PROTECT

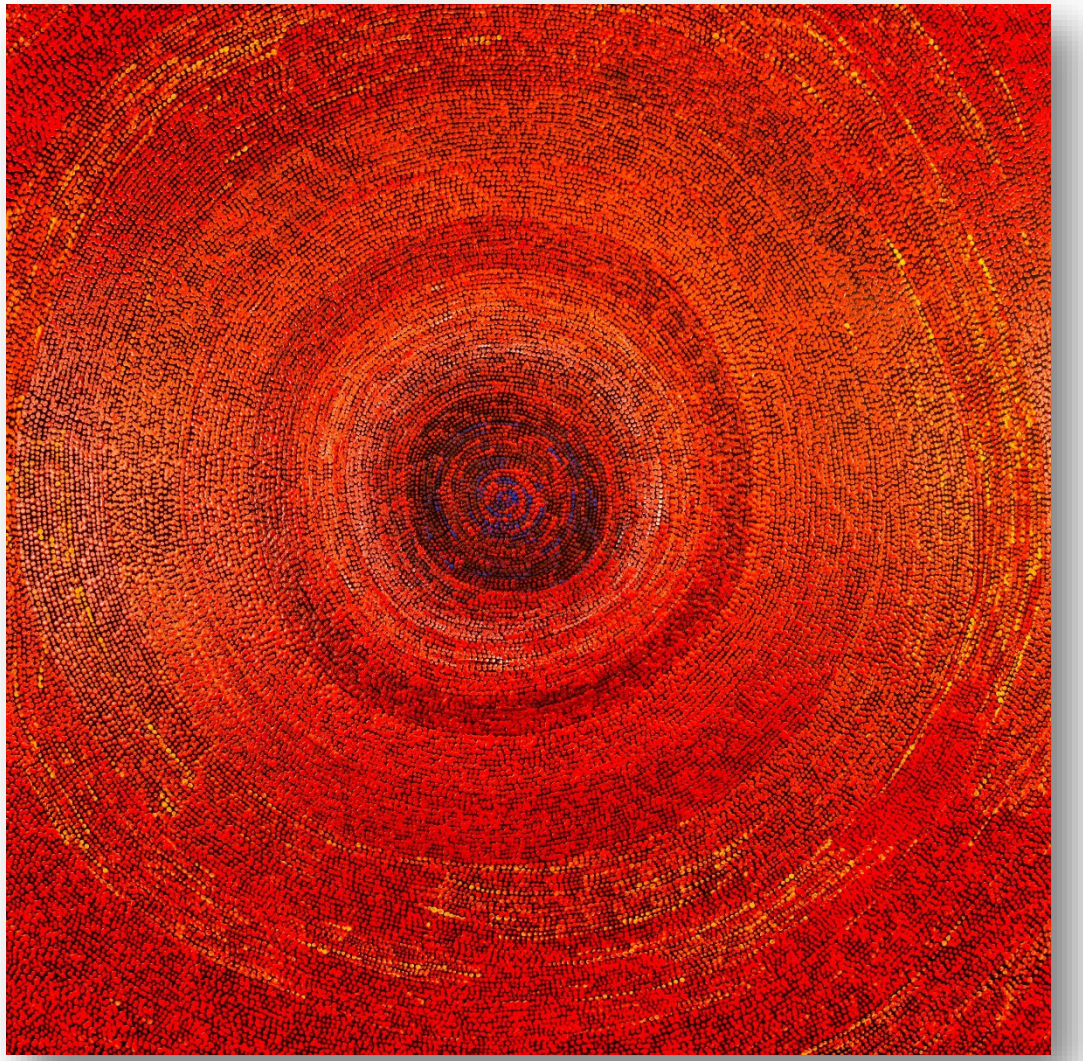
PROactive deTECTion through Relational Safety

Navigating Contemporary Challenges in Suicide Prevention

Dr Manaan Kar Ray

Welcome to Australia

We acknowledge the Traditional Custodians of the land on which we stand and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past, present and emerging.

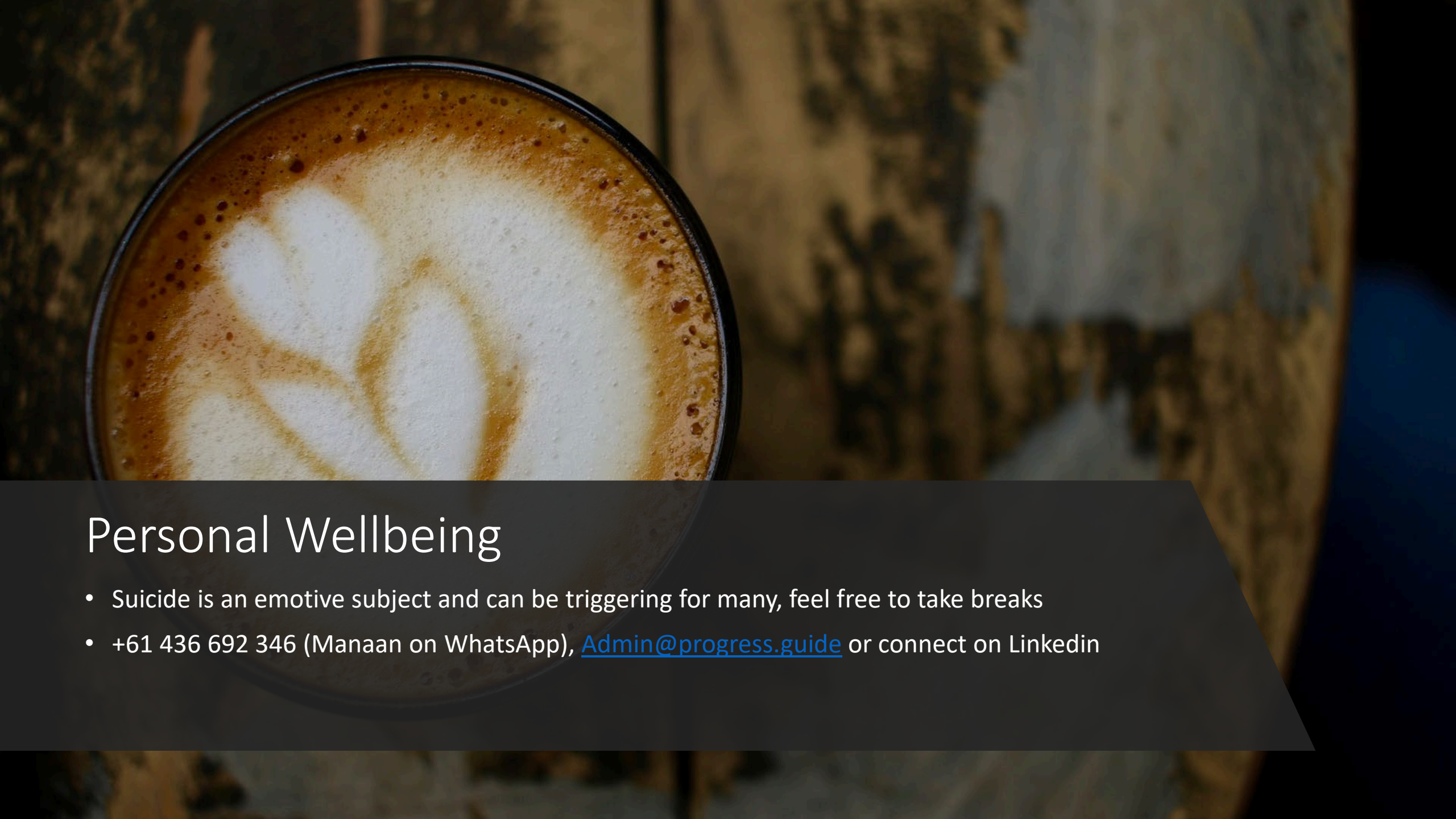


Mina Mina Sunset

By **Sabrina Robertson Nangala** from Yuendumu, Tanami Desert, Central Australia

Personal Narrative

Stories that determine who we are and what we do



Personal Wellbeing

- Suicide is an emotive subject and can be triggering for many, feel free to take breaks
- +61 436 692 346 (Manaan on WhatsApp), Admin@progress.guide or connect on Linkedin

