



Exploring the lived experiences of mental health professionals: A phenomenological study on ligature training in a simulated environment

Aby Mitchell^A

A

Senior Lecturer in Nursing Education, Kings' College London

Barry Hill^B

B

Associate Professor of Nursing and Critical Care, Northumbria University

Jane Murray^C

C

Assistant Professor of Mental Health Nursing, Northumbria University

Keywords

Ligature training;
nurse education;
phenomenology;
simulated learning;
teaching and learning.

Abstract

This phenomenological study investigates the first-hand experiences of mental health practitioners engaged in an intensive two-day workshop on managing ligature-related situations. This workshop was implemented within a realistic simulated environment at a renowned higher education institution, offering participants a chance to experience scenarios that closely mirror real-world conditions.

In this study, a rigorous thematic analysis was applied to participants' feedback, which yielded three dominant themes: (1) transformative experience, (2) transformed views about ligature training, and (3) patient-centred risk management and empowerment. The first theme encapsulates the idea of a 'transformative learning journey.' Participants experienced a marked expansion in their knowledge base, practical skills, and overall understanding of ligature management following their participation. The training, facilitated by realistic simulations, demonstrated the efficacy of such an immersive approach in enhancing healthcare professionals' competency in handling ligature-related situations. The second theme, 'transformed views about ligature training,' alludes to the substantial shift in the participants' pre-existing attitudes towards such training workshops. Post-participation, their views were radically altered as they acknowledged the profound value and potential life-saving benefits such immersive training can impart, particularly in the critical sphere of ligature management. The third theme emphasises 'patient-centred risk management and empowerment.' This underlines the central role that patients play in the approach towards managing ligature-related situations. An essential takeaway from the training was the need for healthcare professionals to manage risks effectively and instil a sense of empowerment within their patients, thereby promoting them as active participants in their care journey.

This research provides a comprehensive exploration of the lived experiences of mental health professionals within a simulated learning environment. Rather than solely recounting the training process and participants' immediate reactions, it probes the training's more profound, lasting impact on the attendees' professional lives and perspectives. Consequently, the study significantly contributes to the existing knowledge in ligature training and care for people at risk or post-ligature, accentuating the effectiveness of simulation-based educational methodologies. It offers invaluable guidance for healthcare institutions and educators looking to design or improve their training strategies, thus equipping professionals to tackle ligature-related situations effectively and compassionately.

Correspondence

barry.hill@northumbria.ac.uk^B

Article Info

Received 2 August 2023

Received in revised form 29 September 2023

Accepted 5 October 2023

Available online 9 October 2023

DOI: <https://doi.org/10.37074/jalt.2023.6.S1.4>

Introduction

Ligatures encompass objects capable of fastening or connecting, such as chains, linen, clothing, cords, and tubing. A ligature anchor point can be defined as any object that could serve as an attachment for a cord or similar material for hanging or strangulation. In contrast, a ligature represents any object that can be fastened to a ligature anchor point or be wrapped around the neck without an anchor point, leading to self-strangulation (Care Quality Commission (CQC), 2022). In mental health in-patient facilities, where patients may exhibit self-harming or suicidal behaviour, staff must manage the environment and support patients to reduce potential harm.

The management and safety planning to prevent ligatures within clinical practice is critical to mental healthcare. It directly influences the safety and well-being of patients. Mental health staff are responsible for ensuring support and care for people at risk of self-harm or suicide. In recent times, simulation-based education programmes have emerged as promising tools for enhancing staff skills and competence across various healthcare domains (Gharibi & Arulappan, 2020). This study investigated the effectiveness of a simulation-based training programme for healthcare professionals to support and care for people at risk of death by hanging.

Background

The study examined the first-hand experiences of healthcare workers who underwent a simulation exercise. This training enhanced their abilities and confidence when assisting patients involved in ligature incidents. The National Institute for Health and Care Excellence (NICE) clinical guidelines on self-harm emphasise training for all personnel, both within and outside the healthcare domain, who engage with individuals of any age prone to self-harm (NICE, 2022). This training should be multifaceted, encompassing interactive role play, online modules, direct face-to-face sessions, and the provision of relevant resources.

A critical aspect of the training should be reflecting on staff attitudes, considering their values, beliefs, and any inherent biases. It is also essential that the training's depth be tailored to match the staff member's level of responsibility. Additionally, rather than being a one-time event, such training needs to be offered regularly, ensuring that all professionals remain updated and well-prepared.

Recent statistics from the Office for National Statistics (2021) and the University of Manchester (2022) emphasise that ligature usage is the predominant method of suicide within both the general population and in-patient mental health care settings in the UK. Moreover, there is a rising trend in the usage of ligatures year on year. For instance, there has been a 29% surge in self-inflicted deaths among the detained population in the UK over the past year. The UK government report maintains that hanging was the most frequently employed method of self-inflicted death in 2021, constituting 83% of successful suicide attempts (UK Gov, 2023). They also note that out of the 76 self-inflicted deaths

via hanging or self-strangulation in 2021, bedding remained the most frequently utilised ligature type, accounting for 82% of incidents (UK Gov, 2023). These developing patterns underline the pressing need to broaden research efforts and expedite the enhancement of education and training for healthcare professionals providing education and support (Public Health England, 2020; National Institute of Health and Care Excellence, 2018).

Mental health staff often face significant challenges in supporting people who use ligature as a method of self-harm, which can evoke strong emotional reactions and adversely impact their physical and mental well-being (Patterson et al., 2007; Babic et al., 2020). Witnessing self-harm through ligature can be more traumatic than other forms of self-harm due to its high risk of death, with anxiety levels in staff escalating when multiple incidents or attempts occur (Rouski et al., 2017; Karman et al., 2015).

