

Working with suicidal clients tool kit (created October 2017). Westminster Rough Sleeping Pathway & HHCP

The aims of this document are:

- To increase awareness of the signs of suicide
- To suggest ways to listen and learn from a suicidal client
- To provide guidance about how to support a suicidal client (include talk to manager, team, SPA, risk assessment update/ suicide-safety plan)
- To provide information on how to create a suicide-safety plan
- To provide information on the support services in Westminster available for suicidal clients
- To provide resources for further reading

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Introduction

Statistics illustrate that there are over 6,000 suicides a year in the UK, and the highest suicide rate was for men aged 45-49¹. Suicide can be preventable – as long as we improve methods of identifying those that are at risk, and are aware of the support methods that can be implemented. 18% of HHCP CHAT respondents in 2016-2017² reported they suffered with suicidal thoughts. 3% of respondents

¹<https://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans%20suicide%20statistics%20report%202016.pdf>

² http://www.mungos.org/health_and_homelessness_project

reported a daily occurrence, 4% weekly and 11% every month. 34% of respondents with suicidal thoughts stated they were not being supported and would like to be.

This toolkit aims to provide guidance on how to work with suicidal clients and suggest methods that will support staff with this process.

Myths of suicide

To understand and recognise the signs of suicide it is also important to challenge suicidal myths. Below are some myths alongside the suicide fact.

Myth: People who talk about suicide are just trying to get attention.

Fact: People who die by suicide usually talk about it first. They are in pain and may reach out for help, so always take talk about suicide seriously.

Myth: Talking about suicide is a bad idea as it may give someone the idea to try it.

Fact: Most mental health issues are a taboo topic in society, but people who have felt suicidal will often say it is a huge relief to discuss what they are experiencing.

Myth: Once someone has decided to kill themselves, there is nothing you can do to prevent it

Fact: Most people who are suicidal do not want to die, they want to stop their pain. Often, feeling actively suicidal is temporary. This is why getting the right kind of support at the right time is so important. Suicide can be prevented by offering alternative options.

Myth: People who attempt suicide and survive will no try again.

Fact: People who attempt suicide and survive are at a higher risk of trying again.

Myth: People who talk about suicide are trying to manipulate others.

Fact: No, people who talk about suicide are in pain and need help. Always take talk about suicide seriously.

Myth: Most suicides happen in winter months.

Fact: Suicide is more common in spring and summer months.

Myth: Anyone who is suicidal must have a mental illness.

Fact: Presence of a psychiatric condition should alert to the risk of suicide, but its absence should not allow the risks to be overlooked, as it is not the case in all deaths.

Key point: Death by suicide can affect anyone.

Suicide risk factors and warning signs

Factors contributing to an individual’s risk of suicide may or may not be modifiable. The factor and warning signs given below are common themes, however the list is not exhaustive. It is therefore important to remember the drivers for their suicidal thoughts are unique to that individual and you will only elicit these through asking.

BIOLOGICAL RISK FACTORS	INDIVIDUAL RISK FACTORS	WARNING SIGNS (Not verbalised)	WARNING SIGNS (verbalised)
Family history of mental health conditions, or substance use	Previous self-harm/ suicide attempts	Worsening health prognosis	Talks about feeling trapped
Demographics – male, middle aged, minority group (ethnic, sexual orientation)	Recent discharge from psychiatric hospital	Finalising affairs – e.g. giving prized items away	Talks about experiencing unbearable pain
Family history of suicide	Presence or history of psychiatric illness, especially psychotic phenomena	Marked agitation. Increased use of substances	Talks about having no reason to live
	Serious, or chronic, health condition	Sudden lifting of mood in someone who was previously suicidal -warning sign of a planned attempt?	Talks about killing themselves
	Recent discharge from hospital detox/ residential detox or rehab	Visiting or calling people to say goodbye	Discusses being low or depressed
	Poor support networks	Bereavement or relationship break up	Recent humiliation or bouts of anxiety
	Recent unemployment, lack of structure to day		Says I can’t go on
	Access to means e.g. access to large amount of medication/ methadone or firearm		Talks about feelings of guilt or hopelessness
	Major loss – bereavement or relationship breakdown		Talks about being a burden to others

The combination of longer term risks and immediate contributing factors is a better way to identify likelihood of suicide. Remember that talking to identify whether they are experiencing suicidal thoughts (if they are open to this) is the best way to approach identifying that there is an issue.

