

**NIHR PSRC – Mental Health**

**Wellbeing plan for public contributors:**

**Self-harm and suicide prevention research**

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Centre for Mental Health and Safety

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**Wellbeing plan for public contributors:**

**Self-harm and suicide prevention research**

As a member of the lived experience research advisory panel– you will be asked to give your thoughts and input into the development and communication of self-harm and suicide research. Therefore, this will involve discussing topics such as suicide, self-harm and mental illness. Group members’ wellbeing and safety is our priority. As such we wish to remind members that we would like them to prioritise their own wellbeing first, and only contribute in ways that they feel are safe and do not negatively impact their personal wellbeing.

In discussion with the group, we agreed that we would all complete a wellbeing plan – as a way of helping us to safely manage our involvement in the group.

Members will be asked to complete the below plan at a time when they feel they are well and able to think clearly about what they may find helpful. We will store a copy of the plan in a locked cabinet in a secure office. Members will be given the option to share a copy of the plan with a trusted friend, family member or healthcare professional.

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Address |  |
| Postcode |  |
| Phone number |  |
| Email |  |

|  |
| --- |
| **Early warning signs that I am becoming unwell may include** |
|  |

|  |
| --- |
| **When I notice any of these signs, I will do the following things that have helped in the past** |
|  (For example, some people find it helpful to talk to trusted friends, family or support services? Some also find that doing things to distract themselves is useful – can you list things here?)  |

|  |
| --- |
|  **If I have suicidal feelings, or thoughts of harming myself I will do the following things that have helped in the past:** |
|  |

|  |
| --- |
| **Where will I go to help me feel safe?** |
|  |
| **What I would like others to do if they notice these signs or if I become unwell** |
|  |

|  |
| --- |
| **If I feel like my involvement in MS4MH-R is having a negative impact on my wellbeing , I will take the following steps** |
| To be discussed in the meeting – so we can agree how the research team can link in here |

Please complete the below section(s) if you would be happy for us to share your wellbeing plan with trusted friend(s), family member(s) or healthcare professional(s).

|  |  |
| --- | --- |
| Their name |  |
| Their relationship to me |  |
| Address |  |
| Postcode |  |
| Phone number |  |
| Email |  |

|  |  |
| --- | --- |
| Their name |  |
| Their relationship to me |  |
| Address |  |
| Postcode |  |
| Phone number |  |
| Email |  |

|  |  |
| --- | --- |
| Their name |  |
| Their relationship to me |  |
| Address |  |
| Postcode |  |
| Phone number |  |
| Email |  |

I agree that the researchers may retain this wellbeing plan in a secure cabinet, and share the plan with the trusted individuals whose details I have provided above.

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Name of Member Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of researcher Signature Date