Suicidal Distress

I am trapped

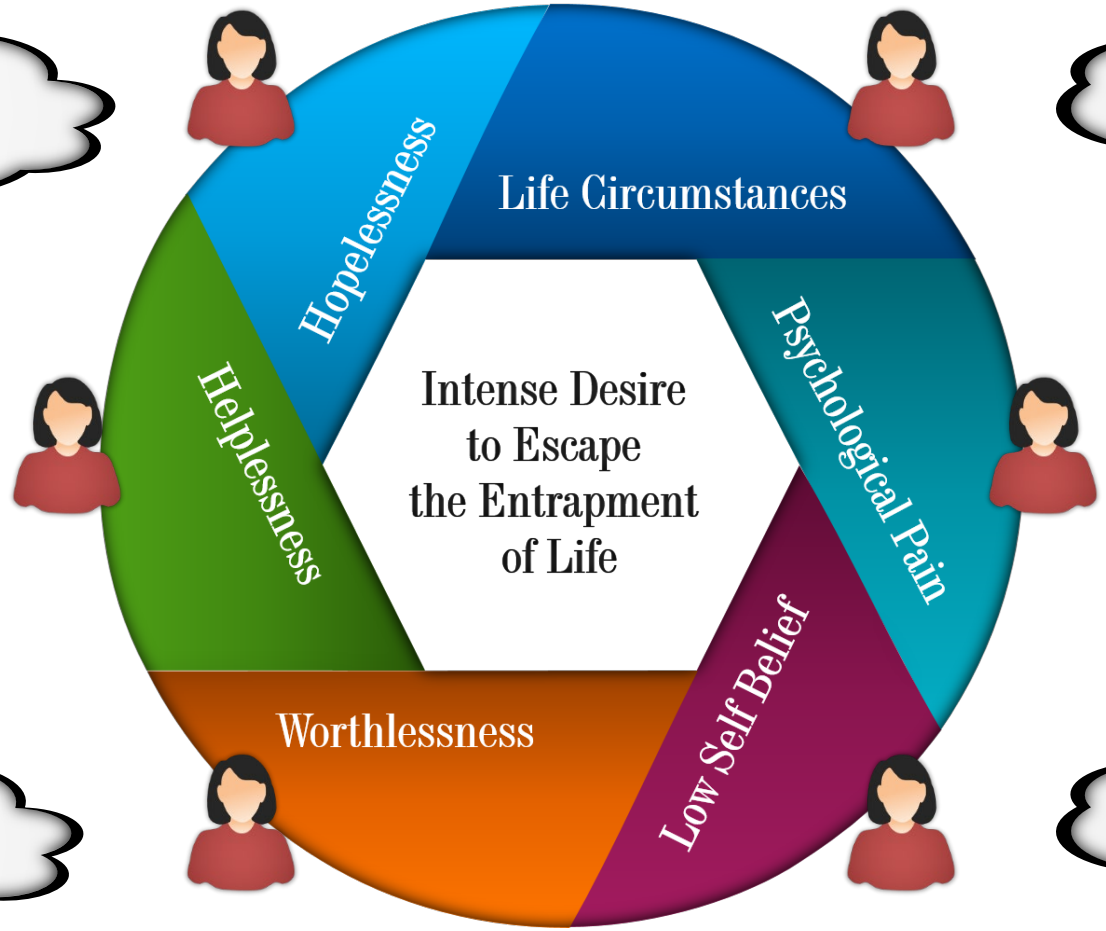
I feel overwhelmed

Nothing will help

Can't bear the pain

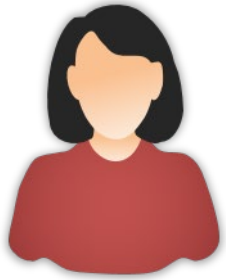
I am a burden

I can't do this



O'Connor RC. Chichester, UK: John Wiley & Sons, Ltd; 2011
http://doi.wiley.com/10.1002/9781119998556.ch11
Shneidman ES. Northvale (N.J.): Jason Aronson; 1993

Suicide is the solution to life's misery



Activate Resistance

It is a permanent solution to temporary problems

Position
Dying

Interest
Escape entrapment

Need
Help me be pain free

Dig Deep

Position
Living

Interest
Explain Alternatives

Need
Help you be pain free

Novel approach to

Familiar crisis care

Sawubona
We see You

Ubuntu
I am because we are

Kar Ray, M., Wyder, M., Crompton, D.,... Lombardo, C. (2020), PROTECT: Relational safety based suicide prevention training frameworks. Int J Mental Health Nurs, 29: 533-543. doi:10.1111/inm.12685

Empathy in Action

Cognitive Empathy

- *Your thoughts in my mind*

Emotional Empathy

- *Your pain in my heart*

Empathic Concern

- *My genuine desire to help*

KarRay, M., Lombardo, C., Hafizi, S., & Kallivayalil, R. (2018). World Psychiatric Association. In *Novel Clinical Solutions to Suicide Risk Management*. Mexico City.

Embedding Recovery to Transform Inpatient Mental Health Care: The 333 Model

Manaan Kar Ray, M.B.B.S., M.R.C.Psych., Chiara Lombardo, M.Sc., Ph.D., Zahoor Syed, M.B.B.S., M.R.C.Psych., Nitin Patel, Ph.D., Chess Denman, M.B.B.S., F.R.C.Psych., Peter B. Jones, Ph.D., F.R.C.Psych.

Objective: The 333 model is a radical redesign of acute mental health care. Time-limited inpatient pathways for assessment (≤3 days), treatment (≤3 weeks), and recovery (≤3 months) replaced traditional geographical-sector wards. By making beds available, 333 aspired to improve access, deliver early treatment, and shorten hospital stays—generating savings through reductions in beds and out-of-area placements (OAPs). This article compares the model's performance against national benchmarking and internal targets.

Methods: The complement of general adult beds (2011–2016) was mapped out. Patient flow data (April 2015–March 2017) were extracted from the National Health Service data warehouse and compared with 2016 NHS benchmarking and 333 targets.

Results: Between 2012 and 2016, beds were reduced by 44% compared with 17% nationally. OAPs due to bed unavailability became extremely rare. More than 74% (N=2,679) of patients who were admitted to the assessment unit between 2015 and 2017 were discharged back to the community, minimizing fragmentation of care. Median length of stay was one-sixth as long as the national rate, but readmission rates were higher than the national mean because of the model's innovative approach to managing treatment of patients with personality disorders. Bed occupancy was below the national average, with beds available every night for 2 years.

Conclusions: With its recovery-focused approach, 333 has reduced length of stay and ensured that a stay on any ward is meaningful and adds value. The article demonstrates that bed and OAP reduction and the delivery of safe care can be achieved simultaneously.

Psychiatric Services in Advance (doi: 10.1176/appi.ps.201800284)

Kar Ray, M., Lombardo, C., Syed, Z., Patel, N., Denman, C., & Jones, P. B. (2019). Embedding Recovery to Transform Inpatient Mental Health Care: The 333 Model. *Psychiatric Services*, *70*(6), 465–473.

Open access BMJ Quality Improvement report

BMJ Open Quality

PROGRESS: the PROMISE governance framework to decrease coercion in mental healthcare

Chiara Lombardo,[1,2] Tine Van Bortel,[2,3] Adam P Wagner,[3,4] Emma Kaminskiy,[5] Ceri Wilson,[6] Theeba Krishnamoorthy,[2] Sarah Rae,[1] Lorna Rouse,[7] Peter Brian Jones,[3,8] Manaan Kar Ray[1,9]

International Journal of Mental Health Nursing

International Journal of Mental Health Nursing (2017) 26, 500–512 doi: 10.1111/inm.12382

SPECIAL ISSUE

Is restraint a 'necessary evil' in mental health care? Mental health inpatients' and staff members' experience of physical restraint

Ceri Wilson,[1] Lorna Rouse,[2] Sarah Rae[2] and Manaan Kar Ray[2]

Accepted: 8 January 2018

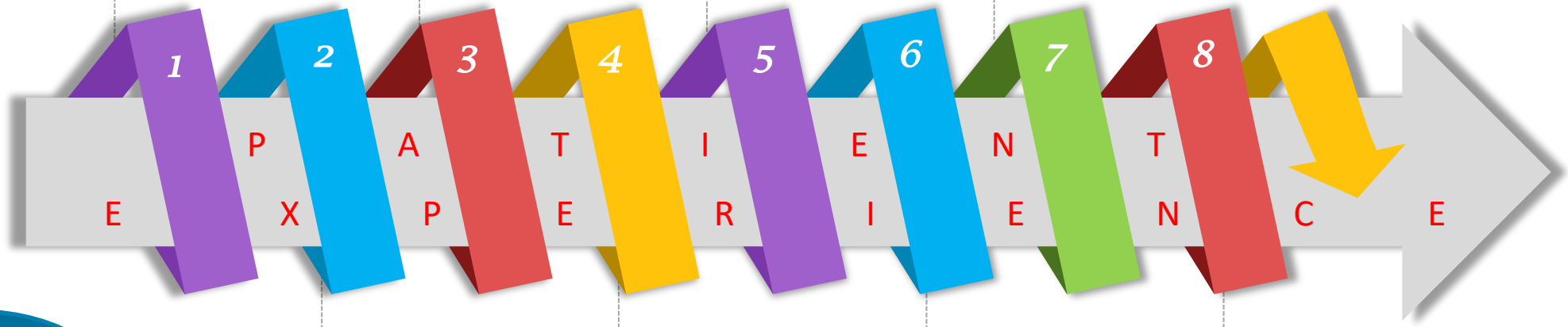
DOI: 10.1111/jpm.12453

ORIGINAL ARTICLE

WILEY

Mental health inpatients' and staff members' suggestions for reducing physical restraint: A qualitative study

C. Wilson BSc, PhD, Senior Research Fellow[1] | L. Rouse BSc, MSc, Research Assistant[2] | S. Rae Expert by Experience[2] | M. Kar Ray MBBS, MS, MSc, MRCPsych, Consultant Psychiatrist[2]



