

# Dr Pauline Milne MBE

Protecting Nurses from Suicide

Lessons from Churchill Fellowship to the USA



**Interim Management  
and Support**

# Today's Session

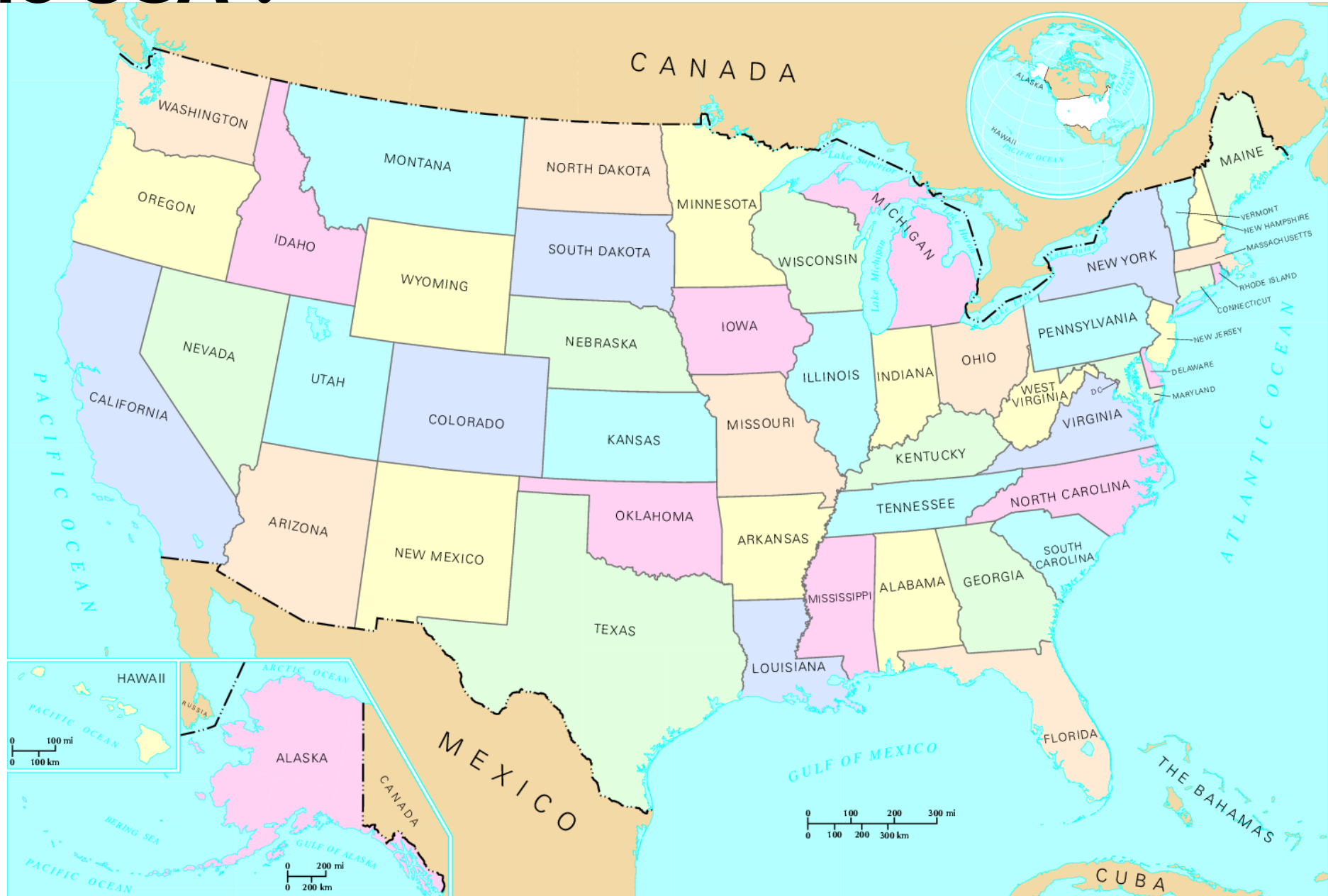
- My Background
- The Churchill Fellowship
- Overview of Nurse Suicide
- UK / USA context
- Lessons from the USA
- Overview of recommendations
- Next steps

