

## A Qualitative Study Exploring the Experiences of Carers of Service Users With Complex Mental Health Needs

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**Aims.** Carers of individuals presenting with complex behavioural and mental health needs report that service users may not receive the provision of care they require, particularly when presenting following suicide attempts and self-harm. Carers are an integral part of the care system and often feel ignored and marginalised by services; there is a lack of involvement of carers and paucity of their views of support needs to be explored. The aim of the study is to understand carers' experiences of caring for service users with complex mental health needs who self-harm and/or attempt suicide, and the support received from mental health care services.

**Methods.** Ten carers of service users with complex mental health needs were interviewed about their views on the psychiatric admission, treatment and discharge process for the people they were caring for. Data were gathered during semi-structured, one-to-one interviews remotely over the phone or online platforms. Interviews were audio-recorded and transcribed verbatim. A transcript-based conceptual analysis was conducted to identify and explore emerging themes.

**Results.** Carers identified both positive and negative aspects of the psychiatric admission and care within community settings. The following key themes emerged from the interviews: lack of control and information from mental health services, the importance of support from staff, or conversely its absence; concerns about service users' vulnerability, negative staff attitudes and opportunities for involvement; negative experiences of generic psychiatric settings; positive experiences were encountered when there were supportive and caring staff, good information sharing and satisfactory discharge arrangements.

**Conclusion.** Important areas for service improvements are highlighted. Recommendations included: the need for support; information about suicidal behaviour and advice on managing further incidents at home; more support in coping with regular and escalating self-harming and suicidal behaviours, particularly, severe consequences of staff safeguarding errors and inappropriate discharge, and the importance of supportive and adept staff. These findings identify the need for tailored support for carers regarding the management of self-harm and suicidal behaviours in the community.

## The Provision of Mental Health Care for Service Users With Complex Needs Who Are at Risk of Suicide

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**Aims.** Individuals presenting with complex behavioural and mental health needs may not receive the provision of care needed. Those presenting with a more complex clinical presentation may have a history of self-harm and suicide attempts. A common risk factor for preceding suicide is previous self-harm, suicide attempts or discharge from inpatient units. Understanding the descriptive symptom domains for inpatients and those treated in the community and the relationship between them could inform suicide prevention. The aim of this study was to explore the extent of self-harm and suicidal behaviours in individuals with complex mental health needs across inpatient and community settings.

**Methods.** A cohort study design of in-depth written medical notes (n = 80) for people who were known to have complex mental health needs across inpatient and community settings. Data were extracted from medical records onto a coproduced questionnaire. As well as demographic data, information was collated about previous self-harm, suicide planning, suicide attempts, and support seeking regarding suicidal thoughts. The study will include a quantitative in-depth description and inferential analysis of the demographic clinical characteristics of the patient group.

**Results.** Medical case notes were reviewed for 80 service users with complex mental health needs. Across both groups, approximately three-quarters of participants had previously self-harmed (76%), or planned suicide (n = 73%), and/or attempted suicide (63%). Self-harm (83% vs. 70%) and suicide attempts (72% vs. 65%) were more prevalent in the inpatient group compared to the community group. Social support was received more by community patients than inpatients (70% vs. 50%), even though inpatients were more likely to seek help when experiencing suicidal thoughts compared to people cared for in the community (38% vs. 30%). In both groups, there were often multiple suicide plans and attempts made over their timeline of contact with services.

**Conclusion.** Self-harm, suicide planning, and suicide attempts were prevalent for people treated across both inpatient and community settings. Self-harm and suicide planning was indicative of a later suicide attempt within both settings. In those experiencing suicidal thoughts, few had sought help, suggesting the importance in staff training to enable them to recognise and identify patterns of self-harming and suicidal behaviours in individuals with complex mental health needs. Social support needs for inpatients should be increased, particularly when they sought help for suicidal thoughts. This may help to reduce length of stays in hospital or future readmissions to hospital; thus, reducing the cost implications for the NHS mental health services.

## Effectiveness of Single Therapeutic Project in Adolescents With Attempted Suicide And/or Self-Harm

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**Aims.** Brazil is the eighth in number of suicides in the American continent, and 4th in the number of suicides in Latin America. From 2011–2016, there were 33,269 cases in women and 14,931 in men, with 24.1% and 17.2% in populations aged 10–19 years,