

Responding to people at risk of suicide

How can you and your organisation help?



Queensland Government
Department of **Communities**

safe, valued and empowered communities

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Introduction

As part of its commitment to the *Queensland Government Suicide Prevention Strategy 2003–2008*, the Department of Communities has developed three online resources to assist organisations and service providers to identify and respond to people at risk of suicide.

These resources draw upon a range of Australian and international literature on suicide, and advice provided by the Queensland Government Suicide Prevention Strategy Advisory Committee comprised of suicide and self-harm prevention experts.

All three resources are intended to provide organisations and individuals with easily accessible information concerning appropriate responses to managing suicide and self harm.

The other online resources in the series are:

- Principles for developing organisational policies and protocols for responding to clients at risk of suicide and self-harm
- Principles for providing postvention responses to individuals, families and communities following a suicide death.

Why is this resource relevant to you?

Service providers develop relationships and contacts with large numbers of families and individuals in the community, providing them with an important opportunity to identify and respond to the signs of suicide risk.

This resource is aimed at agencies that do not have a primary role in supporting people at risk of suicide but may have contact with people at risk of suicide as part of their core business. While suicide risk is higher among some demographics than others, suicide affects everyone in our society.

Everyone is responsible for identifying and responding to people at risk of suicide.

What is suicide?

Suicidal behaviours include suicide, attempted suicide and suicide ideation.

- Suicide is any self-injurious act intended to end one's life which results in death.
- Attempted suicide is any potentially self-injurious act intended to end one's life but which does not result in death.
- Suicidal ideation is thinking about engaging in suicidal behaviour, with or without a specific suicide plan.

It is important to note that while most people who experience suicidal ideation do not commit suicide, some do go on to make attempts on their own lives¹.

A Finnish study, for example, found that 22 per cent of the suicide victims examined had discussed suicidal intent with a health care professional in their last office visit ².

What is self-harm?

Self-harming behaviour is the direct, deliberate act of harming one's body without the conscious intention to die.

Common forms of self-harm include:

- wrist slashing
- biting and scratching at skin
- head banging and punching self
- burning of skin
- hair or eyelash pulling
- taking overdoses of drugs or medication
- inhalation of a harmful substance.

Sometimes people who are trying to harm themselves can accidentally take it too far and this is referred to as **accidental suicide**.

Suicide and self-harm are interconnected issues. However, they are not the same. The following table highlights the differences in terms of intention, method and potential for fatality.

	Self-harming acts	Suicidal acts
Intention of the act	To relieve emotional distress; to live and feel better.	To end unbearable pain; to die.
Method used	Thought by the person to be non-lethal (for example, shallow cutting, burning).	Lethal or thought by the person to be lethal.
Potential for act to be fatal	Usually unlikely or perceived by the person as unlikely; however can inadvertently result in death.	Highly likely or perceived by the person as likely.

Who is most at risk of suicide?

Suicide rates for males are higher than those for females and have been higher since the 1920s. However, more women than men attempt suicide.

In Queensland the following population priority groups have been identified as having elevated rates of suicide:

- young people
- Indigenous people
- older people
- people from culturally and linguistically diverse backgrounds
- people in custody
- people with a mental illness
- people who are lesbian, gay, bisexual or transgender
- males

There is also a higher risk factor for people who:

- are socially isolated
- are struggling psychologically and emotionally
- have health concerns
- lead a stressful life
- have marriage troubles
- have an unstable family environment
- live in a rural area
- have a drug and alcohol problem
- are financially disadvantaged
- have been abused
- have easy access to weapons
- are suffering from interpersonal loss
- have lost their job
- have been affected by a traumatic event.

What are the common warning signs of suicide?

