

Suicide Safety guidance

For Health Visiting staff and Community Midwives

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Suicide Safety guidance

For Health Visiting staff and
Community Midwives

Creating Hope
Scottish Borders



AIM

This guidance provides staff with responses and interventions for those who present with thoughts of self-harm, distress, suicidal ideation, intent or following an attempted suicide.

The guidance will support staff to:

- Prepare for and conduct a conversation about suicide.
- Utilise recommended Edinburgh Post-natal Depression Scale (EPDS) tool to support conversations around emotional wellbeing.
- Identify the signs that someone might be thinking about suicide and ask directly about suicide.
- Create the time, space and compassion required to facilitate discussions around mental health and wellbeing.
- Identify support services /resources which includes safety planning and the co-production of a suicide safety plan.
- Take immediate action where a person has an active plan to take their own life.
- Know what to do following a conversation about suicide, and where to get support for yourself.

This guidance aims to support people who are working at the 'Skilled' Level of the [Mental Health Improvement and Prevention of Self-Harm and Suicide Knowledge and Skills Framework](#). Health Visiting staff and Community Midwives are 'non-specialist' frontline staff who are not specifically working in mental health but are likely to have direct and/or substantial contact with people who may be at risk of suicide, and have an important contribution to make in suicide prevention.

BACKGROUND

This guidance focuses on suicide prevention, in line with the application of existing clinical guidance¹ and the move towards the principles of Time, Space and Compassion² which encompass a more person centred approach. This advocates for assessment of psychological and social wellbeing and the formulation of safety plans in partnership with those in suicidal distress. This approach is in recognition that while there are known risk factors across the population for suicide, e.g. first year post-partum risk is increased, it is not usually possible to predict individual risk³.

Stigma and discrimination, fear of being a burden and a lack of compassion have been identified as the top barriers to help-seeking. What can help in supporting people at risk of suicide is early intervention and support. Being able to identify the warning signs and in particular recognising feelings of being a burden or feeling hopeless or trapped. Having open and direct conversations about suicide encourages people to share how they are really feeling. Those who experience a compassionate response when in suicidal crisis are more likely to disclose details which inform more effective support. Most people who are thinking about suicide do not want to die; they just want to end the pain they are experiencing.

1

https://www.research.manchester.ac.uk/portal/files/77517990/REPORT_The_assessment_of_clinical_risk_in_mental_health_services.pdf

² <https://www.gov.scot/publications/time-space-compassion-three-simple-words-one-big-difference-recommendations-improvements-suicidal-crisis-response/documents/>

³ <https://www.nice.org.uk/donotdo/do-not-use-risk-assessment-tools-and-scales-to-predict-future-suicide-or-repetition-of-selfharm>

APPLYING THE 'BE SUICIDE ALERT' MODEL OF SUPPORT

If someone is contemplating suicide, they may:

- Talk about wanting to die, or saying that there's no point or that they can't do it anymore
- Express feeling hopeless, trapped, humiliated, ashamed or being a burden to others
- Be stressed, empty or numb and seem to be not coping
- Appear careless, moody or withdrawn
- Have an increase in risk taking behaviours
- Have lost interest in their appearance
- Be misusing drugs and/or alcohol
- Give away prized possessions, or be putting their affairs in order for no obvious reason.
- Have previously attempted suicide
- Someone who has appeared stressed or distressed may appear calm and in control once they have made a suicide plan.

If you recognise these signs or are worried about someone then you should prepare to have a conversation about suicide. Some people may show no signs or you may find them acting in a way that pushes people away. At the start of your interaction with the person you will explain confidentiality. This should include that you would share information that implied risk to them or others.

Be clear about your role and its limitations. Where a person is perceived to have capacity, the need to balance client autonomy and right to make choices with a duty of care can present challenges, particularly in relation to suicide risk. Wherever possible it is helpful to pass autonomy and responsibility back to the person and this can be done by being clear about your responsibilities and the support you can provide at the outset.

The suicide ALERT model provides a framework for having a conversation about suicide.

