

Suicide Alertness

Course Handbook



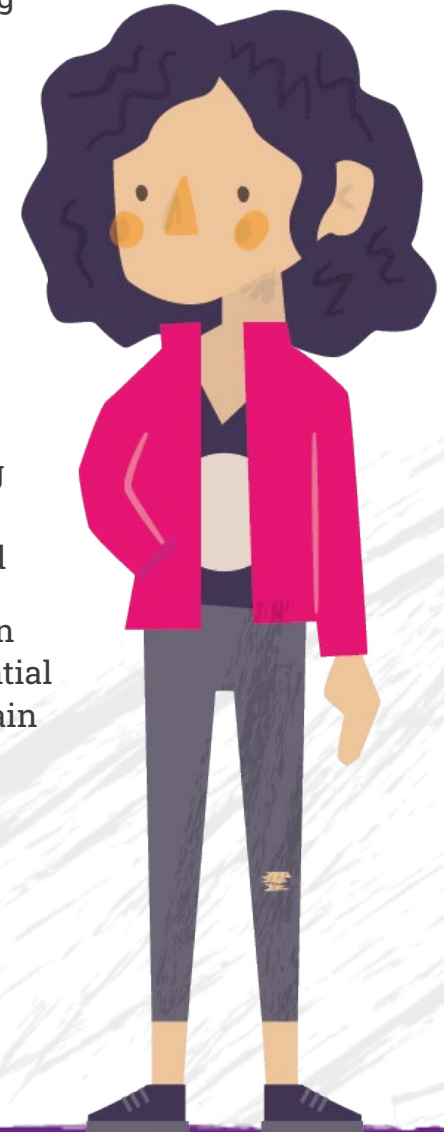
Suicide is everyone's business

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Key Messages

- Suicide is a preventable death.
- Thinking about suicide does not make it inevitable that someone is going to act on these thoughts and are going to take their own life.
- Hope is the lifeline. Life for many people is hard but things might get better; “might” connects us to hope.
- Each one of us can make a difference.
- Stigma stops people from seeking help and can stop people from offering help and getting involved
- Asking about suicide is not just an OK question to ask – but an essential one. Be willing to ask and ask again
- Compassion must be central to our approach
- As a society we need to strive towards a zero suicide ambition: suicide prevention has to be seen as everyone’s business





The context

Statistics:

When looking at statistics it is important to remember that each of these numbers relates to an individual, with their own set of complex circumstances behind making their decision, who leave behind many dealing with that tragic loss.

Suicide Rates:

- In 2021 in England 5219 individuals were reported to have died by suicide.

Fact

Putting this in context, this is over three times as many deaths occurring on our roads each year.

- Deaths by suicide are under-reported (potentially by between 5-25%)
- Around 75% of deaths by suicide are men.
- Cumbria's suicide rates are considerably higher than the national average.

Deaths by Suicide 2019-21

	Total Deaths	Deaths per 100,000
England	15,447	10.4
Cumbria	199	15.5
Allerdale	39	16.4
Barrow	33	19.2
Carlisle	44	15.9
Copeland	33	19.2
Eden	19	11.7
South Lakes	31	10.5

Suicide attempts and thoughts of suicide:

The Adult Psychiatric Morbidity Survey (2014) shows in a lifetime 1 in 15 individuals will attempt suicide and 1 in 5 individuals will think about suicide.



Fact More women attempt suicide than men.

Figure 12B: Suicide attempts ever, by age and sex

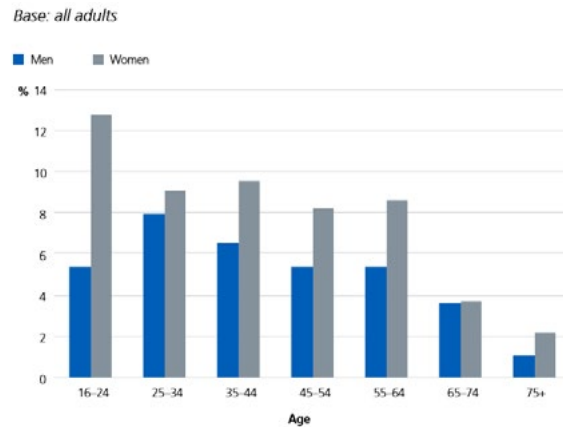
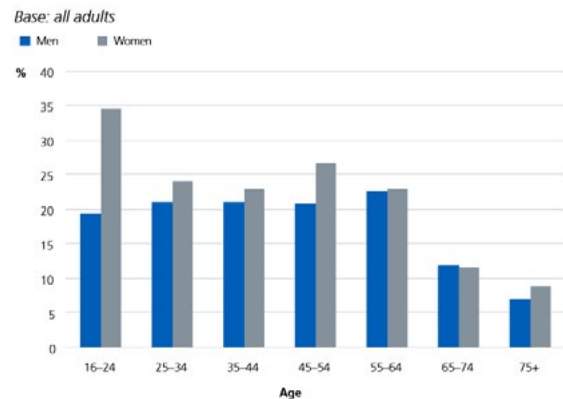


Figure 12A: Suicidal thoughts ever, by age and sex



Impact of suicide:

Suicide bereavement is a unique loss. It has been described as one of the most difficult and lonely experiences a person can have, being left with an overwhelming jumble of feelings and thoughts.

