

WORKING ON NURSE LIFELINE

Introduction & Context

The RCN in late 2020 commissioned a small piece of work to explore its future role in supporting the mental health and wellbeing of nurses. A broad number of organisations were interviewed, and contextual reports reviewed, to help shape a range of recommendations published in December 2021. The Professional Lead for Mental Health is now leading on these recommendations and providing strategic oversight of an ambitious programme of work to develop and strengthen the RCN's voice and presence across both necessary, and valuable, mental health support for the nursing workforce.

One key recommendation of this report was for the RCN to form helpful and enabling partnerships with other agencies with a specific mental health and wellbeing remit. Nurse Lifeline is one of these agencies, who have received a grant from the RCN Foundation Covid Healthcare Support Appeal to launch a peer led telephone helpline over the next 12 months, launching in June 2021.

As part of this important development the RCN were asked to assist with the development of some algorithms for safeguarding, reflection and suicide, and also a supervision framework. The product of that work is included here.

Tim Coupland (Mental Health Nurse) has led the work, with the support of the Mental Health Professional lead (Stephen Jones), other mental health clinical representatives and the RCN Mental Health Forum (Ellie Gordon and Helen Rees). He also completed the aforementioned review last year in a paid capacity and had led on this initiative in a voluntary capacity.

Each algorithm has developed with specialist input including review from the mental health forum. Nurse Lifeline are now actively using the documents.

Table of contents

Name	Author	Version
Reflection	Tim Coupland and Dr Deborah Watkins	June 2021
Suicide	Tim Coupland, Dr Jenny Oates, Dr Annessa Rebar	June 2021
Safeguarding	Tim Coupland, Dr Dawne Garrett and Peta Clark	June 2021
Supervision	Tim Coupland and Dr Deborah Watkins	June 2021

Governance

- Reflection is an important task and each time the algorithms are used, particularly the suicide algorithm, those working on the helpline should work with their On Call Coordinator to debrief, reflect and consider further support needed.
- A 3 monthly review meeting will be in place to review the application of the documents in practice and any amendments needed.

Contact and review

For correspondence - timcoupland@outlook.com

Contributors

Suicide - Tim Coupland (RMN MBACP) with Dr Jennifer Oates & Dr Annessa Rebar – advisors for suicide prevention
Reflection – Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH) – advisor on spirituality and wellbeing
Safeguarding – Tim Coupland (RMN MBACP) with Dr Dawne Garrett and Peta Clark – RCN Safeguarding Leads
Supervision – Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH) – advisor on spirituality and wellbeing