# The Churchill Fellowship

- A UK charity which supports individual UK citizens to follow their passion for change, through learning from the world and bringing that knowledge back to the UK.
- Together the community of Churchill Fellows use their international learning to lead the change they wish to see across every area of UK life.
- The Fellowship was created as the living legacy of Sir Winston Churchill for the nation, aiming to honour his memory by reflecting his unique contribution to national life.
- The charity was founded by public donations in 1965.
- Each year circa 100 new fellows are appointed.
- <https://www.churchillfellowship.org/become-a-fellow/how-to-apply/>
- New Programme for 2024 **Promoting Lifelong Health**

the  
**CHURCHILL**  
fellowship

# Why the USA ?

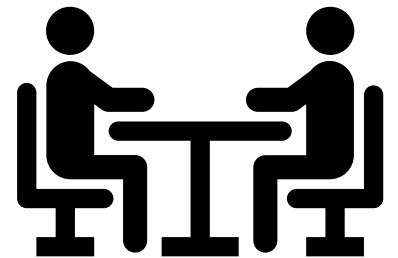
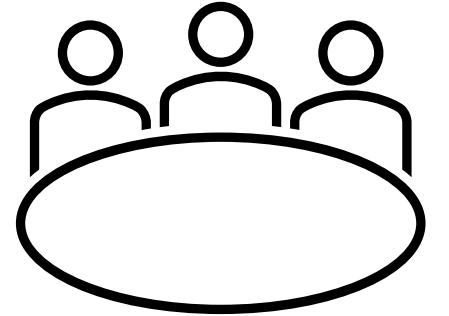


# USA / UK Context

- Different employment models
- Healthcare insurance versus NHS
- USA State Boards for Nursing
- NMC Self-Declaration Approach
- Employment during Covid-19
- Staffing Ratios (California)
- Magnet® accreditation in some organisations

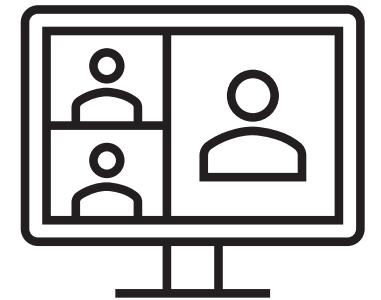
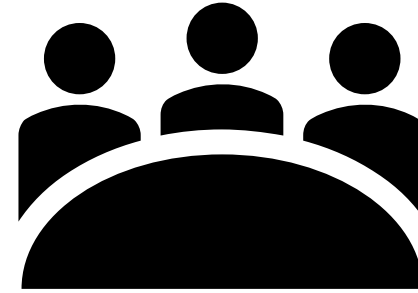
# Meetings

- Vibrant Emotional Health
- The JED Foundation
- American Foundation for Suicide Prevention (AFSP)
- American Nurses' Foundation
- Dr Lorna Breen's Hero Foundation
- University of Pennsylvania Centre for Health Outcomes and Policy Research
- University of California San Diego Health
- University of California San Francisco
- University of Ohio



# Meetings

- National Nurses United
- Stanford University
- American Veterinary Medical Association
- University of Virginia School of Nursing
- International Council of Nurses
- George Washington University



# Fellowship Report

The areas covered in the report include:

- nursing workforce data
- nurse suicide statistics, risk factors and contextual information covering the UK and USA
- selective strategies for nurse wellbeing and suicide prevention
- health and wellbeing in higher education and the implications for undergraduate nurse training
- addressing stigma
- burnout in healthcare professions
- policy research
- learning from other professions
- the importance of communications

**the  
CHURCHILL  
fellowship**



# Nursing Workforce Context

- There are 731,058 Registered Nurses (RNs) on the Nursing and Midwifery Council (NMC) UK register (March 2023). Data from NHS Digital indicated that there were 43,339 **RN vacancies in the NHS in England, a rate of 10.6%, as a 30<sup>th</sup> June 2023** (11.7% in 2022)
- In addition to these high vacancy rates, the nursing workforce is an aging workforce. **The number of registrants aged > 56 years during period 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023 was 167,002** (an increase of 3.7% from the previous year)
- Between 2022-2023 there were more than **52,000 new joiners to the register** which was the highest number in a single year. These included **27,142 new professionals educated in the UK and 25,006 professionals educated around the world**, mainly outside Europe (principally from India, the Philippines and Nigeria)
- The number leaving the profession fell slightly last year to just under 27,000. However, there are concerns about future retention of staff, with **52% of professionals who left the register saying they did so earlier than planned**

