

Staying Safe from Suicide Guidance and E-Learning

Essential tools and support for mental health awareness

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Regional Contact:

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Session Overview

- Purpose of session
- Why the guidance matters
- Overview of core principles
- E-learning walkthrough
- Q&A

Why we need new guidance



Suicides
per day

17 - 5 - 4

In contact with
mental health
services

Assessed as
low or no
risk of
suicide

In the words of some of our patient and public voice (PPV) partners:

“Everyone including me who feels suicidal needs the system to change. We are people not just a risk that must be managed and when I feel beyond help that's probably when I need help most”

“My son's suicide risk assessment consisted of three crude questions from a checklist. He was assessed as low risk the day before he took his own life”

“Work with me to find out who in my network could be a support to me. Please don't assume who this could be...”

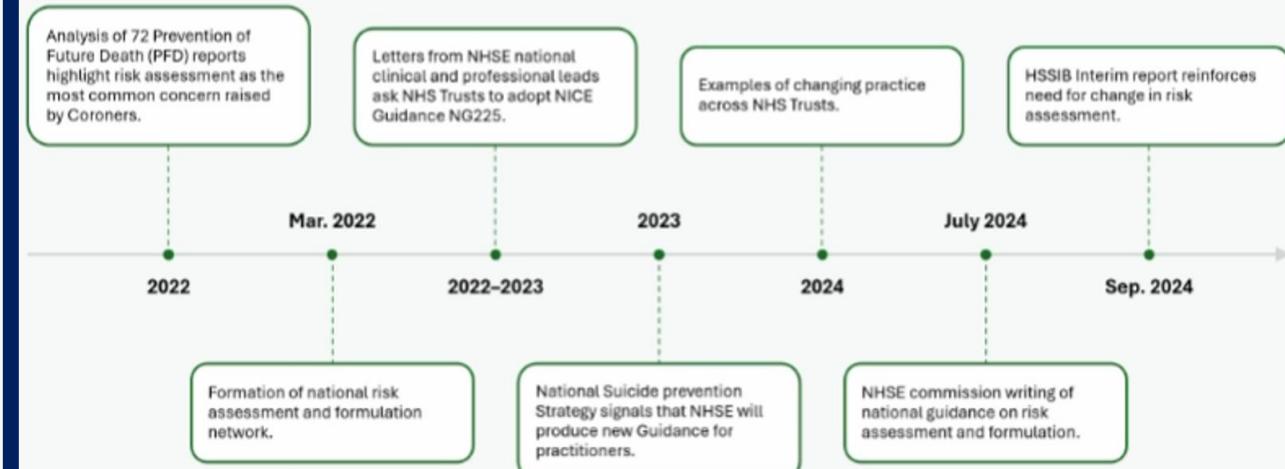
“I found it difficult to say what I was feeling. Men can find it difficult to talk about their feelings and I needed time to build up trust”

Building on NICE Guidance

NICE NG225 (Self-harm: assessment, management and preventing recurrence) 2022

- 1.6.1 Do not use risk assessment tools and scales to predict future suicide or repetition of self-harm.
- 1.6.2 Do not use risk assessment tools and scales to determine who should and should not be offered treatment or who should be discharged.
- 1.6.3 Do not use global risk stratification into low, medium or high risk to predict future suicide or repetition of self-harm.
- 1.6.4 Do not use global risk stratification into low, medium or high risk to determine who should be offered treatment or who should be discharged.
- 1.6.5 Focus the assessment on the person's needs and how to support their immediate and long-term psychological and physical safety.
- 1.6.6 Mental health professionals should undertake a risk formulation as part of every psychosocial assessment

Building on NICE Guidance (1)



BUT...

There was no up-to-date national guidance for practitioners on how to implement key aspects of the NICE Guidance such as:

- *Psychosocial Assessment*
- *Formulation*
- *Safety Planning*

The Staying Safe Guidance filled this gap

Introducing the Staying Safe Guidance

Published in April 2025, the NHSE Staying Safe from Suicide: Best practice guidance for safety assessment, formulation and management aims to:

- To support changes in practice in suicide and self-harm risk assessment and management, to stop the unacceptable and flawed practices that focus on risk prediction and/or stratification as set out in the government's Suicide Prevention Strategy 2023-28.
- To provide an alternative - clear and concise guidance on best practice principles for biopsychosocial safety assessment, formulation and management in relation to suicide and self-harm risk.
- To describe how NICE Guideline NG225 should be implemented by mental health practitioners
- Scope:
 - ❖ ONLY risk to self, not risk to or from others
 - ❖ All mental health practitioners
 - ❖ All sectors: NHS, voluntary, private (including independent practitioners)
 - ❖ All ages (children, young people, adults and older adults)
 - ❖ Autistic people and people with learning disabilities

