

GUIDANCE FOR PRACTITIONERS TO SUPPORT ADULTS, CHILDREN OR YOUNG PEOPLE AT RISK OF SUICIDE IDEATION

What makes someone think of suicide?

People will think of suicide for different reasons; some risk factors might include:

- Difficult life events, such as a traumatic childhood or experiencing physical, emotional, or domestic abuse
- Life changing situations, such as a relationship ending, a loved one dying, parents divorcing, siblings moving out
- Anger at other people
- Misusing drugs or alcohol
- Living alone or having little social contact with other people
- Feeling like they have no friends
- Having a mental health condition such as depression, anxiety, schizophrenia or personality disorder
- Having a physical health condition, especially if this causes pain or serious disability
- Problems with work or money
- Being bullied

When dealing with individuals with suicide ideation, practitioners should assess each case on its own merits and respond according to circumstances and presentation.

This guidance does not change practitioners' current legal duties of confidentiality in respect of the people they are working with. It is designed to support practitioners faced with concerning situations where a client, child or young person is suggesting that they may end their life.

Warning signs

As practitioners, it is important to get some training to understand warning signs that someone feels suicidal; **for example**, a change in someone's personality and behaviour might be a sign that they are having suicidal thoughts. Often you may be the best judge of when someone you know is behaving differently. Changes to look out for can include someone:

- Becoming anxious
- Being more irritable
- Being more confrontational
- Becoming quiet
- Having mood swings
- Acting recklessly
- Sleeping too much or too little
- Changes in eating habits

- Not wanting to be around other people and withdrawing from friends or family members
- Avoiding contact with friends and family
- Having different problems with work or studies
- Saying negative things about themselves
- Lack of response to praise

Key indicators that suggest someone is more likely to attempt suicide include:

- Threatening to hurt or kill themselves
- Giving verbal hints such as “I won’t be a problem much longer”
- Talking or writing about death, dying or suicide
- Preparing to end their life (e.g. by storing up medication, putting their affairs in order, giving away belongings, writing a suicide note or making a Will).

Procedure for practitioners working with people at risk of suicide

Dependant on the practitioner’s role, this would involve compassionately assessing risk and, if necessary, escalating the case to the right agency, which could be:

- their service user’s GP
- the CRISIS team or
- Accident & Emergency i.e calling 999

Ideally there should be time for the practitioner to report the concern to their manger, a senior staff member or the designated safeguarding lead.

Adult Service users who have been promised confidentiality by practitioners should also be informed of its limits and understand that disclosures of suicidal intent must be shared.

Informed consent to share information should be sought if the **child or young person** is competent unless:

- The situation is urgent and delaying in order to seek consent may result in serious harm to the young person.
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime.

Professional judgement must be exercised to determine whether a child or young person is competent to consent or to refuse consent to sharing information. Advice should be sought from a child and Adolescent Psychiatrist if use of the mental health act may be necessary to keep a young person safe.

If consent to information sharing is refused, or can/should not be sought, information should still be shared in the following circumstances:

- There is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else or is likely to prejudice the prevention or detection of serious crime; and
- The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing; and
- There is a pressing need to share the information.

Professionals should keep parents informed and involve them in the information sharing decision even if a child is competent or over 16. However, if a competent child wants to limit the information given to their parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply.

Where a child is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply

Some general principles on how to work with suicidal service users

If you think that someone may be feeling suicidal, encourage them to talk about how they are feeling. You may feel uncomfortable talking about suicidal feelings and you may not know what to say, which is entirely normal and understandable.

Things that might help you deal with a difficult situation include:

- Let them know that you care about them and that they are not alone
- Empathise with them. You could say something like, "I can't imagine how painful this is for you, but I would like to try to understand"
- Be non-judgmental - don't criticise or blame them
- Repeat their words back to them in your own words: this shows that you are listening; repeating information can also make sure that you have understood them properly
- Ask about their reasons for living and dying, and listen to their answers. Try to explore their reasons for living in more detail
- Ask if they have felt like this before. If so, ask how their feelings changed last time
- Reassure them that they will not feel this way forever
- Encourage them to focus on getting through the day rather than focusing on the future
- Ask them if they have a plan for ending their life and ask what the plan is
- Encourage them to seek help that they are comfortable with, such as help from a doctor or counsellor, or support through a charity such as the Samaritans; Young minds; Childline
- Follow up any commitments that you agree to
- Make sure someone is with them if they are in immediate danger
- Try to get professional help for the person feeling suicidal; and Get support for yourself