It is as individual as a fingerprint. Each person will be affected in his or her own way – even within the same family. We know that it impacts much wider than immediate family.



Suicide Bereavement resources:

By Your Side

Support after suicide in Cumbria
<https://www.every-life-matters.org.uk/wp-content/uploads/2022/01/Bereavement-booklet.pdf>

Help is at Hand:

Support for those bereaved
<https://supportaftersuicide.org.uk/resource/help-is-at-hand/>

Finding the Words:

Supporting someone who has been bereaved
<https://supportaftersuicide.org.uk/resource/finding-the-words/>

Employer Toolkit:

<https://supportaftersuicide.org.uk/resource/crisis-management-in-the-event-of-a-suicide-a-postvention-toolkit-for-employers/>

First Hand – Support After Suicide

Guide for those who may not have known an individual but were first on scene or job related.

<https://supportaftersuicide.org.uk/resource/first-hand/>



Suicide is a major community public health issue it needs a community response with everyone playing their part



Individual background and circumstance

Anyone can be at risk of having thoughts of suicide but there are some factors that will increase an individual's vulnerability.

Factors to be aware of:



In the recent Government 5 year progress report 2021, four vulnerable groups were highlighted:

- **Middle aged men**
75% of deaths by suicide are men and the highest risk age group is middle aged (highest 45-49).
- **People who self harm**
The relationship between self harm and suicide is complex. The majority of people who self harm do so with no intention of wanting to end their own life but as a way of coping with life. However, having a history of self harm is one of the highest indicators that someone will go on to die by suicide.
- **Children and Young People**
Suicide is the leading cause of death in our young people. The reasons are many and complex (see NCISH report).
- **People with mental illness**
There is a strong correlation between mental health issues and suicidality (see NCISH report). Although only around 27% of individuals nationally, who die by suicide are known to services.





Socioeconomic Disadvantage:

There is now overwhelming evidence of a strong connection between socioeconomic deprivation and suicidal behaviour.

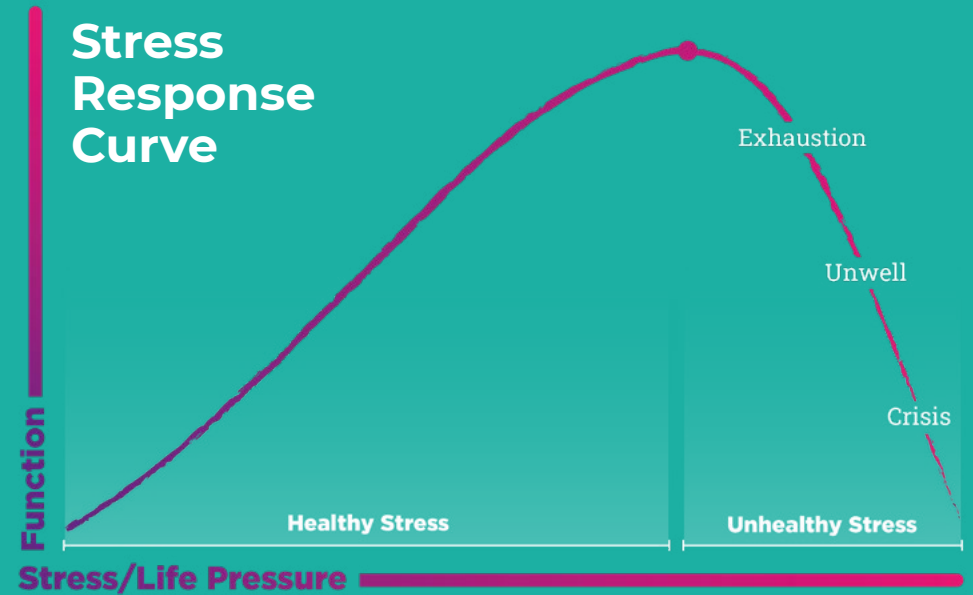
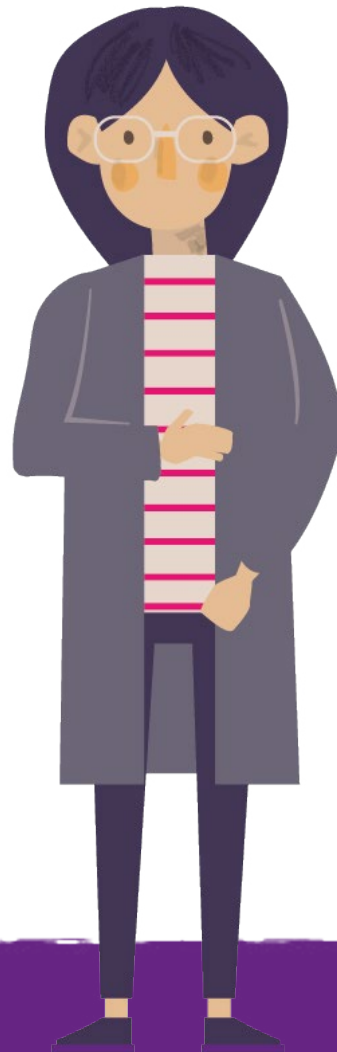
Current Life Events:

