Listen

Respond

Asking about suicidal thoughts

How are you feeling?

Have you been thinking that your life is not worth living?

Have you been thinking about ending your life?

Have these thoughts been getting worse or have you been having these more frequently?

Asking about suicidal intent and plan

Have you ever thought of how you might take your life?

Have you ever had particular thoughts or plans about taking your own life?

- Have you set a time or place?
- What are those plans?

Have you thought about ways that you might end your life.

Have you been collecting pills/ medication or researched ways that you might harm yourself/end your life?

Have you thought about writing a note, making a will or considered giving away your possessions?



Gently

introduce the

subject with

like:

Person with thoughts of suicide

Step 1: Exploration of the key components of suicide



 People who are at the highest risk have a clearer intention to end their life, a specific plan, the means to carry out the plan and a time frame



 Being straight forward and direct when asking about suicide is crucial



Information about the frequency and intensity of the suicidal thinking, history of suicidal behaviour, current plans, overall emotional wellbeing, and level of support will inform the overall level of risk and the safety plan required

Top tips:



- Listen
- Show interest and support
- Try to gain their trust
- ✓ Talk openly about suicide
- Be non-judgmental
- Do not make decisions for the person
- Express your concern about the individuals safety
- Offer hope that alternatives are available
- Take action and involve the person in decision making



Step 2: Exploration of suicide risk and protective factors

A combination of warning signs, risk factors and protective factors are generally agreed to contribute to overall suicide risk.

Alongside a conversation with the individual other sources of information include:



Other health professionals (with appropriate consent)



Family and friends (where appropriate/available)



Judgement of the worker



Other sources of information /individual knowledge

Step 3: What is going on?

The individuals current experience may be influenced by an underlying mental health difficulty and it is important to note that those who go on to end their lives often do so without seeking help from mental health services.



 Why is the person considering suicide as an option?



Why now? Has anything changed in the person's environment?



What exactly is happening now? How is it affecting the person?

Responsibilities and limitations

- It is better to overreact than to fail to take action
- You will do everything you can to get them help right now, but ultimately the individual has some responsibility to keep themselves safe.
- Recognise that this approach is not 'one size fits all'.
- Remember to follow organisational policies/ procedures.
- You won't have all of the answers you don't have to solve their problems, you just have to provide help and support.
- Remember the value of self care it can be difficult to have these conversations and it is important that workers look after themselves and seek appropriate support when needed.

Step 4: Safety planning



If the person is not an immediate risk it is advisable to ask if they have any stored lethal means such as drugs and come up with a 'safety plan'. If you feel the person can keep themselves safe ensure they have a plan before they leave you and know who to contact if things change.



An important part of any safety plan is knowing who to contact. Give the person a list of useful contact numbers, such as, your local out-of-hours service, Samaritans, Hertfordshire Night Light, and A&E. Also refer to the Signposting Guide



If required make sure you refer the person to the appropriate mental health service. State that it is an urgent referral and an emergency assessment is required. Follow up your telephone call with a referral form, email etc, to confirm the referral.



If you judge that the person is at high risk, encourage them not to leave until appropriate safety measures are in place. This may include 999, A&E or SPA. If the person decides to leave against your advice, contact the police and ask for a welfare check (give their last known address).



Crisis Support



Definitions

EMERGENCY SERVICES

In an emergency dial 999

SAMARITANS Samaritans provides a confidential, non-judgemental place to talk any time about whatever is getting to you. You don't have to be suicidal.

Tel: 116 123

Opening hours: 24/7 www.samaritans.org

HELP FOR HEROES -COMBAT STRESS Specially-

trained professionals are available day and night to provide free confidential advice and support for veterans and serving personnel.

Tel: 0800 138 1619

Opening hours: 24/7 www.combatstress.org.uk

PAPYRUS (PREVENTION OF YOUNG SUICIDE)

Committed to the prevention of young suicide.

Tel: 08000 68 41 41

Opening hours: Mon-Fri: 10am-10pm, weekends/bank holidays: 2pm-10pm www.papyrus-uk.org

HPFT SINGLE POINT OF ACCESS (SPA)

Directs all Hertfordshire Referrals to mental health services.

Tel: 0800 6444 01 Or NHS 111 opt 2

Opening hours: 8am-7pm www.hpft.nhs.uk/get-help

HERTFORDSHIRE NIGHTLIGHT **CRISIS HELPLINE**

A service for people in Hertfordshire who are feeling distressed or experiencing a crisis.

Tel: 01923 256 391

Opening hours: Helpline available 7 days a week, 365 days per year, 7pm-1am www.hertsmindnetwork. org/nightlight

CALM (CAMPAIGN AGAINST LIVING MISERABLY)

This helpline is for men in the UK who are down or have hit a wall for any reason. who need to talk or find information and support.

Tel: 0800 58 58 58 or

webchat

Opening hours: 5pm-midnight www.thecalmzone.net

MAYTREE PROVIDES RESIDENTIAL SPACE FOR THOSE IN A SUICIDAL **CRISIS**

Tel: 0207 236 707 www.maytree.org.uk

CHILDLINE

24-hour counselling service for children and young people.

Tel: 0800 1111 or webchat

Opening hours: 24/7 www.childline.org.uk

Suicide:

In the United Kingdom, suicide is defined as a death from an underlying cause of intentional self-harm or injury/poisoning not necessarily with known intent to die.

Frequency:

The rate at which something occurs over a particular period of time. Intent: Planning or meaning to do something.

Intensity:

The level of which somebody is feeling something. Level of Risk: In this context the likelihood of a suicide attempt.

Protective Factors:

The things in someone's life that keeps them safe. This does not have to be a person or an object but can be a belief or a way of thinking.

Risk Factors:

The things in someone's life that makes them more prone to suicidal thoughts or actions.

Lethal Means:

An object that can cause great harm such as drugs or weapons.