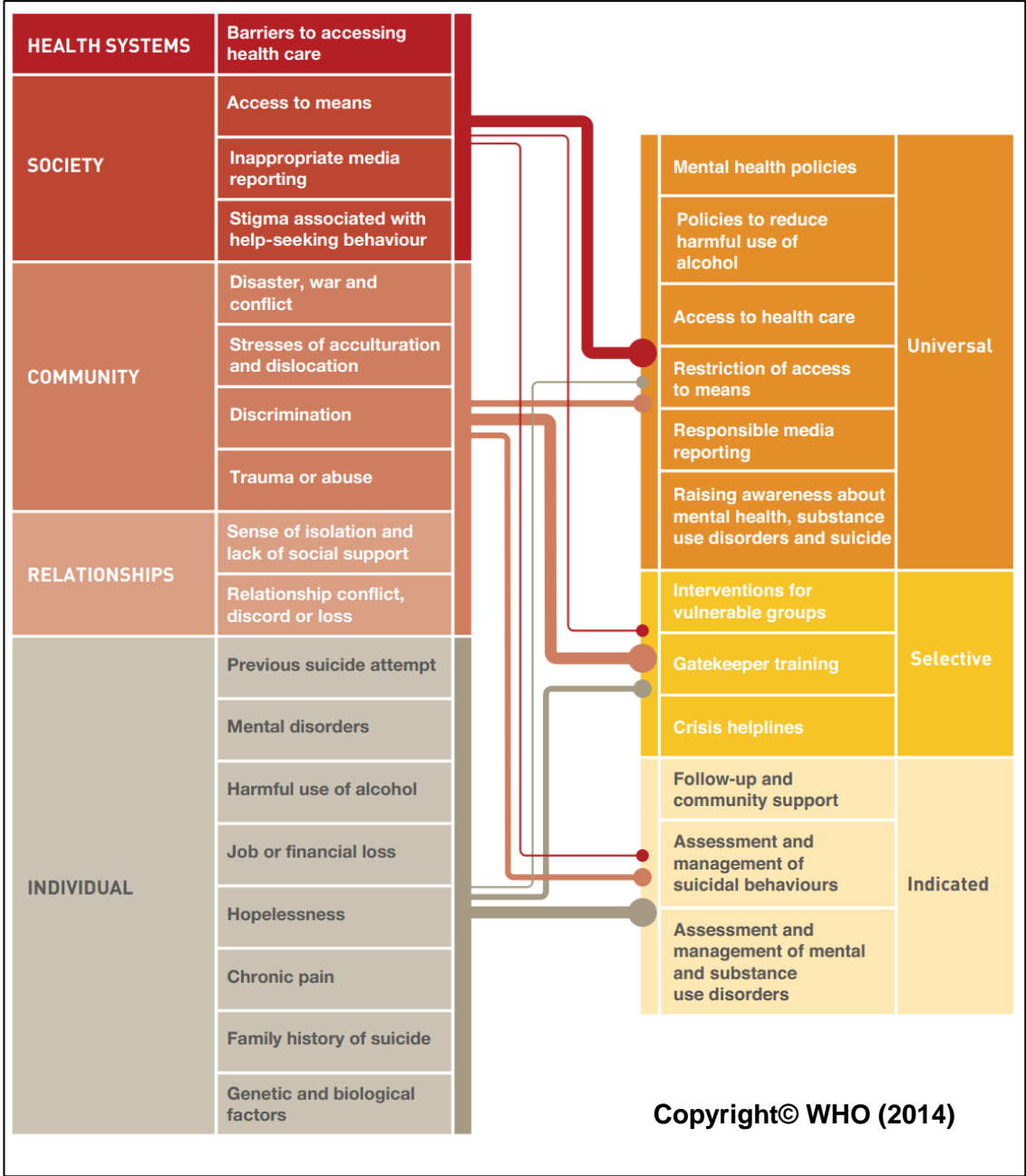
**Rates of suicide in female nurses are  
23% higher than women in other  
occupations (ONS 2017)**