Suicide can become an option for someone as a response to certain life events. It is not the event itself but the way in which an individual feels about it.

Avoid making assumptions about how someone feels about a life event, but instead invite them to share how they feel.

Risk is known to be higher when there is a perceived lack of loss or control.

Also be aware of significant dates for individuals.



- We need to see everyone as an individual
- Just because you can cope with a certain level of life pressure – don't presume that others can.
- What makes suicide feel like an option to one person might be experienced very differently by someone else

Stigma and Barriers

Language Matters

Our main aim is for people to feel more comfortable and more confident in talking about suicide; so we don't want people not to have conversations for the fear of saying the wrong thing. However if we can be aware and mindful of our language this can help create a more destigmatised society.

Don't say	Do say	Why?
"unsuccessful attempt"	"suicide attempt" "made an attempt on their life"	To avoid presenting suicide as a desired outcome or glamorising a suicide attempt.
"successful suicide"	"took their own life", "died by suicide" or "ended their own life"	To avoid presenting suicide as a desired outcome.
"committed" or "commit suicide"	"died by suicide" or "ended their own life"	To avoid association between suicide and 'crime' or 'sin' that may alienate some people.
"Attention seeking"	"Attention needing" "Connection seeking"	Negative connotations attached to term 'attention seeking' – compassion is needed
"suicide epidemic"	"concerning rates of suicide"	To avoid sensationalism and inaccuracy
"Suicide Hot Spot"	"Frequently used location"	to avoid drawing attention to specific locations and to ensure suicide is not sensationalised or trivialised

Barriers to seeking help



We need to be aware of the barriers to seek to overcome them.

Miss

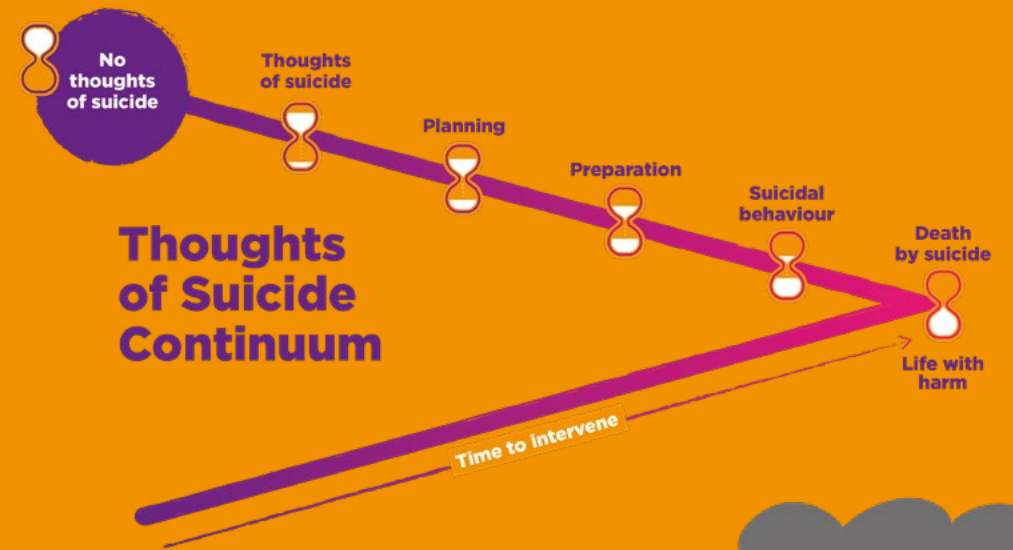
- Don't think suicide is a possibility
- Don't see the signs or clues

Dismiss

- This is not the person I know
- They are saying it for attention
- If they're talking about it they can't be serious

Avoid

- I will only make it worse
- Someone else will be able to help them
- I don't have time, really busy
- What if they actually do it?