- It is important to use plain, direct language rather than euphemisms
- If someone hints at taking their life, it is fine to say “do you mean you are thinking of ending your life? “It’s important to find out the key issues with empathy & warmth
- In order to assess risk & understand if any action other than listening is required, ask some questions about imminent intent e.g.:
 - a) “Have you made any plans or preparations?”
 - b) “Might you act on this plan today?”
 - c) Find out what the plan is – try to get details on method, how they plan to say goodbye to family/ friends etc.

Other points to consider:

- Reassure the service user that they matter & they might not always feel this way.
- Signpost them to support organisations, providing phone numbers for groups such as the Samaritans, Papyrus UK, SupportLine (with a focus on victims of abuse), and Young Minds
- Always carry a crib sheet, or have a list of support organisations at hand
- If you are facing this situation more often than just in isolated circumstances, get some training. Carolyn Spring’s packages at <https://www.carolynspring.com/shop/dwd-online-training/> offer fantastic training for different practitioners’ needs
- If you are trained and confident enough, you can make safety plans with your service user. This can help calm an agitated mind and support the service user to regain some perspective
- If you are not able to co-create a safety plan, you can signpost the service user to the following website which is a compassionate space, specifically designed to support the service user in making a safety plan <https://www.stayingsafe.net/> If supporting a child or young person, ensure that specialists such as a social worker or mental health worker are involved in planning the safety plan
- Ask your service user about their known protective factors (friends & family; formal mental health workers; school, or college support networks, interests & activities, exercise). Asking them about who they are attached to or feel able to talk to about thoughts & feelings can calm someone down, especially when discussing someone, or something, that has helped them before when they had similar feelings or difficulties
- Know all the referral pathways to help you understand how to escalate the situation as it is hard not to be overwhelmed by some situations

Services that can help someone who is feeling suicidal

Emergency services and Accident and Emergency (A&E)

If someone is in immediate danger of taking their own life call emergency services on 999. Ask for an ambulance. Or take them to A&E at their local hospital e.g. Wexham Park Hospital in Slough on **0300 614 5000** which is open 24 hours a day, 7 days a week.

Contact the local NHS urgent mental health helpline

The NHS urgent mental health helplines are for people of all ages. You can call for advice and support for you or someone you care for, 24-hours a day. Call **0300 365 2000**

CRISIS team or home treatment team

Crisis team - sometimes called the home treatment team, are part of NHS mental health services. They give short term support for people having a mental health crisis. Call **0300 365 2000**.

Community Mental Health Team (CMHT)

If a person is known to their local NHS CMHT, they may be able to help. [Find out more about CMHT](#) or call 0300 365 0300 or 0300 365 9999

Berkshire Healthcare Children, Young People and Families Service

If a child or young person is having suicidal thoughts, they can contact a mental health support team on 0300 365 1234

Kooth

Kooth is a free online counselling and emotional well-being support service providing young people aged 11-18 with a safe and secure means of accessing support for their emotional health and wellbeing needs from a professional team of qualified counsellors.

GP

Call their GP if you know who they are. A GP may be able to offer support in a crisis. If the GP surgery is closed there will be a recorded message to tell you who to call.

Visit NHS111 website

Dial 111 on your phone. It is a free service. They are open 24 hours a day, 7 days a week. They can help if you have an urgent medical problem and you are not sure what to do.

Charities

Some charities offer emotional support services. They help by listening to someone's concerns and giving them space and time to talk through how they feel. Call Sane Line on **0300 304 7000** or visit the [Sane Line website](#) or call ChildLine on **0800 1111** or visit the website [Coping with suicidal feelings | Childline](#)

Other Organisations that provide a range of free support and advice:

[NHS Choices](#)

[Time to Change](#)

[Rethink](#)

[Connecting with People](#)

[Staying Safe](#)

[Zero Suicide Alliance](#)

[The Royal College of Psychiatry](#)

[The CALM zone](#)

[Young Minds](#)