



Nottingham Trent
University

Good practice in suicide prevention

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Forensic Psychologist

HMPPS strategic lead for deaths under supervision



The
Fire Fighters
Charity

Making a safe space

This talk will be about suicide, a topic which can be difficult.

Throughout please be mindful of terminology and I will use phrases such as 'die by suicide'

We also acknowledge the different pathways and experiences of people

Self-care:

[StayAlive](#) - Essential suicide prevention for everyday life

[Contact Us | Samaritans](#)





Every day, we lose many lives to suicide, and many more are profoundly impacted by their deaths. We acknowledge all who experience the challenges of suicidal ideation, and those who have lost loved ones to suicide.



(International Association of Suicide Prevention, IASP)

Good practice in suicide prevention & postvention project

- Team commissioned by the Fire Fighters Charity – started in September and due to complete in April 2023.
- Develop good practice guidance for a range of audiences to support their work on suicide prevention and postvention.
- Currently, finishing an evidence review of research, policy and practice
- Next, including engagement with practitioners and experience – will develop guidance on good practice to be accessible and practical.

Current Team

Prof Karen Slade

Prof Rowena Hill

Dr Jessica Dunn

Sally Lopresti

Lindsay Thurston

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Katie Mohabir

Emma Smith

Borna Loncar

The three elements of suicide prevention

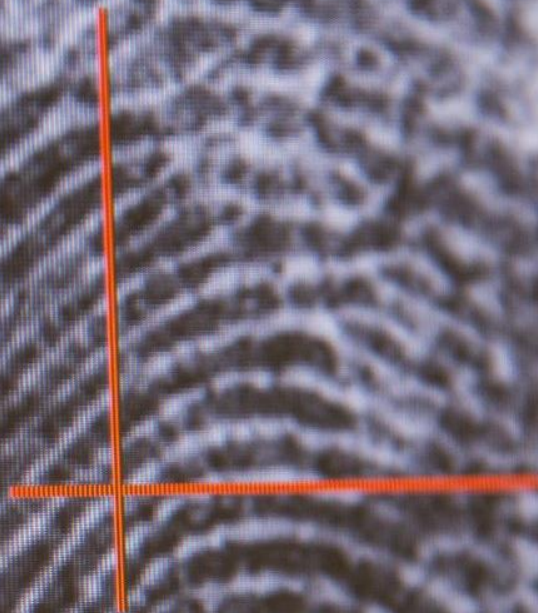


Prevention

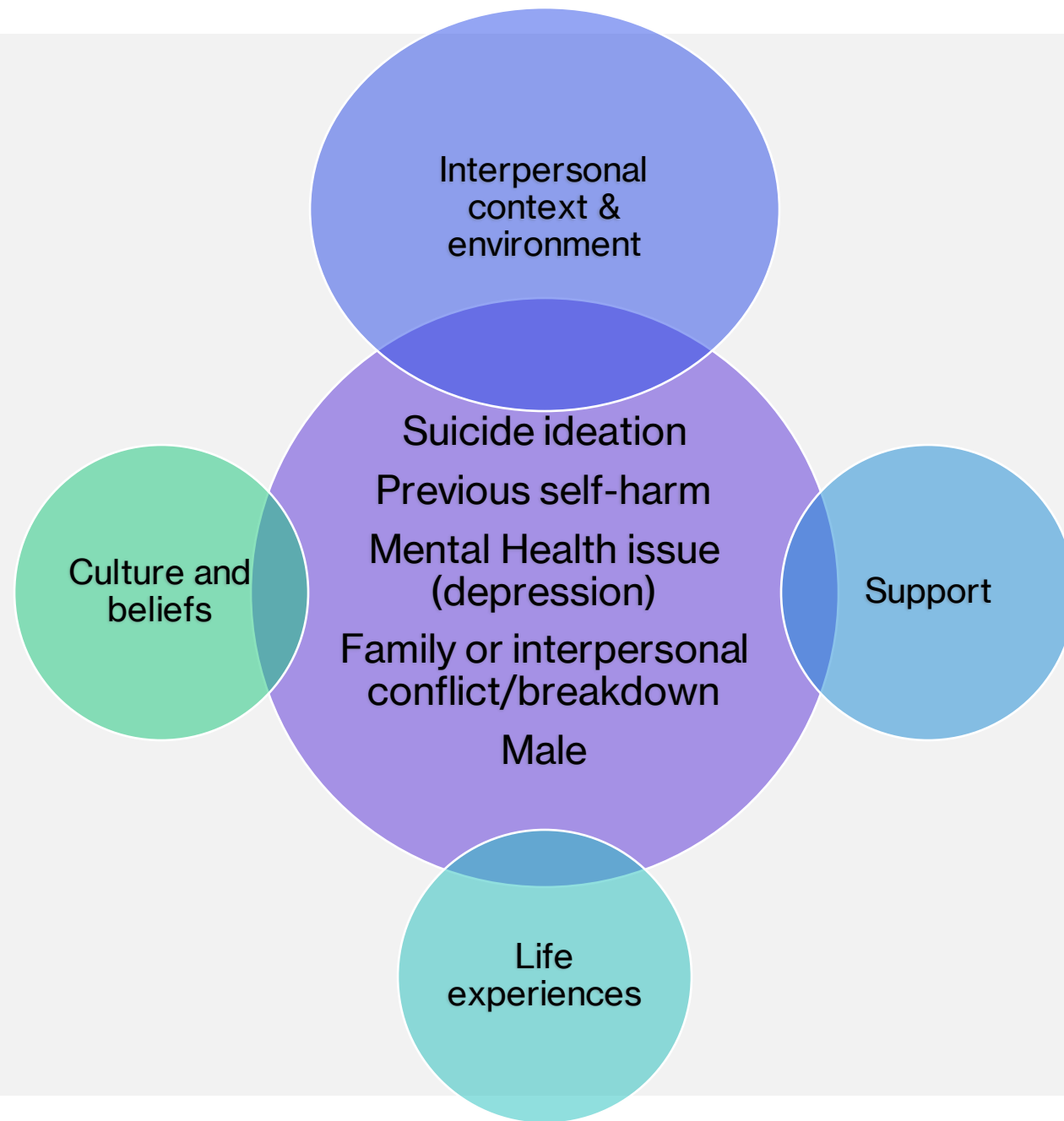
Intervention

Postvention

Identifying people at risk



The 'reasons' why someone may move towards being suicidal are individual and a combination of many factors