How to listen, respond and learn from a client who may be suicidal

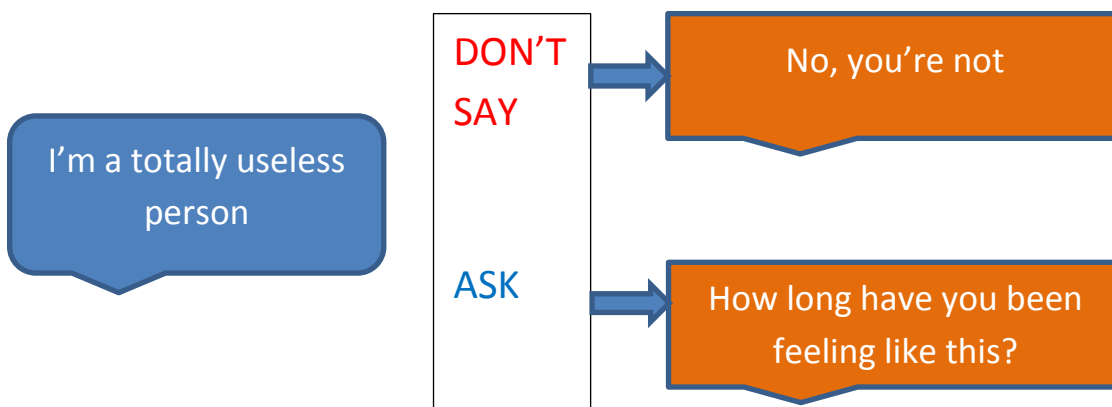
The easiest way to find out if a client is thinking about suicide is to talk to them and ask (if they are open to this). If they aren't willing to talk to you, then you can only make assumptions and manage the risk with your team.

It is important to ask them how they are feeling, as saying something is safer than nothing.

Step 1: Explore how they are feeling

If something bad has happened to them, ask "how did that make you feel". They may shrug and say, I'm OK, but if they don't seem OK to you, keep gently trying to find out more.

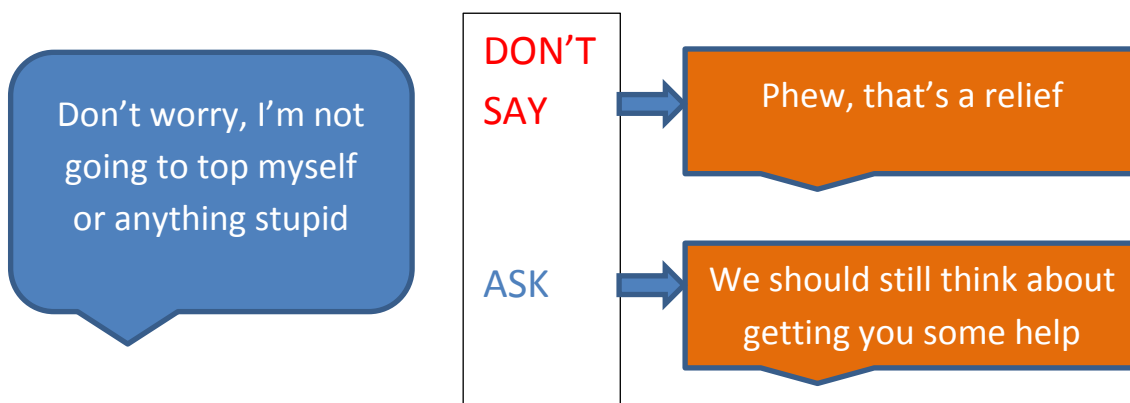
Listen attentively. To keep the dialogue open ask questions such as "How bad is it?" or "what's that like?" Don't deny what they are telling you and don't pretend to know how someone feels even if you have believe you have felt similarly.



Step 2: Ask the S question

If they give any indication that they're feeling hopeless or can't see the point in going on, you could state clearly and calmly "I appreciate how difficult this problem must be for you at this time. Some clients with similar problems/symptoms have told me that they have thought about ending their life. I wonder if you have had similar thoughts..."

Don't be too quick to accept denials or joking responses.