Key principles

10 Overarching Principles

- **Relational safety:** build and maintain trusting, collaborative therapeutic relationships.
- **Biopsychosocial approach:** address safety as part of broad psychosocial approach aimed at improving overall wellbeing by considering biological, psychological and social aspects.
- **Safety assessment and formulation:** reach a shared understanding on safety and the changeable factors which could affect this.
- **Safety management and planning:** consider need for immediate action and work with individual to navigate safety, and factors impacting over time.
- **Dynamic understanding:** regularly assess and adapt formulations and safety plans based on changing needs and circumstances.
- **Evidence-based practice:** base work on latest research and understand population-level risk trends.
- **Involving others:** encourage the involvement of trusted others, where possible and appropriate.
- **Inclusivity:** ensure practices are inclusive and adaptable, particularly for marginalised and high-risk groups.
- **Clear communication:** simple language, tailored to individual. No jargon. Use interpreters or approaches like drawing where needed.
- **Continuous improvement:** regularly review and refine approaches based on outcomes and feedback.

Adaptations

Neurodiversity	<ul style="list-style-type: none">importance of recognising where adaptations may be required (e.g. learning disabilities, neurodevelopmental conditions) and accessing appropriate support and resources
Use of language	<ul style="list-style-type: none">using open, direct, and appropriate language that connects; adopting 'staying safe' language – replace 'commit suicide' with 'die by suicide' or 'take their own life' and refer to fatal or non-fatal suicide attempts rather than successful or failed.
Key to success	<ul style="list-style-type: none">recognition that successful implementation requires action at both local and national levels.

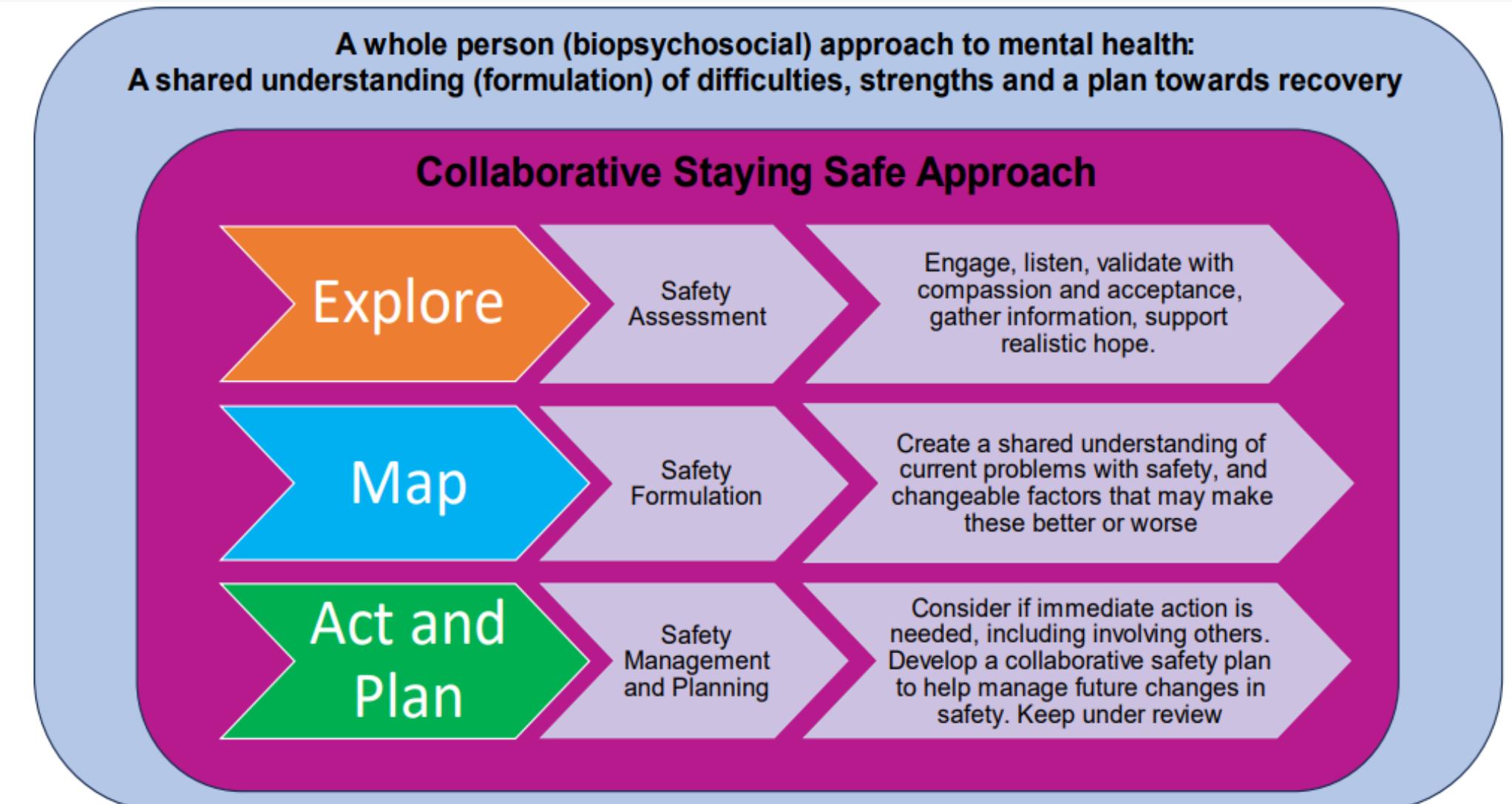
"Take a trauma-informed approach when talking to me. Tone of voice can make a huge difference when in distress, both positively and negatively. Be warm, gentle and compassionate."