Thoughts of Suicide:

Are relatively common

1 in 17 of us will have thoughts of suicide each year and 1 in 5 in a lifetime. (APMS 2014). This is not meant to belittle these thoughts but hopefully can be reassuring for those of us who have thoughts of suicide or are living with or working with people who have thoughts.

Doesn't mean suicide is inevitable

The majority of people who have thoughts of suicide will not take them any further. Thinking about suicide doesn't mean it is inevitable that someone is going to act on these thoughts, but these thoughts can feel scary and need to be talked about.

People can become tunnel visioned and see suicide as their only option to end their pain or to get them out of the mess they feel they are in. It is helping someone realise that things might improve and there may be other options – that connects to hope – and hope is the lifeline.



Being Aware

Asking for help when having thoughts of suicide can feel like a very hard thing to do. More often than not, an individual is going to need someone else to pick up on the signs and start the conversation.

We call these clues or signs “invitations” – as someone is wanting you to not just notice but to respond to them.

We use the term “helpfully nosey” – Being nosey because it benefits the individual you are being nosey about.

What some of these invitations might be:



What you might hear / What someone is saying

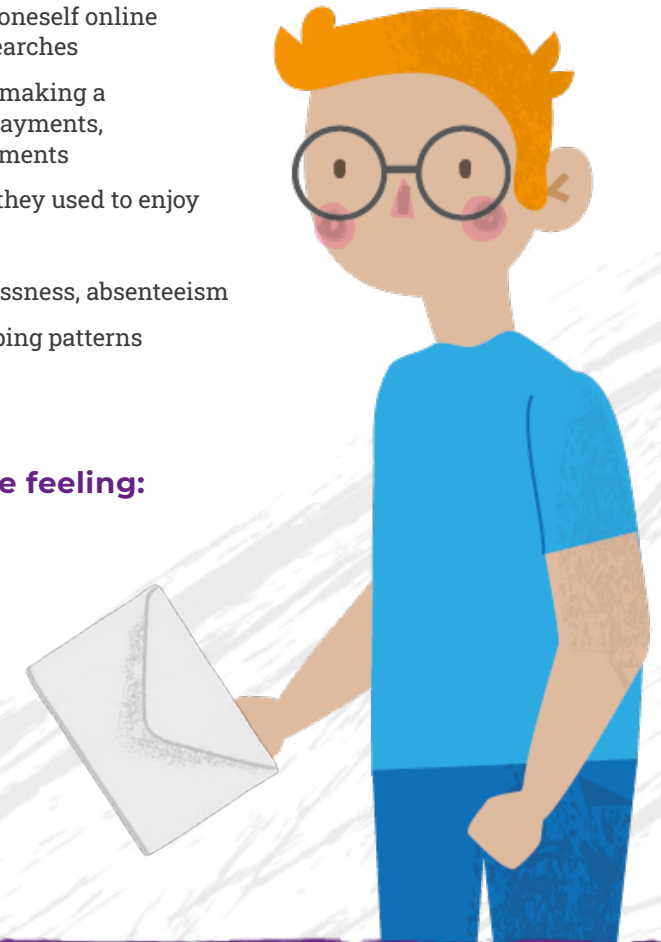
- Constant negativity
- Talking about wanting to die or kill themselves even if these statements are veiled or even jokey
- Talking about feeling trapped or hopeless
- Talking about seeking revenge or statements such as “they’ll be sorry”
- “They’d be better off without me”
- “I wish I wasn’t here”
- “I hate my life”
- “What’s the point”
- “I’m fine...”
- Saying goodbye

What you might see / the way someone is behaving:

- Increased alcohol / drug use
- Increased recklessness – devil may care attitude
- Self harm
- Withdrawing / isolating self
- Use of social media – posts that may appear concerning or cryptic
- Giving things away
- Researching ways to kill oneself online or other suicide related searches
- Putting things in order – making a will, covering mortgage payments, planning funeral arrangements
- Losing interest in things they used to enjoy
- Self Neglect
- Distracted at work, carelessness, absenteeism
- Changes in appetite, sleeping patterns
- Sudden improvement

How someone may be feeling:

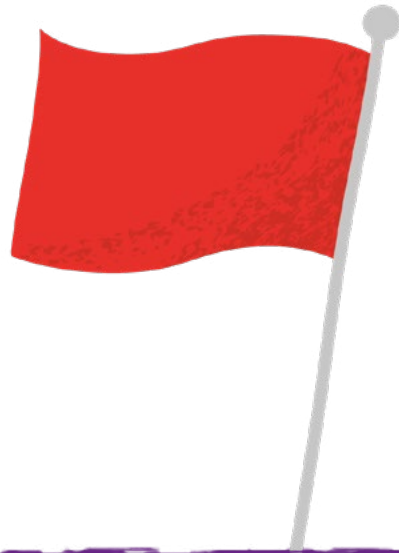
- Desperate
- Angry
- Guilty
- Worthless
- Lonely
- Sad
- Hopeless
- Helpless



If you are at all concerned about someone or something about the person doesn't look or feel right – say something. Saying something is safer than saying nothing.