# Suicide in Nurses in the UK

- Lack of awareness of the issue in nursing profession
- Affects circa 40-50 nurses per year
- Issues with accuracy of data collection (rates potentially higher)
- Female nurses were older than other women who died by suicide (43% were in age group 45-54 years)
- 60% were not in contact with mental health services
- Self-poisoning – most common method (42%)
- Since 2018 – 16 registrants have died by suicide whilst undergoing the NMC FtP process

# Risk Factors for Suicide Aligned with Interventions (WHO 2014)



# Common Risk Factors

In the recent Suicide Prevention Strategy for England (DHSC 2023) an area of focus is addressing common risk factors linked to suicide at a population level by providing early intervention and tailored support. These risk factors are listed as being:

- physical illness
- financial difficulty and economic adversity
- gambling
- alcohol and drug misuse
- social isolation and loneliness
- domestic abuse

# Risk Factors within Nursing Profession

- Exposure to repeated trauma
- Scheduling long, consecutive shifts
- Repeated requests for overtime
- Workplace violence, incivility, and bullying
- Inadequate self-care
- Isolation from family and friends
- Fearing for one's safety or the safety of loved ones
- Financial stressors
- Access to and knowledge of lethal substances
- Constant, high workplace stress
- Loneliness after relocation, transfer, or new job
- Issues with management
- Work/life role conflict
- Feeling unsupported in the role
- Feeling like you don't belong
- Feeling unprepared for the role
- Fear of harming a patient
- Being evaluated for substance use disorder
- Depression

Policy paper

# Suicide prevention in England: 5-year cross-sector strategy

Published 11 September 2023

*Data suggests that suicide rates vary across occupation groups, with some at higher risk. For example, [ONS data suggested that, between 2011 and 2015, there were higher rates of suicides amongst female nurses](#). It is imperative that, where professions and occupations have higher rates of suicide, employers and professional bodies take targeted action to reduce rates as far as possible' (DHSC 2023)*

## Priority areas

- Improving data and evidence
- Providing tailored and targeted support to priority groups
- Addressing risk factors
- On-line safety, media and technology
- Effective and appropriate crisis support
- Tackling means and methods of suicide
- Providing timely and effective bereavement support
- Making suicide prevention everyone's business

# HEAR Programme

- A replicable strategy to address mental health risk and workplace stress which comprises of educational outreach, emotional incident debriefing along with proactive screening for depression and suicide risk.
- This initiative proactively reaches out to healthcare workers (including nurses) to identify those 'at risk' and refer them for specialist mental health support.
- **Educational outreach**
- **Proactive screening (based on AFSP ISP)**
- **Emotional incident de-briefing**