ASK if you think someone may be thinking about suicide

LISTEN carefully to what the person is saying

ENCOURAGE them to talk further

RIGHT NOW

TALK to someone

ASK if you think someone may be thinking about suicide

It is really important if someone is displaying the thoughts and feelings mentioned above that you ask them if they are thinking about suicide. Some people worry that asking about suicide may give them the idea to take their own life but this is not the case. You need to be clear in your language when asking so you both know that it is suicide that you are talking about.

If someone has not been experiencing suicidal thoughts then that's ok, you did the right thing asking the question. It's better to have asked and been told 'no' than to have wished you had asked them. It shows that you are someone they can talk to if they find themselves feeling suicidal in future.

If you're still concerned or worried that they are not opening up about how they really feel, then you can always keep talking with them to build up a connection and ask again.

If you've noticed some of the signs, they may still be experiencing distress or be looking to improve their mental wellbeing and you can help direct them to support.

Resources such as:

- NHS Borders online Information Hub for Mental Health, Wellbeing and Suicide Prevention - [Creating Hope](#)

- GP
- NHS Borders Wellbeing Service
- Breathing Space
- Samaritans
- SHOUT text service
- NHS Inform [Self-help tool – Get help with your mental health](#)
- [Lifeline Cards](#)

LISTEN carefully to what the person is saying and ENCOURAGE them to talk further

We want to know if the person is feeling suicidal, if they have a plan, if they have the means to carry out the plan and if they are in suicidal crisis and at immediate risk.

Offering time, space and compassion is important at this stage, taking a step back and really listening to the person's story is important.

While you are listening you also want to encourage the person to talk further and provide more detail about how they are feeling and their circumstances. You don't have to be completely neutral, showing empathy is vital.

Every situation will be different and you will have your own style, use intuition and trust yourself. If you're not clear on their answer, then be direct and ask again.

At this stage you want to ask:

- How long has the person been thinking about suicide?
- Have they made a plan to end their life?
- Do they have the means? Related to this is their location, are they alone, have they taken any drugs or alcohol?
- Do they have a timeframe?

Remember the fact that they are talking with you is a positive thing, and it is keeping them safe.

Use the table on the next page to help you think through the level of crisis and what your response should be.

If you are not sure about how immediate the risk is or what your response should be, act with caution and choose a higher level of response.

RIGHT NOW: RESPONDING TO SUICIDAL CRISIS AND RISK

The timeframe is very important to consider here as it has implications for your response.

Level	Timeframe	Example scenario	Your response	Your role
Crisis - Immediate risk of suicide	Emergency – immediate response needed	A mum calls you from a bridge with her two children where she is threatening to jump	Contact the emergency services by calling 999. See additional notes on next page Inform GP	Do not leave the mum alone – keep her on the phone until the emergency services arrive
Crisis but not at immediate risk	Urgent - the parent / carer needs an urgent mental health assessment that day	You call the mum and she says she is thinking about taking an overdose. She has accumulated pills and is planning to take them, but hasn't taken any yet. She is thinking about writing farewell letters.	Contact the Borders Crisis Team (BCT) on 01896 827 320. Urgent for BCT is within 24 hours.	Ensure that an urgent response has been requested and received. (What is the impact on unborn/ baby/ children? Intervene accordingly)
Suicidal ideation – not a crisis or immediate risk	Urgent – the parent / carer needs a mental health assessment within the next few days	A mum is in distress - she is disclosing suicidal thoughts and has made a plan but has no immediate intent or the means to carry it out	Refer to Borders Adult Community Mental Health Services (BACMHS) on 01896 827 270 or email bor.cmhtteamsecretaries2@borders.scot.nhs.uk MW staff generate a referral on Badgernet and then email Urgent for BACMHS is within 5 working days for an appointment – triage call is within 24 hours. Note - if already a patient with BACMHS, encourage them to call 01896 827 270 directly. Inform GP	You can work with the mum to create a suicide safety plan for the immediate time. Provide support information (What is the impact on unborn/ baby/ children? Intervene accordingly)
Suicidal ideation – not a crisis or immediate risk	Not an emergency, not urgent	A Dad discloses suicidal thoughts. He does not have a plan, immediate intent or the means. He is not already a patient with BACMHS	Advise Dad to go to GP as there are other options that may be suitable that require a GP referral e.g. Distressed Brief Intervention service (DBI) or Renew	You can work with the person to create a suicide safety plan. Provide support information (What is the impact on unborn/ baby/ children? Intervene accordingly)
No suicidal ideation	Not an emergency, not urgent	A mum is struggling, her EPDS score is 16 and she does not disclose any suicidal thoughts.	Advise the mum to go to GP as there may be underlying mental health issues that require attention Offer referral to Nurture the Borders or PMH service	Work with the person as normal (What is the impact on unborn/ baby/ children? Intervene accordingly). Provide support information and direct to self-help resources

