

Suicide Awareness and Prevention - Practitioner Briefing

Welcome to this briefing aimed to raise awareness and prevention of suicide for children, young people adults for practitioners and their managers. Throughout this briefing, we refer to children, which includes young people. Evidence shows asking someone if they are suicidal can protect them. They feel listened to, and hopefully less trapped. Their feelings are validated, and they know that somebody cares about them. Reaching out can save a life.

Suicide is complex, rarely caused by one thing and suicide prevention is complex.

What is suicide? When someone intentionally ends his or her own life.

What are suicidal thoughts or ideation? Suicidal thoughts or suicidal ideation means thinking about or planning suicide. Thoughts can range from a detailed plan to a fleeting consideration.

Myth: You cannot ask someone if they are suicidal.

Fact: Evidence shows asking someone if they are suicidal could protect them. Asking someone if they are having suicidal thoughts can give them permission to tell you how they feel and let them know they are not a burden.

Myth: People who talk about suicide are not serious and will not go through with it.

Fact: People who die by suicide have often told someone that they do not feel life is worth living or that they have no future. Some may have actually said they want to die. Someone might talk about suicide as a way of getting attention, in the sense of calling out for help. It is important to always take someone seriously if they talk about feeling suicidal. Helping them get the support they need could save their life. The majority of people who feel suicidal do not actually want to die, they just want the situation they are in or the way they are feeling to stop.

Myth: If a person is serious about killing themselves, there is nothing you can do.

Fact: Often, feeling actively suicidal is temporary, even if someone has been feeling low, anxious or struggling to cope for a long time. Getting the right kind of support at the right time is so important. In a situation where someone is having suicidal thoughts, be patient, stay with them and just let them know you are there. Remember, if you think it is an emergency or someone had tried to harm themselves- call 999.

Myth: You have to be mentally ill to think about suicide.

Fact: 1 in 5 people have thought about suicide at some time in their life. Not all people who die by suicide have mental health problems at the time they die. However, many people who die by suicide have struggled with their mental health, typically to a serious degree. This may or may not be known before the person's death.

Myth: People who are suicidal want to die.

Fact: The majority of people who feel suicidal do not actually want to die; they just want the situation they are in or the way they are feeling to stop. The distinction may seem small, but it is very important. It is why talking through other options at the right time is so vital.

Myth: Talking about suicide is a bad idea as it may give someone the idea to try it.

Fact: Suicide can be a taboo topic. Often, people who are feeling suicidal do not want to worry or burden anyone with how they feel and so they do not discuss it. However, by asking someone directly about suicide, you give them permission to tell you how they feel. People who are struggling or have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing. Once someone starts talking, they have a better chance of discovering options that are not suicide.

Myth: Most suicides happen in the winter months.

Fact: Suicide is complex, and not just related to the seasons or the climate being hotter or colder, and having more or less light. In general, suicide is more common in the spring, and there is a noticeable peak in risk on New Year's Day.

Myth: People who say they are going to take their own life are just attention seeking and should not be taken seriously.

Fact: Talking openly about suicide to a loved one, colleague, professional or a Samaritan can help someone work through their thoughts and help them find a way to cope. People who say they want to end their lives should always be taken seriously. It may well be that they want attention in the sense of calling out for help and helping them get support may save their life. Being able to talk openly about suicide can help someone work through their thoughts.

Myth: You cannot tell when someone is feeling suicidal.

Fact: Suicide is complex and how people act when they are struggling to cope is different for everyone. Sometimes there are signs someone might be going through a difficult time/having difficult thoughts. For some, several signs might apply, for others just one or two, or none. [Find out more on how to spot the signs that someone may not be OK.](#)

Supporting someone who is at crisis point can be distressing. It is important to look after yourself too. If you need to talk, you can call [Samaritans](#) free on 116 123, anytime of the day or night.

The [Local Offer](#) pages in each Local Authority offer a wealth of advice and support.

REFLECT TEXTLINE: Free, confidential, 24/7 text messaging support service for anyone who is struggling to cope.–**text reflect to 85258**

Papyrus: a website to support help regarding suicide <https://www.papyrus-uk.org/>

North Bedford CAMHS - Emotional & Behavioural Team and

South Bedford/Luton CAMHS - Emotional & Behavioural Team:

Call 111 Option 2 -24/7 ALL AGES Young people can talk to a CAMHS professional directly who can arrange additional support. **IN AN EMERGENCY. DIAL 999**

Research highlights one or more of the following as common adverse factors in cases where a child has taken their own life

- Existing mental health needs and/or previous suicide attempts or non-suicidal self-harm
- Family functioning including parental mental health, substance misuse, abuse/neglect, loss or conflict with key relationships
- Poor information sharing/communication between practitioners
- Problems with drug/substance misuse or the law
- Negative social media or internet use, problems at school and/or bullying
- Sexual orientation/identity/gender or sexual identity
- Chronic health conditions and/or neurodevelopmental conditions ADHD/ASD.

Key points:

- Child suicide is not limited to certain groups; rates are similar across all areas urban/rural/deprived and affluent neighbourhoods. However, where there are clusters of suicides it is important to be extra vigilant. Make time to talk and listen to children about what has happened, how they feel?
- Check if your organisation/school has an anti-bullying policy. Does it include guidance on how to assess the risk of suicide for children experiencing bullying and when to call a multi-agency meeting to discuss individual children?
- Check out local policies on information sharing and escalation. Do they include how children at risk of suicide can be identified and supported?
- Children may not be in contact with mental health services but may still be at risk of suicide.

Warning signs (not an exhaustive list);

- Talking or writing about death, dying or suicide/planning ways to end their life.
- Evidence of self-harm and/or accessing websites about suicide/self-harm, feeling hopeless or having no reason to live.
- Talking about being a burden to others, feeling trapped or in unbearable pain.
- Increasing use of alcohol or drugs.
- Suddenly very much 'recovered' after a period of depression.
- Visiting or calling people unexpectedly to say goodbye
- Setting their affairs in order/giving things away.

What to do?

- Listen to children, their friends & family. Do not dismiss their concerns.
- Empower children to know what to do, and who to talk to if their friends express suicidal thoughts.
- Wherever possible talk to a child at risk face to face, provide safe and accessible spaces for them to talk
- If you see someone distressed or struggling to cope, talk to them, you will not make things worse.
- Seek help, make sure any referral for support is detailed and clear
- Make sure the child and their main support know what to do if things get worse, make a safety plan with them.

Locally, the following Review was undertaken in regards to [Child V](#) who died in 2019 at a Psychiatric Intensive Care Unit in Essex. At the time of her death, Child V was subject to Section 3 of the Mental Health Act 1983 and had a history of self-harm. Child V died from ligaturing, which resulted in her suffering a cardiac arrest, she was 14 years old.