01
Staff are polite and friendly: 98%

02
Made to feel welcome: 97%

03
Treated with dignity & respect: 96%

04
Medication purpose explained: 94%

05
Weekday activities: 93%

06
Have a care plan: 93%

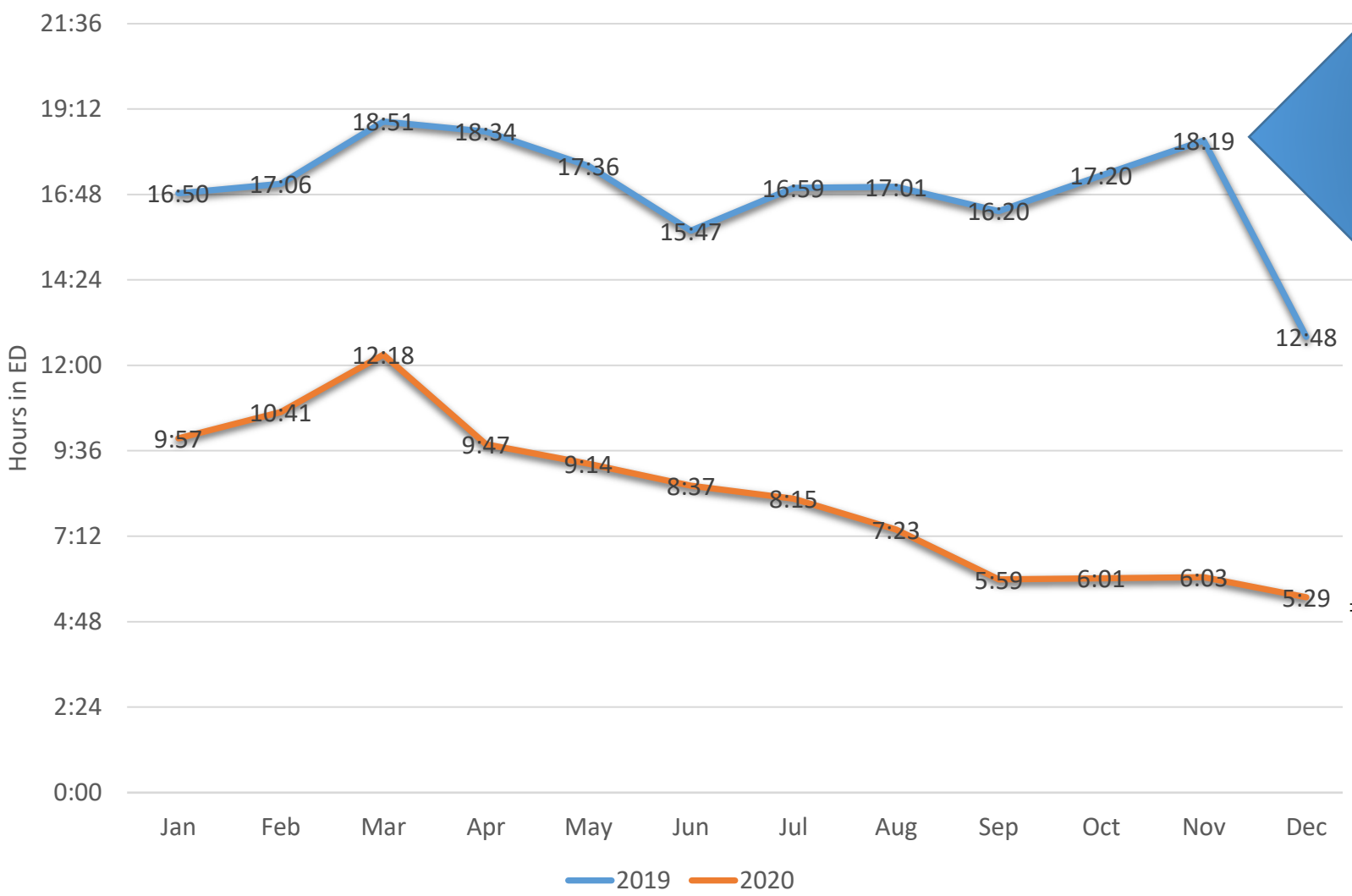
07
Involved in their care/treatment discussion: 98%

08
All 20 wards – 3 moths free of full Physical Intervention

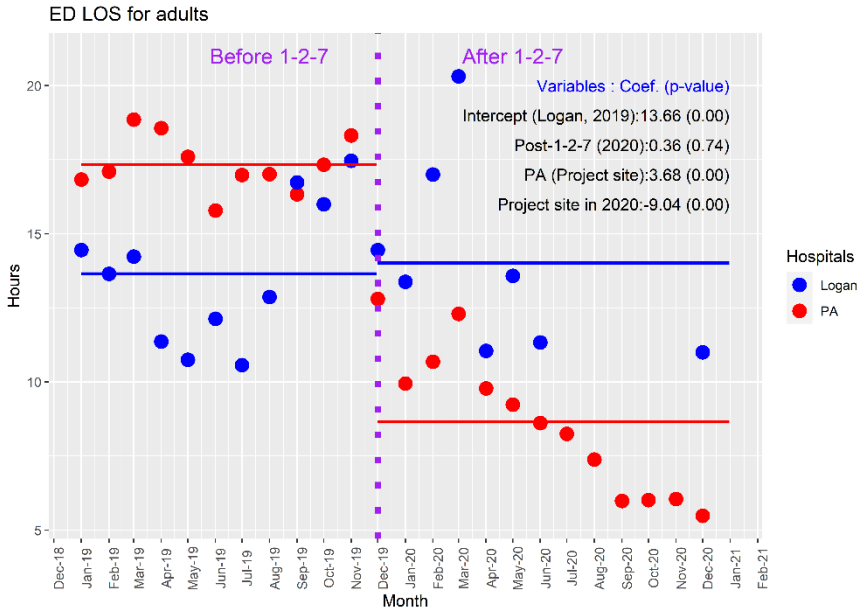
N = 4591 Surveys

Lombardo C…Kar Ray M: PROGRESS: the PROMISE governance framework to decrease coercion in mental healthcare. BMJ Open Qual 2018; 7:332

Average Length of Stay in ED



Dec 2019: SAFE/1-2-7 Roll Out



Proactive Detection (PROTECT) and Safety Planning to Shorten Emergency Department Stays for Psychiatric Patients

Manaan Kar Ray, M.R.C.Psych., F.R.A.N.Z.C.P., Theo Theodoros, M.B.B.S., F.R.A.N.Z.C.P., Marianne Wyder, M.S.W., Ph.D., Son Nghiem, Ph.D., Jacqui Chiu, M.D., Thomas Morrison, M.F.M.H., Anne Steginga, B.N., Rosemary Sorrensen, M.M.H.N., Kieran Kinsella, M.Sc., Chiara Lombardo, M.Sc., Ph.D.

Objective: A literature gap exists for interventions to decrease average length of stay (ALOS) for patients with psychiatric presentations at the emergency department (ED). Long ALOSs are often related to sequential assessments of patients with high suicide risk or patients awaiting an inpatient bed. Safety planning may provide opportunities for diverting patients to the community and for reducing ED ALOS. This study reports on the impact of a safety-planning approach based on the PROTECT (proactive detection) framework for suicide prevention.

Methods: A complex intervention (comprising leadership, governance, and innovation) was instrumental in embedding a new clinical culture of proactive detection and positive risk management through safety planning at Princess Alexandra Hospital in Brisbane, Queensland, Australia. Practice as usual continued at a comparator nonintervention site (NIS). In total, 24,515 psychiatric presentations over 24 months were grouped into monthly averages for key outcomes, providing a sample size of 24 at each site. A difference-in-differences analysis across sites, preintervention (January–November 2019) and postimplementation (December 2019–December 2020), was used to estimate the intervention's impact.

Results: ED ALOS for psychiatric presentations, patients with an ALOS >12 hours, patients with an ALOS >24 hours, and inpatient psychiatric admissions decreased significantly compared with NIS ($p<0.01$) pre- and postimplementation of the safety-planning intervention.

Conclusions: Embedding a recovery-oriented culture of safety significantly reduced ED ALOS for psychiatric evaluations. Leadership, governance, and innovative practices that shift the focus of assessment and care from a mindset of risk prediction to one of prevention through collaborative safety planning as outlined in the PROTECT framework may have far-reaching benefits for patient care.

Psychiatric Services in Advance (doi: 10.1176/appi.ps.202100659)

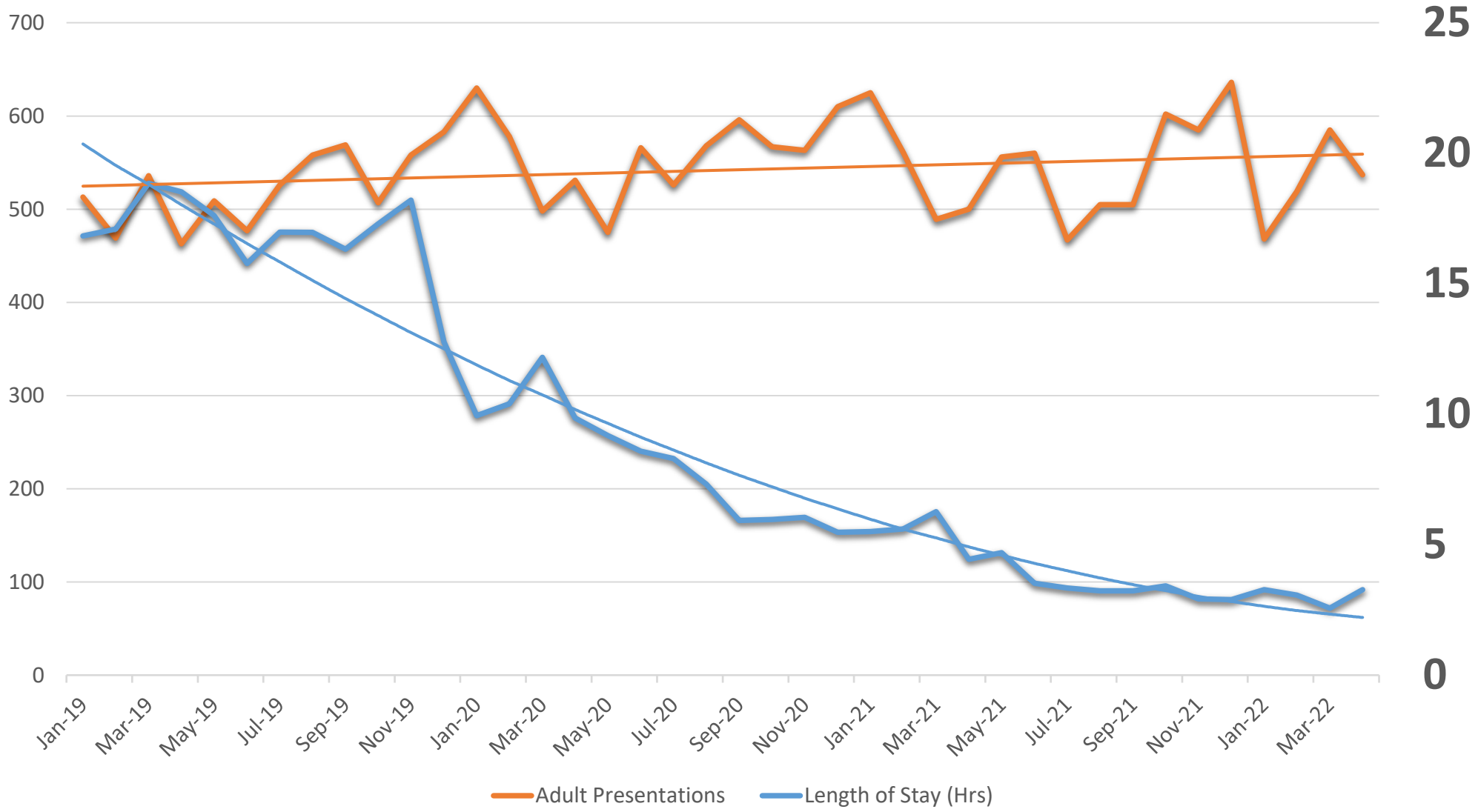
24,515 Presentations

Largest Study Worldwide

ED ALOS **18 Hours +**

to **<5 and ½**

Length of Stay vs Adult Presentations (PAH EDMH)

