

community setting



square

suicide **questions** **answers** **resources**

ERISUPPS

square suicide questions answers resources

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ISBN 0 9752419 0 7

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Jointly funded by the Australian Government and the Government of South Australia

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An education resource for primary health care, specialist and community settings

Most people who die by suicide have sought help in the weeks before death. Therefore the nature and quality of response offered by workers in primary health care is crucial.

Even a simple interaction like listening can be significant.

Everyone can make a difference.



note



This Booklet is designed to be used with the rest of the **square** resources, not alone or as a substitute for an informed professional response. Its main focus is on adults although much of it is also relevant to young people. Those seeking specific guidance about working with young people should source relevant Australian, state government and local information.

You will find information in the service setting books that will be helpful in your own practice. This will be particularly relevant where referrals are made or received from these services or there is a shared care arrangement in place.

Your service will also have its own policies, procedures and protocols around suicide risk assessment and referral. It is very important to ensure that you are familiar with these as well as the information provided in this Booklet.

In addition it may be useful to consult the South Australian Emergency Demand Management policies, which cover best practice and specific procedures on matters such as admission, care and discharge, contingency planning, restraint and seclusion, emergency transport, assessment and crisis intervention service.

The experience of consumers and carers has been incorporated into these training materials. This reflects the priority placed on consumer and carer participation in decision and policy making. The contribution of these consumers and carers is gratefully acknowledged.

Note: All names used in quotes from consumers are pseudonyms to ensure anonymity and protect confidentiality.

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how to use this resource

This booklet is part of an integrated resource – **square** suicide **questions answers resources** developed for South Australia as part of the National Suicide Prevention Strategy (NSPS). **square** consists of 3 layers, each progressively providing more detailed information about suicide prevention.

- A** The first layer is the **Desk Guide**, a quick reference providing key information, tools, guidelines and questions.
- B** The second layer is a series of **9 booklets**
 - 1 Foundations for effective practice**
 - 2 Community setting**
 - 3 Primary health care setting**
 - 4 In-patient setting**
 - 5 Emergency department setting**
 - 6 Community mental health setting**
 - 7 Forensic setting**
 - 8 Mental health in-patient setting**
 - 9 Suicide postvention counselling.**

This booklet, **Community Setting**, is aimed at people in the general community who may encounter people at risk of suicide. It is designed to be used in conjunction with the Foundations booklet which has been written for a broad audience and provides the foundations which underpin the 8 other booklets, addressing specific settings and audiences.

- C** The third layer is the **square** CD-ROM/Website **www.square.org.au**. It is intended for those readers who want a more in-depth discussion and application of the key topics covered in the Desk Guide and the booklets. It contains discussion papers, video clips, resource lists, some downloadable forms and plans, and pdf files of all the **square** print materials – the 9 booklets and the Desk Guide.



introduction

This booklet is designed for the general community member to build upon current knowledge and be able to respond appropriately when a person may be at risk of suicide.

Everyone can make a difference in suicide prevention and postvention. Becoming aware of issues involved in suicidal thinking or behaviours is a fundamental step. Learning some basic skills about how to respond effectively could literally save a life.

Health workers, community workers and mental health services all strive to deliver effective services for suicide prevention. At the same time, it is widely recognised, nationally, internationally and locally, that the role of the general population is vital in suicide prevention.

We cannot assume that there are only certain sorts of people who are at risk (although there are some risk factors that may indicate the need for special vigilance). Anyone can have suicidal feelings or thoughts at particular times in their life. Such a person could be a family member, friend, neighbour or workplace acquaintance. This booklet is designed to assist you in noticing that someone may need support and to provide information that will help you to know how to respond.

Postvention is the care and support of people who have been bereaved through suicide. It is important because the issues and challenges experienced in this situation potentially put bereaved people themselves at a higher risk of suicide. It is an area where appropriate community attitudes and support make a significant difference.

In a healthy society people show concern for the wellbeing of others and this is particularly effective when they collaborate with each other to find the most viable options to achieve the best outcomes. In relation to mental health, there is a pressing need for communities to work together in this way.

Be open to learning more about issues involved in mental health and suicide risk. This contributes not only to the wellbeing of individuals who may be vulnerable but also to the strength and resilience of the broader community.