Several qualitative studies have explored the experiences of healthcare staff members involved in caring for people following ligature-related harm or death. These studies have revealed that staff members often feel vulnerable and burnt out and perceive themselves as unable to manage potentially challenging situations effectively (Anderson et al., 2003, McGlinchery et al., 2021). Concerns about using sharp objects, such as ligature cutters near patients' necks, could result in life-threatening injuries, further exacerbating staff members' sense of unpreparedness and safety (Razak, 2022). Staff reported feelings of powerlessness and frustration when managing patients who engaged in self-harm and ligature behaviour (Dixon-Woods et al., 2018).

A systematic literature review on self-harm and suicide within in-patient psychiatric units revealed a troubling pattern: staff frequently felt overwhelmed and inadequately equipped to handle patients displaying self-harm or ligature behaviours (Gibson et al., 2018). Similarly, within the confines of the UK prison system, personnel expressed considerable emotional and psychological strain when confronted with inmates engaging in such behaviours (Newman et al., 2018). It is essential to dispel the misconception that only individuals with diagnosed mental health conditions contemplate or resort to ligature as a method of self-harm. Modern healthcare paradigms emphasise the intrinsic linkage between physical and mental well-being. This integrated perspective highlights that ligature-associated risks are not confined merely to those with evident mental health symptoms (Bolton & Gillett, 2019). Consequently, the responsibility does not rest solely with mental health professionals; all healthcare professionals need to be vigilant to these risks.

Patients, irrespective of their mental health history, can undergo episodes of acute distress, potentially culminating in self-harm or suicidal behaviours (Harmer et al., 2023; Samaritans, 2023). This reality mandates a proactive approach from healthcare practitioners: the capacity to discern early warning signs, intervene with alacrity, and provide appropriate support. Training emerges as a pivotal element in supporting people. By equipping healthcare professionals with the necessary skills, they can identify individuals at heightened risk and deploy rapid and efficacious interventions. Additionally, this training

can facilitate effective communication strategies to liaise with and support affected families and friends. Gorman et al. (2023) highlight that family involvement has been identified as a critical aspect of clinical practice that may help to prevent suicide. Therefore, creating a therapeutic environment wherein patients perceive their feelings and concerns as valid is also paramount. Such an atmosphere can attenuate feelings of isolation, a potent precursor to detrimental actions. Lastly, the merit of multidisciplinary collaboration cannot be overstated (NICE, 2022). Pooling expertise across healthcare disciplines guarantees a holistic care trajectory for patients, ensuring their needs are met regardless of the specific care setting.

Overall, the studies highlight the significant emotional and psychological impact that supporting people who have used ligature as a method of self-harm can have on healthcare staff members. They emphasise the need for improved training and support for staff members managing these complex and challenging situations to ensure the ongoing safety of both patients and healthcare staff. Mental health staff recognise the need to decrease distress, increase understanding, and explore concepts related to self-harm and ligatures to improve their professional practice by engaging in further education and training (Rouski et al., 2017). Research has demonstrated that staff who undertake evidence-based education are more likely to have positive attitudes when supporting people with complex needs due to increased knowledge and feelings of competence (Dickinson et al., 2009; Saunders et al., 2012; Timson et al., 2012; Department of Education, 2017). The importance of investing in training and education to influence staff attitudes toward clients who self-harm is well-established in the literature (Cleaver et al., 2014; Dickinson & Hurley, 2012; Saunders et al., 2012).

Narrative review

Ligature, death by hanging, and injuries causing long-term harm to physical and psychological well-being are critical issues in nursing practice that necessitate meticulous consideration to prevent further morbidity and mortality. Educating healthcare professionals on caring for and supporting individuals who might resort to ligature as a method of strangulation or suicide is vital in nursing. It equips professionals with the skills to identify, manage, and deter ligature-related incidents (Wand, 2016). According to the World Health Organisation (WHO), suicide represents a substantial public health issue, with hanging being one of the most common means people use to end their lives (World Health Organisation, 2019). Thus, healthcare professionals must have a sound understanding of factors that contribute to preventing ligature and death by hanging, as well as the skills and competencies to manage critical situations where patients have attempted to end their lives.

Several factors could augment the risk of ligature and death by hanging. Mental health disorders such as depression, anxiety, bipolar disorder, and substance misuse are significant risk factors for suicide, with hanging being the prevalent method (Brådvik, 2018). The risk factors for hanging include a history of previous suicide attempts, accessibility to ligatures, and the absence of social support

(Chammas et al., 2022). Addressing the prevention of ligature-related incidents and hanging deaths requires a comprehensive strategy that includes risk assessment, environmental adjustments, and educational initiatives. Healthcare professionals should conduct regular safety checks to identify potential ligature risks and ensure that patients are never left unattended in areas where ligatures are present (WHO, 2021).

In addition to risk assessments, environmental modifications can mitigate the risk of ligature and death by hanging. For instance, healthcare facilities can install ligature-resistant fixtures, such as showerheads and door handles, to prevent patients from using them to self-harm (Mills et al., 2013). Facilities can also alter the layout of patient rooms and communal areas to eliminate potential ligature points (Bowers et al., 2010). Ongoing education on the identification of ligature risks and the implementation of environmental modifications to avert patient harm should be provided to healthcare professionals (Gaskin et al., 2016).