Further questions to ask:

Are you feeling hopeless about the present or future? If yes, ask next question;	
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Have you ever had thoughts about taking your life? If yes, ask next question:	
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When did you have these thoughts and do you have a plan to take your life? Have you ever made a suicide attempt?	
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Ask the person what their thoughts are like. If they are hearing voices which may be giving them commands to kill themselves - if this is the case, refer to SPA or get in contact with their care co-ordinator immediately.	
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Ask them what exactly they plan to do to commit suicide (this helps to establish whether there is a plan). If they have an answer, ask next question:	
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Do they have access to that method (e.g. access to gun, medication)? Ask them if they would be happy for you to take away the method to commit suicide to reduce the risk when they are feeling suicidal.	
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How specific is their plan? Do you have any thoughts of wanting to commit suicide immediately? Do they intend to use the method today, or is the plan in the future and dependent on something (e.g. benefits being paid on Friday).	
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Ask what medications and the dosage they have taken in the last 24 hours. This will help determine if the suicidal thoughts are related to a drop in prescribed medications or an interaction with other medication.	
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Do you want help to avoid killing yourself? Will you accept specialist mental health care to support you?	
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BEAR IN MIND: Suicidality can be seen as an attempt by the individual to solve a problem, one that they find overwhelming. It may be easier for you to remain non-judgemental when you keep this in mind. Try and see suicidality as a way to work with the client to develop alternative solutions to the problem – although this may be easier than it sounds!

Working with a client who is suicidal is bound to make you feel slightly anxious or panicked (bear in mind a lot of these feelings will be what you are picking up from the client as well!). You may need to take a deep breath – they need someone to tell them they will be safe and not alone.

Ways to support a suicidal client

NOTE – IF A CLIENT IS THREATENING SUICIDE AT THE CURRENT TIME

Ensure your own personal safety. Do not get involved physically if the person is distressed and threatening.

Call for assistance particularly if someone is threatening to jump from a height, call 999 if needed

Observe from a safe position until help arrives.

Stay with the person if you think the risk of suicide is high. Arrange with someone to be with them while they get through the immediate crisis.

If the person is consuming alcohol or drugs try to discourage them from taking any more.

Try to ensure that the person does not have ready access to some means to take their life.

Encourage the person to talk. Listen without judgement, do not try to give advice, give reassurance that help is available and that their future has options.

If there is no immediate risk the following suggestions could be useful to work with a client with suicidal feelings.

- Be there to talk to them about how they are feeling. Offer them a confidential space to talk and a cup of tea. Encourage them to talk to staff when they start to feel bad or want to go ahead with committing suicide.

- Explain that using any drugs and alcohol in an attempt to feel better will probably have the opposite affect and make them feel worse than they already do.
- Ask them if they want to be linked in with mental health professionals / referred to counselling to support them. Visit http://www.westminsterhhcp.org/mental_health_services.htm for a list of mental health services available in Westminster.
- Complete suicide safety plan with client (appendix 2, page 11).
- Worksheets/ print outs that can be given to client: <https://www.getselfhelp.co.uk/suicidal.htm>, <https://www.helpguide.org/articles/suicide-prevention/are-you-feeling-suicidal.htm>, <http://www.prevent-suicide.org.uk/downloads.html> Understanding suicidal feelings <https://www.mind.org.uk/information-support/types-of-mental-health-problems/suicidal-feelings/#.WW8o1hGGMdU>
- Discuss client in handover, team meetings, reflective practice and take any concerns to your manager for support.

Westminster support services

CALM	Campaign against living miserably – dedicated support for reducing male suicide. https://www.thecalmzone.net/ . Helpline: 0800 58 58 58 5pm-midnight, 365 days a year.
SINGLE POINT OF ACCESS	All referrals into CNWL adult mental health services should be made through the Single Point of Access (SPA) by telephone on 0800 0234650 or by email at cnw-tr.SPA@nhs.net
Harmless	User-led organisation for people that self-harm, friends and families. www.harmless.org.uk
Inspired Personality Disorder Service	User led peer support service that promotes positive support of individuals with personality disorder. They provide one to one support, enabling clients to work on their specific issues in an individual and practical way to support them into social activities, training and employment. The eligibility criteria for the service is Westminster residency, but the service can work with CHAIN verified rough sleepers providing the outreach teams are not working towards a reconnection outcome. They are open to individuals with no formal diagnosis of PD or BPD. They <u>can work with people with substance and alcohol misuse as long as they are being supported with these issues and they do not interfere with the client's commitment and ability to engage and attend</u> . People can self-refer or be referred by a support agency, by completing the referral form. To find out more about our service or get a referral form contact them by phone on 020 7428 4146 . The service is based at 13a Great Chapel Street, London W1F 8FL.
Maytree Suicide Respite Centre	Is a registered charity supporting people in suicidal crisis in a non-medical setting. If a client requires a one-off stay in a safe and confidential space for up to 4/5 days call 020 7263 7070 or email maytree@maytree.org.uk . http://www.maytree.org.uk/
National Self-harm Network	Is a forum where support can be received online. This site is closely monitored, available 24/7 http://nshn.co.uk/
Samaritans	24 hours a day Central London Samaritans provides support for anyone experiencing feelings of distress or despair: call the helpline on: 116 123 . The local branch is located in the West End through a discreet archway at 46 Marshall Street which is close to both Oxford Circus and Piccadilly Circus tube stations. Visitors are welcome 365 days a year between the hours of 9am and 9pm. You don't need an appointment to speak in confidence to one of their trained volunteers and the service is free. Due to the popularity of the drop-in service at times there may be a short wait. The branch telephone number is: 020 77342800 . http://www.samaritans.org/branches/central-london-samaritans
SANEline	Specialist mental health helpline (4.30pm – 10.30pm): 0300 304 7000 .
Stay Alive Suicide Prevention App	A free app for people with suicidal thoughts and people concerned about someone else. Provides quick access to crisis support helplines, strategies for saying safe from suicide, a LifeBox allowing users to upload photos of their reasons to stay alive, suicide myth-busting, and advice on helping a person thinking about suicide. Apple Store: https://itunes.apple.com/us/app/stay-alive/id915458967 Google Android Play: http://play.google.com/store/apps/details?id=uk.org.suicideprevention.stayalive