UC San Diego Health



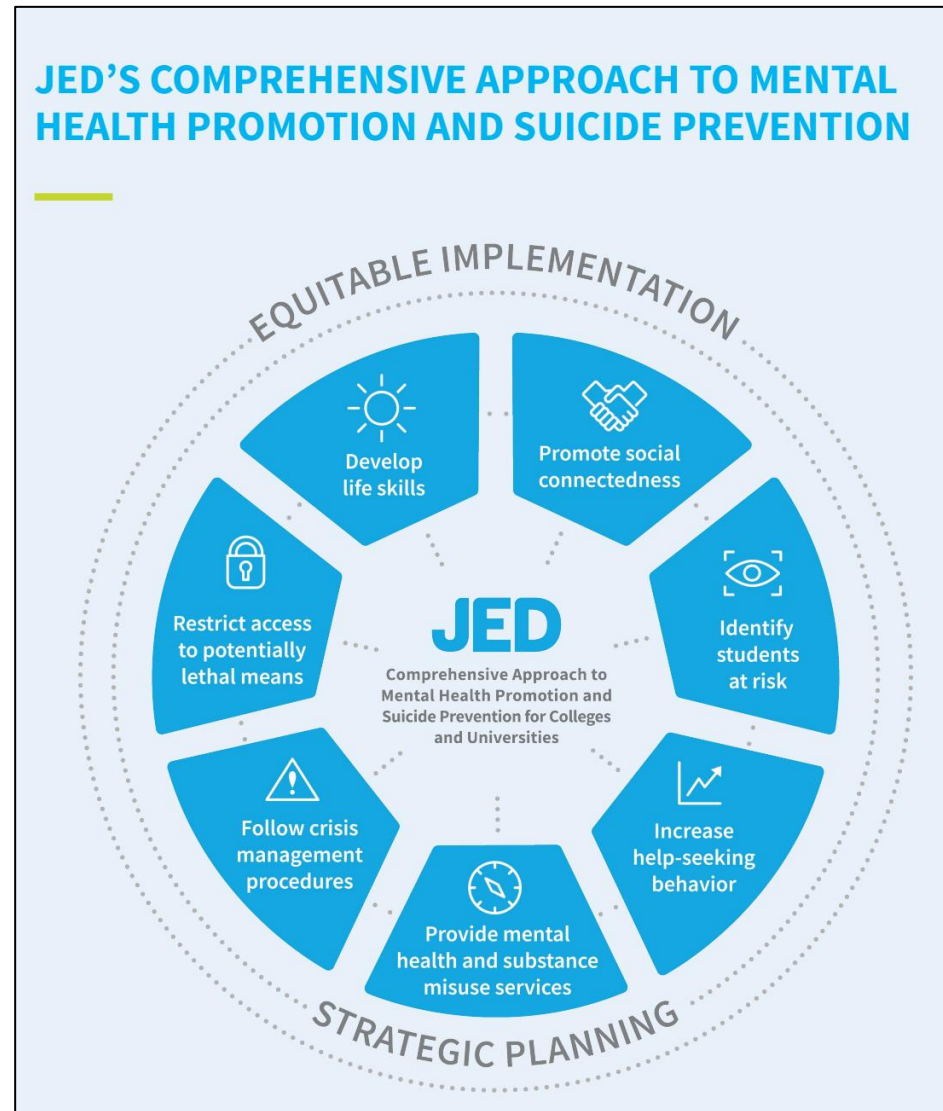
# MINDBODYSTRONG™

- Developed at Ohio State University
- Based on Cognitive Behavioural Skills Building (CSBS)
- Seven weekly facilitated one-hour sessions
  - cognitive behavioural skills, cognitive distortions and mindfulness
  - positive self-talk, intentional gratitude and habits of change
  - depression, anxiety, stress and coping strategies
  - problem solving, understanding barriers and dreaming
  - sleep and its importance to mental health, guarded imagery, communication and coping strategies
  - real life conflict, how to deal with criticism, being left out, how to say no accept hearing no
  - wrap up
- Current research study HEAR plus MINDBODYSTRONG™

# Undergraduate Education

- In 2019 suicide was the fourth leading cause of death in 15-29 year olds (WHO 2023)
- Surgeon General Report on Loneliness
- JED Comprehensive Framework to Mental Health Promotion and Suicide Prevention
- JED Campus Programme
- Chief Wellness Officers
- Mental health first aid or equivalent
- Consideration should be given to the young person's stage of brain development as it may not be ready to absorb all the information regarding health and wellbeing
- Samaritans Hubs
- Standards for Nurse Education

# JED Comprehensive Approach





# Reducing Stigma

- Dr Lorna Breen Heroes Foundation
- The Dr Lorna Breen Healthcare Protection Act (#LornaBreenLaw)
- The Act aims to *‘reduce and prevent suicide, burnout and mental and behavioural health conditions among healthcare professionals’*
- This bill establishes grants and requires other activities to improve mental and behavioural health among health care providers
- Licensure and Credentialing best practice toolkit
- Declaration of health (NMC approach) to attestation

# American Nurses' Association position statement Promoting Nurses' Mental Health

- The ANA is working hard to reduce the stigma associated with poor mental health as outlined in the ANA's position statement Promoting Nurses' Mental Health:
- *'ANA believes that policymakers as well as health care leaders and institutions should recognize and address nurses' unique mental health needs and implement strategies to ensure these needs are met under all conditions, including during disasters and public health emergencies. Access to affordable mental health screenings and confidential mental health assistance and treatment is vital, and the use of these resources must not threaten nurses' licensure or employment. The profession must put an end to the stigma that is still attached to mental health issues so that all nurses feel able to get the help they need.*
- *ANA recognizes that improving nurses' mental health depends, in large part, on improvements in the larger health care delivery system, including addressing everyone's mental health and supporting nurse engagement in efforts to transform the system. Mental health screenings, assistance, and treatment must be affordable and accessible'. (November 2020)*