Swift interventions are necessary if a patient is at immediate risk of ligature or death by hanging (Appleby et al., 2019). Healthcare professionals should remove potential ligatures and stay with the patient to provide continuous supervision (Hawton et al., 2014). Restrictive measures sometimes prevent self-harm (Kontio et al., 2012). Safety planning is essential as part of overall care, crisis, and contingency planning. Healthcare providers should involve the patient in developing a safety plan to address suicidal thoughts or behaviours (Stanley & Brown, 2012).

A qualitative study by Bowers et al. (2016) explored staff members' experiences in a UK psychiatric hospital who supported patients who engaged in self-harm and suicidal behaviour. Participants in that study emphasised the importance of building positive relationships with patients, communicating effectively, and involving patients in their care. This approach reflected a patient-centred approach to care that prioritises patient safety and empowerment. Furthermore, a study by Gibson et al. (2018) reviewed the existing literature on self-harm and suicide in in-patient psychiatric units. The study found that staff members often felt overwhelmed and unprepared to manage patients with self-harm or ligature behaviour. However, the study also emphasised the importance of a patient-centred approach to care, which involves understanding and addressing the underlying issues behind the behaviour and involving patients in their care.

The Wellness Recovery Action Plan (WRAP) embodies a robust and accessible approach, empowering individuals to realise their life and wellness aspirations. As an inclusive methodology, WRAP equips individuals to unearth user-friendly, secure, and effective wellness tools, establish a daily blueprint for unwavering commitment to life and wellness objectives, and identify potential obstacles and strategies to persist resiliently (WRAP, 2023). It also provides an invaluable support structure that upholds one's autonomy, even in crises (MIND, 2023). WRAP invites individuals to acknowledge the resources that enhance their well-being and draft proactive strategies for seamless integration into daily life. Anchored by five fundamental principles, these form the heartbeat of

the WRAP ethos (WRAP, 2023). The cornerstone of WRAP is hope, reinforcing our belief in recovery, sustained wellness, and fulfilling dreams. Reflecting on the importance of hope facilitates the development of methods to nurture it within ourselves. Following this, personal responsibility emphasises the individual's role in initiating action towards maintaining wellness. This principle is tailored to individual interpretation and implementation (WRAP, 2023). Education, the third principle, encourages the pursuit of comprehensive knowledge about one's experiences, thus enabling informed decision-making. The learning journey can be customised according to individual requirements. The concept of self-advocacy underscores the necessity of articulating one's needs to others to guarantee the support required for wellness and recovery. This empowers individuals to assert their needs and preferences in a manner best suited to them (MIND, 2023). Lastly, the principle of support emphasises the mutual process of giving and receiving assistance, enriching one's life quality. The individual determines the characterisation of support, the traits sought in supporters, and the preferred methods of giving and receiving support. Collectively, these guiding principles breathe life into WRAP, fostering a holistic, personalised path towards wellness and recovery (WRAP, 2023).

Ligature and death by hanging are critical nursing practice issues requiring ongoing attention and assessment (Wand et al., 2015). Healthcare professionals must comprehensively understand the risk factors for suicide and prevention techniques to feel prepared, maintain psychological resilience, and cope with the potential psychological trauma associated with these events to safeguard their well-being (Wand et al., 2015).

Suicide and death by hanging are significant global concerns, necessitating effective management from healthcare providers, including professionals (World Health Organisation, 2014). As frontline healthcare providers, these professionals play a critical role in preventing, assessing, and managing suicide and death by hanging (Wand et al., 2015; Hawton et al., 2014).

Despite the importance of learning how to manage incidents of suicide and death by hanging, healthcare professionals encounter many challenges. One significant challenge is the emotional impact of caring for patients at risk of suicide or who have attempted suicide. Healthcare professionals may experience fear, anxiety, and helplessness, negatively impacting their ability to provide quality care (Kang et al., 2020). Moreover, supporting people at risk of suicide and death by hanging requires specific knowledge and skills that healthcare professionals may not have gained during their education.

To address these challenges, education and training programmes should incorporate best practices promoting effective learning and skill development. Simulation-based training effectively teaches suicide prevention and management skills to healthcare providers (Kang et al., 2020). Training allows healthcare professionals to practice assessing the risk of self-harm and suicide, supporting people with suicidal behaviours, and responding to death by hanging in a safe and controlled environment. Simulation-

based training has gained popularity in healthcare education as an effective means to enhance healthcare providers' competence, confidence, and performance in various clinical scenarios, including managing suicide and death by hanging (Bingham et al., 2019; Pascucci et al., 2019; Okuda et al., 2009; Al-Elq, 2010).

The use of simulation-based education in catastrophic event training is widely researched not just in nursing but in other areas of industry, for example, aviation. Standardised patient scenarios are an effective method for educating healthcare professionals on suicide and death by hanging. These scenarios offer a realistic setting for professionals to practice assessing suicide risk and responding to suicidal behaviours. Standardised patient scenarios have improved healthcare professionals' knowledge of suicide risk assessment and management (Hunt et al., 2019).

Consequently, educational institutions and healthcare organisations must prioritise developing comprehensive training programmes that give healthcare professionals the skills and knowledge to manage suicide and death by hanging. These programmes should also address the emotional and psychological impact of caring for patients at risk of suicide or those who have died by hanging.

Instructional design of the simulation

The instructional design of the two-day workshop was informed by a pre-workshop questionnaire that asked participants to explain their feelings towards ligaturing and how they manage this in practice. The aim was to provide a safe learning space for healthcare professionals, with the primary learning outcomes focused on critical thinking, clinical judgment, self-confidence, teamwork, care, and safety. These attributes reinforce the importance of simulation pedagogy to develop skills and build knowledge in cognitive, procedural, and attitudinal domains and support the application of these skills into clinical practice in a psychologically safe environment.