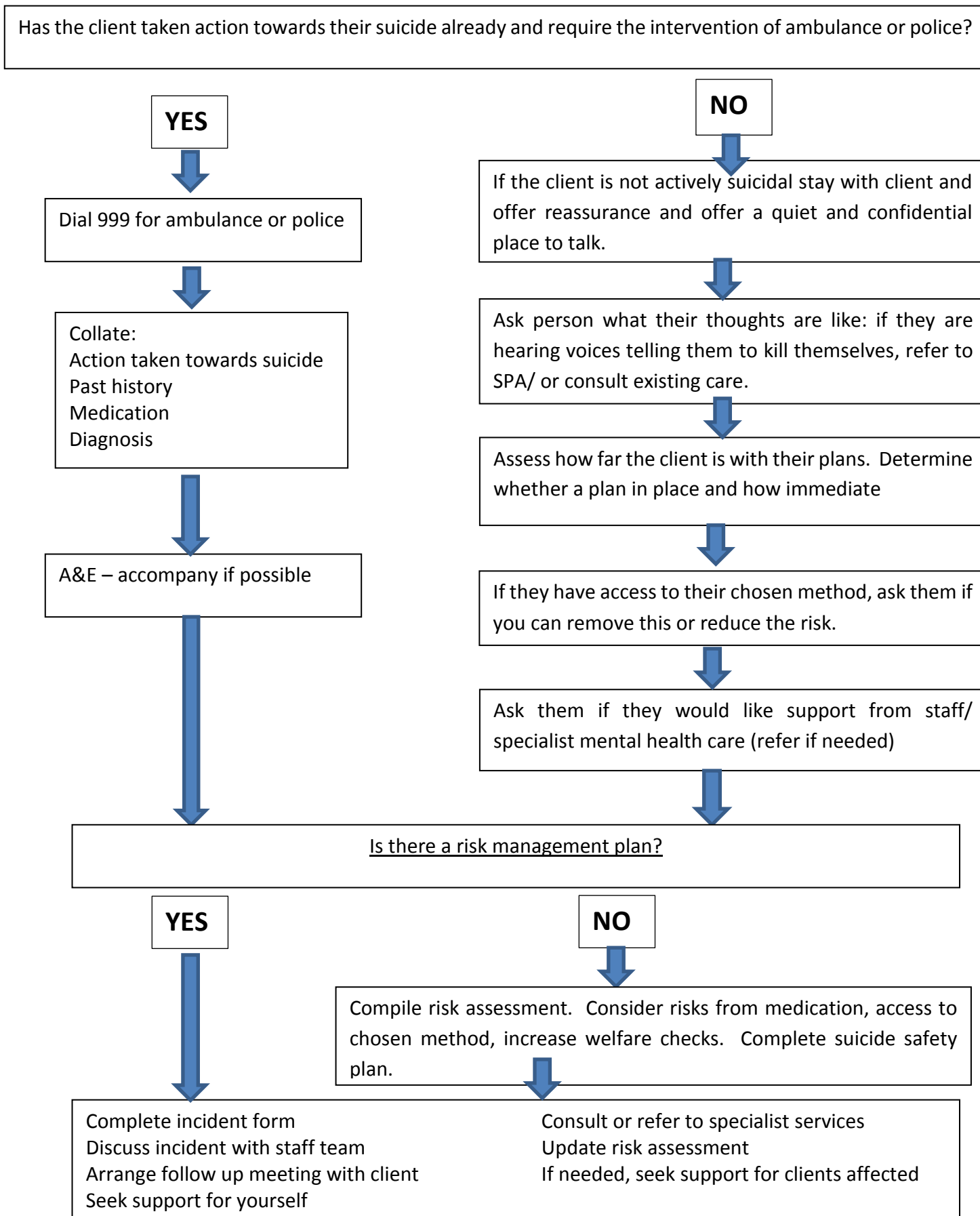
Further reading

Mind – Understanding Self-harm: This suggests ways of working with self-harm and how to support someone to work out their patterns of self-harm and signposting.
<http://www.mind.org.uk/media/619077/understanding-self-harm-2013.pdf>

NHS Public Health England – Support After Suicide: Best practice for delivering bereavement support after suicide (postvention) to individuals, families, friends and communities.
<https://www.gov.uk/government/publications/support-after-a-suicide-a-guide-to-providing-local-services>

Papyrus Young Suicide Prevention: Provides suicide prevention training for organisations. Resources section contains specialised guides to help with the creation and implementation of: Safety Plans, Coping Strategies, Hope Boxes, Distraction Techniques, Suicide Conversation Plans.
<https://www.papyrus-uk.org/help-advice/resources>

Appendix 1: Flow chart for responding to a suicidal client



Appendix 2: Template suicide safety plan

Plan developed by: _____ (Service User), and: _____
(Worker)

On: _____ (Date)

1. Main current risks and warning signs / triggers:
2. Coping strategies that have helped in the past:
3. What is the most helpful approach from people around me?
4. People that I know whom I can ask for help and support:
5. NHS services or agencies that I can contact if I need to:
My GP: _____ at: _____ Tel: _____ Go to my nearest Accident & Emergency Department (open 24 hours) or call 999 for the Ambulance service. The nearest A&E is: _____ (ask for duty Psychiatrist) Samaritans 116 123
6. Immediate plans to ensure safety
7. Plan for what to do if you do not attend an appointment without notice:

Service User's Name:

Worker's name:

Signature: _____

Signature: _____

Appendix 3: Ways to reduce stress right now

- ❖ **Self – soothe.** Get yourself some hot chocolate, coffee, juice or water. Drink it slowly focusing on the sensations of taste, smell and temperature
- ❖ **Intense sensations:** Go to the kitchen and take a piece of ice, and some napkins. Hold the ice in your hand, and use the napkins to absorb the melting water. Focus on the intense cold sensation of ice in your hand.
