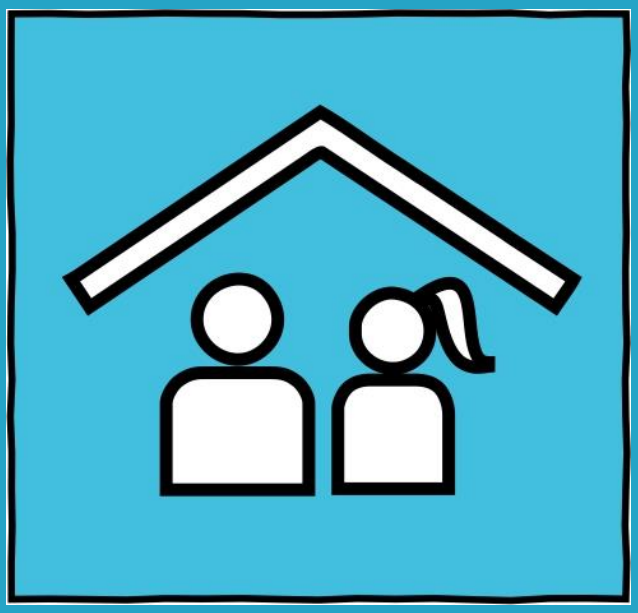
WORKING WITH SUICIDAL CLIENTS



City of Westminster

Groundswell
Out of homelessness

Contents

Aims

The aims of this document are:

- To increase awareness of the risk factors and warning signs
- To suggest ways to have a conversation about suicide
- To provide guidance about how to support a suicidal client
- To provide information on how to create a suicide-safety plan
- To provide information on the support services in Westminster available for suicidal clients

Introduction

Statistics illustrate there are over 7,800 suicides a year in the UK, and the highest suicide rate was for men aged 45-49[1]. Suicide can be preventable – if we are aware of how to identify those that are at risk, and of the support methods that can be implemented. It is extremely important to take anybody who talks about feeling suicidal seriously and try to make sure they remain safe.

Suicidal thoughts occur when somebody is thinking about or planning suicide. They could be a momentary thought, through to a detailed plan on how they may take their own life. Suicidal feelings are on a spectrum, abstract thoughts about ending life or feeling that people would be better off without you; to thinking about methods of suicide or making clear plans to take own life

Working with clients who are suicidal is bound to make staff feel anxiety or panicked. It is very important to consider how staff can look after their wellbeing whilst working in this area. If feeling

[1] https://championhealth.co.uk/insights/suicidal-thoughts-statistics/

overwhelmed a stress bucket can be used, as well as a wellness action plan . Staff could discuss at reflective practice as well as staff teams to ensure they are able to share the load.

Unfortunately, when someone is really determined to kill themselves, there is very little that can be done, but what we can do is to provide other options, hold their distress, and teach them skills to manage it better themselves. **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!

This toolkit was updated in October 2024, and it aims to provide guidance on how to identify suicidal clients and suggests methods that will support staff with this process.

Myths of suicide

Myths surrounding suicide are dangerous because they perpetuate misunderstandings, hinder prevention efforts, and contribute to stigma, which can prevent people from seeking help. We should always challenge our perceptions surrounding suicide and try to uncover our own unconscious biases.

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 not 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.

Suicide risk factors and warning signs

Factors contributing to an individual's risk of suicide may or may not be modifiable. Static risk factors can't be changed (such as gender/ or historical) and dynamic factors include those that are present for an uncertain length of time and may fluctuate. The factors and warning signs provided in table 1 and 2 are common themes, however the list is not exhaustive. The combination of longer-term risks and immediate contributing factors is a useful way to identify likelihood of suicide.