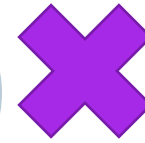


Enablers and Barriers



enablers

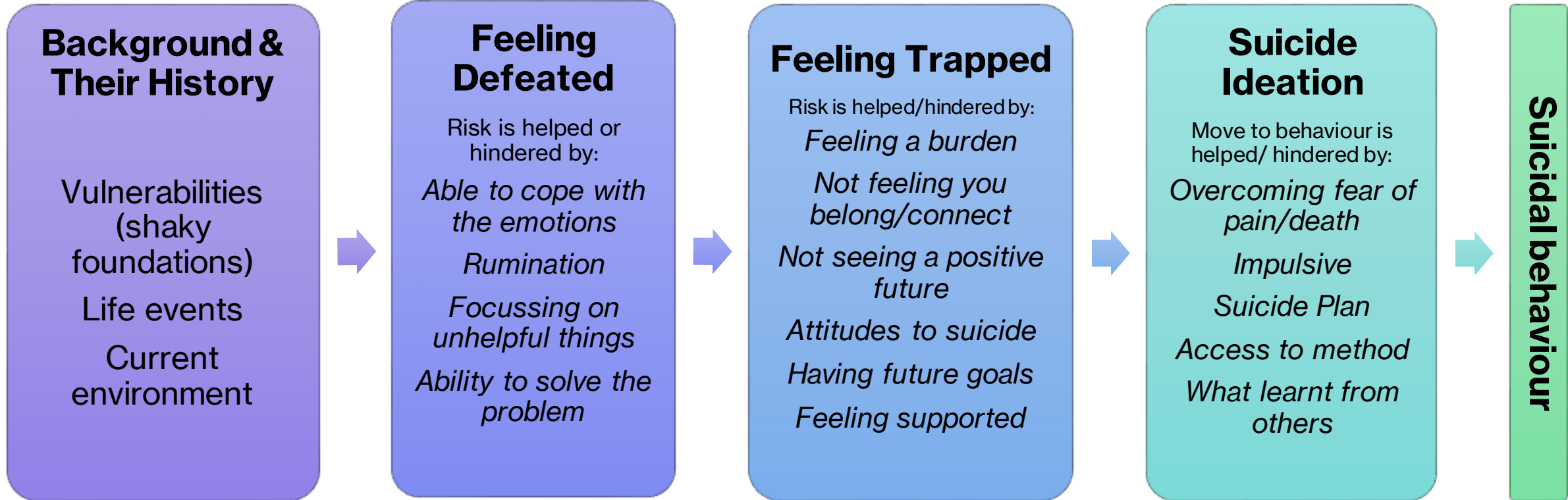
- Asking about suicide
- Being proactive
- Using all the information available
- Seeing the individual in context



barriers

- Screening tools
- Assumptions about mental health and/or self-harm
- Accepting someone saying 'they're fine'
- Stigma about mental health
- Not taking concerns seriously

IMV model of suicide



4 meanings related to suicide

Feeling a **burden** on those you love

Causing your family strain and unable to help them or 'they would be better off without me'

Feeling you have **lost your place, worth, purpose or value** to the world/those that matter

feel humiliated, deep shame, worthless or like you don't belong

Feeling like you have **lost control** of your life

Feel that you have no real choices

Feeling **unable to change anything** and no-one will/can help you

Things won't change the future won't get better and no-one cares or can help

4 meanings related to suicide

Feeling a **burden** on those you love

Feeling you have **lost your place, worth, purpose or value** to the world/those that matter

Feeling like you have **lost control** of your life

Feeling **unable to change anything** and no-one will/can help you

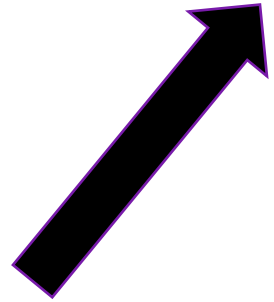
Not talking to family and keep stress to yourself

Stop going out or meeting people

Try and make money by other means

Talking about people being better without you

Financial difficulties



4 meanings related to suicide

Financial difficulties



Feeling a **burden** on those you love

Feeling you have **lost your place, worth, purpose or value** to the world/those that matter

Feeling like you have **lost control** of your life

Feeling **unable to change anything** and no-one will/can help you



Withdraw and avoid

Seek constant reassurances

Compensate by drinking or taking drugs

Hostility, bullying others

4 meanings related to suicide

Feeling a **burden** on those you love

Feeling you have **lost your place, worth, purpose or value** to the world/those that matter

Feeling like you have **lost control** of your life

Feeling **unable to change anything** and no-one will/can help

Financial difficulties

Try to control someone or your world really tightly.

