Clinical management aims to identify the people's needs of people and to promote active and meaningful contact with relevant services.

It is not (in itself) a therapeutic intervention, but it does represent good clinical practice, and is intended to increase the likelihood that people will receive appropriate care and support (making it an initial step and subsequently part of the process, rather than a stand-alone intervention).

**Knowledge**

- An ability to draw on knowledge of mental health problems and their relevance to self-harm and suicide*
- An ability to draw on knowledge of self-harm and suicide*
- An ability to draw on knowledge that clinical management usually involves:
  - assessment (including assessment of safety and risk) and care planning*
  - active outreach
  - support to make the best use of available services
  - continuity of staff contact
- An ability to draw on knowledge that clinical management usually involves liaison within and across services and teams

* Competences relevant to these areas are identified in the relevant sections of this framework.

**Active outreach**

- An ability to actively promote a person’s engagement with the service (and the service with the person), for example by:
  - building rapport
  - tailoring contact to them, based on an understanding of their needs and preferred communication style
  - providing a rapid response to their needs
  - being flexible about channels of communication (e.g. email, text, telephone)
  - being flexible about the venues for meeting (where possible)
- An ability to help a person identify and overcome obstacles to accessing appropriate support (both within the service, with other teams and in their support network), for example:
  - working with them to identify any practical, psychological or social obstacles
  - helping them to problem solve potential ways around any obstacles
  - discussing their concerns or negative perceptions of sources of support in a collaborative manner that validates their experience but also encourages reflection (rather than automatically acting on these perceptions)
**Advocating for the person**

<table>
<thead>
<tr>
<th>An ability to act as a case manager and to advocate on a person’s behalf by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>working to deliver coordinated care (e.g. within or across multi-disciplinary teams)</td>
</tr>
<tr>
<td>facilitating within- and across-team referrals for relevant services</td>
</tr>
<tr>
<td>working with them to understand and overcome barriers to engaging with psychiatric, psychological and practical support offered (e.g. anxieties or previous adverse experiences)</td>
</tr>
<tr>
<td>helping them in their contacts with organisations with which they are involved (e.g. health and social care services, housing services and the benefits system)</td>
</tr>
<tr>
<td>helping them arrange appointments with other services, and helping them prepare for and attend meetings with these services</td>
</tr>
<tr>
<td>coordinating with others involved in supporting them (e.g. family, carers, significant others and friends) to make sure that the right level of information is shared with the right people</td>
</tr>
</tbody>
</table>