People who are at risk of suicide may display a range of behaviours and experience a range of emotions. Some of the most common warnings signs are listed below. If you know someone who is experiencing one or more of these warning signs it is very likely that they need support and assistance:

- depression
- obsessions with death
 - writing about death
 - talking about death
- feelings of hopelessness
- isolating oneself from others
- threatening to commit suicide
- feelings of guilt and shame
- unexpected and sudden changes of
 - behaviour
 - personality
 - eating habits
 - sleeping patterns
 - work routine
 - social exposure
 - appearance
- making preparations for death
- accessing items to use for suicide
- excess intake of drugs and alcohol
- thoughts of suicide
- thoughts of self-harm
- previous suicide attempts
- withdrawal from family and friends
- paying all bills
- making a will
- giving valuable or precious gifts away to particular people
- verbal statements such as:
 - ‘I can’t bear to be alive anymore’
 - ‘Life is not important and I want out’
- deliberate self-harm
- death or terminal illness of a relative or friend
- gut instinct telling you that something is wrong

The following can act as buffers against suicide and self-harm:

- self-esteem
- life-skills
- connection with culture, family and community
- empowerment
- access to health care
- support systems
- clear cultural roles

What are the common myths about suicide?

1. People who talk about suicide never attempt or follow through with suicide.

Truth: *When a person talks about suicide it is probable that they are trying to seek some assistance, to minimise the risks and prevent suicide and/or self-harm.*

2. If a person has attempted suicide they will never attempt again.

Truth: *If a person has made an attempt at suicide it is often considered that this is a warning of additional suicide attempts in the future. There will be greater intensity with each attempt and for this reason it is necessary to assist the person as soon as possible.*

3. People who say they are going to commit suicide do it for attention.

Truth: *If a person suggests that they might commit suicide it should always be considered the truth and never that the person is just an attention seeker. Threatening suicide is often a way of asking for help and the best response is to support the person – this support may help prevent the suicide.*

4. Once a person is suicidal, they are suicidal forever.

Truth: *A suicidal person usually only experiences this ideation for a temporary phase. It is important to remember that the risk of suicide can change throughout a person's life depending upon the person's life situation and ongoing risk assessments should be conducted.*

5. Improvement following a suicidal crisis means that the suicide risk is over.

Truth: *The months following a suicidal crisis can be the most dangerous time as the person is in a better state of mind and has more strength to follow through with a suicide attempt.*

6. All suicidal individuals are mentally ill.

Truth: *Not all people experiencing suicidal thoughts or behaviours are mentally ill. Some suicidal people have been diagnosed with a mental illness called depression, or have been informed that their mental condition has been assessed as a mental illness. However, it is important to note the difference between unhappiness and mental illness.*

7. If a person discloses to you that they are considering suicide you should not breach their privacy by telling others.

Truth: *If you become aware that someone is experiencing serious suicidal ideation, the confidentiality of that person should be breached to protect them or prevent them taking their life. Often people experiencing suicidal ideation need to know they are cared for by others. Telling people who care that they are considering suicide may help prevent suicide attempts.*

8. If you ask directly 'Are you having thoughts of suicide?' you are putting the thought in their head.

Truth: *By asking this question, you imply that you care about them, and worry about their safety. It allows the opportunity for the person to become open with you, and talk about any problems or issues that may help prevent suicide attempts.*

9. If a person is going to commit suicide then nothing can stop them.

Truth: *Nearly all suicides can be prevented, and often a person is not sure whether they want to be alive or not. The person needs to be supported while feeling suicidal and then assisted in gaining access to counselling services to prevent suicide occurring in the future.*

10. The only successful intervention is that which comes from a psychologist or psychiatrist.

Truth: *Any person who can listen, give confidence and provide support to a suicidal person can provide useful intervention. Furthermore, professionals regularly utilise friends and family of a suicidal person to assist with prevention.*

11. Suicide is hereditary.

Truth: *Suicide can be over-represented in families but it is not genetically inherited. Members of families often share the same emotional environment, and the suicide of one family member may raise the awareness of suicide as an option for other family members.*

12. Every death is preventable.

Truth: *No matter how well-intentioned, alert and diligent people's efforts may be, there is no way of preventing all suicides from occurring.*

How can you help someone who is at risk?

- Ask the person directly if they are considering suicide.
- Let the person know that you care about them.
- Assure them that they are not alone.
- Take them seriously.
- Talk honestly and liberally about suicide.
- Really listen, let them express their feelings.
- Discuss ways to help them, and possible warning signs.
- Support them while they access professional help.
- Make the person feel that there is hope of things getting better.
- Remove any objects that could be classified as dangerous, and therefore able to be used to cause harm.