Give in and stop trying

Spend lots of money

Get angry at the world/authority

Highly anxious and overwhelmed

4 meanings related to suicide

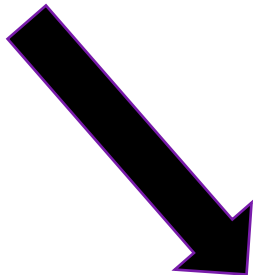
Feeling a **burden** on those you love

Feeling you have **lost your place, worth, purpose or value** to the world/those that matter

Feeling like you have **lost control** of your life

Feeling **unable to change anything** and no-one will really help you

Financial difficulties



Don't follow advice or seek help

Desperately trying to solve the problem in any way possible

Stop engaging with people

Identification: talking about suicide

Evidence suggests that asking about suicide:

- Does not ‘put ideas in people’s heads’
- Improves help-seeking
- Reduces suicide ideation

But it’s the response to a disclosure that really matters:

- People will often respond in supportive ways to a suicide-related disclosure but negative or neutral reactions are also common, such as ambivalence, dismissal, hostility, or anger.
- These can result in those in the person’s network avoiding talking about the issues
- The [common] fear of a negative reaction may stop people saying anything.



What should I say?

- There are no 'right' words and come from a place of concern
- Open the conversation with your concern e.g., 'you don't seem yourself these days, how are you?'
- Try not to use closed questions like 'are you OK?'
 - we like to say 'yes, fine'
- Listen
- Signpost and encourage them to support options – e.g., GP, workplace options & broader support services.
- Try not to offer advice or solutions.
- Be patient and check-in again.

Samaritans S.H.U.S.H listening tips

Show you care
Have patience
Use open questions
Say it back
Have courage

#1 Show you care

Focus on the other person, make eye contact, put away your phone



#2 Have patience

It may take time and several attempts before a person is ready to open up



#3 Use open questions

That need more than a yes/no answer, and follow up eg 'Tell me more'



#4 Say it back

To check you've understood, but don't interrupt or offer a solution



#5 Have courage

Don't be put off by a negative response and, most importantly,



Free accessible training is available



Welcome to My Learning



COURSE

Active Listening Skills

This course gives an overview of how to improve your active listening skills and why this is important. It introduces the

Not started ★★★★☆ 4.57 (7)



COURSE

Wellbeing in the Workplace

The Wellbeing in the Workplace Learning Tool combines drama with real life experiences and expert advice - creating a

In progress ★★★★☆ 4.56 (27)

Cookie options

- [Free online training from Zero Suicide Alliance](#)

Find out more about our courses

Donate

Need urgent help?



Suicide Awareness Training – full version (20 minutes)



Suicide Awareness Training – gateway module (5 to 10 minutes)



Social Isolation Training – step-up module



Suicide Awareness Training – Welsh edition



Suicide Awareness Training – university student edition

Show accessibility tools



Suicide Awareness Training – veteran edition



Responding to suicide risk

Responding steps

1. Talk to the individual
2. Reassure them that you are listening and aren't judging them
3. Encourage them to see GP or other health professional to discuss
People are not likely to seek health support with self-harm or suicidal thoughts - with less than 40% reporting having done so (Samaritans, 2021).
4. And/or encourage and signpost alternative support services
5. Identify their support network and ask if OK to let them know
6. Suggest (if appropriate) that they consider developing a safety plan
7. Check-in regularly
8. Look after yourself and seek your own support



CAUTION

Warning signs: a few things to look for

- Having or making a plan – or making preparations.
 - Looking for a way to kill oneself e.g., checking train stations; stocking up on medication.
 - Saying that like to die or people being better off if dead.
 - Talking about life being hopeless, no reason for living or having no purpose
 - Talking about feeling trapped or being in unbearable pain or situation
 - Displaying unusual and/or extreme mood changes or overwhelm
-

Crisis or imminent concerns

- Call 999 or take to A&E
- Ensure the person is not left alone
- Consider whether the environment is safe or items need removing e.g., access to rooftop or remove sharp implements.
- See if the person has a safety plan and if so, encourage its use.