Key facts

- 2100 Australians were reported as taking their own lives in 2005 (ABS, 2007). This is more than the number of deaths from road accidents, industrial accidents and homicides, together.
- People of all ages and from all walks of life can be at risk of suicide.
- Many more people attempt suicide or deliberately harm themselves. Admissions to hospital for intentional self injury are about 10 times as common as deaths due to suicide. There is a higher level of attempted suicide and self harm among women.
- The common belief that someone attempting suicide is 'just' seeking attention is false and possibly dangerous. Anyone who self harms has needs that should be taken seriously.
- Anyone who talks about suicide, even in non direct ways e.g. *They'd be better off without me* or *There's no point in living*, should be taken seriously.
- Most people who suicide have visited their GP in the weeks before their death.
- Many people who are experiencing mental health problems, such as depression or anxiety, do not seek help for these issues because they feel embarrassed or that they 'ought' to be able to cope.
- People who are at risk of suicide sometimes have several pressures or problems occurring in their lives at the same time. Examples could include financial stress, divorce or separation, drug or alcohol misuse, chronic illness, mental illness, sexual identity issues, family violence, sexual abuse, or bereavement through the loss of a loved one.
- There are factors that protect people from the risk of suicide. These include strong relationships with friends and/or loved ones, responsibility for children, connection with workplace and/or community, economic security in older age, a positive belief system or a belief that suicide is wrong.
- People who have a mental health disorder report that stigma and prejudice are as hard to cope with as the symptoms of the illness.
- Noticing when someone may be at risk, showing concern, listening and treating them with respect are positive and supportive responses.



the role of the community

People in the general community can make a significant contribution to suicide prevention. Caring about other human beings and being responsive can make a difference. Listed below are some practical examples of ways in which you may be able to help:

Notice

Notice and 'take on board' if someone you know is behaving differently or in ways that concern you. This does not involve asking inappropriate questions about details of someone's life, but rather, simply letting the person know that you are concerned about their wellbeing. This could be as simple as:

- **Checking** that a person is OK, if they have not turned up in places where they would normally spend time, or if you have not heard from them as usual.
- **Asking** a friend, workmate or family member who appears depressed, anxious, withdrawn, or abnormally angry, 'how they are', and then taking the time to listen.

Engage

Connecting with people in ways that are open and considerate may well be the most helpful and supportive response possible. It involves listening attentively and being open to gaining some insight about what is going on for them. Being calm and gentle in enquiring about how the person is feeling and experiencing their life at that time, is likely to convey that you care – and that they matter. It is important not to argue, or offer glib solutions or to make comparisons with other people's coping skills.

What is important is that you do not trivialise their concerns or dismiss their distress.

Respond

Safety of the person at risk and of others (including you) must be the first priority.

It is important that the person receives care that is appropriate to his/her level of need at the time. Sometimes those at risk can receive appropriate assistance from people who are important in their lives, in partnership with other service providers, e.g. a GP.

In more acute situations, e.g. if the person is expressing bizarre thoughts, is threatening, highly agitated or unsure of where they are, back-up support should be called in. Make every effort to have someone stay with the person while arrangements are being made. Depending on the context, this may mean calling an ambulance, the police or mental health services.



care options

In responding to someone who may be at risk, it is important to consider the boundaries of your role and also your experience and knowledge. There are two key issues to think about here:

- **The boundaries of your role in terms of skill and level of involvement**
- **The options of care that are available to assist.**

Your role and its boundaries

If you have connected with someone by showing concern about their wellbeing, they may tell you about feelings of depression, anxiety, isolation, anger, or that they feel no hope for the future.

Listening in an open way (e.g. not ‘buying into’ whether their thoughts are right or wrong) and not attempting to supply ‘quick answers’, are among the most helpful things that you can do. (See the **Foundations booklet** in this resource, particularly the Engagement section, for further information.)

Asking what you can do to help is also a highly supportive response. One example of a simple, practical step may be to make contact with someone who they feel safe with or they would like to talk to.

Depending on the situation and the person’s wishes, simple suggestions such as, *Would it be helpful for you to speak to _____* (e.g. a GP), may be helpful. It may also be appropriate for you to help arrange the appointment or go with the person.

Use your judgement about what will feel OK for this person in terms of suggestions and be sensitive about timing. Try not to rush to other options if the person still needs to talk.

Check on confidentiality with the person. What is it OK to tell – and to whom? Respect confidentiality. However, **never** agree to keeping suicidal plans a secret. Always report them to an appropriate person, e.g. a workplace manager, a GP, ACIS (Assessment and Crisis Intervention Service of mental health services).

Do **not** be afraid to mention suicide – it will not increase the likelihood of it occurring. If you feel there is a risk, ask the person directly: *Are you having thoughts about hurting yourself?* If they are, do not panic or stop talking to the person, but recognise that professional involvement is necessary.

Care options and degrees of risk

Care options will be determined by the degree of risk you think the person has at this particular time. This inevitably requires judgement. The following points may help in thinking about this:

1. If the person appears to be in acute distress or a danger to themselves or others:

Stay calm. Call back-up help immediately, e.g. ambulance, police, mental health services, GP. Ensure that the person is not left alone. If appropriate, see if there is anyone whom the person would like you to contact to assist in their care.