Table 1: Suicide risk factors

Biological risk factors	Individual risk factors
Family history of mental health conditions, or substance use	Previous self-harm/ suicide attempts
Demographics – male, middle aged, minority group (ethnic, sexual orientation)	Recent discharge from psychiatric hospital
Losing a family member to suicide	Presence or history of psychiatric illness, especially psychotic phenomena
Chronic illness	Serious, or chronic, health condition
Abnormalities in regions related to emotion regulation, like the prefrontal cortex	Recent discharge from hospital detox/ residential detox or rehab
	Poor support networks
	Recent unemployment, lack of structure to day
	Access to means e.g. access to large amount of medication/ substances/ methadone or firearm
	Major loss – bereavement or relationship breakdown
	Job loss / difficulties

Table 2: Suicide warning signs

Warning signs (not verbalised)	Warning signs (verbalised)
Worsening health prognosis	Talks about feeling trapped
Finalising affairs – e.g. giving prized items away, making or updating a will	Talks about experiencing unbearable pain
Increased use of alcohol or substances	Talks about having no reason to live
Suddenly appearing very happy or very calm - lifting of mood in someone who was previously suicidal - warning sign of a planned attempt.	Talks or threatening to hurt or kill themselves
Visiting or calling people to say goodbye	Discusses being low or depressed
Bereavement or relationship break up	Recent humiliation or bouts of anxiety
Withdrawing, sleeping too much	Says I can't go on
Writing about dying, death or suicide	Talks about feelings of guilt or hopelessness
A change in mental health – increase in anxiety/ anger/ acting recklessly	Talks about being a burden to others – everyone would be better without me
	Jokes about suicide or dark humour

Key point: death by suicide can affect anyone

How to start a conversation about suicide

The easiest way to find out if a client is thinking about suicide is to talk to them and ask. If they aren't willing to talk to you, then you can only make assumptions and manage the risk with your team. That being said you need to think carefully about what you want to say before starting the conversation – remember to use your non-judgemental listening skills

- **It is important to ask them how they are feeling, as saying something is safer than saying nothing.**
- Think carefully about what you want to say before starting the conversation – remember any biases you may have about suicide and keep judgement at bay.
- Ask **open questions** such as:
- **"How are you feeling?"**
- **"How long have you been feeling like this?"**
- If needed ask: *"Are you feeling hopeless about the present or future?"*
- **Be direct and ask:** *"Are you having thoughts about ending your life?"*
- 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..."***
- **Give them space to talk and encourage them to say more about how they feel, '***could you say a little more about that?'*
- **Repeating back a word or phrase can encourage a person to say more**
- **Resist the urge to fill any silences which may unintentionally shut them down**
- Listen to them carefully without personal judgement. Listening to what the person tells you can sometimes be difficult to hear, so you need to allow time for reflection

Don't do the following

- Brene Brown's 2 minute video on Empathy helps explain how to be empathetic, not sympathetic.
- Don't deny what they are telling you and don't pretend to know how someone feels even if you believe you have felt similarly.
- Add to feelings of guilt e.g., 'think of your partner'.
- Promise it will all be ok.
- Downplay, trivialise or invalidate their feelings e.g. oh, that happened to me once.
- Try to cheer them up or find a silver lining.
- Interrupt them.
- 'Fix' or give too much advice/information.
- Don't tell them not to kill themselves - if you tell someone not to do it, all the person in crisis will hear is that you do not care about their pain and prevent them from talking about it with you again.
- Don't be too quick to accept denials or joking responses. If they deny, or say *"don't worry I won't do anything stupid"* or *"phew that's a relief"* as this would prevent them from talking about it with you in the future if they wanted to. Say, *"I'm here if you need to talk and I would still like to get you some support if you'd like it"*.

Assessing risk – questions to ask

Provide an opportunity for the person to talk. If they do not initiate a conversation with you, you should say something to them and tell the person why you're worried about them.
The questions below are sequential and if they say yes to any of the questions you should ask the question following it to continue to assess the risk.

1. "*Are you having thoughts about ending your life?"* (if yes, ask next question and so on)
2. *"What kind of thoughts have you been having?" (*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).
3. *"What triggered these thoughts, and do you have a specific plan?"* (pay attention to how specific the plan is)
4. 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.
5. *"How likely do you think it is that you would act on this?"*
6. *"Do you have the items available to carry out your plan?"*
7. 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.
8. *"What has stopped you from killing yourself so far?"* (identify a glimmer of hope)
9. *"Do you want help to avoid killing yourself?" "Will you accept specialist mental health care to support you?"*

After you have asked questions, you will be able to assess the risk associated with the individual. Figure 1 illustrates the actions required for staff to complete depending on the level of risk identified.