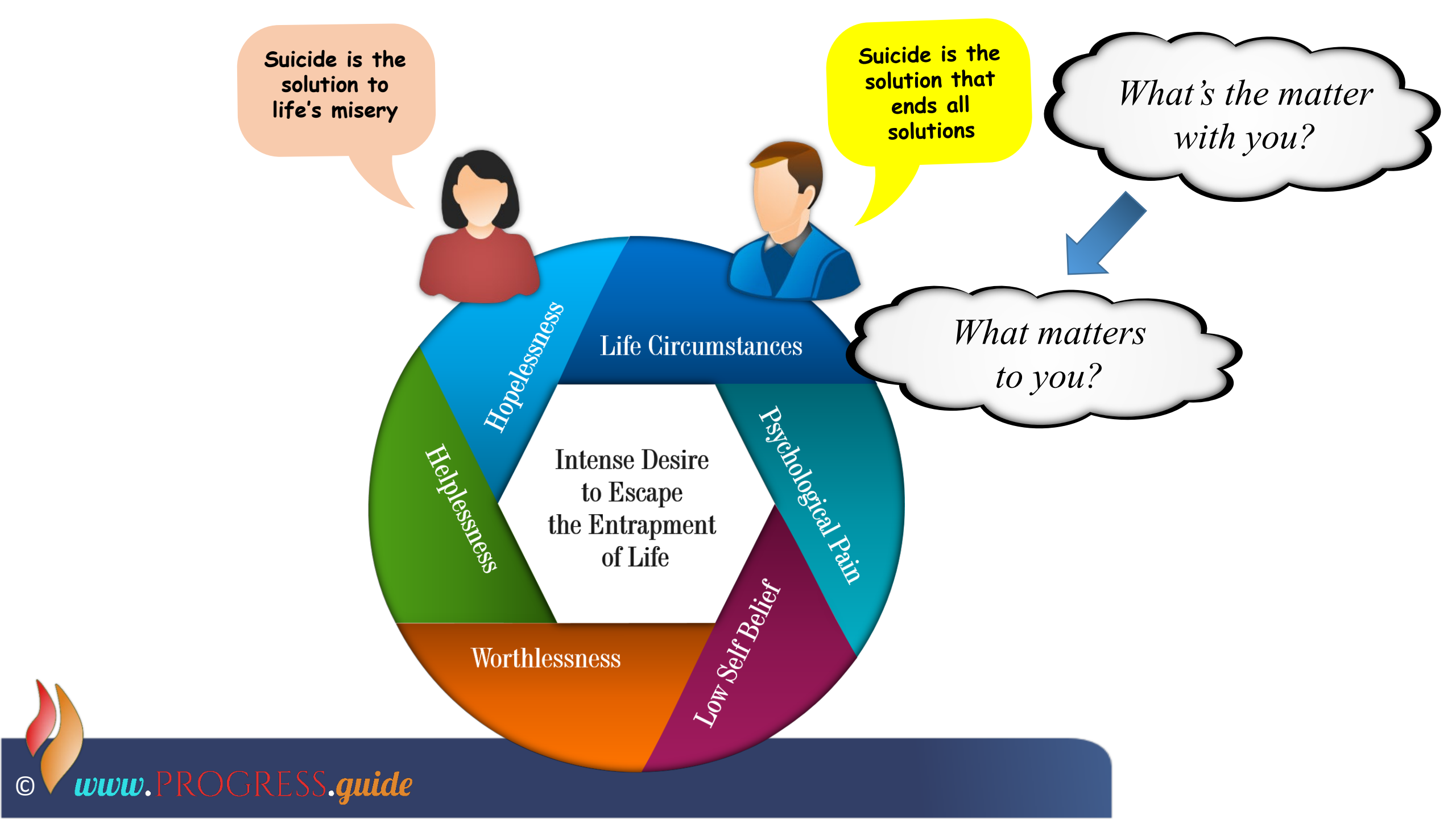


Key Challenges

- Care vs Tasks
- Care vs Flow
- Care vs Control

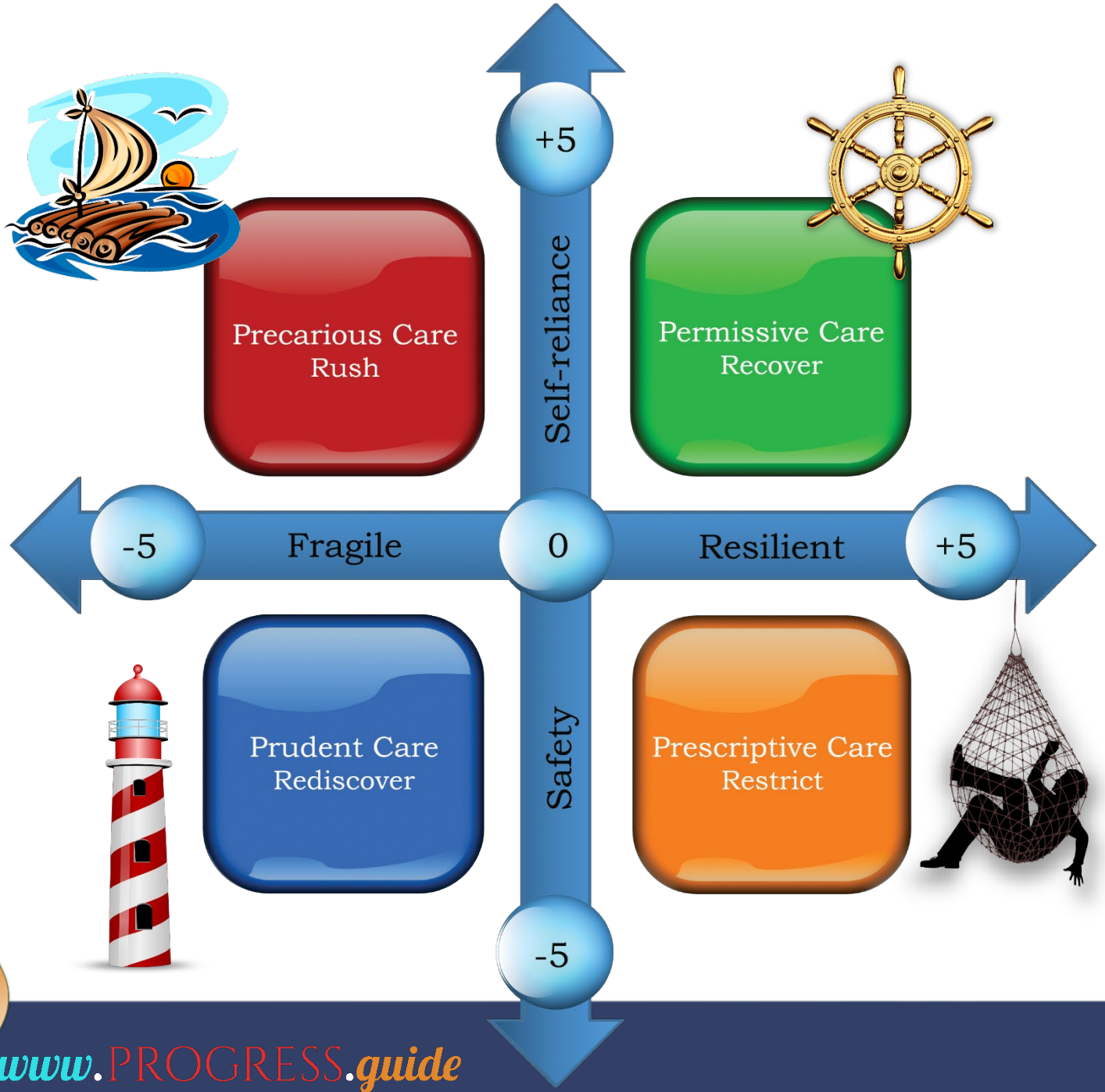
Care vs Tasks

- Patient is not in the way – Patient is the way
- In a Minute – This is the longest minute ever…
- Time spent with a **Square box** vs **Round face**
- What is paperwork for proper work?



Care vs Control - Care vs Flow

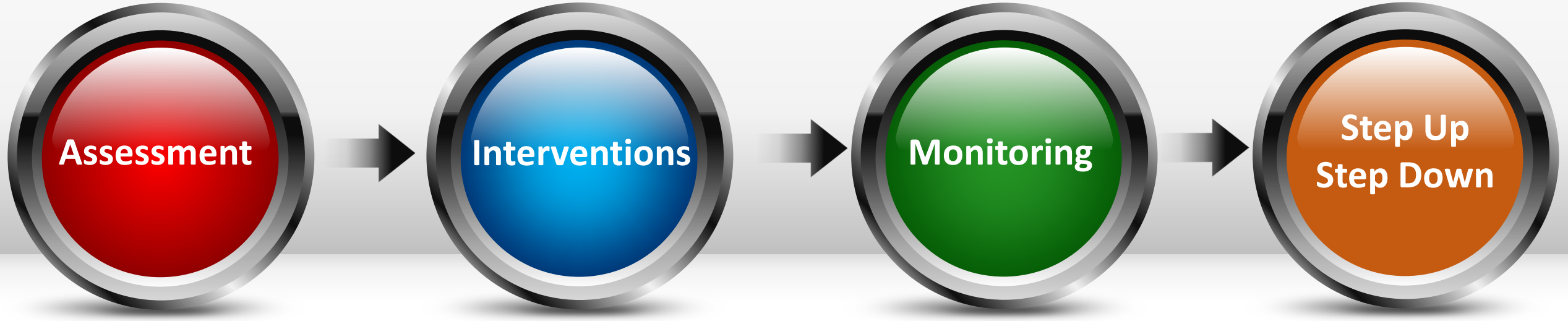
- External locus of control heightens suicidality
- How do we safely return the locus of control to the person?
- Without risk there is no recovery
- With the right care the person has more control



Care Compass

Mindfully Balance
Care vs Control &
Care vs Flow

AIMS – Think, Talk, Type



New Mindsets

- Prediction to Prevention
- Past to Future
- Deficits to Assets
- Build on previous knowledge – avoid duplication
- **Trusted Assessment**

Person Centered

- Menu of options
- Generalist
- Specialist
- Versatile workforce
- Personalised but effective
- **Evidence Based**

Collaborative

- Person
- Family & Friends
- GP / NGO / NDIS
- Secondary Care
- Who is responsible for what
- **Shared Responsibility**

Proactive

- Early detection & response to deterioration
- Relapse prevention and safety plans
- Discharge planning from day one
- **Plan Ahead**

1

What further assessment is needed?