REFLECTION ALGORITHM

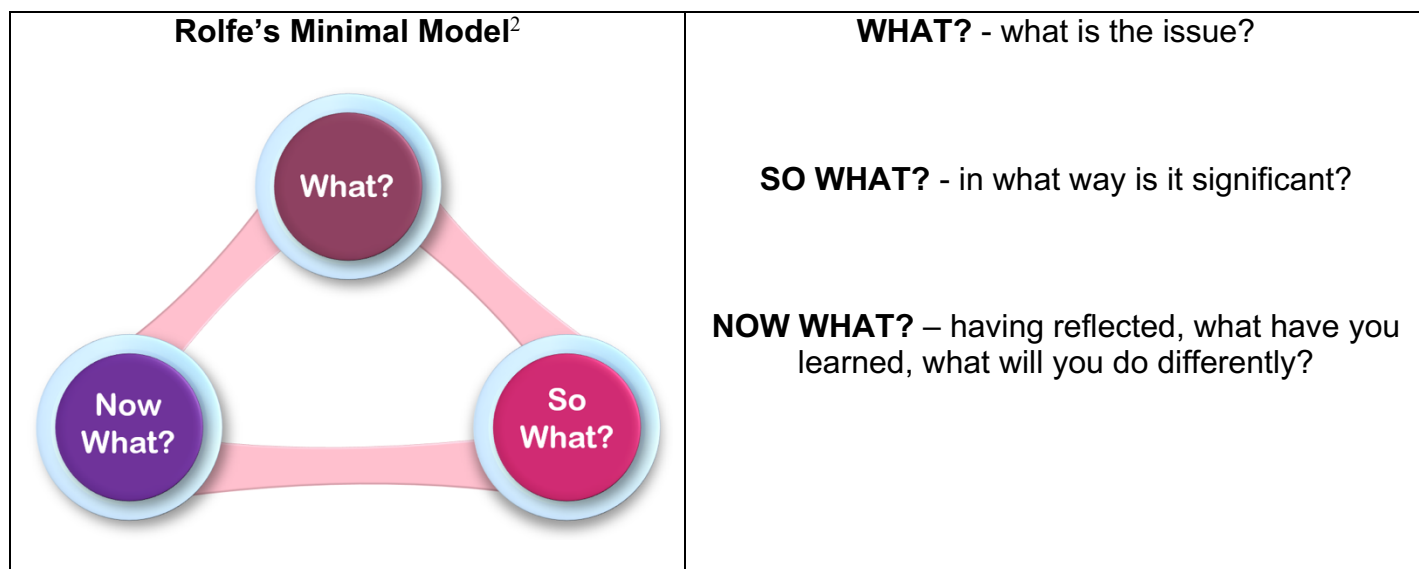
What is reflection?

A conscious effort to think about an activity or incident that allows us to consider what was positive or challenging and if appropriate plan how it might be enhanced, improved or done differently in the future¹

Reflection is an important practice to focus on thoughts, feelings and behaviours that may arise from any given situation; positive or challenging.

Reflection helps us to consciously, intentionally and mindfully step back from a situation rather than be driven by our immediate response. Sometimes our immediate response is like a fight or flight reaction driven by a strong emotional sense of a given situation. Reflection helps us to employ our human ability to process a given situation in a structured and more deliberate way - to slow our thinking down.

A reflective model - in reflecting on calls use this simple model of reflection



¹ <https://www.rcn.org.uk/professional-development/revalidation/reflection-and-reflective-discussion>

² Rolfe, G., Freshwater, D., Jasper, M. (2001) *Critical reflection in nursing and the helping professions: a user's guide*. Basingstoke: Palgrave Macmillan.

After each call use the Rolf Minimal Model to take the steps below

STEP 1 – WHAT? Identify your thoughts and feelings

- You may want to note down on paper what strong thoughts or feelings you have. They may initially be physiological sensations, for example in your gut, head, breathing or muscles.
- Evidence shows that writing it down can help to clarify stronger emotions.
- Ask yourself what is the issue or challenge? Why is it an issue or challenge now? What do you want to do next?

STEP 2 – SO WHAT? Think about what they may mean

- Acknowledge emotions and try not to label or judge them. They are clues to how you are viewing a certain situation.
- Be curious about your emotions; use reflection to experience them more fully and deeply.
- Be aware of cumulative stress building up -what do you notice in terms of frequency, duration and impact?
- Allow yourself to sit with them for long enough in order to help you to think about what they may mean (the **So What?**) and what you may want to do with them (the **Now What?**)

STEP 3 – NOW WHAT? Process your thoughts and feelings

'IN THE MOMENT' FOCUS ON 3 ASPECTS

- BREATH** - focus on regulating your breathing
WALK - focus on taking some brief exercise that works for you
TALK - focus on accessing socially supportive conversations

STEP 4 - ACCESS the most helpful form of support

INDIVIDUAL	COLLEAGUE	TEAM SUPERVISION
Take time to self-reflect. Potentially complete a revalidation reflection.	This could be your supervisor, a member of NLL or a trusted colleague.	Once a month with Nurse Lifeline supervisor
<ul style="list-style-type: none"> - What was most helpful/unhelpful about the situation? - What is the most important point of learning? - What more do you need to know? - What do you need to do next? 	<ul style="list-style-type: none"> - What would be most useful to discuss with a colleague? - What do they need to know? Reflecting ethical practice and confidentiality. - What do you need from them? Advice, support, problem solving. 	<ul style="list-style-type: none"> - What issue do you need to bring? - What do you need from the group? - What outcome do you need around the issue?