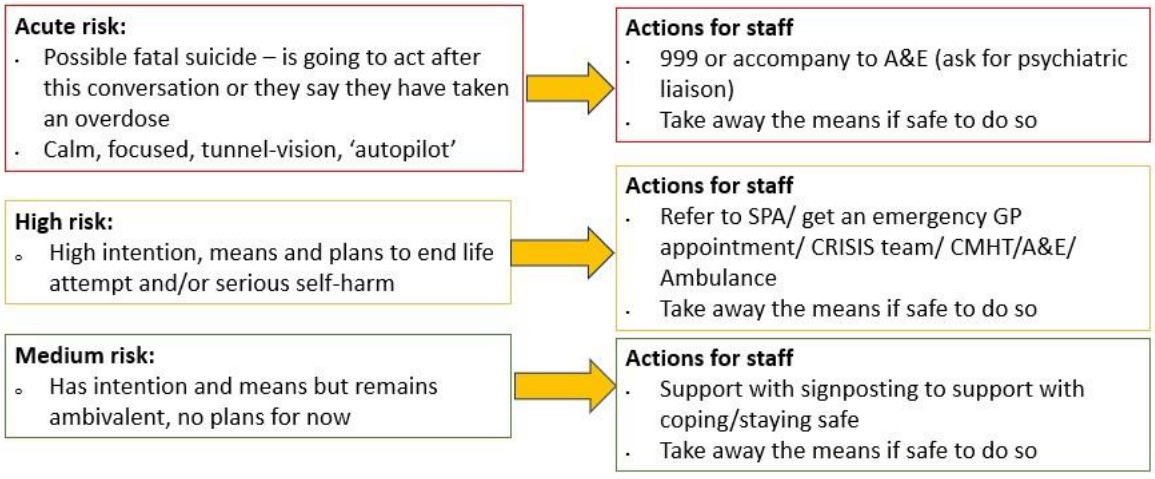


Figure 1: illustrates the actions required for staff to complete depending on the level of risk.

Actions after assessing the risk

- Follow the flow chart in Appendix 1 for responding to suicidal clients.
- If someone is in immediate physical danger, i.e. have taken an overdose or they are planning to imminently, call the emergency services - ambulance or police as required.
- Stay with them for the time being if you remain concerned about their suicide risk. When the risk lowers and they are eventually left alone, encourage them to talk to staff if they start to feel bad or want to go ahead with committing suicide.
- Ensure your own personal safety. Do not get involved physically if the person is distressed and threatening. Locate your nearest accessible exit point in case this is required.
- If they have access to their chosen method, ask them if you can remove this to reduce the risk.
- If the person is consuming alcohol, or drugs, try to discourage them from taking any more. Explain that using any drugs and alcohol to feel better will probably have the opposite affect and make them feel worse than they already do.
- Offer them a hot drink - ensure someone stays with them while this is made.
- Ideally with them, refer them to SPA (if unknown to mental health services) or contact existing the mental health service they are in contact with e.g. are they open to a CMHT? If open to the CMHT do they have a care coordinator? Or is there a duty number or a crisis number you can call?
- If they are not linked in with CMHT or mental health support, do they have a support worker in another organisation you can contact?
- Ask them if they want to be linked in with mental health professionals/referred to counselling to support them. Visit HHCP directories for a list of mental health services available in Westminster.
- You will need to update their risk assessment and detail the actions put in place to safeguard the individual.
- You will be required to discuss what happened in handover, team meetings, and reflective practice and take any concerns to your manager for support.

It is important to let the person know that you will need to let shift colleagues, and your manager know how they are feeling and their suicidal risk. Be specific about who you will share the information with i.e. you are not going to share it with the cleaning staff for example, and the reasons you need to do this.