Participants were briefed at the beginning of the first day concerning the learning objectives and logistics of the two days, including time frames, expectations, and support. Participants' previous experiences of ligaturing were explored at the beginning of the first day. These were shared in a facilitated discussion with a senior mental health practitioner. Over the two days, the participants took part in four simulated scenarios, all acted by a simulated patient.

Participants were debriefed after each simulation by a senior mental health practitioner using the Plus-delta model (Figure 1) (Kainth, 2021). The debriefing framework was used to structure the conversation, allowing participants to share visceral emotions and initial reactions to the simulated experience, reflect and engage in discussions, identify performance gaps and highlight key learning points. The consistent use of a debriefing model throughout the workshops helped the learners buy into the framework and anticipate the flow and nature of the post-simulation conversations. Learner reflection and feedback enabled self-assessment and group reflection to identify areas

of team strengths and weaknesses. The use of circular questions from the facilitator enabled participants to reflect on an interaction between two other participants, thus encouraging a third-person perspective. Sharing insights from this vantage point helped trigger discussions around behavioural rationale and drivers.

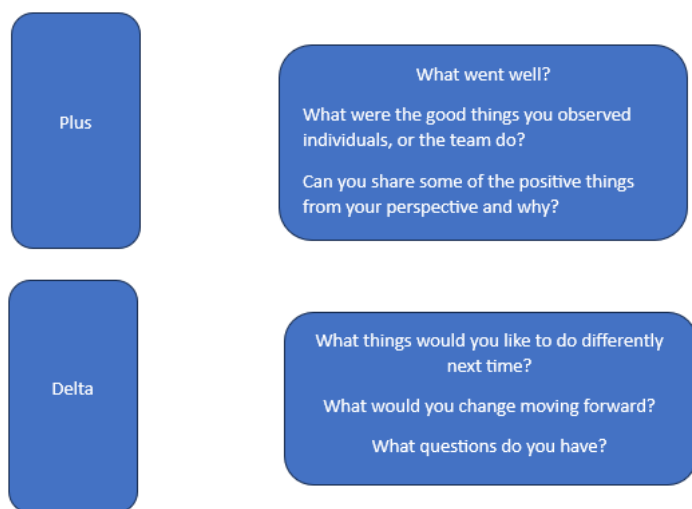


Figure 1: Plus-delta model (adapted from Kainth, 2021).

Methods

Their managers invited healthcare professionals working within in-patient settings to participate in our two-day simulation-based ligature management workshop. A purposive sample of ten healthcare professionals was enrolled in this study. The participants were all members of the clinical mental health care team. Participants were 18 years old or older and could provide written informed consent. Participants needed to be proficient in English to read and make an informed decision. Individuals were excluded from the study if they did not have access to email or the internet to receive the Participant Information Sheet or consent form before the training. Qualitative data was collected following a two-day simulation workshop via audio recording and verbatim transcriptions that were thematically analysed and interpreted by the research team.

Ethics

In compliance with the University's Research Ethics Code of Practice, all ethical guidelines were strictly followed during the study. Participants were protected from physical harm, and safety rules were emphasised during a pre-brief session. The actor portraying the patient was instructed not to use force or throw objects in the direction of participants. Although sharp objects, such as ligature cutters, were utilised during the simulation, participants received a thorough pre-briefing on their safe usage.

Throughout the study, participants were encouraged to express any discomfort or distress they experienced and could opt out of the training sessions. While ligatures, self-harm, and suicide may be mentally distressing, healthcare staff regularly encounter such distressing situations in their clinical practice. Individual data was kept anonymous and

was not disclosed to any other individual or organisation. The data collected was used solely for this study and was accessible only to researchers at the University. Following the General Data Protection Regulation (GDPR) outlined by the Data Protection Act (2018), participant data was securely stored.

The participant information sheet and consent form indicated that audio recordings were necessary for data analysis. For participants who did not wish to be audio-recorded, the option to stop recording during their participation was provided, and the option to edit out their voice input was offered; however, no one chose these options.

Data analysis

Data were analysed using verbatim transcriptions of the participants' voice and narrative feedback. Thematic analysis is a widely used qualitative data analysis method that involves identifying patterns, themes, and meanings within data (Braun & Clarke, 2006). The process of thematic analysis typically involves six steps: familiarising oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing a report (Braun & Clarke, 2006; Nowell et al., 2017).

In the first step, the researchers became familiar with the data by reading and rereading it. In the second step, the initial subthemes were generated by highlighting prominent features of the data. In the third step, key themes were established. In the fourth step, the key themes were reviewed by checking if they accurately represent the data. In the fifth step, key themes and sub-themes were defined and named by creating a coherent description. Finally, in the sixth step, a report presents the themes and their analysis clearly and concisely (Nowell et al., 2017). Following these six steps, the researchers could analyse qualitative data and identify important themes and patterns effectively and systematically.

Additionally, the researchers considered and utilised the hermeneutic circle, which helped to continuously review the identified themes emerging from data (Gadamer, 1960). This process enables researchers to immerse themselves in the data, iteratively reading and identifying patterns and themes while transitioning between individual data and broader context. This cyclical process enables refinement and adjustment of their understanding (Gadamer, 1960).

Findings

Theme 1: Transformative experience

Primarily, the participants described transformed experiences following their simulated ligature training and management workshop:

I have gained knowledge of how to manage patients with a risk of ligature.

Made me reflect on myself; I will spend more time listening than talking.