Lived experience partner.

"Suicide prevention demands the courage to listen, to learn and to act. It calls for collaboration across professions, communities and lived experiences to build the foundation of care rooted in empathy and understanding."

Lived experience partner.

How the Staying Safe from Suicide Guidance sits within a wider approach to mental health





Implementation

Local Actions:

- Secure senior leadership support, such as an executive lead for implementation.
- Create a detailed implementation strategy with clear timelines.
- Appoint local champions to drive implementation.
- Involve service users and stakeholders in the process.
- Provide training and supervision for all mental health practitioners.
- Prioritise staff well-being during safety assessments and planning.
- Align training and education programs with the Guidance.
- Collaborate across disciplines and teams.
- Update record systems to eliminate risk stratification.
- Monitor progress, including patient experiences, and evaluate outcomes.
- Share knowledge through the Resource Hub.

National Actions:

Integrate the Guidance into NHS policy, regulation, professional standards, coroners' expectations and training.

E-Learning Module

Overview

- In September 2025, NHS England launched the [Staying Safe from Suicide: Best practice guidance e-learning package](#) which explains **why the approach is needed**, the **evidence behind it** and its **key principles**.
- Grounded in the **NICE 2022 evidence base**, it sets out the best way to **implement the approach** and provides **case study-based exercises** that allow practitioners to develop their knowledge of how to put it into practice.
- Designed for all practitioners across NHS, private, and VCSE sectors
- The e-learning module is designed to complement the [Staying Safe from Suicide Guidance](#) and will support all mental health practitioners to **provide consistent, high-quality approaches** to suicide risk assessment and management across the entire mental health sector.
- The [Medium-Term Planning Framework](#) now stipulates that providers should “*ensure that mental health practitioners across all providers undertake training and deliver care in line with the guidance*”

<p>The e-learning module is designed as a comprehensive, practitioner-focused learning session that supports implementation of NHS England's 2025 Staying Safe from Suicide guidance. It systematically takes practitioners through the why, the evidence base, the principles, and the practical application of the national guidance.</p>		
 Key Learning Outcomes & Implications for Practice:	 What Makes This Training Unique:	 What Makes This Training Unique:
<ul style="list-style-type: none"> ➤ How to apply biopsychosocial assessment in practice ➤ Co-producing personalised safety plans ➤ Using compassionate, non-judgemental language ➤ Understanding organisational enablers and strengthening consistency across settings. ➤ Improving decision-making and reducing reliance on prediction. ➤ Helping to build a safety-driven culture. ➤ By using real case studies, the e-learning helps practitioners build skills in collaborative safety plan development. 	<ul style="list-style-type: none"> ➤ It aligns with the 5-year National Suicide Prevention Strategy ➤ It is explicitly designed to replace outdated risk-stratification practice. ➤ It reinforces the evidence and promotes understanding the person, their context, and changeable safety factors. ➤ It supports a consistent national approach, eliminating variation across providers. ➤ It embeds lived experience perspectives, which shaped the 2025 guidance ➤ It equips practitioners to deliver the guidance consistently, regardless of role or setting. 	<ul style="list-style-type: none"> ➤ Build a culture that moves away from risk stratification. ➤ Ensure workforce competency through mandatory training. ➤ Provide structures that support biopsychosocial safety assessment. ➤ Standardise safety planning across the organisation. ➤ Strengthen supervision, reflective practice and clinical support. ➤ Involve people with lived experience. ➤ Ensure alignment with national strategies and quality standards. ➤ Provide the right conditions for practitioners to work relationally.