Soothing distress

If an individual doesn't have a well-developed self-soothing system (parasympathetic nervous system) or has not been taught as a child how to self-soothe by a care giver, they will find it very difficult to reduce the distress they are feeling. If they are unable to access soothing, then the distress will continue to rise and could become unbearable. Therefore, it is helpful to teach soothing techniques. In fact, it is useful for us all to incorporate soothing techniques in to our lives – so find out what works for you!

Appendix 2 provides a list of methods that can be used to calm down. This sheet can be printed out for anyone who needs it.

Further suggestions that can help to reduce distress include:

- **Ask questions to explore what helped in the past.** "*When did you last feel overwhelmed like this? What helped you to survive the last time you felt overwhelmed?"*
- **Are you able to be calm while the client is in distress?** It will be stressful, so in the moment you need to ensure you take time to breathe. Make sure you slow down your breathing before working with someone who is feeling suicidal, and utilise slow breathing while working with them. When you slow down your breath, you send a non-verbal message to your threat system (physiologically) to say, "you are safe". Focus on a long out-breath, to counteract the fight-or-flight response and switch on your physiological soothing system.
- **Grounding techniques will help to bring someone in distress back into the present moment** – use the 5-4-3-2-1 Grounding technique; name 5 things you can see, 4 things you hear 3 things you can touch (and touch when you say them), 2 things you can smell, 1 thing you can taste.
- Name it to tame it. Print out a feelings wheel to help the individual name what emotions they are feeling. Identifying the specific feelings and emotions experienced at any given moment can help them be addressed and resolved.
- Use an emotional thermometer safety kit (created by Carolyn Spring). On the left of the thermometer the individual rates their unsafe feelings & behaviours, which increase in intensity they go up the thermometer. On the right side of the thermometer, they list actions they can take to cope and keep themselves safe. The emotional thermometer safety kit will be completely unique to each person that fills it out as it would be specific to their unsafe feelings and what would help them to cope.
- It can be useful to keep an `Emergency` or `Soothe` bag or box, in a prominent and handy place, so that when they overwhelmingly distressed, they can go to their bag or box and find something that will help them cope and/or feel better. Ideally this bag/box would include something to help with all the senses for grounding (e.g. music, aromatherapy oil, something that tastes nice, a photo, or something to touch [stone, something soft or cuddly toy]). Alternatively, an emergency box poster can be used to help the client create a visual representation of things that can help them in the moment.

Coproduce a suicide safety plan

Coproducing a suicide safety plan is an essential part of supporting a client experiencing suicidal feelings. A Safety Plan outlines the steps the client can take and support they can access during a crisis. The safety plan will need to be recorded and shared with staff teams, so they are aware of what has been agreed. Appendix 3 provides a template safety plan you can use.

The safety plan could include:

- A list of the individual's suicide risks and warning signs so they can recognise when they could use protective factors.

- A list of what helped them in the past when experiencing suicidal thoughts.
- Immediate plans to keep them safe e.g., reduce alcohol / illicit drug consumption.
- Distraction techniques to manage overwhelming suicidal thoughts.
- Names of supportive friends / family they can contact.
- Any professional support/voluntary organisations, see Westminster support services, page 10.
- Further emergency contacts for them to call.

Additional resources

Groundswell – This guide is for those supporting people experiencing homelessness who may have suicidal thoughts. Supporting someone with suicidal thoughts