Safety Planning

One of the main self-care approaches recommended is to develop a suicide safety plan. They cover aspects such as:

- Getting through right now
- Making your situation safer
- Things to lift or calm mood
- Things to distract
- People to support or talk to
- What to do in an emergency



Staying Safe

My Safety Plan



Getting through right now

Making your situation safer

Things to lift or calm your mood

Things to distract you

People to support you

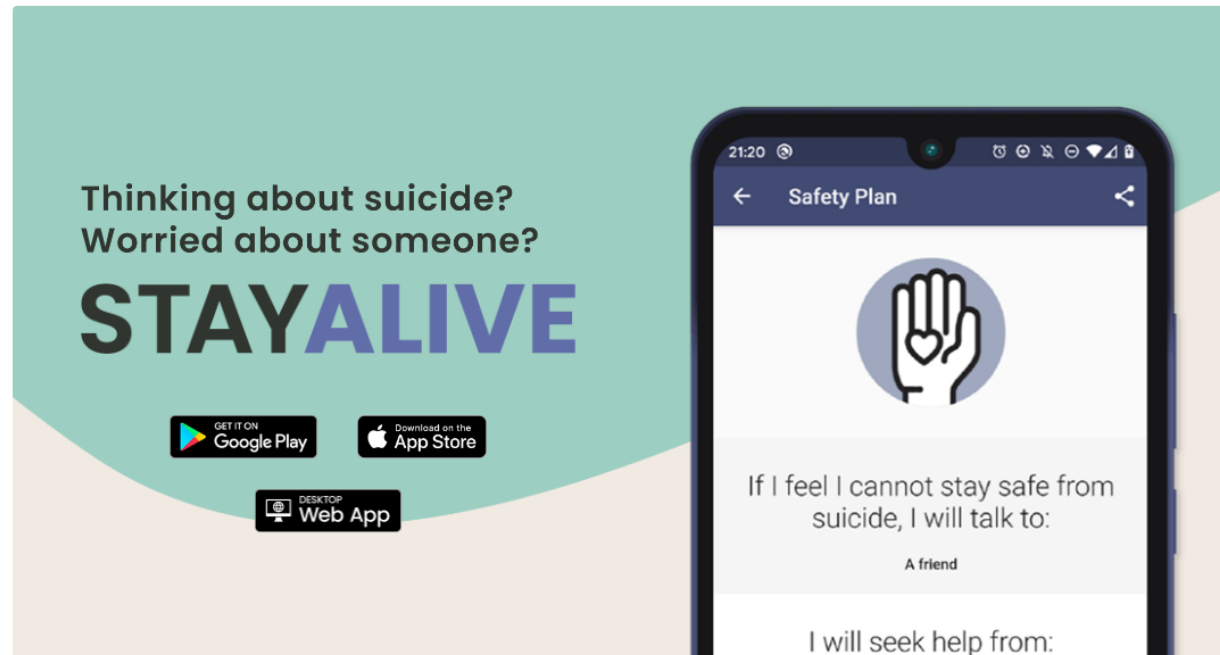
List who you can talk to if you are distressed or thinking about self-harm or suicide

Emergency professional support

Stay Alive app

GRASSROOTS
SUICIDE PREVENTION

[Find Help](#) [About](#) [Training Courses](#) [Get Involved](#) [Prevent Suicide](#) [Donate](#)



The Stay Alive app is a pocket suicide prevention resource for the UK, packed full of useful information



A close-up photograph of two hands clasped together in a supportive grip. The hands are positioned in the center-left of the frame, with the fingers of one hand resting over the other. The background is a soft, out-of-focus light color. On the right side of the image, there are several decorative elements: a vertical line of white circles, a solid purple circle, and a white circle partially cut off by the edge.

Postvention

What is postvention?

Postvention is defined as provision of support after a suicide in order to reduce the emotional impact of suicide and to support those affected by the death (Public Health England, 2016).

In the workplace, its aims are:

- To provide appropriate information about the death of a colleague and avoid misinformation or rumours.
- To offer support to employees who are bereaved by suicide and help them deal with grief and any difficult emotions and trauma they may experience.
- To address the stigma that is associated with a death by suicide.
- To stabilise the environment, restore some semblance of order and routine and support employees to return to a state of normality.