STEP 5 – CULTIVATE RESOURCES

- Be careful not to react to or suppress a strong feeling, try to examine the root of it, what are the issues bringing up for you?
- Think about the feelings and sensations it is creating in you and any thoughts associated with them – try not to see feelings as good or bad, don't judge them.
- Think about what works for you to process thoughts that feel intrusive or create feelings that feel uncomfortable.
- Generate a list or 'tool kit' of grounding activities that are unique to you. Grounding helps wellbeing by connecting to connect you to present moment in a positive and enabling way.

SUICIDE PREVENTION ALGORITHM

WHILST SUICIDE OCCURS IT IS PREVENTABLE AND THERE IS A NATIONAL CROSS-ORGANISATIONAL COMMITMENT TO ZERO SUICIDE.

Suicide rates amongst nurses is higher than the national average, with female nurses particularly at high risk. As a nurse you will be talking to nurses. Be aware of your role as a nurse and that some of the issues being discussed may resonate with you.

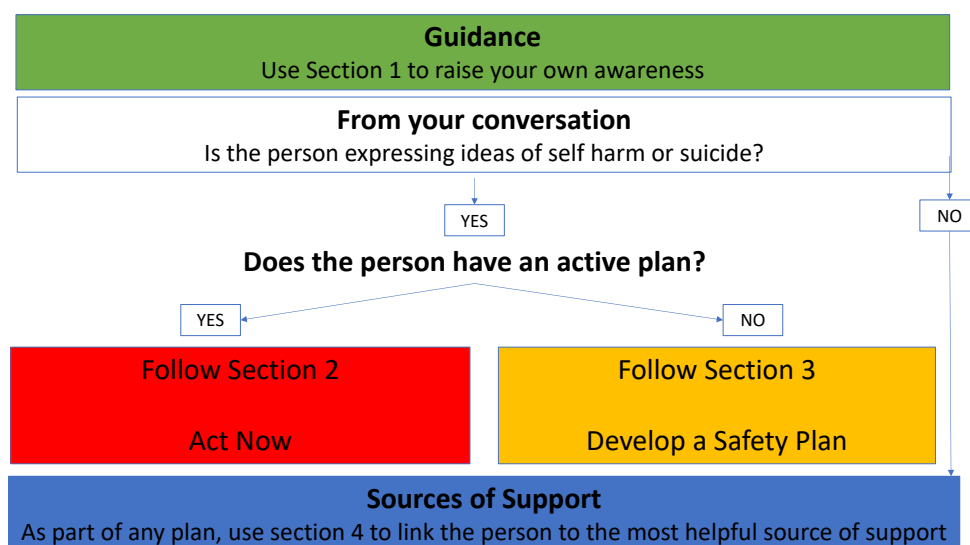
Other groups at risk – hold these in mind when talking to people

- Middle-aged men
- People who self-harm
- Children and young people
- LGBTIQ+ communities
- Mental ill Health or those in the care of mental health services
- Those who have attempted suicide or self-harm before
- Those who have lost someone to suicide

- Suicides are higher for those from areas of socio-economic deprivation
- Relationship breakdown is a significant factor in male suicide
- Suicide in women under 30 has significantly risen in the last decade
- We currently don't know the real impact of Covid-19, but this may also be reflected in the conversation

Lots of people experience suicidal ideation without being actively suicidal - it is important to differentiate between someone having suicidal thoughts and someone who may have an active plan to take their own life or harm themselves in some way.