Referring to professional counselling:

- Obtain consent from the person and involve them as much as possible in the treatment planning process.
- Collect information to make the referral.
- Decide on the appropriate referral agency.
- Make the referral.
- Follow-up to ensure the appointment occurred.

Limited confidentiality:

- If a person is suicidal there should never be absolute confidentiality. There is a duty of care to prevent a possible suicide or attempt to self-harm. It is necessary to seek permission from the client to disclose their information. However, if this is rejected you may need to breach their confidentiality to comply with duty of care.

Which people are most at risk of suicide and self-harm?

Some people from particular population sub-groups are known to have a higher risk of suicide and self-harm. These population sub-groups include young people, Aboriginal and Torres Strait islander people, lesbian, gay, bisexual and transgender people, older people, people with a mental illness, people in custody, people from culturally and linguistically diverse backgrounds and people from rural and remote communities.

Additional factors that may contribute to suicidal ideations and self harming behaviour may be related to disempowerment, migration and refugee experiences, homophobia, geographical isolation and challenges with aging.

It is important to consult with organisations targeting these population sub-groups to ensure that appropriate policies, procedures and responses are developed that meet the diverse needs of these population groups.

Below are factors to consider when responding to Indigenous people and people from culturally and linguistically diverse backgrounds.

Responding to people who are Indigenous

In order to gain a greater understanding of Indigenous suicide, it is necessary to have some understanding of the historical context impacting on Indigenous Australians.

Many Indigenous people remain affected by relatively recent experiences to which they were subjected because of their Aboriginality. The policy of 'assimilation' of Indigenous people into Anglo-Australian society began in 1910 and continued in different forms until the late 1960s. When people refer to the 'stolen generations' they are generally referring to this period. The *Bringing Them Home Report* published by the Human Rights and Equal Opportunity Commission in 1997 concluded that, in the period from 1910 to 1970, between 10–30 per cent of Indigenous children were forcibly removed from their families and communities.

Acknowledgement and validation of these recent aspects of Australia's history is vital to understanding the position of Indigenous people in Australian society today.

While Indigenous Australian communities are very diverse, there are some general principles to keep in mind when working with Indigenous suicide:

- Indigenous suicide should not be understood or addressed in the same way as non-Indigenous suicide.

- Indigenous self-harm is often intended as a 'release' to feel relaxed and serene.
- Indigenous suicide often happens in clusters. One suicide triggers more within the community.
- Intervention should aim to connect Indigenous people with their culture, family and community.

Factors contributing to Indigenous suicide:

- drug and alcohol abuse
- marginalisation from mainstream society
- the grief and loss cycle, due to the high numbers of deaths in Indigenous communities both historically since colonisation and in contemporary Australian society
- lack of educational foundation.

Responding to people who are from culturally and linguistically diverse backgrounds

Culturally and linguistically diverse (CALD) populations have similar suicide rates to their country of origin. However, for the second generation, the rates are consistent with those of the general population in Australia. Refugees are a specific CALD sub-group at high risk of suicide and self-harm. Refugees may have experienced torture and trauma prior to resettlement in Australia, which increases their risk of mental health issues and suicide. Challenges in resettling into a foreign culture, including language difficulties, little access to meaningful work and experiencing trans-generational conflict, place refugees at particular risk of suicide and self-harm.

It is important to make sure:

- Responses to suicide in culturally and linguistically diverse communities are developed in partnership with credible multicultural organisations. Collaborative responses that incorporate the involvement of a multicultural organisation will deliver better outcomes for clients, as well as increasing your organisation's capacity to work with culturally and linguistically diverse communities in the future.
- Interpreters are available, whenever necessary.

- Workers are aware of culturally appropriate communication methods and cultural protocols when working with people from culturally and linguistically diverse backgrounds.
- Workers are aware of the different ways various cultures manage and deal with suicide.

What can you do to look after yourself?

