

# Suicide Awareness and Prevention Training

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# Introduction Structure of Session

1. Introductions and Structure of course
2. Ice breaker
3. Quiz
4. Quiz
5. Perspectives
6. Discussion and reflection

Break

7. Emotions/behaviours and how things changed plus Discussion
8. What it is like for carer/friend/relative/professional plus discussion

Break

9. Dos and Don'ts plus discussion
10. The importance of mitigation and when to call 999 plus questions/discussion
11. Closing remarks and Mad Hatter's Tea Party

## Setting the scene - Quiz

- ▶ Nearly 4,000 suicide deaths were registered in England in 2022

True!

That works out at approximately 1 death every 2 hours

## Setting the scene - Quiz

- ▶ 1 in 10 of us will think about dying by suicide in our lifetime

False!

The real statistic is actually 1 in 5 people.

## Setting the scene - Quiz

- ▶ People who live in deprived areas are more likely to suffer from suicidal ideation

True!

London has a relatively low suicide rate compared to less developed areas

## Setting the scene - Quiz

- ▶ Men are more likely to attempt suicide than women

False!

Women are 3 times more likely to attempt suicide than men.

## Setting the scene - Quiz

- ▶ In 2017, the USA reported twice as many suicides than homicides

True!

A lot of suicides in the USA are carried out with firearms

## Setting the scene - Quiz

- ▶ If somebody is feeling suicidal, it is already too late to help them

False!

It is never too late



## Setting the scene - Quiz

- ▶ Suicide is the biggest killer of young men

True!

It is the highest cause of death in  
men aged 20-49

## Setting the scene - Quiz

- ▶ People who self-harm will attempt suicide

False!

Self-harm is not often linked to suicide, although self-harming is a risk factor

## Setting the scene - Quiz

- ▶ Most people will show signs of suicidal intention

True!

In most cases, there are definite signs. Although some can be subtle

## Setting the scene - Quiz

- ▶ Talking about suicide can make somebody more likely to attempt it

False!

Talking about it actually decreases the likelihood of somebody attempting suicide

# Emotions/behaviours and things a suicidal person may say. What to look out for, (Leighton)

“I cant go on”

Saying goodbye

“I feel like a burden”

“I’ve had enough”

Withdrawing from family and friends

Cancelling future plans

Giving away possessions

Significant and obvious changes in behaviour

Saying sorry

“Everyone would be better off without me”

Take out life insurance

Extreme mood swings

Start or increase drug and/or alcohol intake

Researching ways to die

“I am failing at everything”

# Risk Factors - and 'red flag' warning signs - mental state

- ▶ Hopelessness: Perception of the future as persistently negative and hopeless: of particular concern if only able to see 1-2 hours into future
- ▶ Negative thoughts: helplessness, guilt 'I am a burden' 'nothing to live for'
- ▶ Sense of entrapment
- ▶ Sense of shame, especially if severe and/or in conflict with underlying religious or spiritual beliefs

N.B. WHO study of 85K people found that **29%** of people with suicidal thoughts went on to make a suicide attempt, usually within a year of onset of the thoughts (Nock 2008).

# Risk Factors - demographic and social

- ▶ Gender and age: male, younger men and very elderly but recent increase in middle aged men. ONS figures show 5,691 suicides were registered in England and Wales in 2019, with men accounting for around three-quarters of those deaths.
- ▶ Marital status: separated>divorced>widowed>single>married
- ▶ Unemployment: initially high risk, decreases after 3 months until after about a year, then higher again
- ▶ Professions: farmers, veterinarians, doctors (female), and dentists
- ▶ Economic class: high and low income
- ▶ Ethnic group: minorities (e.g. Black or Asian women) refugees
- ▶ LGBTQ+ Community
- ▶ People diagnosed with ASD
- ▶ Young people who self harm, linked to income inequality and being female

# Risk Factors: National Confidential Inquiry into Suicide & Self Harm (NCISSH) report May 2021

- ▶ **Suicide by middle aged men (40-54)** 91% had contact with at least 1 frontline service or agency (mostly prim care), 50% had been in contact with MH services, 30% had contact with criminal justice system
- ▶ Common themes: 57% economic problems (finance, employment, accommodation), 36% alcohol misuse, 31% substance misuse, 30% unemployed, 21% divorced or separated. These are all known to be common antecedents of suicide
- ▶ Psychological therapy offer: low rate of engagement (5%) with talking therapies
- ▶ 52% had a physical health condition: hypertension being the most common, others included: respiratory (asthma), digestive e.g. cirrhosis and chronic pain