Follow these key steps



Contributors

Suicide - Tim Coupland (RMN MBACP) with Dr Jennifer Oates & Dr Annessa Rebar - advisors for suicide prevention
 Reflection - Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH - advisor on spirituality and wellbeing
 Safeguarding - Tim Coupland (RMN MBACP) with Dr Dawne Garrett and Peta Clark - RCN Safeguarding Leads
 Supervision - Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH - advisor on spirituality and wellbeing

Section 1 - Guidance (adapted from the zero-suicide model)

SEE

People can find it hard to talk about suicidal feelings, they may feel embarrassed or not be able to find the right words

- Really listen to what someone is saying and pick up on cues – e.g. they feel like they don't belong, feel worthless or have become a burden
- What do you notice from the conversation?
- Is there person using language that concerns you?
- Are they talking like they may have a plan?
- Acknowledge what the person is saying. Showing you care is vital.

SAY

Ask open and inquiring questions - talk and encourage sharing. For example: "It sounds as if things are incredibly difficult right now, can you tell me a little more about what's happening for you?"

Be curious about their wellbeing. Be prepared to ask if they thinking about ending their life? Ask about suicide.

Conversation starters could include: 'Sometimes when people feel like you have described, they think about suicide. Is it like this for you?' or simply

- "Are you thinking about suicide?" or
- "Are you having thoughts of ending your life?"

Use open-ended questions to keep people talking

- Summarise what the person has said to you to show that you've listened and understood what has been said.
- Repeating back a word or phrase can encourage people to go on. If someone says, "It's been really difficult recently", you can keep the conversation going by repeating "In what way difficult, can you tell me more about that?"
- If the person you're talking sounds distracted or preoccupied over an important point, saying 'Tell me more about...' or '...sounds like a difficult area for you' can help them clarify the point.
- When you react, you don't have to be completely neutral. If whoever you're talking to has been having a dreadful time, sympathy and understanding is vital e.g. "That must have been difficult".

What you say doesn't influence what the other person has to say, it just helps them talk.
There is no evidence linking asking about suicide to death by suicide

SIGNPOST

- Ask the person if they have spoken to anyone else?
- Keep them safe. Agree next steps and a **safety plan**. What would keep them safe for the next hour, the next 24 hours?
- Start to talk about how they can keep themselves safe – using the framework below in **Section 3**.

Section 2 - If someone is expressing a suicide plan ACT NOW

CONTINUE TO STAY WITH THEM ON THE CALL

Stay present and connected to the person.

Possible statements – *“I’m here with you” “I’m listening to you”. I’m not going to leave you at the moment”.*

ENCOURAGE THE PERSON TO KEEP ON TALKING

The person may not be able to concentrate on the conversation or seem distant and disconnected so try to ask questions about what they notice around them, draw them to the present

Possible statements:

“I can’t imagine what you are going through, but I would like to understand”

Use open ended questions to connect the person to the present – *“Where did that happen?”* and *“How did that feel?”*

‘I am still here and want to listen, I want to help you stay safe, this is the most important thing right now.’

ASK THEM IF YOU CAN GET HELP TO THEM

This may require you to ask for their location and call 999 or a trusted friend.

Possible statements:

“Is there someone who may be able to help you at the moment at home or close by?”

“I would like to find some help for you, is there someone I can call?”

When calling for help, work within the protocol for accessing emergency support and/or attempting to trace a number if the person is not sharing their name or location.

STAY ON THE LINE

Say to them you will stay on the line until help arrives but tell them what you are doing and reassure them you are still there.

Possible statements:

“I’m going to stay on the line to help and support you.”