Assessment

Interventions

2

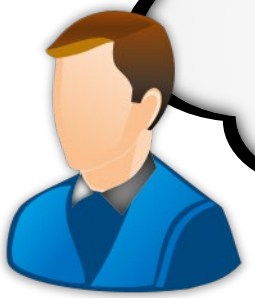
What future intervention is indicated?

What are the outstanding actions prior to step down?

4

Step Up
Step Down

Monitoring



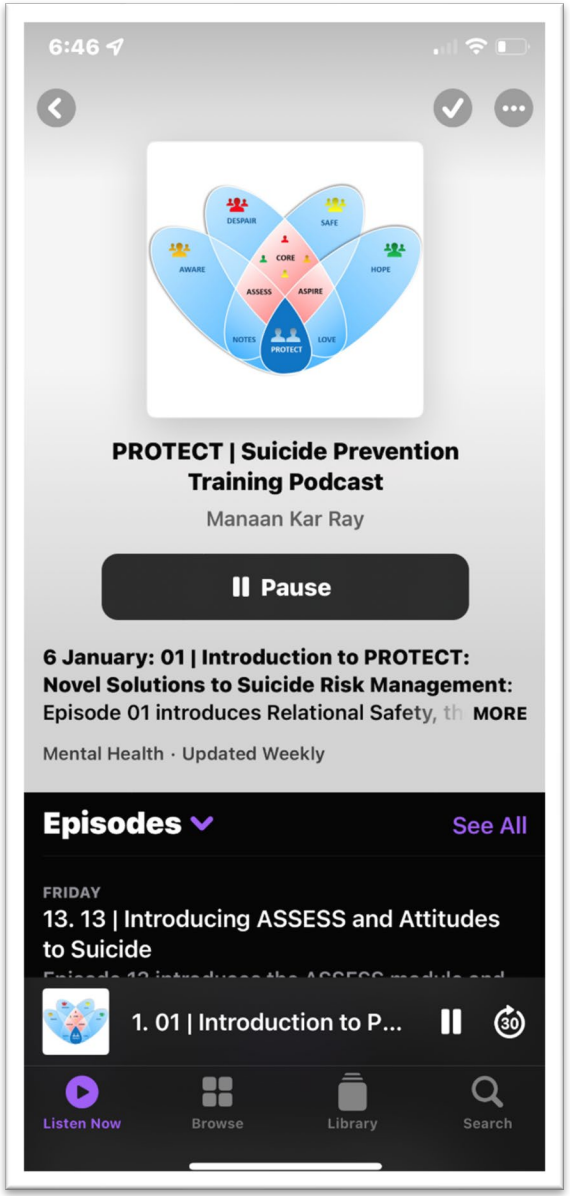
Is the level of monitoring appropriate?