Professional self-care:

- develop a case management plan and review it from time to time
- obtain internal professional supervision
- obtain external professional supervision
- debrief
- seek colleague support
- self-reflect

Personal self-care:

- get enough sleep
- take time to engage in recreational activities
- do something for other people
- develop a hobby
- listen to music
- watch a favourite movie
- eat sensibly, healthily and regularly (breakfast, lunch, dinner)
- exercise
- take time to relax
- do not be afraid to say 'no'
- realise when you are tired and exhausted and do something about it
- use natural supports, such as spending time with family and friends
- undertake relaxation exercises, such as yoga, rainforest walks, swimming
- carry out positive work activities
- begin a recurring exercise program, such as going to the gym, walking, playing soccer
- treat yourself to a massage
- take a vacation or a day trip
- begin writing a journal.

What can you and your organisation do to become better prepared to respond to people at risk of suicide?

There are a number of things you and your organisation can do to become better prepared to respond to people at risk of suicide:

- Develop organisational policies and protocols which clearly outline how staff and volunteers will respond to those at risk. The Department of Communities has developed some guiding principles to assist organisations to develop policies and protocols for responding to clients at risk of suicide and self-harm. This resource can be accessed through the Department of Communities website at http://www.communities.qld.gov.au/community/suicide_prevention/resources/index.html
- Find out what role other services in your local area play in responding to people at risk of suicide. Build working relationships with key services and develop referral protocols where appropriate. Maintain a contact database of key referral services that can be accessed by staff and volunteers in your organisation and keep a supply of brochures from relevant services that you can provide to people as needed.
- Attend training in suicide risk assessment and intervention. There is a broad range of introductory and advanced level training programs available across Queensland. As the evidence base for effective suicide prevention changes with new research, it is also important to attend refresher training to update your skills. The Department of Communities has developed an online resource, Suicide and Self-Harm Prevention Training and Professional Development Opportunities in Queensland, which can assist you to find a relevant program in your local area. This resource can be accessed through the Department of Communities website at http://www.communities.qld.gov.au/community/suicide_prevention/resources/index.html
- Find out if there is a local suicide prevention network in your region. Think about how the network can assist you with your work and how your organisation can contribute to achieving the network's goals.

What other resources can you access?

- *Beyond Suicide Attempts*
Available from Lifeline — this booklet provides information for families and communities following the suicide attempt of a young person. Beyond Blue also has some useful fact sheets and other resources available on its website
<http://www.beyondblue.org.au>
- *24-hour crisis telephone counselling services*
<http://www.lifeline.org.au/>
This website provides information about the counselling service provided by Lifeline and gives people the ability to find local health and community services.
National:
Lifeline – 13 11 14
Kids Help Line – 1800 55 1800
Queensland:
Crisis Counselling Service – 1300 363 622
- *Rethink*
http://www.rethink.org/living_with_mental_illness/coping_in_a_crisis/suicide_self_harm/
Rethink is a mental health membership charity based in the United Kingdom. It works to help people affected by severe mental illness to recover and achieve a better quality of life. Their website includes a range of information and downloadable fact sheets on suicide and self-harm prevention.
- *Suicide Prevention for Older People*
http://www.health.nsw.gov.au/pubs/2003/pdf/suicide_prevent.pdf
This manual provides extensive information to educators who may work with older people at risk of suicide.
- *Advancing Suicide Prevention*
<http://www.advancingsp.org>
This magazine is primarily aimed at informing the community about how they can work towards suicide prevention.

- *The Australian Institute for Suicide Research and Prevention (AISRAP)*
www.griffith.edu.au/aisrap
Based at Griffith University, AISRAP promotes and conducts research in all aspects of suicide prevention and is active in suicide prevention strategy development. AISRAP also provides education and training for professionals and volunteers and serves as a national clearinghouse for information on suicide.

What is the Queensland Government doing to respond to suicide?

Eleven Queensland Government departments and agencies contributed to the Queensland Government Suicide Prevention Strategy 2003–2008. The strategy adopts a whole-of-life framework in accordance with the National Suicide Prevention Strategy, and incorporates a diversity of initiatives spanning prevention, early intervention, treatment and support and bereavement.

The strategy can be accessed at
www.health.qld.gov.au/mentalhealth/docs/qgps_report_apr06pdf
and the action plan can be accessed at
www.health.qld.gov.au/mentalhealth/docs/20768.pdf

Further information:
Mental Health Branch, Queensland Health on (07) 3235 9474.

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