“I’m still here and want to listen, I want to keep you safe and that is the most important thing for me at the moment”

Section 3 – If someone is expressing suicidal ideas Develop a Safety Plan

Develop a plan with person to keep them safe. Include the following in the plan
<https://www.stayingsafe.net/sites/default/files/BlankSafetyPlan.pdf>

GETTING THROUGH RIGHT NOW - what is going to help in this moment, right now

Ideas – *things that mean something, activities, emergency activities to buy time, helpful thoughts, strategies that may have worked in the past.*

MAKING THE SITUATION SAFER

Key questions - *what can you do immediately to improve your safety? Is there a place you can get to easily where you feel safer? What can you do in the longer term to improve your safety? Can you remove anything you might use for hurting yourself? If you need regular medication, could you store it somewhere safely or perhaps store a small amount in your house? Is there anyone you trust to look after some of it for you?*

THINGS TO LIFT OR CALM YOUR MOOD

Ideas – *dealing with the immediate distress, how the person, can use self-soothing, relaxation, distraction*

THINGS TO DISTRACT YOU

Key information - *list anything to 'take your mind away' from distressing feelings and keep you busy. Try to be specific. For example, if it involves contacting someone write their name and exactly how you will contact them i.e. in person, messaging, by text or by phoning them, and include all their contact details.*

PEOPLE TO SUPPORT YOU

Names of people to message or get in touch with just for a chat and not necessarily to tell them about your feelings in any detail. Write all their contact details and when you can contact them.

OBTAINING MORE SUPPORT

Establish someone to talk with, particularly someone they trust

Provide a helpline or support line to access ongoing support or counselling
(See [section 4](#))

Option to seek out specialist support within the person's own organization or other NHS service e.g. GP
(See [section 4](#))

Section 4 – Sources of support for the person

Emergency professional support

If the person shared who they work for, they may have a helpline that you can google for them or find out.

List of those you can talk to if you are distressed or thinking about self-harm or suicide

Samaritans

116 123

Hours (24/7)

CALM

0800 58 58 58

Focus is on men 5pm to midnight.

Has webchat

Papyrus – for people under 35

0800 068 41 41 – 9am to midnight every day.

Text 07860 039967

Email pat@papyrus-uk.org

<https://www.papyrus-uk.org/help-advice-resources/>

SOS Silence of Suicide – for everyone

0300 1020 505 – 4pm to midnight every day

Student minds

<https://www.studentminds.org.uk/findsupport.htm>

not a helpline, but ongoing source of support for students

Hub of hope - <https://hubofhope.co.uk> help to identify any local services to support the person.

NHS in England <http://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline>

Beathing Space (Scotland)

<https://breathingspace.scot>

0800 838 587

Mon-Thurs 6pm – 2am

Fri 6pm – Mon 6am

C.A.L.L (Wales)

<https://callhelpline.org.uk>

0800 132 737

Text 'help' to 81066

24/7

Lifeline (NI)

<https://www.lifelinehelpline.info>

0808 808 8000

24/7

Stay Alive App

<https://www.prevent-suicide.org.uk/find-help-now/stay-alive-app/>

NHS England - <https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/help-for-suicidal-thoughts/> link lists a range of potential support

NHS Scotland <https://www.nhsinform.scot/campaigns/suicide>

NHS Wales <https://111.wales.nhs.uk/encyclopaedia/s/article/suicidalthoughts>

NHS Northern Ireland <https://www.nidirect.gov.uk/articles/mental-health-emergency-if-youre-crisis-or-despair>

RCN – if they are a member

<https://www.rcn.org.uk/get-help/member-support-services/counselling-service/covid-19-and-your-mental-wellbeing>

Contributors

Suicide - Tim Coupland (RMN MBACP) with Dr Jennifer Oates & Dr Annessa Rebar - advisors for suicide prevention

Reflection - Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH) - advisor on spirituality and wellbeing

Safeguarding - Tim Coupland (RMN MBACP) with Dr Dawne Garrett and Peta Clark - RCN Safeguarding Leads

Supervision - Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH) - advisor on spirituality and wellbeing

SOURCES

Connecting with People – developing a Safety Plan

<https://www.stayingsafe.net/sites/default/files/BlankSafetyPlan.pdf>

MIND – supporting someone who feels suicidal

<https://www.mind.org.uk/information-support/helping-someone-else/supporting-someone-who-feels-suicidal/about-suicidal-feelings/>