# Nursing Workforce Policy Research

- Centre of Health Outcomes and Policy Research, University of Pennsylvania
- Nurses4All Project – survey of approx. 40% of nurses in USA (10 states) focus on environment, nurse education and nurse staffing levels 1999, 2006, 2016, 2020, 2021 and 2023
- US Clinician Wellbeing Study (2021) – large scale evaluation of the mental health and wellbeing of hospital nurses and physicians in the USA (in Magnet® organisations)



# Nursing Workforce Policy Research

## National Sample Survey of Registered Nurses (NSSRN) 2022

- Burnout and intention to leave being reported more by RNs at earlier stages of their career particularly young mid-career nurses
- Commonest reasons for leaving the profession were retirement followed by burnout, stressful work environment, inadequate staffing and lack of good management or leadership

## NMC Register Leaver's Survey (2023)

- highlighted a trend of registered professionals\* leaving the register earlier than planned and the reasons reported for this included '*physical and mental health; workload; staffing levels; burnout and exhaustion; experiences of bullying, harassment and discrimination; feeling unable to raise concerns; flexibility of hours; lack of support from colleagues and senior staff and concern upholding NMC standards*'

\*Registered Professionals includes Registered Nurses, Registered Midwives and Registered Nursing Associates



Individual **versus** Organisational Approaches



# National Nurses' Union-workplace factors causing work related stress

- *inadequate staffing*
- *having too much work to complete in too little time with too little help*
- *being reprimanded for working overtime to try to make sure patients get all the care they need, required charting gets completed, and all the other tasks assigned to RNs also get completed*
- *being rushed to discharge patients, being rushed to admit new patients*
- *interruptions while providing patient care, such as answering phones, call lights etc*
- *lack of breaks, inability to fulfil the nurses own biological needs on time*
- *inappropriate floating such as being required to work on a unit where a nurse does not have the experience or competencies*
- *inadequate supplies and missing and broken equipment*
- *scheduling issues, including being called off or called on mid-shift to keep staffing at a minimum level*
- *lack of safety on units including lack of security and other resources for workplace violence prevention*
- *work-related pain as well as work-related injuries and illnesses*

# NNU statement to NIOSH

*‘Mental health awareness campaigns and interventions that focus on individual resiliency and self-care wrongly displace the blame onto healthcare workers rather than ascribing the blame to the responsible actor – healthcare employers. NNU encourages NIOSH to work diligently to ensure that any mental health awareness campaigns conducted by the agency promote messages and interventions that locate responsibility where it legally and morally lies – with healthcare employers – and avoids causing more harm. Specifically, NNU urges NIOSH to promote messaging and interventions that focus on measures that will effectively prevent work related stress, including safe staffing, safe working conditions and respect in the workplace’.*





Individual **and** Organisational approaches

# National Academy of Medicine action collaborative on clinician wellbeing & resilience

Priority One – Create and Sustain Positive Work and Learning Environments and Culture

Priority Two – Invest in Measurement, Assessment, Strategies and Research

Priority Three – Support Mental Health and Reduce Stigma

Priority Four – Address Compliance, Regulatory, and Policy Barriers for Daily Work

Priority Five – Engage Effective Technology Tools

**Priority Six – Institutionalise Wellbeing as a Long-Term Value**

Priority Seven – Recruit and Retain a Diverse and Inclusive Health Workforce

Changemaker Pledge - 283 organisations signed up (December 2023)

# Stanford Well MD Well PhD Programme

- Self-Assessment
- Wellbeing measures
- The Stanford Model of Professional Fulfilment™
- Commensality Groups
- Peer Support
- Wellbeing Resources.
- Chief Wellness Officer Course

# Stanford Model of Professional Fulfillment™



# Culture of Wellness

This dimension describes the organisational work environment, values and behaviours that promote self-care, personal and professional growth, and compassion that physicians and scientists have for themselves, their colleagues and their patients and beneficiaries of their innovations.