Additional notes for immediate risk / crisis

In relation to suicide safety you need to take immediate action when:

- You feel certain the person is in immediate risk of suicide
- The person wants you to assist them to contact someone
- The person has informed you that a suicide attempt is imminent.
- The person is not willing to consider any other mechanism for example reducing access to means or the development of a suicide safety plan
- There is a child/young person who would potentially be at risk
- A suicide plan that would indicate others might be placed at risk

You should explain to the person that as they have disclosed information that you believe means that they are not safe, you will be contacting the emergency services.

If you are speaking to the person on the phone, if possible you should ask someone else to make the call to 999 while you continue to keep them on the phone.

If you need to make the 999 call yourself then you should call the person back after making the call to the emergency services. You could recommend the SHOUT text service (85258) that the person could contact whilst you are making the call – this allows their phone line to stay free so you can call them back.

The following information is essential should you need to call emergency services or are linking with other services e.g. GP, crisis team:

- The persons including their name, address and GP practice
- Telephone number if you are on the telephone to them, in case you get cut off
- Ask where the person is in the case of calling emergency services.

If you are not sure about how immediate the risk is or what your response should be, act with caution and choose a higher level of response.

DEVELOPING A SUICIDE SAFETY PLAN

Try to support the person to make their safety plan when they are feeling calm and not in crisis. The plan should aim to keep the person safe until further help can be provided. See Appendix 2 for a Suicide Safety Plan template.

A safety plan is a list of those activities that allow us to do three things:

1. Recognise when a crisis is occurring
2. Recognise who our supports are
3. Make immediate next-steps for planning

The individual should have a copy of the plan and stored somewhere they can easily access. This should be reviewed and updated if appropriate. Encourage them to share the plan with a friend or family member.

A suicide safety plan can be a helpful tool in a number of scenarios including:

- The person is experiencing suicidal thoughts or behaviour but does not have a plan to end their life
- They have a plan to end their life but no means or do not intend on using the means at present
- If someone has previously attempted suicide

You could also encourage the person to complete a version online using the Stay Alive App or the website Staying Safe. The safety plan should be clearly identified and stored in child's EMIS web or on Badgernet and any chronology should be updated and an in phase report made if appropriate.

Ask for consent to share this information with other involved services. Bearing in mind if there is risk of harm to the individual or others including their unborn baby or child, you have a duty of care to share information without consent.

TALK

The final stage in the ALERT model is for you to talk to someone. You should contact your line manager following the call to let them know that you have been supporting someone at risk of suicide. You can expect to be supported with the same principles of time, space and compassion.

You may wish to talk to someone out of hours such as the NHS24 emotional support helpline Breathing Space. The Papyrus HOPELINE is available for any professional who has had an experience with suicide and would like to talk it through with a trained professional. Anybody can access the debrief service after they've had an encounter with suicide.

RESPONSIBILITIES

Practitioner	<p>If someone is showing signs that they are experiencing suicidal thoughts then ask the person and work through the ALERT model, develop a safety plan if appropriate.</p> <p>Ensure that you have the time to explore thoughts of suicide with the person without feeling rushed.</p> <p>Ensure that you have suitable training to discuss thoughts of suicide, develop a suicide safety plan and to signpost on to further support</p> <p>Ensure you are aware of how to refer or signpost to emergency or statutory services, depending on level of response required</p> <p>Ensure if you do refer on that you establish your ongoing role in the person's care and clarify your role and remit and expectation on and of the receiving service e.g. communication, risk assessment for any children, care coordination.</p> <p>In phase as appropriate any adverse events</p> <p>Contact Team lead for follow up/support</p> <p>Establish appropriate interventions for your service, clarifying boundaries with the person and any other practitioner</p>
Team Lead	<p>You are expected to provide time, space and compassion to support a worker who has been supporting someone at risk of suicide and work with them to identify any support that is required.</p> <p>Ensure that staff have suitable training around suicide and suicide safety planning and how to refer for further support</p> <p>Escalate adverse events as required to senior managers and ensure risk assessments are robust and risk register entry made if appropriate.</p>