RCN - Suicide Awareness

<https://www.rcn.org.uk/clinical-topics/mental-health/suicide-awareness>

Rethink – Suicidal Thoughts, how to support someone

<https://www.rethink.org/advice-and-information/carers-hub/suicidal-thoughts-how-to-support-someone/>

Samaritans – if you think it's an emergency

<https://www.samaritans.org/how-we-can-help/if-youre-worried-about-someone-else/if-you-think-its-emergency/>

Zero suicide alliance

<https://www.zerosuicidealliance.com>

Contributors

Suicide - Tim Coupland (RMN MBACP) with Dr Jennifer Oates & Dr Annessa Rebar - advisors for suicide prevention
Reflection - Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH - advisor on spirituality and wellbeing
Safeguarding - Tim Coupland (RMN MBACP) with Dr Dawne Garrett and Peta Clark - RCN Safeguarding Leads
Supervision - Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH - advisor on spirituality and wellbeing

SAFEGUARDING ALGORITHM

Safeguarding is everyone's responsibility and involves protecting people from harm. This covers all forms of harm.

Physical harm Sexual abuse Psychological abuse Organisational abuse Modern slavery	Domestic abuse or coercive control Discriminatory abuse Financial or material abuse Neglect or acts of omission Forms of extremism
--	--

Key stages to follow – see page 2 for algorithm

It is important with any call to ensure the caller is aware that sharing information of a safeguarding nature does not discharge their duty to act within public protection policy, this includes reporting a safeguarding concern or following a local 'raising concerns' policy and procedure.

Identify safeguarding concerns
Inquire about potential to report concerns
Act on key concerns
Reflect on outcomes and learning

Key skills to help you recognise and **identify** safeguarding concerns

- Looking for something that doesn't feel quite right
- Listen for something not being said
- Be vigilant to the unexpected
- Look for patterns in the conversation that may connect what the person is saying to a safeguarding concern
- Adopt a curious line of questioning
- Remain calm, reassuring and interested in what the person is saying
- Be aware that the caller may be in the vicinity of the person they are concerned about and may find it difficult to talk