Key success factors of this dimension include:

- Leadership support, commitment, and accountability for wellness
- Infrastructure and resources to support wellness
- Regular measurement of wellbeing and professional fulfilment
- Recognition and appreciation
- Fairness and inclusiveness
- Transparency and values alignment

# Efficiency of Practice

*This dimension depends on workplace systems, processes, and practices that promote safety, quality, effectiveness, positive patient and colleague interactions, and work-life balance.*

*Key success factors include:*

- Identification and redesign of inefficient work*
- Involvement of physicians in redesign of clinical processes and flows*
- Teamwork models of practice*
- Design of workspace for interpersonal proximity for improved communication*
- Use of efficient communication methods to minimise e-mail time burden*
- Designing roles to practice at top of licensure*
- Streamlining EHR and other IT interfaces*
- Realistic staffing and scheduling that recognises predictable absences*



# Personal Resilience

While the organisation is responsible for the majority of factors related to wellbeing, the individual still plays a critical role. Personal Resilience refers to the individual skills, behaviours, and attitudes that contribute to physical, emotional, and professional wellbeing.

Key success factors include:

- Self-care assessment and support systems
- Safety net systems for crisis interventions
- Worksite evidence-based health promotion
- Encouragement of peer support
- Financial management counselling
- Life-needs support mechanisms (e.g. child and elder care, after-hours meals, and more)

# Twenty Recommendations

Themes from the recommendations cover:

- improving in the quality of data on nurse suicides to better understand the scale of the issue and contributory risk factors
- developing bespoke suicide prevention resources for nurses
- piloting nurse wellbeing and suicide prevention programmes in the UK
- investigating the transferability of wellbeing models used in university settings in the USA, to Schools of Nursing in UK universities
- considering the Chief Wellness Officer role
- building on the success of Samaritans hubs in university settings
- communicating key messages in line with best practice

# Recommendation to Develop Bespoke Suicide Prevention Resources for Nurses

- A consortium approach should be explored for interested UK nursing organisations and nursing charities to work collaboratively to pull expertise and resources. Ultimately this could result in a significantly stronger voice for nurses and a greater range of support and outreach to nurses who are struggling for a variety of reasons. Partnerships could also be explored with other charities who specialise in emotional wellbeing and suicide prevention.

# Recommendations on Support and Raising Awareness

- Consideration should be given to extending the confidential Practitioner Health Programme to enable all RNs to access its services.
- Every opportunity should be taken to encourage Registered Nurses to seek help for mental health issues or substance misuse. Furthermore, there should be a national communication campaign encouraging Registered Nurses to look after their mental health. This campaign should involve a range of support organisations, including charities, individual nurses and employers to reinforce the key message that self-care is important.

# Recommendations on Wellbeing

- National measures of staff wellbeing should be agreed, recorded and monitored alongside other performance metrics.
- Attributes of good employers, where staff feel safe and valued, to be developed and shared widely.
- There should be greater transparency on how healthcare organisations are held to account on organisational culture, compassionate leadership and staff wellbeing.

# Compassionate Leadership



Union Square San Francisco

# Recommendation on Communication

- Develop some key messages to raise awareness of the high rates of suicide in the nursing profession and actions that can be taken to address this, using the good practice media and communications guidance highlighted in this report.