Particular red flags are feelings of worthlessness (being a burden) and feelings of hopelessness.

- **As well as these invitations also be aware of the current life events that an individual maybe facing. Also remembering the previous factors** – identity, biological, mental health, previous history.
- **This concept of invitations is so crucial and is the crux of being suicide aware** - being willing to be helpfully nosey and being willing to find out a bit more – piecing things together – this could lead to a conversation that could be lifesaving
- **Hindsight can be Cruel:** important to stress this concept of invitations is not there to beat ourselves up about maybe things we have missed in the past but it is about looking forward to preventing future suicides
- **Trust Your Gut:** “There is a voice that doesn't use words – listen to it!”



Moving the conversation on:

It may feel scary and you may find yourself tiptoeing around the subject; although it may seem nerve wracking for you – it probably feels more scary for the person with those thoughts. And in taking time, being helpfully nosey and asking you are proving that someone cares – at a point when they may feel no one does care.

They may need someone to start the conversation for them – and to show them that they have permission to talk about suicide. So we need to be brave enough to be willing to ask.



Ask directly

If you think about how many of us will have thoughts of suicide – we have to realise that this isn't just an ok question to ask – it is an essential one – and it could be a life saving one.

Ask a direct question that requires a yes or no answer – this will ensure that there is no confusion and that the person is clear you are asking them about suicide and we then know where we are at

- **In asking directly** – we know where we are at – if they are not we can move on – if they are – we need to take this further.
- **In asking directly** - You are not just asking the question that they may have really wanted someone to ask them – you are also proving you are OK to talk about suicide
- **Don't tiptoe around the subject**, use euphemisms or make light of the subject
- **Sometimes you may need to ask twice**

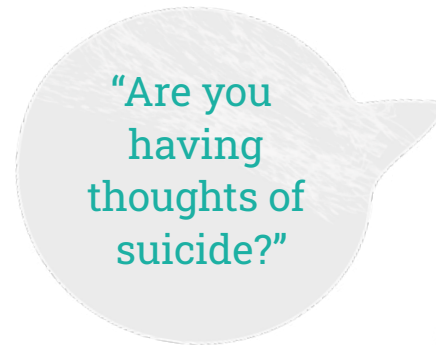
Needs to be direct:

“Are you having thoughts of suicide?”

“Are you thinking of ending your own life?”

You could also link it to what you have heard, seen or learned from them:

“Sometimes when people are going through what you are going through or saying the things that you are saying they might be having thoughts of suicide – are you thinking about suicide?”



What next?

What do you do if someone says yes?

It is important to know your own internal procedures and know where to signpost but you are the one having the conversation with the person – you need to listen.

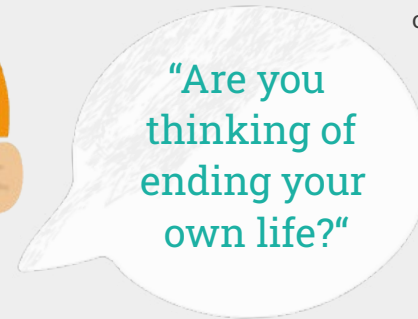
Some common fears:

“Won't talking about suicide put the idea in their head?”

This is a myth. If a person is thinking about suicide, the idea is already there. If they aren't thinking about suicide it won't do any harm and it will not put ideas in their head. All research backs this up – people are not that susceptible.

“What if they are offended” or “could it damage our relationship.”

Asking about suicide has been shown to advance a relationship whether the answer is no or yes. You are showing someone you care about them and that will not damage your relationship. Being compassionate won't ruin someone's day. People fear they may offend someone – this doesn't happen. In showing you are willing to talk about suicide – one of the biggest taboos, you are showing you are a caring individual willing to have important conversations and may open up way for other important conversations.



“What if I say the wrong thing?”

You won't make it worse!

Saying something is safer than saying nothing. We can all give time and offer a listening ear, and it might come as a great relief to actually acknowledge that they're feeling like this. It's not what you say, it's the way you make someone feel.