SUPPORT SERVICES AND SELF-HELP RESOURCES

<p>GP support</p>	<p>GPs can support their patients and discuss whether medication or referral to other more specialist support services might be helpful. You might be referred to support by NHS Borders Wellbeing Service, 'Renew' the Primary Care Mental Health Service, the Community Mental Health Team, the Distress Brief Intervention service (DBI) or another service depending on your needs.</p> <p>http://www.nhsborders.scot.nhs.uk/patients-and-visitors/local-services-directory/</p>
<p>NHS24 Mental Health Hub – 111 and select mental health option [24/7]</p>	<p>You can call NHS24 Mental Health Hub if you or someone you are supporting is in mental health distress. You can also call them when your GP practice is closed. You will speak to a Psychological Wellbeing Practitioner or other mental health specialist who will support your call to a safe outcome. This might be supporting you to safe self-care or offering support from other services such as the Distress Brief Intervention (DBI). Common reasons people call includes if they are thinking about suicide, anxieties, low mood, psychosis or self-harm.</p> <p>When to phone 111 NHS 24</p>
<p>PAPYRUS Prevention of Young Suicide 0800 068 4141 (HOPELINE) [24/7] pat@papyrus-uk.org Text – 07860039967</p>	<p>HOPELINE247 advisers want to work to understand why thoughts of suicide might be present. They also provide a safe space to talk through anything happening in a young person's life that could be impacting on their or anyone else's ability to stay safe.</p> <ul style="list-style-type: none"> • For children and young people under the age of 35 who are experiencing thoughts of suicide • For anyone concerned that a young person could be thinking about suicide <p>HOPELINE is also for any professional who has had an experience with suicide and would like to talk it through with a trained professional. Anybody can access the debrief service after they've had an encounter with suicide.</p>
<p>Breathing Space 0800 83 85 87 [Weekdays: Monday-Thursday, 6pm-2am; Weekends: Friday 6pm-Monday 6am]</p> <p>Webchat service (Mon-Fri 6pm-2am; Sat/Sun 4pm-12 midnight)</p>	<p>A free and confidential NHS24 helpline for anyone experiencing low mood, anxiety or depression or who is unusually worried and needs someone to talk to.</p> <p>https://breathingspace.scot/</p>
<p>Samaritans 116 123 Email jo@samaritans.org [24/7]</p>	<p>Provides free confidential emotional support for anyone experiencing feelings of distress or despair, including those which could lead to suicide.</p> <p>https://www.samaritans.org/</p>
<p>SHOUT text service Text SHOUT to 85258 [24/7]</p>	<p>Free, confidential, anonymous text support service for if you're struggling to cope. Text messages are free.</p> <p>https://giveusashout.org/</p>