Homeless Link's resources

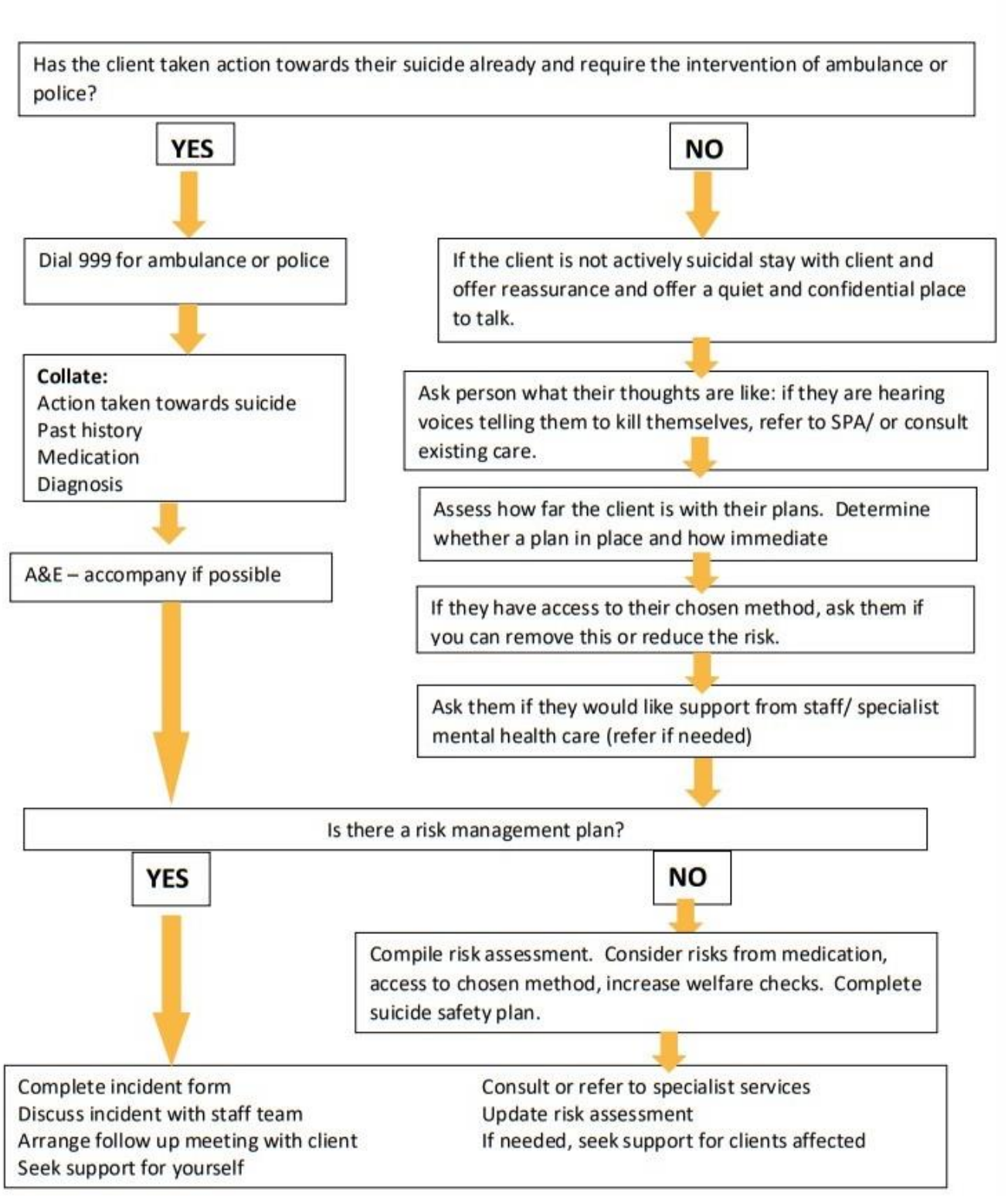
Papyrus Prevention of Young Suicide
What is a suicide safety plan?
Coping strategies
Distraction techniques

Mind
Supporting someone who feels suicidal
Understanding Self-harm

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 are to 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
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.** https://www.maytree.org.uk
National Centre for Suicide Prevention Education & Training	Suicide prevention and education training provider https://www.ncspt.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**. https://www.samaritans.org/branches/central-london/
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://apps.apple.com/us/app/stay-alive/id915458967
Westminster support services	https://www.westminster.gov.uk/help-when-youre-feeling-low
Zero Suicide Alliance	Free online training around suicide prevention – ranging from 10-20 minutes to complete: https://www.zerosuicidealliance.com/

Appendix 1: Flow chart for responding to a suicidal client



Appendix 2: 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 you 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 easy 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 if 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.

Yale-New Haven Hospital, Intensive Outpatient Program

Appendix 3: Safety plan template

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 (friends and professional 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 e.g. reduce alcohol and illicit substances
7. Plan for what to do if you do not attend an appointment without notice:

Service User's Name: **Worker's name:**
Signature: _____ **Signature:_____**

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