2. If the person tells you they do not feel that there is anything to live for anymore, or they tell you about a suicide plan, or idea:

Listen, engage and offer any immediate practical support that is appropriate. Contact people who the person trusts and finds supportive. Contact the most appropriate service for professional support. Be clear in this communication that you are concerned about this person's risk of suicide.

3. If the person is not expressing suicidal ideas or plans, although they may seem to be depressed, or have experienced an important loss, or appear to be misusing drugs and/or alcohol, or their behaviour has changed in important ways:

Listen, engage and ask what you can do to help. Ask the person (if appropriate): *Are you having any thoughts of hurting yourself?* If they are not, continue to listen and if appropriate in the context, make a simple suggestion that consulting a health worker is a positive step. If they have a negative response to their experiences with a GP, reassure them that there are plenty of good doctors who are experienced in these issues and that it is fine to 'shop around' until one is found.

4. Discuss with the person who and/or what resources in the local community might be supportive

Ask if it would be appropriate to make contact with relevant people. Discuss confidentiality – what is it OK to tell and to whom? **Respect confidentiality. However, never agree to keep suicide plans secret.**

communication



Remember that your own safety is vital. If you feel unsafe, remove yourself – make your call from somewhere that is safe.

When talking to workers in services (e.g. mental health services, or a medical practitioner) to support someone who is at risk of suicide, there are some things that may help. These include:

- Try to provide information clearly, giving the most relevant information ‘up front’ (e.g. it is more important to describe the person’s symptoms or behaviours than it is to try to tell the ‘whole story’ in one crisis call.)
- If you believe that there may be danger to others (for example, the person is making threats) tell this to the service that you have called. Similarly, if the person is frightened, and/or having hallucinations, explain this so that appropriate care can be taken.
- The person responding to a crisis will need to assess risk, danger, and best options. It helps if you can supply factual information (e.g. Is the person on medication? What medications have been prescribed? Have they stopped taking their medication? Are alcohol and/or other drugs present? Do they have access to a gun? Have these behaviours occurred in the past?) It is understood however, that such information may not be available to you. This should not stop you from calling.
- If you are responsible for ongoing care for a person who is at risk of suicide, it is useful for you to follow up with a service or health care practitioner when there is not a crisis occurring. Make an appointment and explain that you want to discuss issues and plans for ongoing and/or future care. During such a discussion, mention anything that you think has caused the current situation or contributes to crises occurring for this person.
- If you are unhappy with the services you have received, write down what has or has not happened that you feel unhappy about. Include factual information such as dates and times. With this sort of documentation you can then send this information to the service for their response. And if you are still not satisfied, you have a written record to assist in any complaints process.



stigma

Research tells us that people who live with a mental health problem find that attitudes and responses towards them are as hard to handle as the symptoms of the illness. This reflects the degree of stigma that surrounds mental illness.

Stigma involves regarding or treating people as if they have something to be ashamed of. Mental health issues should not be a matter for shame – any more than a physical illness is.

Stigma is bad for the whole population because it creates unhealthy reactions. For example, people may not seek help for mental health concerns because they feel they 'ought' to be able to cope, or they feel shame and embarrassment. Neighbours, friends and relatives may not offer help.

In the same way, people do not feel comfortable talking about the mental illness of a family member because they cannot trust the response they will get.

Stigma does not only occur in the broad population but also in some professional contexts. This is not acceptable and may well contribute to a person's health problems.

When a person experiences stigma, they feel all sorts of negative emotions, such as fear, isolation, desperation, anger, hopelessness. Such feelings are difficult for anyone to cope with – and especially so at times when someone feels vulnerable.

Stigma can account for behaviour such as ignoring or trivialising a person's concerns, talking about people disrespectfully, not engaging effectively, being abrupt and unfriendly, withholding useful information or responses, and being patronising.

When stigma is present, it means that people are not being taken seriously or respected as equal human beings – and they know it.

Sarah, a young woman interviewed for this resource about her experiences of seeking help for suicidal behaviour, described how she felt in hospital after a suicide attempt:

It was just so obvious that they [the staff] thought I was just a stupid teenager. They thought I was seeking attention and wasting their time. But I really wanted to do it... I couldn't see any other way to stop the pain... but they didn't ask anything about that [Sarah, Adelaide, 2005].

best practice



As suggested earlier, best practice for community members is to notice, care and respond to someone who may be at risk of suicide. One of the key factors is the skill of being able to communicate well.