It's given me more confidence to adapt my approach based on the patient/incident. It's made me more aware that we shouldn't make assumptions.

I have learnt to always take everyone as an individual and explore their feelings and experiences.

The participants describe gaining knowledge, increased confidence, improved listening skills, and the importance of treating patients as individuals to better support and approach patients in distress, particularly those at risk of ligature.

Theme 2: Transformed views about ligature training

Secondly, the participants also described transformed views about ligature training:

You don't always have to physically intervene to cut ligature unless there's an urgent need for that. Instead, talk to them.

I feel more confident in dealing with ligature attempts.

I still feel very sad and traumatised by the use of ligatures, but I feel I'm better equipped to manage myself and patients during these incidents.

Try not to panic; the situation is still in the patient's control, and we just need to engage with the patient positively to help them make healthy choices.

The participants' narratives describe a shift in perspective, highlighting the importance of communication over physical intervention, increased confidence in handling ligature situations, recognition of the emotional impact and improved preparedness, and advocating for a patient-centred approach in dealing with ligature incidents.

Theme 3: Patient-centred risk management and empowerment

The final key theme was Patient Centred Risk Management and Empowerment. The participants also described transformed views about ligature training:

Always let the patient own the risk management plan by involving them all the way.

Exploring the best possible ways to help the patient stay safe in the ward. Being patient-centred.

To listen more and be less reactive.

Individualised care is everything. There needs to be less focus on restrictive practices across the board in mental health services.

The participants' narratives emphasise the importance of involving the patient in developing a risk management plan to ensure they have ownership of their care and feel

empowered. Participants' narratives describe prioritising patient safety and ensuring that care is patient-centred, which involves exploring the best ways to keep patients safe. This narrative emphasises the need for healthcare professionals to actively listen to their patients and avoid being reactive in their responses. The narrative also highlights the importance of providing individualised care to patients rather than relying on restrictive practices applied universally across mental health services.

Discussion

The participants described transformed experiences following their training and workshop. They reported gaining knowledge on managing patients with a ligature risk, reflecting a newfound confidence in handling such situations. One of the key findings identified by the participants highlighted the importance of listening more and talking less, which helped them better understand their patients' needs and perspectives. By treating patients individually and exploring their feelings and experiences, participants learned to adapt their approach based on the patient and the incident. This theme within our findings is consistent with previous research highlighting the importance of staff training in managing patients at risk of ligature.

Additionally, a qualitative study by Anderson et al. (2003) explored staff experiences and perceptions of self-harm and ligature. Participants in that study reported feeling unprepared and vulnerable when managing patients who engaged in self-harm and ligature behaviour. However, the study also found that training and education on risk assessment and management effectively reduced staff anxiety and improved preparedness. Similarly, a study by Fidalgo and colleagues (2017) explored the impact of training on staff confidence in managing ligature incidents. The study found that training improved staff confidence in handling such incidents and reduced the need for physical intervention.

Participants also reported transformed views about ligature training. They recognised that physical intervention such as restraint, holding, and touching is not always necessary and that communication is a more effective means of intervention. This approach maintains patient autonomy and control over their care, reflecting a patient-centred approach to care. Participants also described increased confidence in handling ligature attempts, indicating improved preparedness to deal with such incidents' emotional impact. Overall, participants learned to engage with patients positively to help them make safer choices, even in challenging situations. This theme within our findings is consistent with previous research highlighting the importance of a patient-centred approach to care when managing patients at risk of ligature. A systematic review by NICE (2011) recommended a patient-centred approach focusing on understanding and addressing the underlying issues behind self-harm and suicidal behaviour rather than solely focusing on the behaviour itself. This approach prioritises communication and collaboration with patients to ensure they feel supported and empowered throughout their care. Additionally, a study by Newman et al. (2018)

explored staff members' experiences in a UK prison setting who managed prisoners who engaged in self-harm and ligature behaviour. Participants in that study recognised the importance of maintaining patient autonomy and control over their care, even in challenging situations.

The final key theme was patient-centred risk management and empowerment. Participants recognised the importance of involving simulated patients in developing their risk management plan, giving them ownership of their care, and empowering them. This approach prioritises patient safety and explores ways to keep patients safe, reflecting a patient-centred approach to care. Participants also learned to listen actively to their patients so they could be proactive and prevent potential incidences of self-harm. By providing individualised care, healthcare professionals can better support and engage patients who are in distress, leading to improved patient outcomes and reduced staff burnout. This theme within our findings is consistent with previous research highlighting the importance of a patient-centred approach to care in mental health services. A systematic review by Roseet et al. (2017) emphasised the importance of involving patients in their care and decision-making processes to meet their preferences and needs.

Enhancing mental health care through simulation-based education

Simulation-based pedagogical education is vital in preparing healthcare professionals in the context of mental healthcare because it offers a safe and controlled environment for learners to develop their knowledge, skills, and confidence. Simulation-based education allows learners to practice managing complex and challenging situations in a controlled and supportive environment, such as managing patients at risk of ligature. This approach enables healthcare professionals to gain experience in managing real-life scenarios in a safe and controlled environment without putting patients at risk (Husebø et al., 2015). Simulation-based education also allows learners to understand and empathise with the phenomenology and lived experience of patients who engage in self-harm and suicidal behaviour. By simulating scenarios that patients may face, healthcare professionals can better understand the underlying factors contributing to such behaviours and develop a deeper understanding of the patient's experiences (Anderson et al., 2015). This approach helps foster a more empathetic and compassionate approach to care, which is critical in mental healthcare. In addition, simulation-based education provides a platform for healthcare professionals to learn and practice patient-centred care. By involving patients in developing their risk management plans and exploring the best possible ways to keep them safe, healthcare professionals can ensure that their care is tailored to the patient's needs and preferences. This approach helps to empower patients and prioritise their safety, which is critical in mental healthcare (Skelton et al., 2015).

