

Norfolk Suicide  
Prevention guidance  
for professionals

2016-2021

I AM  
REALLY NOT  
OKAY

Sometimes you've got to read between the lines.

# Norfolk Suicide Prevention Guidance for Professionals

## Introduction

This document seeks to provide a flexible framework to guide professionals in deciding what skills and knowledge is required of them or colleagues in their organisation in order to respond effectively to potential concerns about suicide. It is designed with community settings in mind, and on the basis that people who take their own lives are not always in contact with health or mental health professionals. For further information about activities in Norfolk, please refer to the strategy and action plan, and the suicide prevention audit which is available on the Norfolk Insight website [www.norfolkinsight.org.uk/](http://www.norfolkinsight.org.uk/).

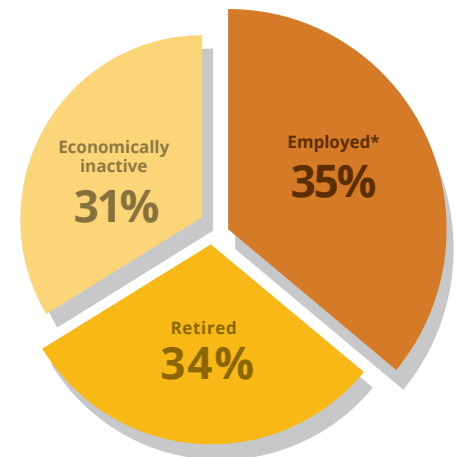
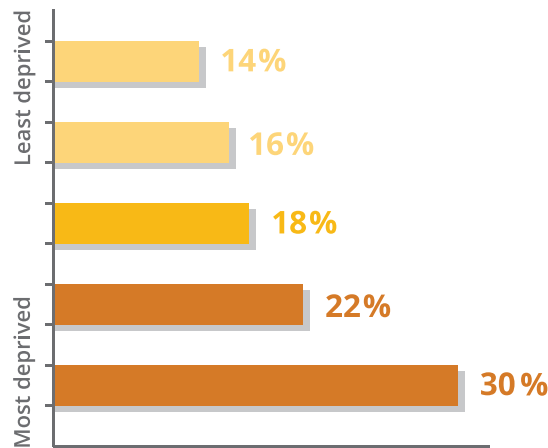
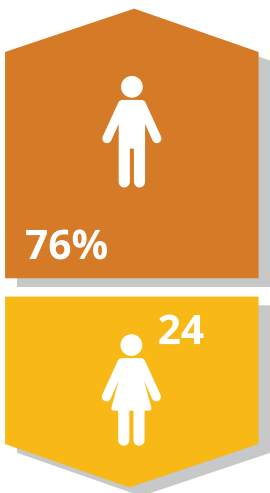
Included in this document is a training framework which sets out the blueprint for workforce skills for suicide prevention, building on the effective mental health first aid model. This approach gives people the skills to manage an immediate crisis in much the same way as physical 'first aid' training does. Assessing the situation, providing the individual with the skills to deal with the crisis and refer on to the appropriate place.

The aim of the suicide prevention training framework and guidance is to develop a 'first aid' response in the county in order to enable professional and individuals to recognise and respond to the distress of an individual in crisis. We would urge that agencies take a gender aware approach and train and develop skills of male staff as a priority, bearing in mind the characteristics of those who take their own lives, and the positive impact of peer support.

**Suicide is not inevitable, and preventing it is everyone's responsibility.**

## What do we know?

In Norfolk there are on average 77 suicides per year (2016) which is higher than the national average. The most recent statistics (2006-2016) identify that 76 percent were male, and a significant proportion of them were aged 45-59. We know that 30 percent lived in the most deprived areas, and 35% were economically inactive. This builds a picture which implies a loss of hope and purpose mainly affecting men in poverty or near it. For further local information, please refer to the suicide prevention audit, published on the Norfolk Insight website.



\*Factory Workers, Farmers, Metal Workers and Gardeners.