Why this matters for the East of England Region



- East of England localities continue to show variation in suicide rates.
- Workforce inconsistencies in suicide prevention approaches.
- Region-wide ambition to embed relational safety and reduce inequalities.
- The e-learning module is therefore a key enabler of the regional suicide prevention priorities

Discussion



- How has the Staying Safe from Suicide guidance been shared or disseminated across your local system?
- To what extent is the guidance influencing local suicide prevention strategies or shaping current conversations around safety planning and personalised care?
- What challenges or barriers are you encountering in operationalising the guidance - e.g., workforce training, commissioning levers, data flows, or culture change?
- How are people with lived experience being involved in your local discussions and implementation of suicide prevention work, in line with the guidance's emphasis on co-production?
- What support would you find most helpful from regional or national teams to enable the implementation of the Staying Safe from Suicide guidance in your area?

Other Resources and Training

<u>Papyrus</u>	Helps participants understand the prevalence and impact of suicide, explore language in discussing suicide, recognise the 'signs' that may indicate someone is having thoughts of suicide and consider how we all contribute to a suicide-safer community.
<u>Suicide First Aid</u>	Accredited evidence-based and trauma-informed suicide prevention population-level training options. Both online and in-person from 0.5+ days. Includes an option specific to <u>children & young people</u> .
<u>Grassroots Suicide Prevention Training</u>	Offers numerous courses and webinars including an introduction to suicide awareness and providing a basic framework for engaging in conversations with individuals experiencing suicidal ideation
<u>MindEd Hub</u>	A free e-learning platform to support understanding of prevention, support, safety planning and postvention.
<u>Zero Suicide Alliance</u>	Offers <u>free online training</u> for anyone 16+ who would like to better understand suicide risk factors, warning signs, and where to find information on available support.
<u>The Staying Alive App</u>	This an excellent resource for those at risk of suicide, and the people who support them. It contains safety planning guidance, coping strategies, and evidence-based interventions (CBT-SP, RFL inventory). It also has a <u>find help now</u> section where providers and resources can be searched by area.
<u>Stayingsafe.net</u>	offers compassion, kindness and easy ways to help keep people safer from thoughts of harm and suicide, seek support and discover hope of recovery through powerful videos from people with personal experience. It also provides safety plan guidance tools designed to help people build hope and identify actions and strategies to resist suicidal thoughts.
<u>Samaritans</u>	Offer 24/7 listening support for anyone in emotional distress or suicidal crisis. Call 116 123. They also offer support via <u>online chat</u> .
<u>SHOUT</u>	Provides urgent mental health support 24/7 via a free, confidential text service on 85258.
<u>YoungMinds</u>	Offer mental health support and resources for professionals, parents, and young people, and <u>Hub of Hope</u> contains the UK's largest mental health support directory.

In an emergency, **ALWAYS** call 999.

Appendices

How the guidance was produced

- A core group was convened in July 2024 by Dr Adrian Whittington (National Clinical Lead for Psychological Professions – NHSE) and Philip Pirie (Patient and Public Voice), supported by Seamus Watson (Director for Improvement – NHSE)/
- A working group of 50+ experts were invited to three workshops across six months to draft the guidance.
- The working group included PPVs (5), clinical experts, research experts, and policy leads.
- A wider consulting group of 70+ additional experts and partners from over 20 professional bodies and charities (including the Royal College of Psychiatrists, Royal College of Nursing, British Psychological Society, Rethink Mental Illness and the Samaritans) reviewed the draft and provided feedback.
- Special thanks to Professor Nav Kapur (National Confidential Inquiry into Suicide and Safety in Mental Health – NCISH) and to Professor Keith Hawton and Dr Karen Lascelles (Oxford Centre for Suicide Research).



The Guidance – on a page

- **Introduction and Overarching Principles** – Risk prediction is ineffective. Instead need to develop a shared understanding of how safety may change over time depending on changeable personal factors.
- **A Safety Assessment and Formulation** – A biopsychosocial approach to reach a shared understanding (the 5 Ps).
- **Safety Management and Safety Planning** - Taking action to improve safety, in collaboration where possible. To include developing safety plans that guide responses to any future risks to safety.
- **The Importance of Language in Suicide Prevention** – Be curious, avoid leading and closed questions, or simplistic checklists.
- **Implementation Guidance for Organisations** – Through leadership, regulation, training, [resource hub](#), evaluation.