

Service Information – Cohort

Employer	Open Minds Counselling Services Ltd.				
Cohort	Adults who have recently (within 12 months of referral) attempted suicide who have no ongoing medical complications from the suicide attempt Trigger to suicide attempt is life distress				
Definitions:	Suicide attempt – the individual reached the point at which they intended to end their life, but was prevented from doing so, whether the action taken was prevented before it could begin, or during the process. For example, someone prevented from suicide by being locked in the house to prevent them going to a bridge to commit suicide would be equally considered an 'attempter' as someone removed by the police from the bridge.				
Contra- indications	 Risk to others Substance abuse is a primary factor; in which case work with Aspire is more appropriate initially Ongoing Medical or Mental illness or learning delay impeding capacity to engage with IMP;ACT services Service user's suicide attempt is part of a pattern of escalating behaviours to prompt service response (may be more appropriate to HIU service) 				
Venue and mobility	IMP;ACT Coordinators will be based in Doncaster town centre at Open Minds premises, with home working also required. IMP;ACT Coordinators will work with service users from throughout the Doncaster area and may travel depending on the IMP;ACT service user's needs.				
Case-Load	Each IMP;ACT Coordinator will have a weekly case-load of 7 - 10 IMP;ACT service users				
Criteria	 Service user must have capacity No acute physical or psychiatric needs Medical or psychiatric needs are not the primary issue Long-term Life Limiting limited illnesses must be medically managed Service user suicidality would not be resolved with appropriate medical care eg pain-management There must be recognisable life and social distress which the IMP;ACT team can work to resolve 				



Service Information – Process

Relationship	IMP;ACT worker forms a relationship of kindness and professional support which is a balance							
. Koramonomp	between identifying needs, forming appropriate goals to the service user's capacity, balance doin							
	for and with							
	The relationship is boundaried but flexible, activity for and with the service user and empowering							
	them to progress without support, but preventing rescuing and dependency							
	RESILIENCE NOT RELIANCE							
	Humane and holistic one to one mentoring to avoid and de-escalate crisis behaviours							
	No punitive elements – strengths-based approach							
	De-medicalise and de-criminalise							
	Don't start by emphasising a time-limited approach as this is experienced as rejection on day 1.							
Initial contact	IMP;ACT Coordinator assesses suitability for the service							
Stage one	 IMP;ACT service user attends 4 – 12 sessions, hourly once a week, of emotional resilience mentoring 							
service	designed to:							
delivery	 Alleviate the immediate suicidal distress 							
	 Identify triggers to suicidal thinking and behaviours 							
	 Work in a solution focussed way to develop coping mechanisms and relationship skills 							
	 Promote the ability to seek appropriate support in future instances of suicidality 							
	 Reach the point of being able to access and engage with IMP;ACT navigation support 							
Stage two	IMP;ACT Coordinators work with the service user in a client centred, strengths-based way to build							
service	relationships skills and resilience to further incidents of life distress							
delivery	IMP;ACT Coordinators may also work with families to build their resilience and coping							
	IMP;ACT Coordinator supports the service user to address needs such as:							
	 Support seeking benefits or work 							
	 Support becoming medically compliant 							
	 Support addressing financial difficulties 							
	 Support accessing support for self-esteem building and social isolation 							



Pyramid of activities and outcomes for IMP;ACT team

Actions for IMP; ACT workers

Links and Outcomes

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- Using the recovery star to identify needs and gaps
- Working with the service user to remove obstacles and barriers to stability and healthy living
- Connecting the service user to support such as through mentoring and counselling

Core Activities

- Make & attend appointments with the service user for participation & engagement
- One to one normalisation & solution focussed support
- Strengths/Asset based support; build resilience
- Regular check-ins

Core Activities

- Make & attend appointments with the service user for participation & engagement
- One to one coping skills & relationship modelling
- Strengths/Asset based support; build resilience
- Regular check-ins

Core Activities

- Advocacy and support
- Applications for income/benefits
- Make & attend appointments with the service user for participation & engagement

Core Activities

- Advocacy and support to become medically compliant
- Make & attend appointments with the service user for participation & engagement/

SelfDiscovery

Self-Esteem Regaining relationships, finding a purpose in life and experiencing financial and housing security allows the individual to have the space to then access other support to explore underlying historic trauma, and the effects of the incidents leading to becoming suicidal

Connections

- DWP
- Higher education
- Volunteer or Peer Training

Core Outcomes

- Purpose in Life
- Coping Skills
- Destigmatising Distress & illness

Relationships / Connections

Stability / Safety
/ Security

Medical / Physical

Connections

- Peer Support
- Befriending & groupwork
- VCF group links

Core Outcomes

- Building Connections
 - Relearning Relationships
- Reducing Isolation

Connections

- CAB
- DWPPolice
- Safe-Space

Core Outcomes

- Income security
- Housing Stability
- Reduced risk of violence

Connections

- GP
- Specialist Clinics
- Condition
 Management

Core Outcomes

- Medical Compliance
- Improved Health Outcomes