Consequently, simulation-based pedagogical education is essential for preparing healthcare professionals in mental healthcare. It provides a safe and controlled environment for learners to develop their knowledge, skills, and

confidence while fostering a deeper understanding of the phenomenology and lived experience of patients who engage in self-harm and suicidal behaviour. This approach helps to promote a more empathetic and compassionate approach to care, which is critical in mental healthcare.

Implication for practice

The implications of using simulation to educate healthcare professionals to deal with ligature hanging and patient suicide are significant for nursing practice and patient care. Firstly, simulation education can provide healthcare professionals with a safe and controlled environment to learn and practice critical skills needed to identify and intervene in situations involving patient suicide. This can include recognising warning signs, assessing the risk of suicide, and developing an appropriate intervention plan. Simulation education can also allow healthcare professionals to practice their communication skills with patients and families, particularly concerning having difficult conversations.

Secondly, simulation education can help healthcare professionals develop the confidence and competence needed to manage situations involving patient suicide. This can lead to better patient outcomes, as healthcare professionals can intervene early and effectively to prevent suicide attempts. Additionally, healthcare professionals educated in suicide prevention and intervention are better equipped to provide emotional support to patients and their families, which can be critical to patient care.

Finally, preparing healthcare professionals' using simulation education pedagogy can contribute to an overall improvement in the quality of patient care. Healthcare professionals skilled in suicide prevention and intervention are more likely to provide appropriate care and support for patients, which may lead to better patient outcomes, reduced readmissions to acute care services, and improved collaborative and multidisciplinary working. This is key to providing the patient with high-quality care.

Conclusion

In conclusion, this phenomenological study sheds light on the transformative experiences of mental health professionals who participated in a two-day simulated ligature training and management workshop. The study identified three key themes: transformative experience, transformed views about ligature training, and patient-centred risk management and empowerment. The findings suggest that simulation-based training can enhance mental health professionals' competence, resilience, and preparedness in managing ligature-related situations. Using simulation as a learning pedagogy allowed learning to occur in a psychologically safe space, helping develop competence and confidence, which is transferable back into clinical practice. Furthermore, involving patients in developing their own risk management plans and providing individualised care can improve patient outcomes and reduce staff burnout. Additionally, exploring the lived experiences of those who participated in this study enabled them to reflect and appreciate the complexities

of ligature. Overall, this study provided valuable insight into effective simulated training strategies for mental health professionals in managing complex and challenging situations in mental healthcare.

References

Al Gharibi, K. A., & Arulappan, J. (2020). Repeated simulation experience on self-confidence, critical thinking, and competence of nurses and nursing students-an integrative review. *SAGE Open Nursing*, 6, 2377960820927377. <https://doi.org/10.1177/2377960820927377>

Al-Elq, A. H. (2010). Simulation-based medical teaching and learning. *Journal of Family & Community Medicine*, 17(1), 35-40. doi: 10.4103/1319-1683.68787

Anderson, M., Standen, P., & Noon, J. (2003). Nurses' and doctors' perceptions of young people who engage in suicidal behaviour: A contemporary grounded theory analysis. *International Journal of Nursing Studies*, 40, 587-597.

Anderson, S., Calverley, J., & Carthey, J. (2003). Self-harm and ligature: Staff experiences and perceptions. *Journal of Psychiatric and Mental Health Nursing*, 10(2), 125-131.

Appleby, L., Kapur, N., & Shaw, J. (2019). Suicide prevention: Towards better evidence. *International Journal of Epidemiology*, 48(5), 1385-1398.

Babic, M. P., Bregar, B., & Radobuljac, M. D. (2020). The attitudes and feelings of mental health nurses towards adolescents and young adults with nonsuicidal self-injuring behaviors. *Child and Adolescent Psychiatry and Mental Health*, 14(1), 37. doi: 10.1186/s13034-020-00343-5

Bandura, A. (1977). *Social learning theory*. Prentice Hall.

Bingham, A. L., Sen, S., Finn, G. M., & Smith, C. F. (2019). The use of simulation to teach suicide risk assessment to health professionals: A systematic review. *Simulation in Healthcare*, 14(5), 338-345. doi: 10.1097/SIH.0000000000000375

Black Country Partnership NHS. (2019). *Clinical risk assessment and management: Guidance for practitioners*. Black Country Partnership NHS.

Bolton, D., & Gillett, G. (2019). Biopsychosocial conditions of health and disease. In: *The biopsychosocial model of health and disease: New philosophical and scientific developments* (pp. 109-145). Palgrave Pivot, Cham. https://doi.org/10.1007/978-3-030-11899-0_4

Bowers, L., Dack, C., Gul, N., Thomas, B., & James, K. (2010). Learning from prevented suicide in psychiatric in-patient care: An analysis of data from the National Patient Safety Agency. *International Journal of Nursing Studies*, 47(12), 1459-1465.

Brådvik, L. (2018). Suicide risk and mental disorders. *International Journal of Environmental Research and Public Health*, 15(9), 2028. <https://doi.org/10.3390/ijerph15092028>

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

Chammas, F., Januel, D., & Bouaziz, N. (2022). In-patient suicide in psychiatric settings: Evaluation of current prevention measures. *Frontiers in Psychiatry*, 13, 997974. <https://doi.org/10.3389/fpsy.2022.997974>

Cleaver, K., Meerabeau, E., & Maras, P. (2014). Attitudes of UK hospital staff toward people with a diagnosis of borderline personality disorder. *Journal of Mental Health*, 23(4), 191-195.