Saneline 0300 304 7000 (4pm-10pm)	<p>SANEline is a national out-of-hours mental health helpline offering specialist emotional support, guidance and information to anyone affected by mental illness, including family, friends and carers.</p>
Silverline 0800 4 70 80 90 (24/7)	<p>The Silver Line Helpline run by Age UK is a free, confidential telephone service for older people. We provide friendship, conversation and support 24 hours a day, 7 days a week.</p>
Stay Alive App Search for the Stay Alive App on <u>Apple</u> or <u>Android</u>	<p>Information and tools to help you stay safe in a crisis or support someone in crisis. Free to download.</p>
NHS Borders Wellbeing Service 01896 824502 Email <u>wellbeing@borders.scot.nhs.uk</u>	<p>Deliver emotional wellbeing support for individuals, aged 16 and over. People can self-refer or be referred by their GP / other health professionals. www.nhsborders.scot.nhs.uk/wellbeing</p>
Childline 0800 1111 [24/7]	<p>Can listen or support children and young people up to age 19 with anything you'd like to talk about https://www.childline.org.uk/</p>
Kooth www.kooth.com	<p>Kooth is an online emotional wellbeing support service for young people aged 11 – 18. Kooth provides helpful articles, personal experiences and tips from other young people. Young people can start or join a discussion topic, write in a daily journal or chat with the Kooth team.</p>
Togetherall www.togetherall.com	<p>Togetherall is an online community where people support each other. Anyone in the Scottish Borders aged 16+ can join the online community access free support by simply putting in their postcode.</p>
Survivors of Bereavement by Suicide (SoBS) 0300 111 5065 [Monday & Tuesday 9am – 5pm]	<p>National helpline that provides support to people aged over 18 bereaved by suicide. Contact the local coordinator on scottishborders@uksobs.org to find out more about local group support.</p>
Andy's Man Club Meets 7-9pm on Mondays at three venues	<p>ANDYSMANCLUB are a Men's Mental Health Charity – Offering free-to-attend talking groups for men and challenging the stigmas around male Mental Health.</p> <ul style="list-style-type: none"> • Gala RFC, Netherdale, Galashiels • Eyemouth Parish Hall, Victoria Rd • Vale of Innerleithen Social Club, Leithen Crescent
NHS Borders Creating Hope INFORMATION HUB for Mental Health, Wellbeing and Suicide Prevention https://www.nhsborders.scot.nhs.uk/creating-hope/	<p>Online hub with resources and useful information about including:</p> <ul style="list-style-type: none"> • Ways to Be Well guide and wellbeing planner and other resources to help yourself and others • Find a service – signposting to support including monthly Information Stations for Mental Health and Wellbeing at the What Matters Hubs • Crisis support information • Resources for suicide prevention including: • Lifelines cards featuring support information • Be suicide ALERT leaflet • Coping with suicidal thoughts leaflet • Support After A Suicide Information

APPENDIX 1: SUICIDE SAFETY PROMPT SHEET

Step 1 – Confidentiality	<p>At the start of the conversation explain that as an employee of NHS Borders there are some circumstances when you are required to disclose information, in relation to suicide these are when:</p> <p>You are sure the person is in immediate risk of suicide</p> <ul style="list-style-type: none"> • The person wants you to assist them in contacting someone • The person has informed you that a suicide attempt is imminent. The person is not willing to consider any other mechanism for example reducing access to means or the development of a suicide safety plan • There is a child/young person who would potentially be at risk • A suicide plan that would indicate others might be placed at risk
Step 2 – Warning signs	<p>If someone is contemplating suicide, they may:</p> <ul style="list-style-type: none"> • Talk about wanting to die • Talk about feeling trapped, hopeless or being a burden to others • Be stressed or anxious and seem to be not coping • Appear careless, moody or withdrawn • Have lost interest in their appearance • Be misusing drugs and/or alcohol • Give away prized possessions, or be putting their affairs in order for no obvious reason. • Someone who has appeared stressed or distressed may appear calm and in control once they have made a suicide plan.
Step 3 – Ask	<p>Ask the person if they are thinking about suicide:</p> <ul style="list-style-type: none"> • “It sounds like you’ve been having a difficult time at the moment, is suicide something that you’re thinking about?” • “Sometimes when people experience what you’re going through they are considering taking their own life, is that something that you have been thinking about?” • “Can I be clear, when you’re talking about... [thinking of just ending it all]... is it suicide that you mean?”
Step 4 – Listen and Encourage to talk	<p>Use active listening skills to really listen to the person without offering judgement or solutions. Try to find out:</p> <ul style="list-style-type: none"> • How long has the person been thinking about suicide? • Have they made a plan to end their life? • Do they have the means? Related to this is their location, are they alone, have they taken any drugs or alcohol? • Do they have a timeframe?
Step 5 – Suicidal crisis and immediate risk	<p>Establish which level of response is required (see page 5)</p> <p>If the person is in suicidal crisis and there is an immediate risk:</p> <ul style="list-style-type: none"> • Explain to the person that you’re worried about them and that as you mentioned at the start of the conversation you’re going to contact the emergency services. • Ask a colleague to call 999 so you can stay on the phone with the person, if not available, make the call yourself, suggest the SHOUT text service as support while you call • Stay on the call until emergency services arrive – don’t leave them alone
Step 6 – Suicide safety plan	<ul style="list-style-type: none"> • Develop a suicide safety plan in partnership to support • Referral to Child Protection Team if indicated • Discuss how they would like to be able to access the plan, which services you may be able to share it with and if there are any friends/family they would consider sharing it with • Agree when you will review the plan
Step 7 – Talk	<ul style="list-style-type: none"> • Contact your line manager to let them know about the conversation • Discuss support options that would work for you at this time

