IMHPP Roundtable Proposal Example

Title:
Risk Governance in Suicide Prevention: Balancing Safety, Autonomy, and Systemic Accountability

1. Purpose & Context

Suicide prevention remains a critical public mental health priority. Despite robust interventions and statutory frameworks, preventable deaths persist, highlighting gaps in governance, risk management, and systemic oversight. This Roundtable piece aims to reflect on current approaches to risk governance, examining how mental health services balance safety obligations with respect for individual autonomy.

The submission will anchor IMHPP's public voice on this emerging governance issue, providing thought leadership for policymakers, service commissioners, and clinical leaders. It will also guide downstream research priorities and organisational responses, offering actionable insights to strengthen ethical and legal frameworks in suicide prevention.

2. Objectives / Research Questions

Primary Aim:
To assess how governance structures influence suicide prevention practice and identify opportunities to improve ethical, legal, and operational oversight.

Specific Objectives:

- Analyse current statutory and organisational frameworks governing suicide prevention.

- Examine challenges in capacity assessment and decision-making under crisis conditions.

- Identify systemic gaps in risk governance, including accountability mechanisms.

- Propose actionable recommendations for policymakers, regulators, and service leaders.

3. Relevance & Literature / Evidence Context

Suicide prevention policy is shaped by a combination of statutory duties, professional guidelines, and organisational risk frameworks. Literature suggests persistent challenges:

- Variability in board-level oversight and reporting mechanisms can create inconsistencies in risk management (Appleby et al., 2021).

- Clinical staff often navigate conflicts between safety imperatives and respect for patient autonomy, especially when capacity is impaired (Owen & Gask, 2022).

- Individuals with personality disorders or complex needs may face disproportionate surveillance rather than supportive intervention (Shaw et al., 2020).

Despite guidance, there is limited synthesis connecting governance structures directly to measurable outcomes in suicide prevention. This submission aims to fill that gap by highlighting governance levers for ethical, accountable, and effective practice.

4. Proposed Approach / Methodology

Content Type: Policy Think Piece (1,100 words)

Analytical Approach:

- Narrative synthesis of policy documents, statutory guidance (e.g., NHS Suicide Prevention Framework), and recent case law.

- Comparative analysis of governance models across local authorities and NHS Trusts.

- Ethical reflection on decision-making practices in high-risk contexts.

Data Sources / Evidence:

- Government and NHS guidance documents

- Peer-reviewed literature on suicide prevention and mental health governance

- Publicly available case studies and service evaluations

Ethical Considerations:

- All case examples will use anonymised or public data.

- Sensitive discussion of suicide will follow evidence-informed guidance to minimise harm.

Collaboration / Peer Input:

- Draft will be circulated to two IMHPP colleagues for feedback on legal, ethical, and policy dimensions prior to submission.

5. Expected Outcomes / Impact

The submission will:

- Provide clear recommendations to strengthen board-level and operational governance in suicide prevention.

- Highlight the ethical tension between safety and autonomy, offering strategies for resolution.

- Inform IMHPP's research agenda, including potential studies on governance efficacy and systemic accountability.

- Serve as a reference point for downstream publications, policy briefings, and advisory guidance to member organisations.

Potential recommendations include:

1. Standardising reporting structures for suicide risk across organisations.

2. Enhancing training for capacity assessment and crisis decision-making.

3. Embedding systemic checks to mitigate bias and stigma in intervention strategies.

4. Aligning organisational governance policies with statutory obligations and emerging evidence.