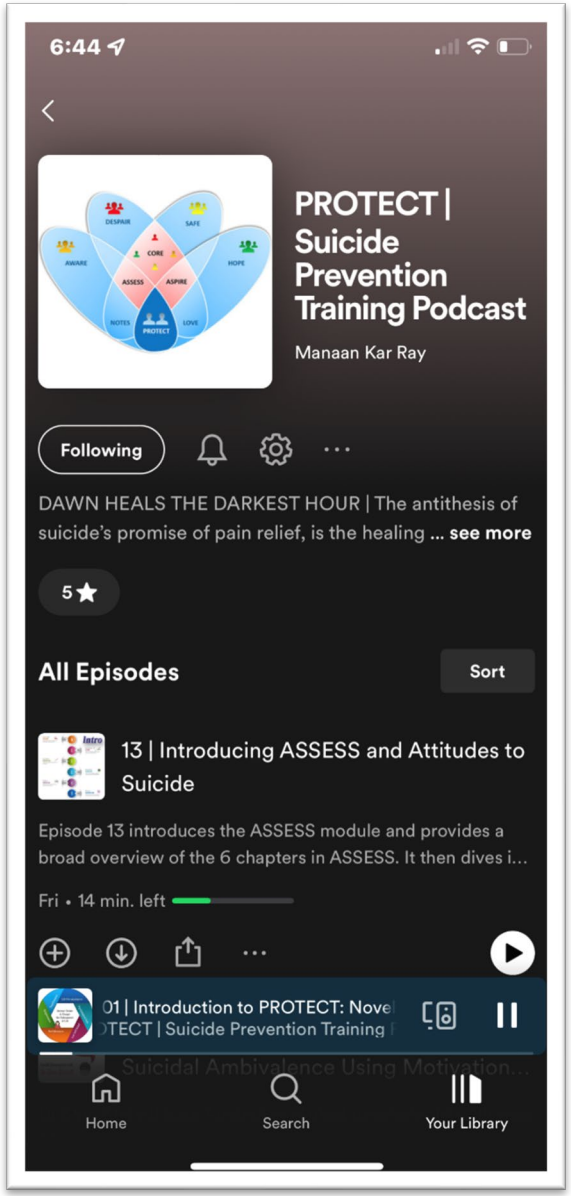
3

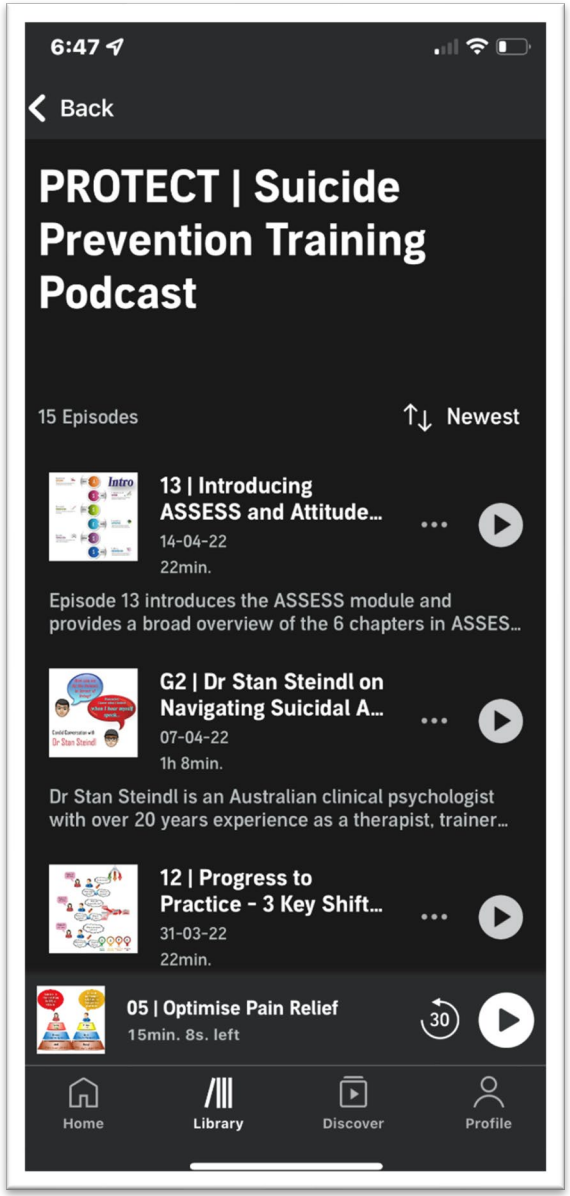
Mindful Reflection

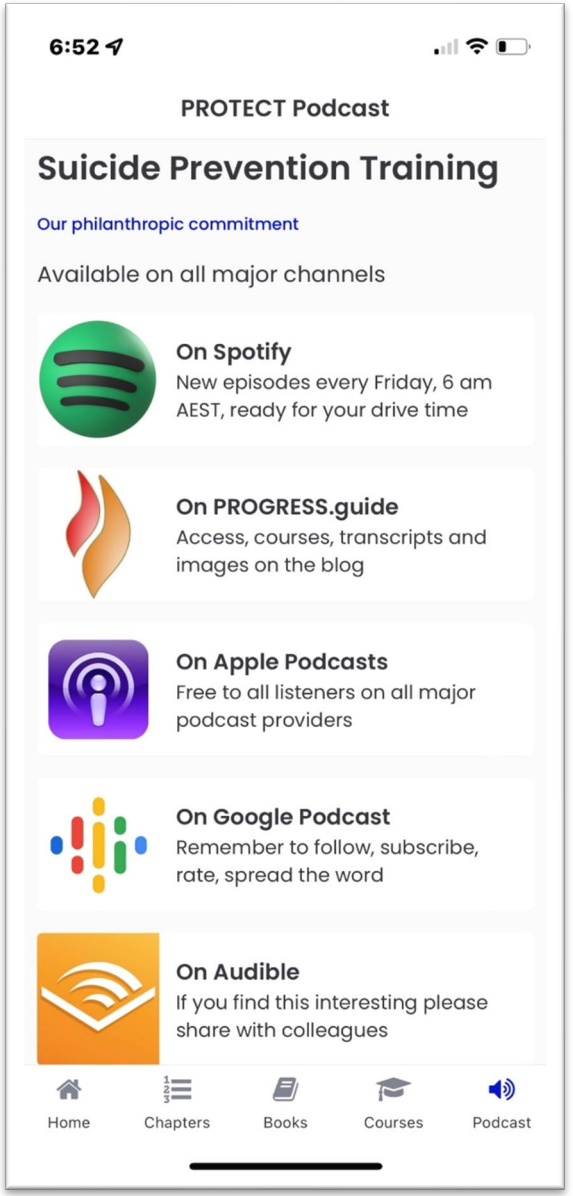
The Why for AIMS

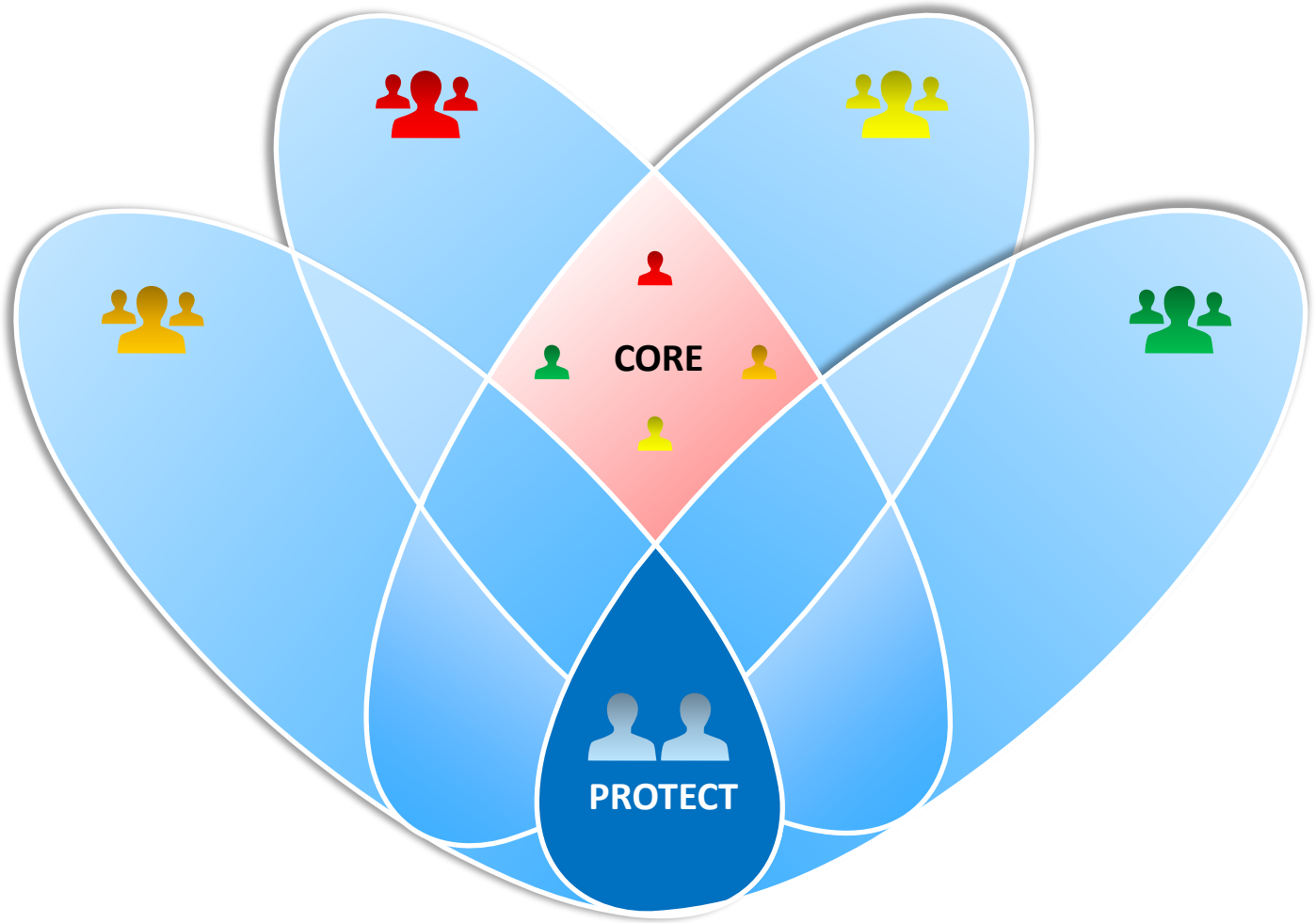
- **Balance** Care & Tasks | Care & Flow | Care & Control
- **Clarity** of who delivers what, when, where & how
- **Growth** in the person equates to time tomorrow









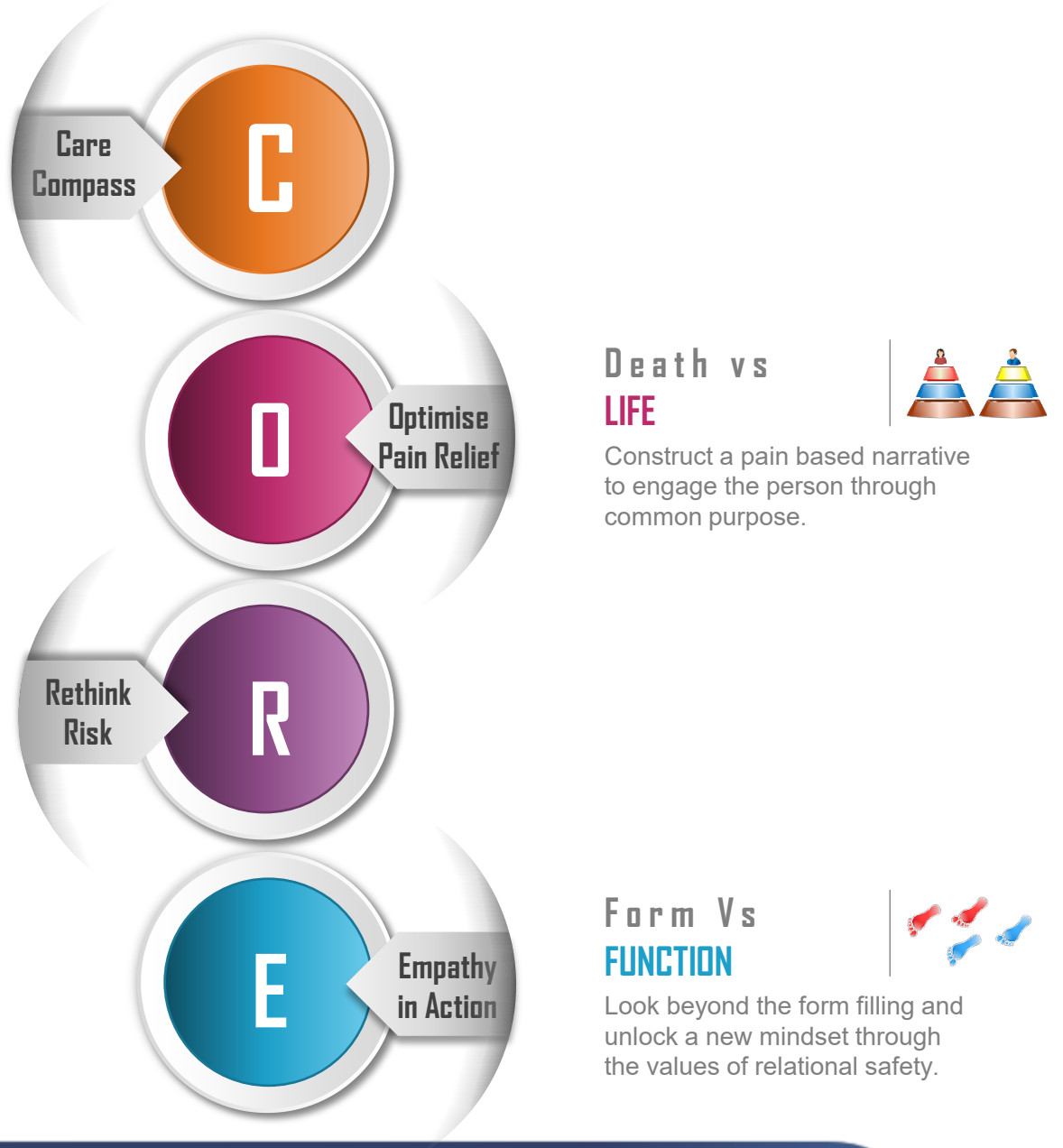


Risk vs RECOVERY

Learn to strike this delicate balance in care provision using this conceptual conversation aid.

Category vs CONTINUUM

Find an alternative to high, medium and low risk to account for static and danger risk.