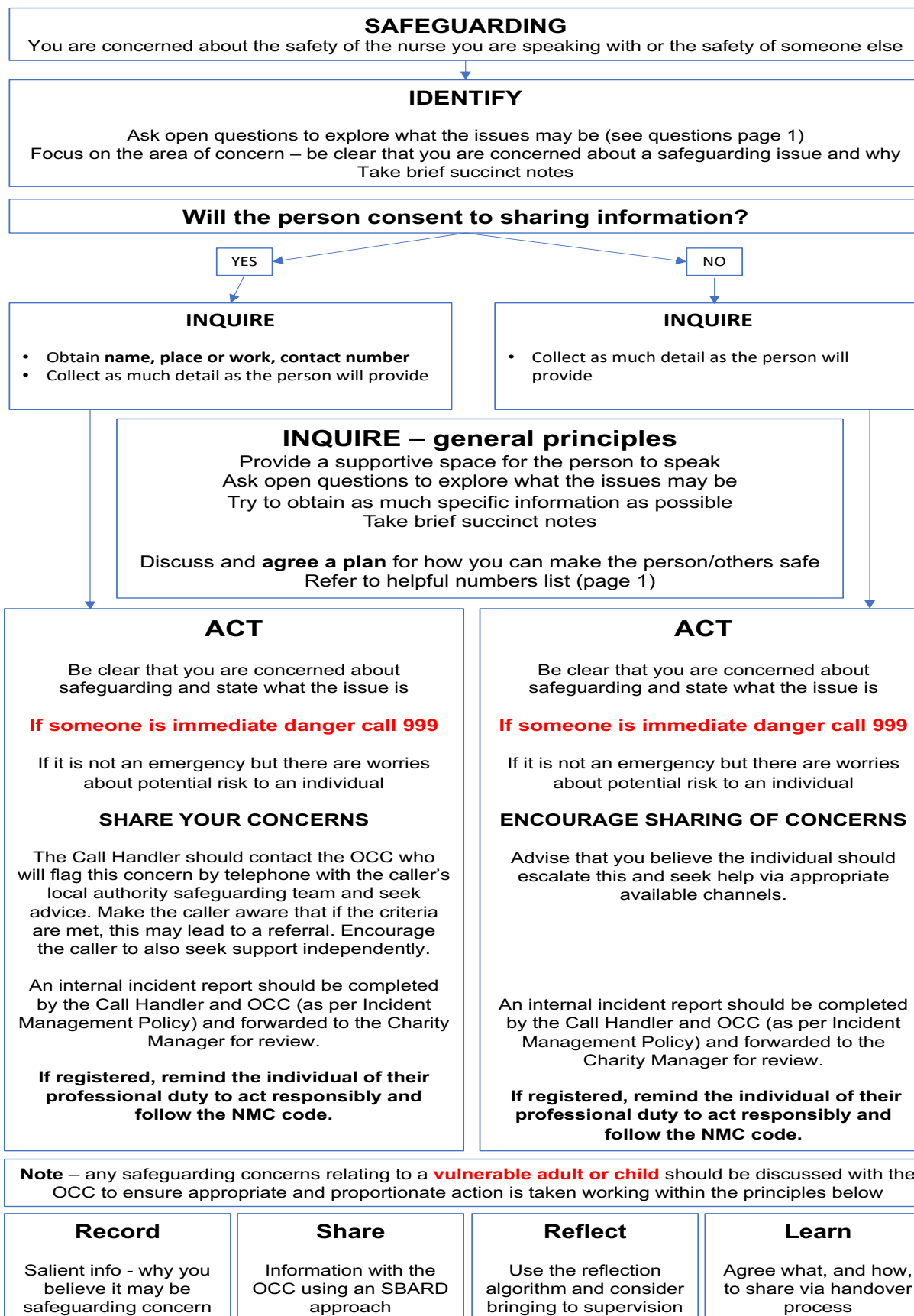
Key questions to inquire whether there is a safeguarding concern

Do you ever feel unsafe or maybe that someone else is unsafe?
 Could you tell me a little more about that?
 What specifically is happening that makes you (or others) feel unsafe?
 What would you like to happen to make the situation safer?
 Are children involved directly or indirectly in the concern?
 Are those at risk believed to lack capacity?

Information and signposting

In England NHS Safeguarding App <https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/>
 Find a helpline – useful search resource for specific concerns <https://helplines.org/helplines/>

If applicable, letting the person know that their own organisation is likely to have a raising concerns numbers and procedure.



Produced in partnership with the Royal College of Nursing (June 2021)

Contributors

Suicide - Tim Coupland (RMN MBACP) with Dr Jennifer Oates & Dr Annessa Rebar - advisors for suicide prevention
 Reflection - Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH) - advisor on spirituality and wellbeing
 Safeguarding - Tim Coupland (RMN MBACP) with Dr Dawne Garrett and Peta Clark - RCN Safeguarding Leads
 Supervision - Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH) - advisor on spirituality and wellbeing

WORKING ON NURSE LIFELINE – SUPERVISION for VOLUNTEERS

This document outlines the process for supervision of volunteers on Nurse Lifeline.

Outcomes

For each volunteer to have access to a minimum of 1 hour supervision every 8 weeks with a practitioner experienced in providing supervision and support.

For volunteers to have access to occasional ad hoc support under specific circumstances.

What is supervision?