The following points may help

- Listening well involves not only hearing – but actively thinking about what the person is saying.
- Show that you are giving your full attention. Try not to be distracted.
- Do not argue or persuade. Accept that what the person is saying is true for them – even if you do not agree with it.
- Allow space for someone to talk through what is going on for them, rather than jumping in with your own views.
- Be sensitive in the questions you ask, e.g. do not ask irrelevant, inappropriate or probing questions.
- Ask open-ended questions that encourage the person to talk further, e.g. *It's hard going for anyone who loses someone close – how are you going with that?* An open question prompts further discussion – a 'closed' question may prompt a Yes or No answer.
- Let the person know that you have taken 'on board' what they are saying, e.g. *I can imagine that it would feel very upsetting to hear that news.*
- Be clear in your own communication rather than sending very subtle messages that you hope will be picked up.
- Be clear about your own needs if necessary, e.g. *I can stay with you until the doctor has been and then I will have to leave. Is there someone else who you feel safe with who I can contact?*
- Try to be calm and reassuring. It may be helpful to let the person know that there is good help available from people who have a lot of experience in these issues.
- Try to negotiate with the person about their preferences for care options. Listen to their wishes and fears carefully.
- If you think the person is at risk, ask them directly: *Are you having any thoughts of hurting yourself?*
- If you are concerned, call in professional help. Depending on the relationship and context it may be appropriate to say to the person: *I am going to call _____ because I feel worried and I'm not sure what the best options are.* Such a statement establishes your own boundaries, and also does not sound as if you are blaming the person or suggesting that their confusion is making it difficult for you to know what to do.

some important reminders



Remember

- It is also important to take care of yourself. Be aware if you are becoming so drawn into a situation that your own wellbeing is compromised. Take stock of your needs, seek assistance and/or talk to appropriate people about your own needs.
- Many mental health problems can be treated effectively with appropriate support and services.
- The mental health state of a person can and does change. This depends on what is happening in a person's life at particular times and their ability to learn new strategies, as well as on the support and treatment that they are receiving.
- You are not alone. There are many people who either care for someone with a mental health problem or who want to offer support. Finding the right help is possible.
- There are resources available, e.g. books, groups, therapies, on-line sites, community organisations, government agencies, other supportive people. See the Resources section on the next page.
- In taking the issue of mental wellbeing seriously and making the time to respond, you are demonstrating the courage and compassion that is needed to make a real difference to mental health in South Australia.

resources



After Hour Crisis Care

<http://www.families.sa.gov.au>

Crisis Care is the after hour service provided by qualified social workers. It operates 4pm - 9am Monday to Friday and 24 hours on weekends and public holidays. Phone anywhere in SA for the cost of a local call **13 16 11**.

beyondblue

www.beyondblue.org.au

beyondblue is the national depression initiative, a bipartisan initiative of the Australian, state and territory governments with a key goal of raising community awareness about depression and reducing stigma associated with the illness. The website includes information about depression and anxiety, treatments, assistance with staying well, frequently asked questions and links to other sites. There is a section on depression and suicide.

Bereaved through Suicide

A South Australian counselling service for those grieving the loss of someone through suicide.

Ph. 08 8332 8240 or email support@bts.org.au

The Black Dog Institute

<http://www.blackdoginstitute.org.au/>

The Black Dog Institute is an educational, research and clinical facility offering specialist expertise in mood disorders -- a range of disorders that includes depression and bipolar disorder. Its website includes information for clinicians as well as for the community. There are sections on causes, treatments, getting help, fact sheets and frequently asked questions and answers.

Department of Health and Ageing

<http://www.health.gov.au/internet/wcms/publishing.nsf/content/mental-pubs>

This site provides information about Australian Government mental health initiatives and an A-Z listing of mental health and well-being publications.

Lifeline

<http://www.lifeline.org.au>

Lifeline is committed to enhancing the wellbeing of the community through the provision of services, the core of which is a 24-hour crisis telephone counselling service. Its website also includes information about suicide prevention, risk factors, and suicide bereavement and postvention.

For help finding services, call Lifeline's Just Ask on **1300 13 11 14**.

Mental Illness Fellowship

<http://www.mifellowship.org/>

This site provides information on mental illness, education and services for people with mental illness, their families and friends. It includes 35 fact sheets which are easy to read, practical, short, and information-rich.

Mental health and wellbeing publications

<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/mental-pubs>

A - Z listing of mental health and wellbeing publications.

You can get help from:

Your local GP

Your local Community Health Service

Alcohol and Drug Information Services

Women's Health Centres

Men's Health Centres

Rural counselling

Parent helplines

Veterans' Counselling Services

Child Support Agency

Legal Aid

for further information
www.square.org.au

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