# Risk Factors: Suicide by middle aged men (40-54) NCISSH May 2021

- ▶ Self harm: 44% had previously self-harmed and 7% in the week prior to death
- ▶ 34% affected by bereavement and 6% bereaved by suicide
- ▶ 15% had used the internet in ways that were suicide related and therefore online safety should be part of any safety/prevention planning

# Risk Factors NCISSH Annual Report 2023

- ▶ The rate of suicide decreased in 2020 and this decrease was particularly for men
  - ▶ Mental health patients suicide - 27% of all suicides
    - 64% had a history of self-harm
    - 53% had more than one mental health diagnosis
    - 48% had a history of alcohol misuse
    - 48% lived alone
    - 37% had a history of drug misuse
    - 5% had recently migrated to the UK
- Most high risk time is having been recently discharged from hospital

# Myths Around Suicide

- ▶ People who are suicidal want to die
- ▶ Talking about suicide gives a person ideas and causes them to go through with it
- ▶ Therapies and medications can work
- ▶ There are almost always warning signs when somebody tries to take their own life
- ▶ People who talk about suicide will not go through with it
- ▶ Suicides can occur all year round
- ▶ Giving somebody a helpline number is enough
- ▶ People who express suicidal thoughts are not attention seeking

# Myths Around Suicide

Myth	Fact
▶ People who are suicidal want to die	Therapies and medication can work
▶ Talking about suicide gives a person ideas and causes them to go through with it	There are almost always warning signs when somebody tries to take their own life
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▶	

not go through with it

# How to approach a suicidal person

What would you do?  
What would you say?  
What would you not do?

# How to approach a suicidal person

## Dos

- ▶ Talk it about
- ▶ Be open and human
- ▶ Be curious
- ▶ Listen

## Don'ts

- ▶ Avoid asking about feelings
- ▶ Avoid asking about suicide plans/thoughts/ideas/notes
- ▶ Be afraid of asking for more detail
- ▶ Cast judgements or comparisons

# Talking mitigates the risk of suicide

‘People need someone and something to hold on to when they are feeling like ending their lives’

Suicide mitigation is an active process to try to prevent suicide. It starts with the assumption that suicidal thoughts need to be taken seriously and met with compassion and understanding *on every occasion* in order to engage positively with the person.

*Alys Cole King “For the many suicidal individuals ambivalent about their wish to die, compassionate engagement can be the tipping point back to safety.”*

Safety/Prevention Planning and the importance of instilling hope

## Guidance for clinicians on comprehensive assessment of suicidal Thoughts

- Suicide intent lies on a continuum from fairly common, vague, passive suicidal thoughts to rarer, high-intent/high-lethality suicidal acts.
- Some people find it hard to talk about their suicidal thoughts and may initially be reluctant to share them with you.
- Be aware of your own and the potentially suicidal person's voice and body language.
- If the patient delays in responding or if their response to a question is simply 'Alright' or 'OK', it might indicate that perhaps the patient is not quite as 'alright' as they claim.
- If you establish that a patient is experiencing suicidal thoughts, you need to ask further questions to gain as much information as possible.



# When to call 999?



# List of resources to share

- ▶ **Hub of hope app/website** [Hub of Hope - Mental Health Support Network provided by Chasing the Stigma](#)
- ▶ **MPFT 24HR Helpline - 0808 196 3002** [Home :: Midlands Partnership Foundation Trust \(mpft.nhs.uk\)](#)
- ▶ **You are not alone** [You are not alone - Refuge Charity - Domestic Violence Help](#)
- ▶ **Samaritans - 116 123** [Samaritans | Every life lost to suicide is a tragedy | Here to listen](#)
- ▶ **SANEline - 07984 967 708** [SANEline](#)
- ▶ **HOPELINEUK (For young people) - 0800 068 4141** [HOPELINEUK | Papyrus UK | Suicide Prevention Charity \(papyrus-uk.org\)](#)
- ▶ **National Autistic Society** <https://www.autism.org.uk/advice-and-guidance/professional-practice/suicide-research>
- ▶ **Oxford University Press (Journal of Public Health)** <https://academic.oup.com/jpubhealth/article/45/1/102/6444311>