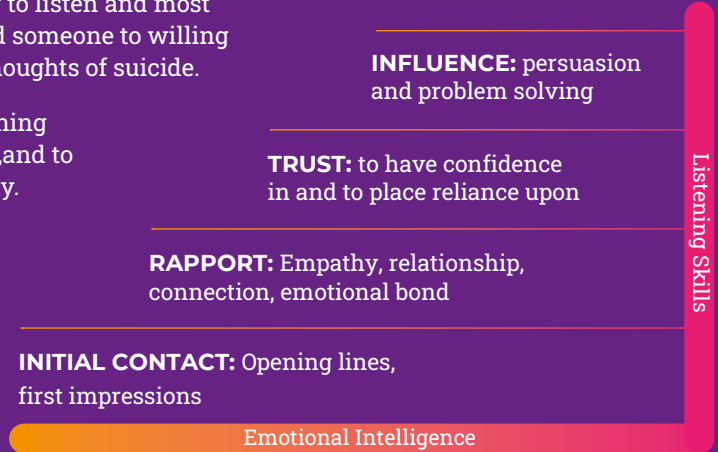


Listen

We know that talking really helps; but for someone to be able to talk about their thoughts of suicide – they need someone to be willing to listen and most importantly they need someone to be willing to listen about their thoughts of suicide.

The most important thing you can do is to listen, and to listen compassionately.

Negotiation / Behavioural Change Staircase



Top Listening Tips:

- **You do not need to fix:** Talking about someone's reasons for suicide is not easy and it is often tempting to try to offer solutions to their problems. The most important thing is to allow them space to talk and this means being willing to bear their distress and listen patiently to their reasons for dying whilst persistently listening out for their reasons for living.
- **Ask open questions:** It is important to ask directly about thoughts of suicide but then ask open questions about how they feel and what has happened. These are questions that invite someone to say more than 'yes' or 'no', such as 'How have you been feeling?' or 'What happened next?'

- **Offer prompts:** We can encourage people to talk more through phrases such as 'Can you tell me more about that?' or even simply reflecting back an important word or phrase the person has used such as 'Overwhelmed?' or 'No point?'
- **Be patient:** It helps if you let someone take their time. If they feel unable to speak fully at that time or you have unavoidable time constraints, acknowledge the importance of what they've said and arrange another time to talk. Be willing to bear silences.
- **Take their feelings seriously:** Take whatever they say seriously including their reasons for dying. Don't offer platitudes like 'things will pick up', 'Life's too short' etc and don't minimise their feelings
- **Avoid judgements:** You might feel shocked, upset or frightened, but it's important not to blame the person for how they are feeling. They may have taken a big step by telling you and if feel judged this may silence them.
- **You don't need to have all the answers:** It's OK to not know what to say! You're a human being too and what you're hearing might be frightening and confusing. If you don't know what to say – be honest and tell that person. This can be far more empowering and genuine than making something up. If you're honest with them, they'll be honest with you.
- **Give reassurance:** Reassure them that you are glad they told you – and that there is support for them out there. Also give reassurance that thinking about suicide does not make it inevitable that you are going to take your own life. There are ways to live with thoughts of suicide.
- **Compassion is key:** It isn't what you say, it's being there for them and being compassionate.

"Most people don't listen with the intent to understand they listen with the intent to reply"





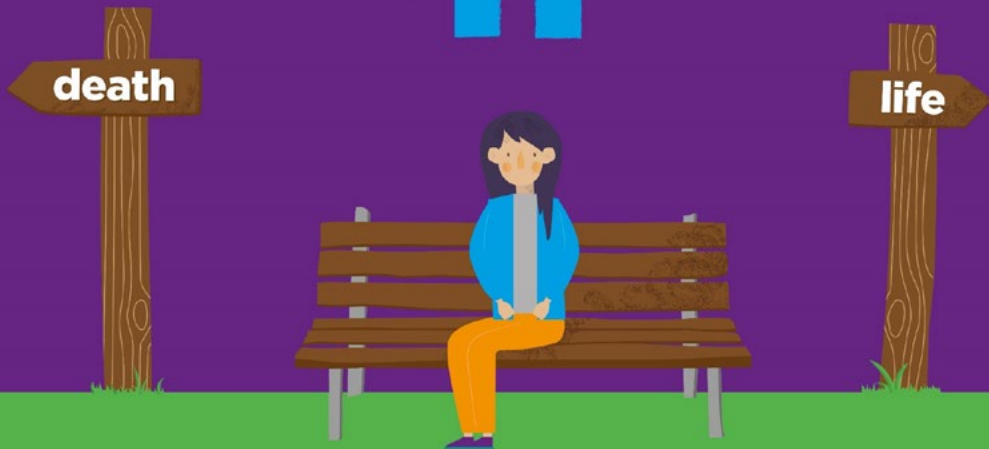
Safety Check

Immediate concern for safety:

- To establish if we may need to activate an emergency response.**
If an attempt is in progress or imminent – you need to activate an emergency response and ring 999.
- To establish a person has the capacity to continue the conversation /intervention**
If someone does not have capacity (drink, drugs, psychoses) this limits their ability to understand and meaningfully co-operate in an intervention

Provide 24 hour monitoring if possible or agree a safety statement - what they will do if they can't keep themselves safe who they will contact in the immediate and then continue the conversation / intervention when capacity improves.