# Some key messages

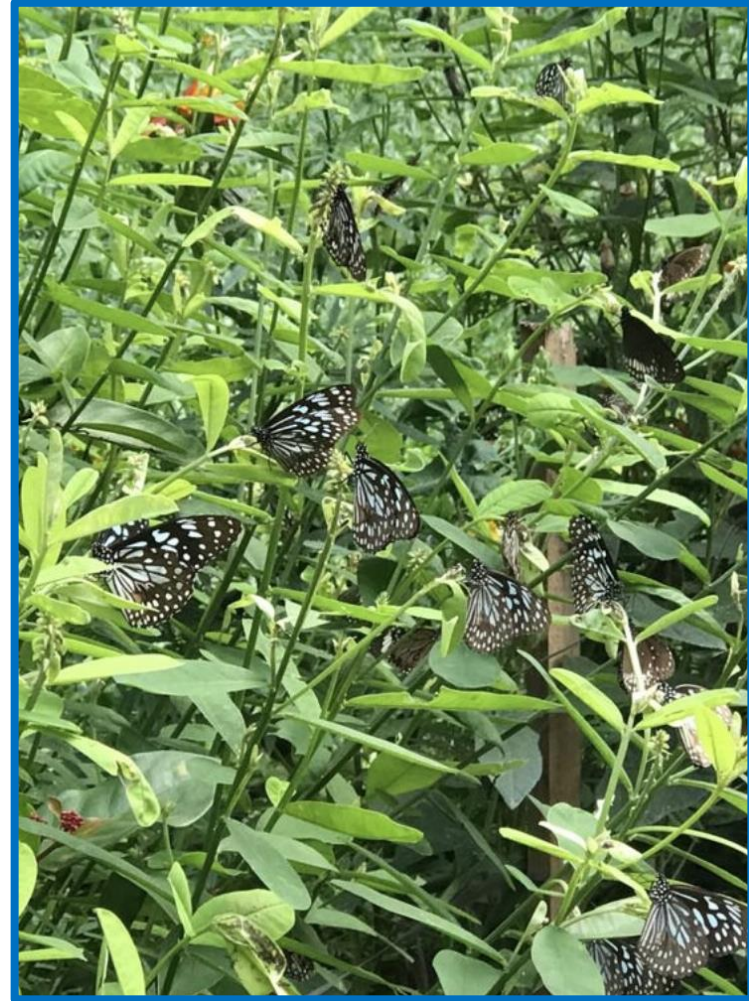
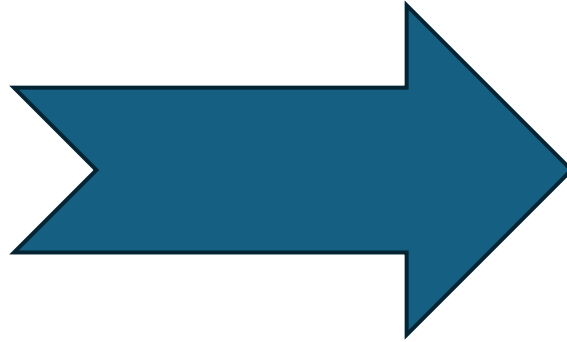
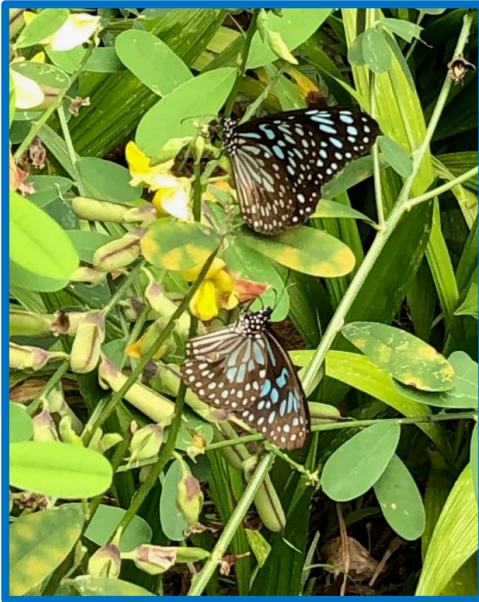
- Suicide is preventable but there is no single solution
- We have duty of care to protect our nurses
- Screening for suicide risk must be connected to care
- The means matters – restrict access to lethal means
- We need to normalise conversations about mental health and wellbeing in order to reduce stigma and encourage help seeking behaviour
- Look out for changes in behaviour of colleagues
- Social connections are important, but not all connections are healthy



‘Now this is not the end. It is not even the beginning of the end. But it is perhaps the end of the beginning.’

Sir Winston Churchill 1942.

# The Butterfly Effect



Dewalokam, Kerala



## Revisioning distress and suicidality in women nurses

Research. Action. Justice.




<https://www.nursesuicidestudy.com/>

**29**  
million  
nurses  
worldwide



 **90%**  
of NHS nurses  
are women

The suicide  
rate amongst  
women nurses is  
**23% higher**  
than women in other occupations



# Next Steps

- Compile a toolkit of useful resources and reference material from both the USA and the UK, to support nursing and healthcare leaders to deliver improvements in the health and wellbeing of nurses
- Develop a summary of key messages into a visual format such as a poster or infographic
- Disseminate the findings of my Fellowship
- Opportunities to pilot interventions
- Collaboration with other Churchill Fellows

# Protecting Nurses from Suicide Fellowship travels to the USA

[Protecting Nurses from Suicide \(churchillfellowship.org\)](https://churchillfellowship.org)

**the  
CHURCHILL  
fellowship**