- ❖ **Distract yourself.** Pick up a magazine and focus your attention on the pictures or an interesting article. Bring your mind to whatever you are reading or looking at, redirecting it from upsetting thoughts and feelings.
- ❖ **Practice deep breathing.** Place one hand on your belly, inhale slowly counting to 5, feeling your belly expand. Pause. Exhale slowly, counting to 5, feeling your belly deflate. Practice this deep breathing 10 times.
- ❖ **Use relaxation.** Give yourself a little neck and shoulder massage – you can rapidly tap your fingers on your neck and shoulders or rub your neck and shoulders. Focus on different muscles in your body from your head to your feet telling yourself to let go of tightness and tension.
- ❖ **Watch skills video.** Ask a staff member to set up the TV with a distress tolerance video. Focus on the skills presented in the video and choose one to practice right now.
- ❖ **Pray.** Pray either to a higher power, your own wise mind, or just open yourself up to peace and serenity. Ask for strength to bear the pain in this moment. Breathe in and out while telling yourself something like “I breathe in peace and breathe out stress” or “acceptance will help ease my suffering.”
- ❖ **Self-encouragement.** Think of what you might say to someone in a similar situation as you. Give yourself the same encouragement and support: “I can get through this” or “this won’t last forever.”
- ❖ **Use imagery.** Imagine a wall between yourself and the situation. Or imagine a peaceful, happy, secure place. It can be someplace you have been or someplace that you create in your mind. Imagine in detail what the place looks like, any soothing smells, if there are any comforting people or animals with you, what it feels like where you are sitting or lying, what sounds you can hear.
- ❖ **Make comparisons.** Distract yourself by thinking about problems that you don’t have or no longer have. Focus on something that someone else is struggling with. Consider ways you are better off now than you were at other points in your life.
- ❖ **Focus on something else.** Count backwards from 100. If you lose track, start over again. Make a shopping list. Describe the furniture in the room or other objects in front of you.