CQC. (2022). *Brief guide BG015: Ligature anchor points and ligatures v6*. https://www.cqc.org.uk/sites/default/files/Brief_Guide_Ligature_Anchor_Points_and_Ligatures_v6.odt

Department of Education. (2017). *Evidence-informed teaching: An evaluation of progress in England Research report*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625007/Evidence-informed_teaching_an_evaluation_of_progress_in_England.pdf

Derbyshire Healthcare NHS Foundation Trust. (2016). *Ligature management policy*. Derbyshire Healthcare NHS Foundation Trust.

Dickinson, T., & Hurley, M. (2012). Exploring the antipathy of nursing staff who work within secure healthcare facilities across the United Kingdom to young people who self-harm. *Journal of Advanced Nursing*, 68(1), 147-158.

Dickinson, T., Wright, K. M., & Harrison, J. (2009). The attitudes of nursing staff in secure environments to young people who self-harm. *Journal of Psychiatric and Mental Health Nursing*, 16(10), 947-951.

Dixon-Woods, M., Bonas, S., Booth, A., Jones, D. R., Miller, T., Sutton, A. J., ... & Shaw, R. L. (2018). How can systematic reviews incorporate qualitative research? A critical perspective. *Qualitative Research*, 18(3), 292-302.

Dixon-Woods, M., Kirk, D., Agarwal, S., Annandale, E., Arthur, T., Harvey, J., ... & Riley, R. (2018). *Vulnerable groups and access to health care: A critical interpretive review*. NIHR Journals Library.

Fidalgo, T. M., Lima, A. B., de Carvalho, E. C., Araújo, V. L., & Santos, A. D. (2017). Simulation-based training for preventing ligature risk in psychiatric units: A randomized, controlled trial. *Archives of Psychiatric Nursing*, 31(4), 357-363.

Gadamer, H-G. (1960). *Truth and method*. Bloomsbury Publishing.

Gaskin, C. J., Fraser, S., Owen, C., & Happell, B. (2016). Influencing the provision of care in the mental health nurse role. *International Journal of Mental Health Nursing*, 25(4), 319-327.

Gibson, L., Cooper, J., McAllister, M., Hawton, K., & Owen-Smith, A. (2018). Self-harm and suicide in in-patient

- psychiatric units: A national survey of observation policies and practice. *General Hospital Psychiatry*, 53, 19-25.
- Gorman, L. S., Littlewood, D. L., Quinlivan, L., Monaghan, E., Smith, J., Barlow, S., Webb, R. T., & Kapur, N. (2023). Family involvement, patient safety and suicide prevention in mental healthcare: Ethnographic study. *British Journal of Psychiatry Open*, 9(2), e54. <https://doi.org/10.1192/bjo.2023.26>
- Harmer, B., Lee, S., Duong, T. V. H., & Saadabadi, A. (2023). *Suicidal ideation*. <https://www.ncbi.nlm.nih.gov/books/NBK565877/>
- Hawton, K., Witt, K. G., Salisbury, T. L. T., Arensman, E., Gunnell, D., Hazell, P., ... & van Heeringen, K. (2014). Psychosocial interventions following self-harm in adults: A systematic review and meta-analysis. *The Lancet Psychiatry*, 1(2), 101-112.
- Hunt, C. R., Currie, E., Brunero, S., & Coffey, J. (2019). Standardized patient scenarios to enhance nursing students' understanding of suicide risk assessment. *Journal of Psychosocial Nursing and Mental Health Services*, 57(6), 29-35. doi: 10.3928/02793695-20190521-05
- Kainth, R. (2021). Dynamic Plus-Delta: An agile debriefing approach centred around variable participant, faculty and contextual factors. *Advances in Simulation*, 6(1), 35. <https://doi.org/10.1186/s41077-021-00185-x>
- Kang, H., Jeon, H. J., Lee, S., Kim, J. M., & Song, Y. J. (2020). Impact of simulation-based education on suicide prevention and management skills of healthcare providers: A systematic review and meta-analysis. *Archives of Suicide Research*, 24(4), 636-655. doi: 10.1080/13811118.2019.1672079
- Karman, P., Kool, N., Poslowsky, I. E., & van Meijel, B. (2015). Nurses' attitudes towards self-harm: A literature review. *Journal of Psychiatric and Mental Health Nursing*, 22(1), 65-75.
- Kontio, R., Joffe, G., Putkonen, H., Kuosmanen, L., Hane, K., Holi, M., & Välimäki, M. (2012). Seclusion and restraint in psychiatry: Patients' experiences and practical suggestions on how to improve practices and use alternatives. *Perspectives in Psychiatric Care*, 48(1), 16-24.
- McGlinchey, E., O'Mahony, C., & Casey, D. (2021). Nurses' experiences of managing self-harm in psychiatric in-patient settings: A qualitative study. *Journal of Psychiatric and Mental Health Nursing*, 28(2), 240-250.
- Mills, P. D., Watts, B. V., Miller, S., Kemp, J., Knox, K., DeRosier, J. M., & Bagian, J. P. (2013). A checklist to identify in-patient suicide hazards in veterans' affairs hospitals. *Joint Commission Journal on Quality and Patient Safety*, 39(2), 61-69.
- MIND. (2023). *Wellness action plans*. https://www.mind.org.uk/media-a/5760/mind-guide-for-employees-wellness-action-plans_final.pdf
- National Institute for Health and Care Excellence. (2018). *Self-harm in over 8s: Short-term management and prevention of recurrence*. NICE Guideline CG16. National Institute for Health and Care Excellence.
- National Institute for Health and Care Excellence. (2011). *Self-harm: Longer-term management*. NICE clinical guideline 133. National Institute for Health and Care Excellence.
- National Institute for Health and Care Excellence. (2022). *Self-harm: Assessment, management and preventing recurrence*. National Institute for Health and Care Excellence.
- Newman, E., Hindley, N., & O'Keeffe, C. (2018). Self-harm and suicide in prison: A research note on staff experiences of training, support and the prison environment. *The Journal of Forensic Psychiatry & Psychology*, 29(1), 53-63.
- Newman, E., Thomas, V., Walmsley, C., & Adams, C. E. (2018). Supporting prison staff in the management of self-harm: A qualitative study. *Health & Justice*, 6(1), 1-10.
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 1-13.
- Office for National Statistics. (2021). *Suicides in the UK: 2020 registrations*. Office for National Statistics.
- Okuda, Y., Bryson, E. O., DeMaria, S., Jacobson, L., Quinones, J., Shen, B., & Levine, A. I. (2009). The utility of simulation in medical education: What is the evidence? *Mount Sinai Journal of Medicine*, 76(4), 330-343. doi: 10.1002/msj.20127
- Oxford Health NHS Foundation Trust. (2018). *Ligature reduction and management policy*. Oxford Health NHS Foundation Trust.
- Pascucci, R. C., Weinstock, P. H., O'Connor, B. E., Fancy, K. M., Meyer, E. C., & Goldstein, R. (2019). Integrating standardized communication assessments in a simulation-based, interprofessional curriculum to improve patient safety: A pilot study. *Simulation in Healthcare*, 14(4), 221-228. doi: 10.1097/SIH.0000000000000367
- Patterson, P., Whittington, R., & Bogg, J. (2007). Measuring nurse attitudes towards deliberate self-harm: The Self-Harm Antipathy Scale (SHAS). *Journal of Psychiatric and Mental Health Nursing*, 14(5), 438-445.
- Public Health England. (2020). *Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives*. Public Helat England.
- Razak, S. (2022) Understanding non-fixed ligatures amongst adolescents: A human factors and ergonomics approach. *Contemporary Ergonomics & Human Factors*, 184. https://publications.ergonomics.org.uk/uploads/16_26.pdf
- Rouski, C., Pretorius, N., & Kerr, J. (2017). Staff experiences of working with in-patients who self-harm: A qualitative study. *Journal of Psychiatric and Mental Health Nursing*, 24(10), 739-747.