We also know that experiencing a suicide increases the risk of future suicide or self-harm in those people who have experienced or heard about the suicide. Good postvention is also part of prevention.



Samaritans_AACE-postvention-toolkit-June-2021.pdf

SECTION 4 – When suicide happens

Checklist for when a suicide happens

Straight away

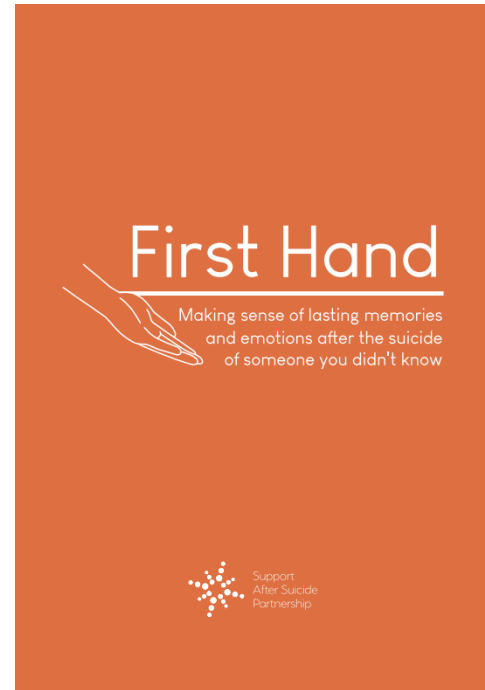
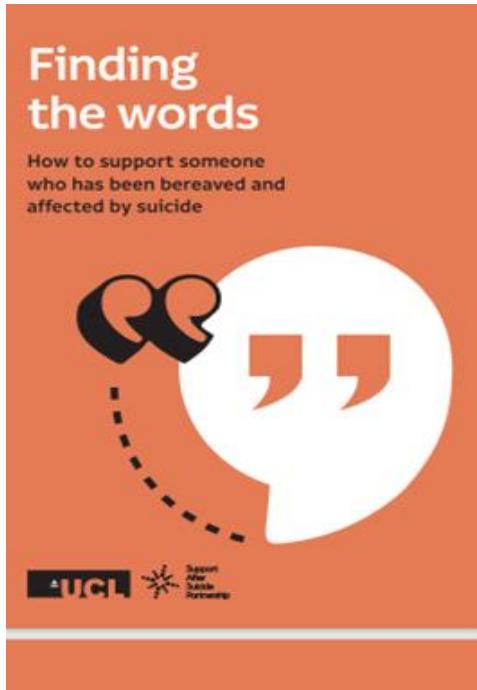
- Convene the postvention group and agree roles; build a picture and identify those likely to be affected.
- Contact the family to offer support and discuss and agree how to communicate with staff.
- Communicate to colleagues based on mapping of those most likely to be affected.
- Monitor social media and respond rapidly to risk.
- Prepare and agree your reactive media statement.
- Get close colleagues together, providing cover for any colleagues who need to come off shift.

First 48 hours

- Establish what support is needed and put provision in place.
- Continue open communication with family and with staff, manage the balance between both.
- Offer practical support to family and reassure that the ambulance service is there for them now and in the future.

First weeks

- Manage the risk to employees with ongoing support and regular check-ins.
- Support line managers operationally and emotionally.
- Co-operate with any investigations, such as coroner's inquest process.



Support after a suicide

[SASP_BookletToSupportWitnesses_A5_2021_WEB.pdf](#)
(supportaftersuicide.org.uk)

<https://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf>

[Finding the Words - how to support someone who has been bereaved by suicide.pdf](#)
(merseycare.nhs.uk)



UNRECORDED





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University

Thank you

For further information contact:
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The
Fire Fighters
Charity