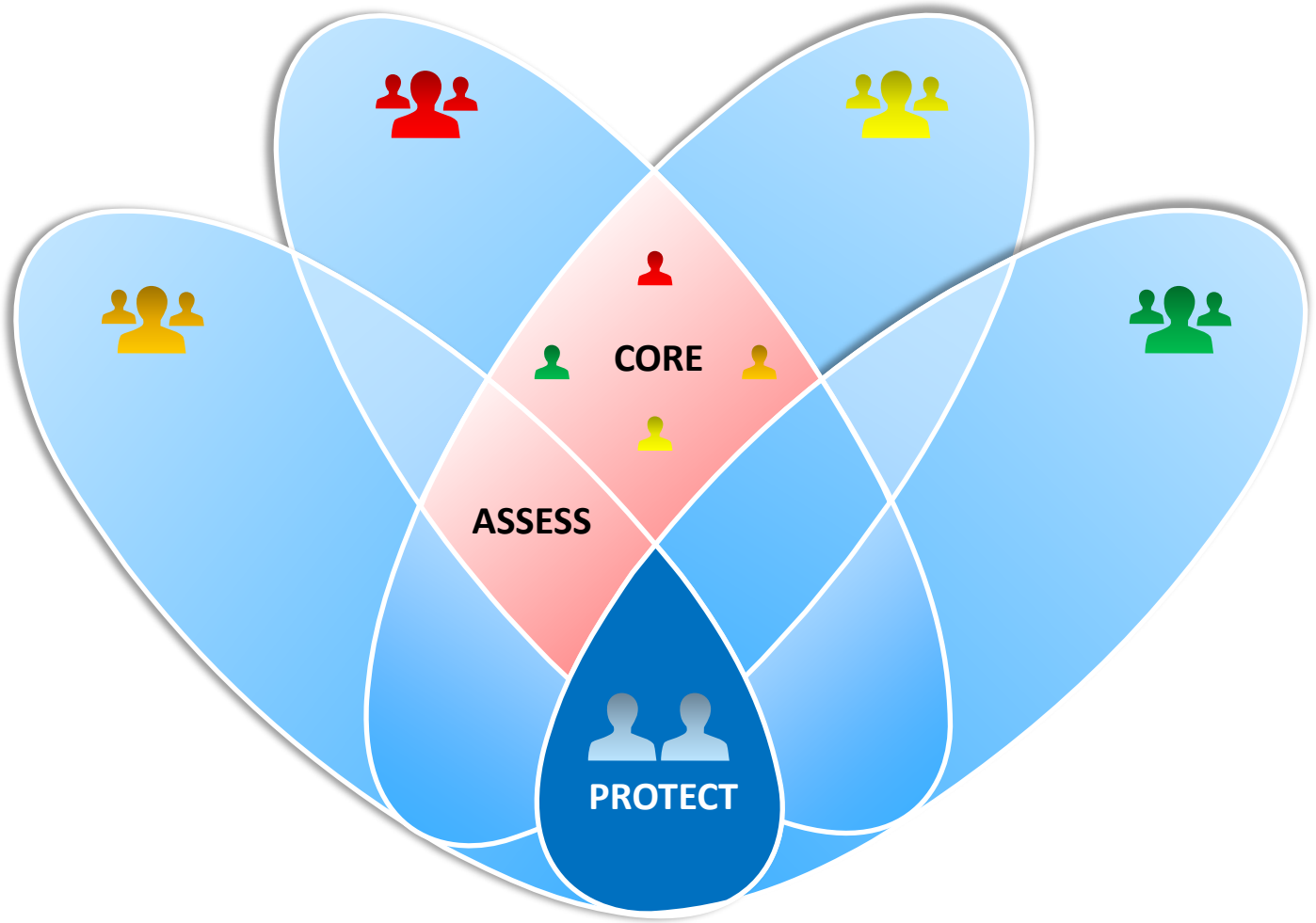


Death vs LIFE

Construct a pain based narrative to engage the person through common purpose.

Form Vs FUNCTION

Look beyond the form filling and unlock a new mindset through the values of relational safety.



Sequence of ACTIONS

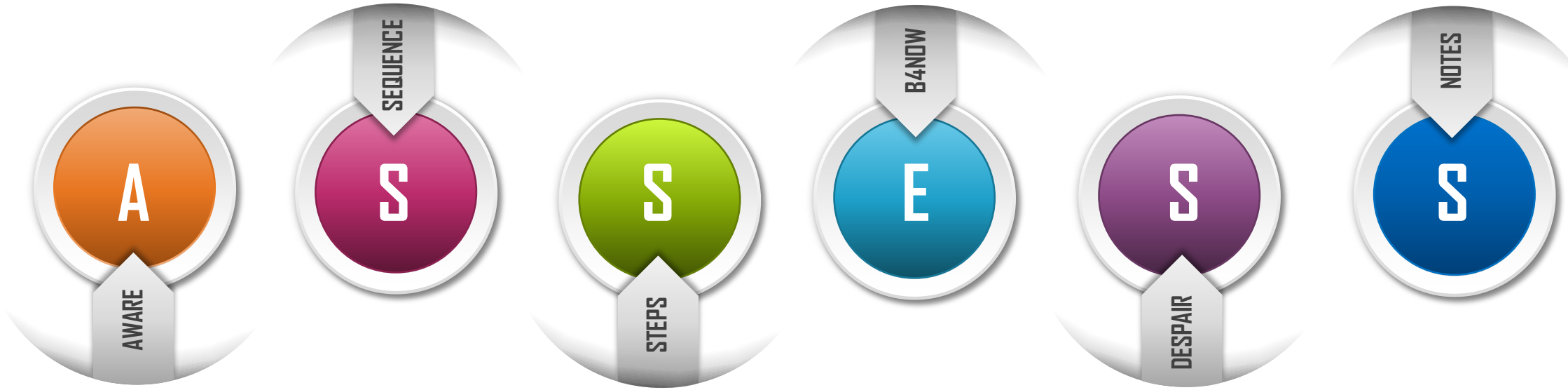
Learn the sequence of activities and how to make it flow.

Empathic INTERACTION

Learn how to balance rapport and assessment thoroughness.

Safety DOCUMENTATION

Learn to make documentation a meaningful tool to guide action.



Appraise DECISIONS

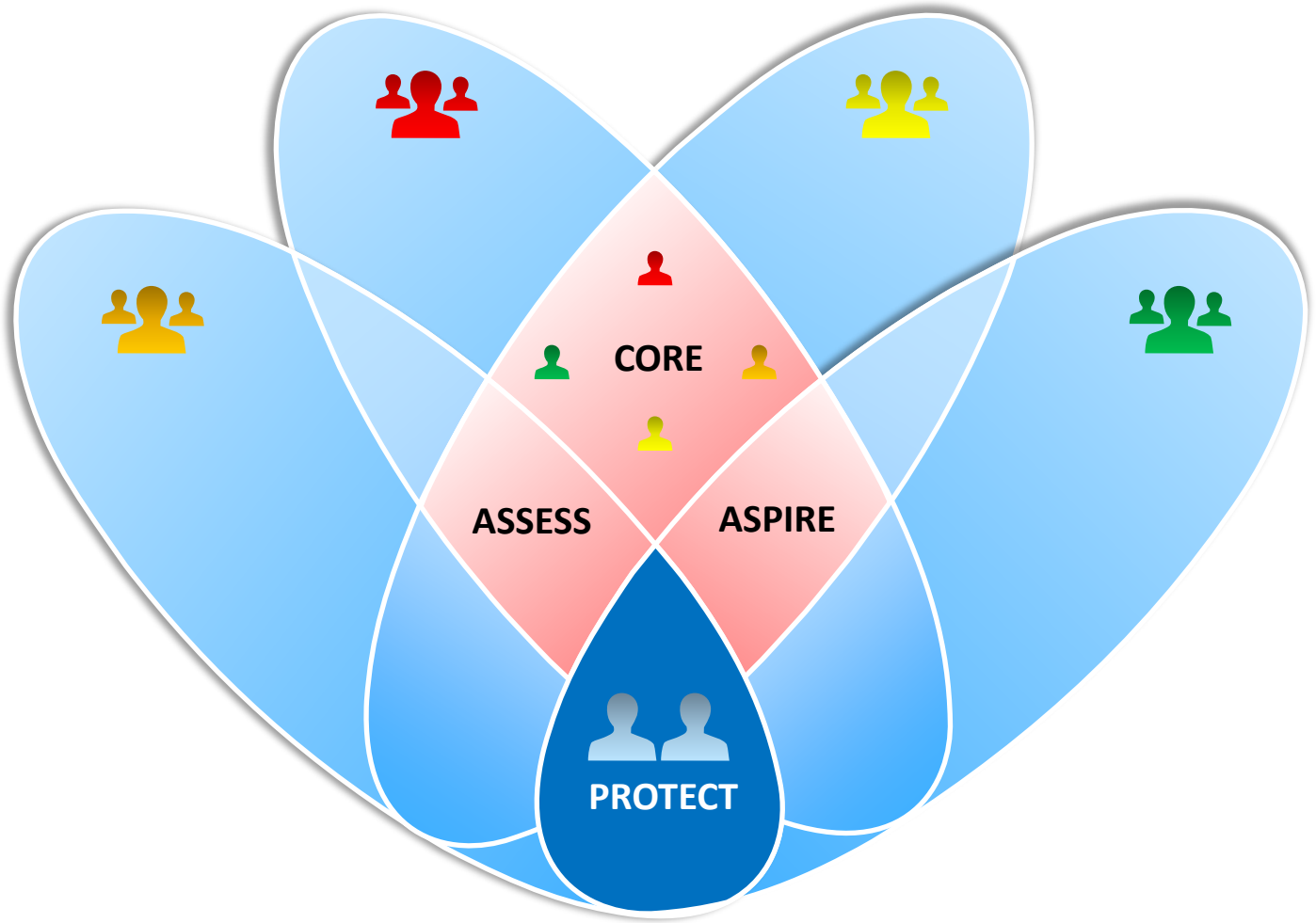
Revisit your clinical decisions to understand the key drivers.

Suicidal PRESENTATION

Steps to evaluate progression of suicidality.

Safety FORMULATION

Organise all the information in a rapid risk formulation.



Safety
PLAN

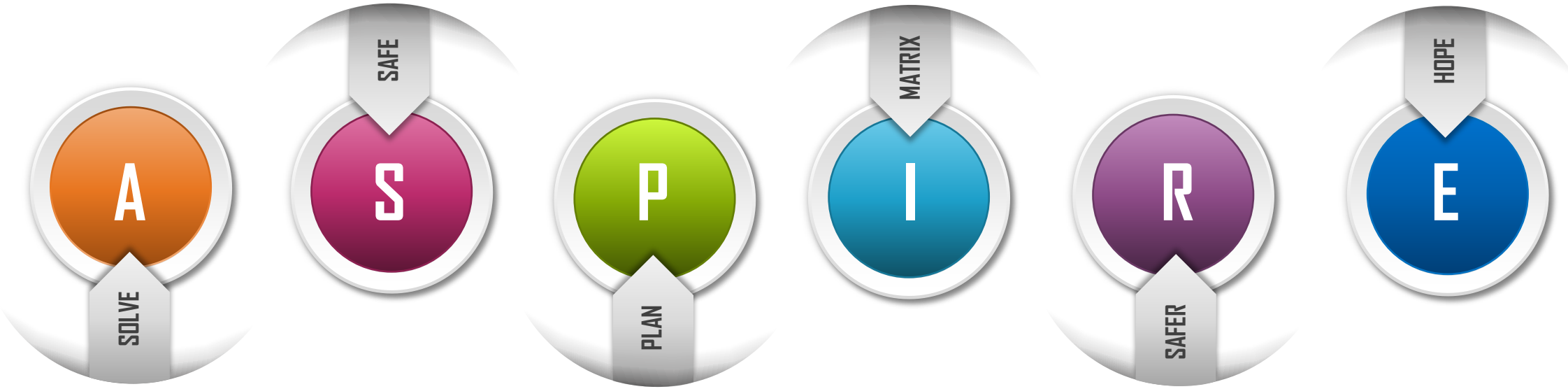
Make the present safe and think through future adversities.

Integrate
INTERVENTIONS

Use the aetiology matrix to integrate a range of treatments for pain relief.

Enact
VALUES

Use values to connect actions with life goals.