- Samaritans. (2023) *Understanding self-harm and suicide content*. <https://www.samaritans.org/about-samaritans/research-policy/internet-suicide/guidelines-tech-industry/understanding-self-harm-and-suicide-content/>
- Saunders, K. E., Hawton, K., Fortune, S., & Farrell, S. (2012). Attitudes and knowledge of clinical staff regarding people who self-harm: A systematic review. *Journal of Affective Disorders, 139*(3), 205-216.
- Sheffield Health and Social Care NHS Foundation Trust. (2022). *Ligature management strategy*. <https://www.shsc.nhs.uk/sites/default/files/2022-08/Strategic%20Direction%202021-2025%20-%20Approved%20June%202021.pdf>
- Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioural Practice, 19*(2), 256-264.
- Timson, D., Priest, H., & Clark-Carter, D. (2012). Adolescents who self-harm: Professional staff knowledge, attitudes and training needs. *Journal of Adolescence, 35*(5), 1307-1314.
- UK Government. (2023) *National statistics: Safety in custody statistics, England and Wales: Deaths in prison custody to December 2021, assaults and self-harm to September 2021*. <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-september-2021/safety-in-custody-statistics-england-and-wales-deaths-in-prison-custody-to-december-2021-assaults-and-self-harm-to-september-2021#:~:text=Hanging%20remains%20the%20most%20common,82%25%20of%20incidents%20using%20this>
- University of Manchester. (2022). *National confidential inquiry into suicide and safety in mental health: Annual report*. <https://sites.manchester.ac.uk/ncish/reports/annual-report-2022/>
- Wand, T. (2016). Investigating the evidence for the effectiveness of risk assessment in mental health care. *Issues in Mental Health Nursing, 37*(1), 2-8. doi:10.3109/01612840.2015.1062878
- Wand, T., Collett, G., Cutten, A., Buchanan-Hagen, S., Stack, A., White, K., & White, A. (2015). Evaluating a new model of nurse-led emergency department mental health care in Australia: Perspectives of key informants. *International Emergency Nursing, 23*(3), 190-196.
- WHO. (2021). *An implementation guide for suicide prevention in countries*. World Health Organisation.
- WRAP. (2023) *WRAP is*. <https://www.wellnessrecoveryactionplan.com/what-is-wrap/>
- Wong, M., Mok, E., Chan, M. F., & Tsang, B. (2019). Effectiveness of a suicide prevention education programme on trainee nurses' knowledge, attitude and skills: A controlled trial. *Journal of Clinical Nursing, 28*(5-6), 945-956. doi: 10.1111/jocn.14761
- World Health Organization. (2014). *Preventing suicide: A global imperative*. World Health Organization.
- World Health Organization. (2019). *Suicide*. <https://www.who.int/news-room/fact-sheets/detail/suicide>

Copyright: © 2024. Aby Mitchell, Barry Hill, and Jane Murray. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.