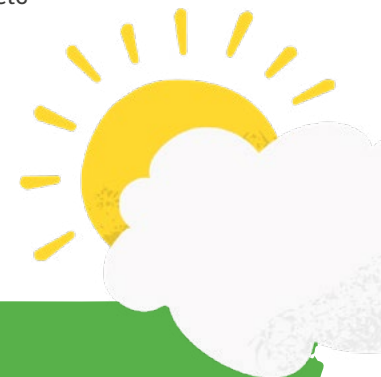
pause



Assessing their current situation

If it is our role to assess where an individual is; we need to do this compassionately and not simply as a 'tick box exercise'. Considerations may include:

- Nature of suicidal thoughts: their frequency, intensity etc
- Intent / Perception of Future: is an individual wanting release from pain or is it a 'true death wish'
- Future Planning: do they see a future, have future plans, can they see any hope
- Plans: have they thought of how they would end their own life and have they made any preparations for this



Safety for now

Remember, like physical first aid we are not expected to resolve and fix everything – just to get someone to a place where they are safe from acting on their thoughts of suicide and then look to build other support around them.

The strongest urge to act on thoughts:

It is thought that the urge to act on these thoughts is strongest for around 15-30 minutes; so it is crucial that someone with these thoughts knows that the feeling can pass. Can they distract themselves for that period of time – a breathing exercise, talking to someone etc – this is where a safety plan can come in.

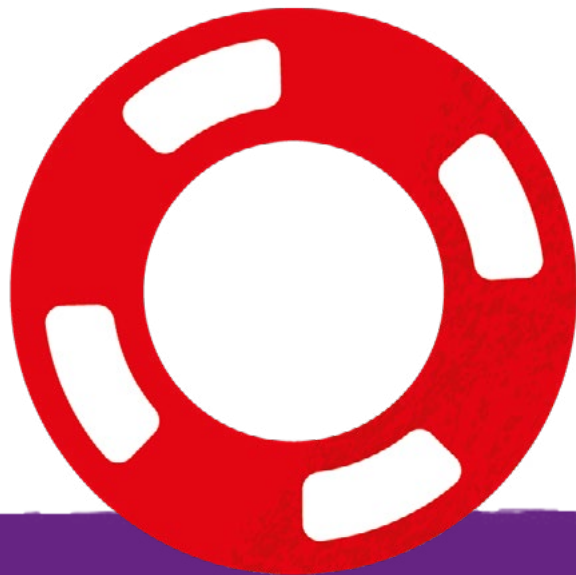
For more information on safety planning visit <https://www.every-life-matters.org.uk/safety-planning/> and attend our safety planning training.



Building Support

You might feel unsure of how the person might get help, but there are many sources of support out there.

- **Friends and Family** can offer emotional and practical support. But it can be difficult for someone to open up about their feelings to those close to them – discuss this, rehearse it, if necessary help them have these conversations. If possible, look to establish a circle of support around an individual,
- **Social Support Mapping** is a really useful tool to work through with an individual.
- **Own Resources** – own strategies / tools the individual can use
- **Close Confidants** – those around them that they can talk to about how they are feeling and be vulnerable in front of
- **Friends** – those friends who are great for distraction / lifting mood – a bit of football banter, reality TV
- **Community** - Being involved in the community in some way can increase sense of belonging – and in turn sense of feeling of security.
- **Third Sector** – local groups or online forums, third sector support and helplines



Social Support Mapping

- 
- A diagram consisting of five concentric circles of different colors: a small teal center, an orange ring, a green ring, a pink ring, and a large purple outer ring. Lines connect the labels on the left to the corresponding rings.
- Own resources
 - Close confidants
 - Friends
 - Community
 - Third Sector

Urgent Help

Before thoughts of suicide are becoming difficult to manage...

NHS Support:

GP: The GP is a good first port of call. Two important bits of advice: be prepared and be honest, encourage the person to be open about how they are feeling including about their thoughts of suicide.

Guides to talking to GP about Mental Health:

Doc Ready: www.Docready.org

Mind's Find the Words Campaign:

<https://www.mind.org.uk/about-us/our-policy-work/you-and-your-gp/for-gp-patients/>

If thoughts of suicide are becoming difficult to manage, a person should call NHS 111 or the local NHS Mental Health 24/7 crisis lines:

North Cumbria Universal Crisis Line
0800 652 2865

South Cumbria and Lancs Urgent Support
0800 953 0110

For NHS urgent NHS mental health lines in other areas: <https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline>

Helplines and online resources:

For details about local and national support and services visit our website www.every-life-matters.org.uk/get-help

Samaritans

24/7 support - 116 123 or email jo@samaritans.org

Shout

24/7 Text Crisis line - Text Shout to 85258

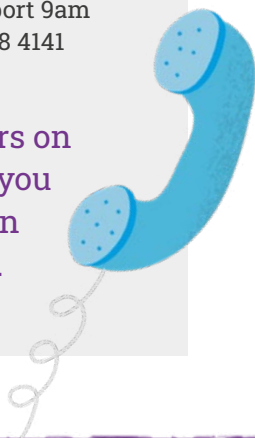
CALM

Helpline 5pm to midnight
0800 58 58 58

Papyrus Hopeline

Young Peoples support 9am - midnight
0800 068 4141

Get the numbers on your phone so you can get them on others' phones.