Acceptance to
ACTIONS

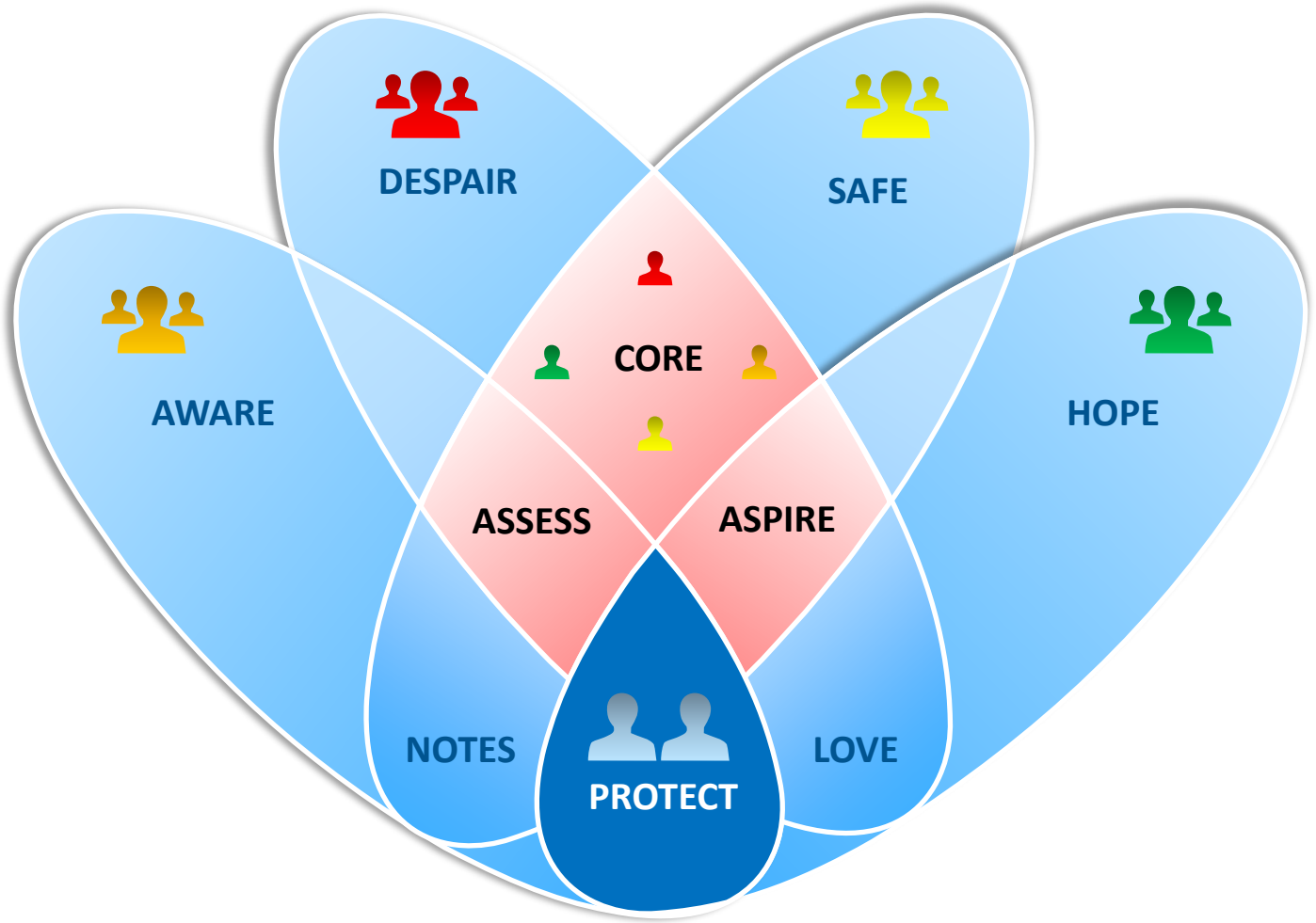
Accept the ambivalence towards life, while staying solution focused.

Person
CENTRED CARE

Learn to draw up a shared person-centered care plan.

Resilient
REFRAME

Bolster understanding and safety while monitoring progress.



Listen with
CARE & compassion

C – Connection
A – Acceptance
R – Relief from Pain
E – Empathy in Action

Identify
PAIN & suffering

P – Person's Context
A – Ask Clearly
I – Immediate Danger
N – Next Step NOTES

Foster
HOPE & meaning

H – Help / Hinder
O – Open to Values
P – Pursuits that Matter
E – Enact / Evaluate

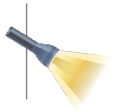
Explore
SAFE solutions

S – Scenario Planning
A – Access to Means, AOD
F – Family, Friends, Follow up
E – Emergency

Empathic CONNECTION

Learn to listen with fascination and connect with compassion

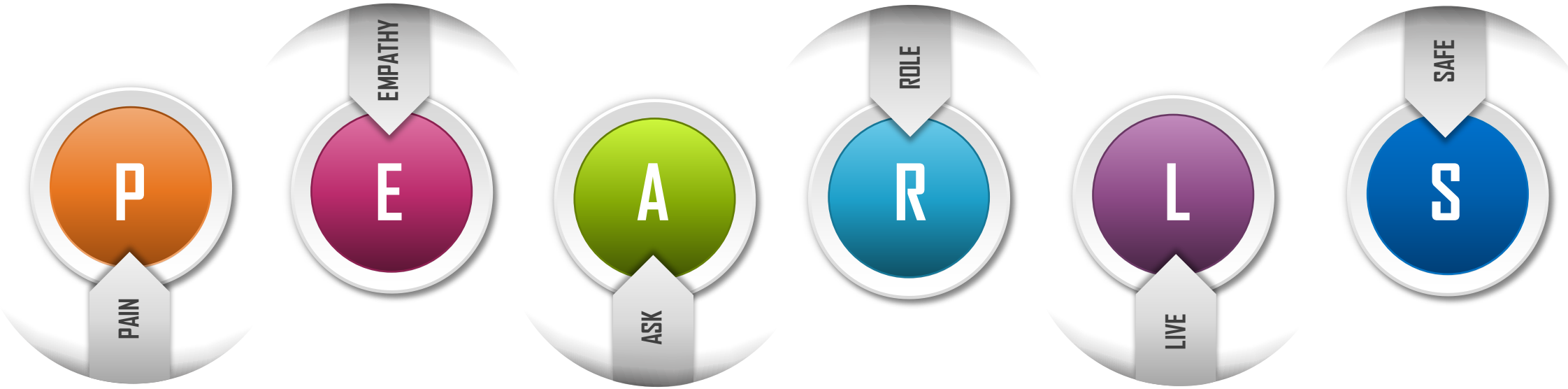
Role CLARITY



Understand how you may help & who is responsible for what

Safety PLAN

Learn solution focused approaches to enhance wellbeing and safety



Pursuit of HAPPINESS

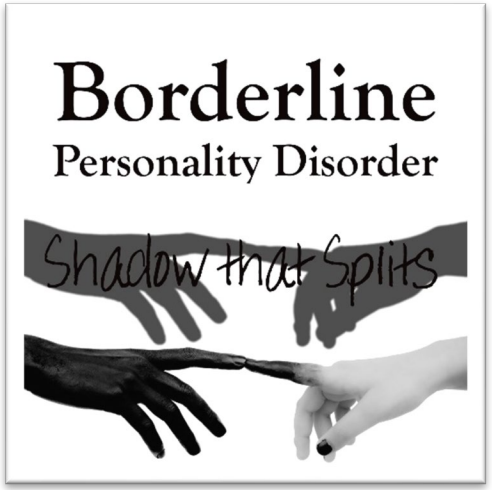
What matters to me brings joy and happiness but may also cause pain

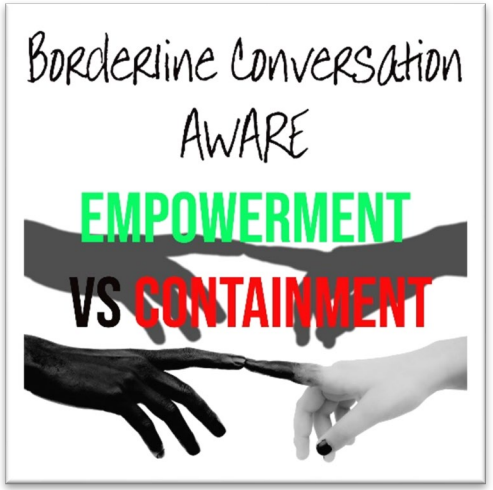
Ask CLEARLY

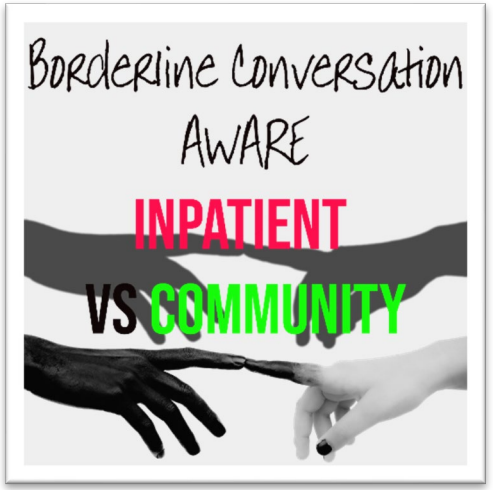
Learn about depression and effective techniques to ask about suicide

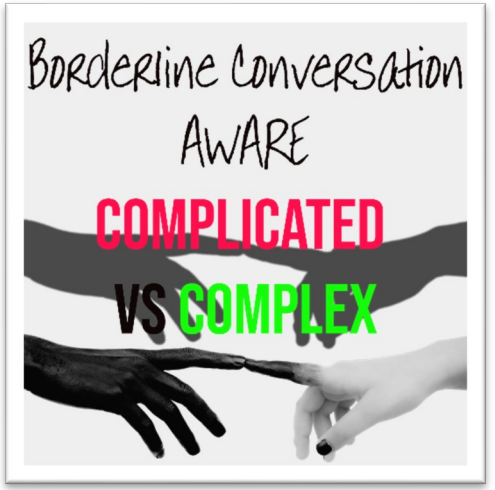
Live my VALUES

What helps, what harms, what values guide my actions









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