APPENDIX 2: SUICIDE SAFETY PLAN

Name:

Support (name / service):

Date:

What do I need to do to reduce the risk of me acting on the suicidal thoughts?	
What warning signs or triggers are there that make me feel more out of control?	
What are my helpful coping strategies? What have I done in the past that has helped?	
What can I do to calm and soothe myself?	
What will I tell myself? (Alternative to the negative thoughts?)	
What do I do to distract myself?	
What could others do to help?	
What / who doesn't help?	
Who can I call?	
Friend / relative:	
Health professional: GP, NHS 24 Mental Health Hub (111)	
Telephone helpline: Samaritans; Breathing Space; Papyrus	
A safe place I can go	
What to do if you feel you can't keep yourself safe?	
If I still feel suicidal and cannot keep myself safe I will go A&E/GP surgery	
If I cannot get myself there safely I will call 999	
Next review date:	
How we will use and store this information	A copy will be stored on EMIS Web / Badgernet. If a person is actively suicidal we would share as per GDPR to safeguard.

APPENDIX 3: KNOWLEDGE, SKILLS AND TRAINING

Knowledge and Skills Framework for Mental Health Improvement and Prevention of Self-Harm and Suicide

Produced by NHS Education for Scotland and Public Health Scotland, available on Turas.

The purpose of the framework is to support staff across the public sector and beyond to develop the knowledge and skills needed to promote good mental health and wellbeing across the whole population and to prevent mental ill health, self-harm or suicide.

Mental Health Improvement and Suicide Prevention – Informed Level

Self-directed e-learning module on Turas. This short introductory module will help you to understand mental health and how to look after your mental health, support you to have compassionate conversations with people who may be experiencing mental distress or who are at risk of suicide and to learn more about suicide prevention and keeping people safe. Introduces the ALERT model.

[Informed level of practice | Turas | Learn](#)

Mental Health Improvement and Suicide Prevention – Skilled Level

Series of five short 'learning bytes' designed to support staff to develop their knowledge and practice at the Skilled Level of the Knowledge and Skills Framework.

Each learning byte focuses on a different topic and they can be completed in any order. They cover:

- Promoting Mental Health and Tackling Inequalities
- Supporting People in Distress and Crisis
- Supporting People at Risk of Suicide
- Supporting People at Risk of Self-Harm
- Supporting Recovery and Quality of Life for People Living with Mental Ill-health

[Skilled level resources | Turas | Learn](#)

Applied Suicide Intervention Skills Training (ASIST) – Skilled Level

ASIST is a two-day intensive, interactive and practice dominated course, aimed at enabling people to spot the risk of suicide and provide immediate help to someone at risk of suicide. In the same way that skills are needed for physical first aid, ASIST develops the skills necessary for suicide first aid. ASIST is delivered in-person a number of times throughout the year in the Scottish Borders and certificated by Public Health Scotland.

Contact health.improvement@borders.scot.nhs.uk to be added to the waiting list and to be the first to hear about opportunities to be trained in ASIST.

Core psychological interventions for Suicide Prevention

These four online modules aim to provide the learner with essential psychological knowledge when working with suicide prevention. The material was developed by Professor Rory O'Connor and Dr Karen Wetherall, Suicidal Behaviour Research Lab, School of Health & Wellbeing, University of Glasgow www.suicideresearch.info

- Awareness of who is at risk of suicide and why
- An overview of the complex set of factors that lead to suicide
- How to ask people about suicide
- Safety planning
- The importance of self-care

[Core psychological interventions for suicide prevention | Turas | Learn](#)

Find out more about [Training](#)

Visit the NHS Borders Information Hub for Mental Health, Wellbeing and Suicide Prevention - [Creating Hope](#)