't got there yet…but its not just us

- DR Cloe Beale "Magical Thinking and Importance of Language" (BJPsych (2021)
- Article about exclusion "NHS mental health services structures have become increasingly focused about how to deny people care instead of help them access it….Well-meant initiatives become misappropriated to justify neglect…Problematic language endemic in psychiatry reveals a deeper issue: a culture of fear and falsehood…An excessively risk-averse and under-resourced system may drain its clinicians of compassion, losing sight of the human being behind each "protected" bed and rejected referral"

CULTURAL REFLECTIONS

Magical thinking and moral injury: exclusion culture in psychiatry

"Consider this a call to arms: if the content resonates with you the ensure you do more than shout in your echo chamber" (Dr Chole Beale 2021)

- "Patient can not guarantee safety" – its our responsibility to hold hope- not to promise in the future we will not be standing in front of a coroner
- Someone who presents frequently is "at risk of death by misadventure"
- You have Capacity
- CRHT is the "gatekeeper to services"
- Co-insisting drug and alcohol – self refer yourself to prove your motivation
- Not risky enough for secondary services but too risky for Wellbeing

Action…

- 1) Do you recognise anything like this in your services or even your own practice?
- 2) If not – tell me what you did?
- 3) What is preventing us from working together to change culture?

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