"A specialised form of mentoring provided for practitioners responsible for undertaking challenging work with people. Supervision is provided to ensure standards, enhance quality, advance learning, stimulate creativity, and support the sustainability and resilience of the work being undertaken."³

Standards

Volunteers will:

- Use the **reflection algorithm** to develop self-awareness and support insights into the thoughts, feelings and behaviours arising in their volunteer role with Nurse Lifeline⁴.
- Have opportunities to learn from experience through supervision, feedback, reflection and evaluation.
- Be able to contribute to supervision and reflection to promote learning and improvements to the service⁵

Supervisors will:

- Be registered with an accredited professional body such as NMC, BACP or GMC with separate indemnity insurance that covers independent and voluntary clinical practice.
- Have current DBS certification and evidence of safeguarding training
- Be experienced in supporting, supervising and mentoring nurses either with clinical or academic practice.
- Access regular combined supervision.

³ BACP ethical framework. <https://www.bacp.co.uk/membership/registered-membership/guide-to-supervision/>

⁴ <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-nurses.pdf>

⁵ <https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf>

Process

- Each supervisor oversees a group of 8 volunteers.
- In each group there is one liaison volunteer, who works with the supervisor to set up sessions and support.
- **Regular Supervision** is provided up to every 8 weeks for a minimum of an hour.
- **Ad hoc supervision** guideline
 - Accessed by a request from a volunteer to a NLL coordinator, who will assess the request on a case-by-case basis.
 - Provided for specific issues that arise with a volunteer where supervision may be considered beneficial.
 - No more than a 30 min session.
 - Provided by any supervisor reflecting availability.
- The session is held online using the MS Teams platform.
- The function of supervision adopts the framework below.⁶

Formative: The educative process of developing skills achieved by a process of reflection on and exploration of the work of the volunteer.

Normative: This element addresses the requirement of quality control within practice ensuring that the highest professional standards of nursing are upheld.

Restorative: The nature of volunteer interactions may result in emotional stress. This is acknowledged by the restorative function of the model which allows volunteers to explore, understand and deal with their reactions.

Each session is structured in the same way (see page 3) to ensure that volunteers are adequately supported, and learning is captured from the sessions, and with agreement, shared more widely.

⁶ Inskipp, F. and Proctor, B. (2001). Making the Most of Supervision. Part 1. Twickenham: Cascade.

Structure of each session

Check in - how people are and what they need from the supervision session today

Ground rules (4 clear principles)

1. Confidentiality - what stays in the group, what can leave the group with agreement
2. Listening carefully - with curiosity and active interest
3. Insightful questioning – working within action learning principles to develop insight and awareness in each other
4. Mentoring support – cultivating support for each other based on shared experiences and insights into volunteer practice

Agreeing agenda – will normally be up to two/three items given 15 minutes each. The Supervisor will ask 3 questions:

- What issue do you need to bring?
- What do you need from the group?
- What outcome do you need around the issue?

Check out – key insight or learning. Agreeing what to share more widely (template page 3)

Date/Time		Session number	
Supervisor			

Attendees	

Contributors

Suicide - Tim Coupland (RMN MBACP) with Dr Jennifer Oates & Dr Annessa Rebar – advisors for suicide prevention
 Reflection – Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH) – advisor on spirituality and wellbeing
 Safeguarding – Tim Coupland (RMN MBACP) with Dr Dawne Garrett and Peta Clark – RCN Safeguarding Leads
 Supervision – Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH) – advisor on spirituality and wellbeing

What items were raised in the supervision group?

Key learning points from the group to feedback

Interesting quotes

Anything for immediate escalation – safety, learning

Contributors

- Suicide - Tim Coupland (RMN MBACP) with Dr Jennifer Oates & Dr Annessa Rebar – advisors for suicide prevention
- Reflection – Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH) – advisor on spirituality and wellbeing
- Safeguarding – Tim Coupland (RMN MBACP) with Dr Dawne Garrett and Peta Clark – RCN Safeguarding Leads
- Supervision – Tim Coupland (RMN MBACP) with Dr Deborah Watkins - RNMH) – advisor on spirituality and wellbeing