We need to be real time and real life with this – waiting lists are long and sometimes it is hard to get someone help in a crisis. Ensuring the individual knows where they can get support, how to keep themselves safe and being willing to check in with an individual are all crucial.

If you are concerned that someone is at imminent risk

ring 999

The importance of Self Care:

And finally - it's really important to look after yourself – self care needs to be seen as a necessity not a luxury. Having these conversations can take its toll – or supporting people more longer term with thoughts of suicide – so being kind to yourself is so important and ensuring you know where to get support.

It is important again to reiterate that anyone can have thoughts of suicide, including you, ensure you look after your wellbeing and know where to go if you need support.



References:

The Context

Statistics:

ONS Suicide Statistics:

Suicides in England and Wales - Office for National Statistics (ons.gov.uk)
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations>

By Local Authority:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

Adult Psychiatric Morbidity Survey:

Specifically, the chapter on suicidal thoughts, attempts and self harm
<https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014>

Public Health England's tool for suicide prevention:

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

Impacted by suicide:

Cerel et al: How many people are exposed to suicide? Not six. Suicide and Life-Threatening Behavior. DOI: 10.1111/sltb.12450. Retrieved from <https://onlinelibrary.wiley.com/doi/pdf/10.1111/sltb.12450>

From Grief to Hope Suicide

Bereavement UK research 2020:

<https://suicidebereavementuk.com/wp-content/uploads/2020/11/From-Grief-to-Hope-Report.pdf>

Increased Vulnerability:

Government 5 year progress report:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973935/fifth-suicide-prevention-strategy-progress-report.pdf

Men

NCISH report into Middle Aged Men:

<https://sites.manchester.ac.uk/ncish/reports/suicide-by-middle-aged-men/>

Samaritans research into middle aged men: www.samaritans.org/about-us/our-research/research-report-men-suicide-and-society

Samaritans: Engaging Men Earlier:

https://media.samaritans.org/documents/Samaritans_Handbook_for_mens_wellbeing_services_2021.pdf

Sexuality:

LGBT in Britain- Health 2018:

<https://www.stonewall.org.uk/lgbt-britain-health>

Stonewall School Report 2017:

<https://www.stonewall.org.uk/school-report-2017>

Minority Ethnic Groups:

NCISH Annual Report – patients from Ethnic Minorities 2021:

<https://sites.manchester.ac.uk/ncish/reports/annual-report-2021-england-northern-ireland-scotland-and-wales/>

Children and Young People:

RCPCH State of Child Health 2020:

<https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/suicide/>

NCISH report 2017:

<https://sites.manchester.ac.uk/ncish/reports/suicide-by-children-and-young-people/>

Self Harm:

Samaritans 'From Pillar to Post':

https://media.samaritans.org/documents/Samaritans_-_Pushed_from_pillar_to_post_web.pdf

Socio Economic Disadvantage:

Dying from Inequality:

Samaritans report into socioeconomic disadvantage and suicide behaviour:
https://media.samaritans.org/documents/Samaritans_Dying_from_inequality_report_-_summary.pdf

Suicide by Occupation:

ONS Report on suicide by occupation 2011-19:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/10807suicidebyoccupationenglandandwales2011to2018registrations>

Talking to GP about Mental Health:

Doc Ready: docready.org

Finding the Words:

<https://www.mind.org.uk/about-us/our-policy-work/you-and-your-gp/>

Links to video clips shown or referenced in session:

Kevin Hines: Golden Gate Bridge:

<https://www.youtube.com/watch?v=WcSUs9iZv-g>

Ask Twice Time to Change:

<https://www.youtube.com/watch?v=nOkH2jGK4p0>

Small Talk Saves Lives :

<https://www.youtube.com/watch?v=b4oQdeBJgRI>

Stranger on the Bridge – Johnny Benjamin Documentary:

<https://www.channel4.com/programmes/the-stranger-on-the-bridge>

Brenee Brown – empathy vs sympathy:

<https://www.youtube.com/watch?v=1Evvwgu369Jw>

Written and
produced by

Every life matters ...

www.every-life-matters.org.uk

Suicide safer Communities, Training and Suicide Bereavement Support in Cumbria
Charity No. 1180815