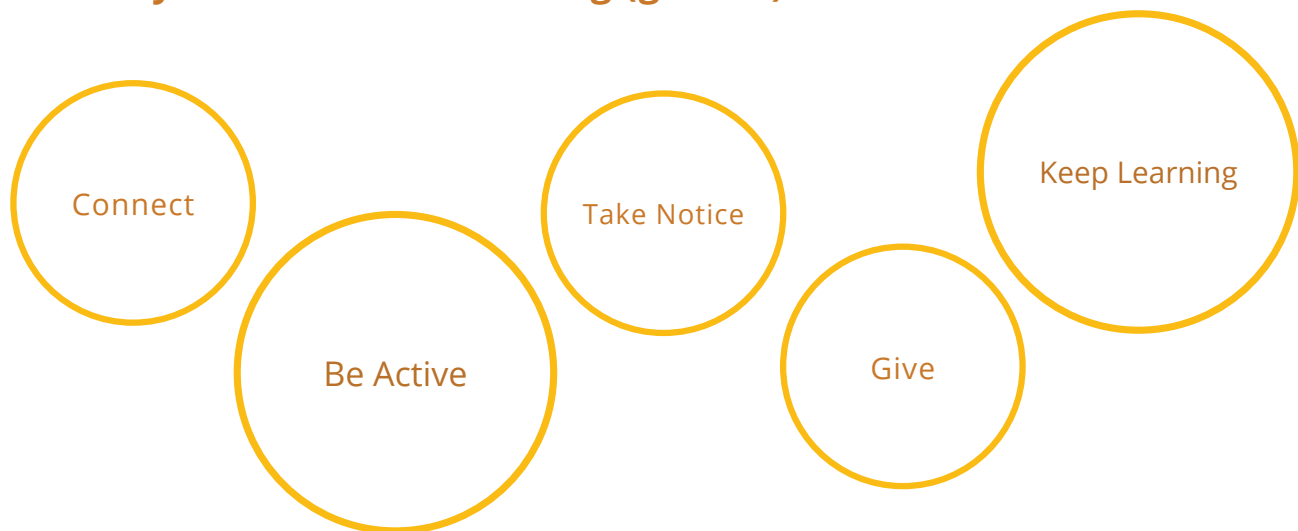
Although there may be factors which heighten risk, there are preventative tools which can be tailored to help anyone, for example taking measures to improve and maintain good mental wellbeing supports individuals to cope with adversity. For specific guidance in relation to children and young people please refer to the Norfolk Safeguarding Children Board Website <http://www.norfolkscb.org/about/policies-procedures/5-21-self-harm-and-suicidal-behaviour/>



# Five Ways To Wellbeing

Services which work with vulnerable people can refer to the 5 ways to wellbeing as protective factors which contribute to ongoing wellbeing (see figure). The 5 ways have been used as the foundation for safety planning guidance included in the appendix. Each of the ways to wellbeing is evidenced as helping to contribute to the health and happiness of individuals. More details can be found in this link:

**[Five-ways-to-mental-wellbeing \(gov.uk\)](https://www.gov.uk/government/collections/five-ways-to-mental-wellbeing)**



**'Mental wellbeing protects the body from the impact of life's stresses and traumatic events, and enables the adoption of healthy lifestyles and the management of long term illness. Mental wellbeing is a valuable resource for individuals, families and communities. It is associated with better physical health, positive interpersonal relationships and socially healthier societies. It helps people to achieve their potential, realise ambitions, cope with adversity, work productively and contribute to their community and society.'**

Better mental health for all: A public health approach to mental health improvement (2016) London: Faculty of Public Health and Mental Health Foundation.


The national public health response to mental wellbeing quoted above emphasises the importance of prevention in universal services, not just primary and secondary care health services. This premise is the underlying philosophy for the tools developed. Suicide prevention is everyone's responsibility, and the earlier distress, or lack of coping mechanisms that is recognised by those supporting an individual, the easier it will be to provide an adequate and effective response.

# Training Framework

As a county we have well established provision of mental health first aid offered by a range of agencies. This enhances the understanding of the professional to meet high levels of need in the population. Improved skills in a community setting will benefit prevention, early detection and response.

Where there are safeguarding concerns for adults or children, priority must be given to making a safeguarding referral to social care services. Most organisations should have a safeguarding lead, and advice is available from the **Multi Agency Safeguarding Hub** to talk through concerns. Even if an adult has mental capacity to make an unwise decision, there are still proactive actions that can be taken to help keep them safe. It is also advised that using professional judgement and acting in the best interests of the individual might also involve informing friends and family of concerns. Further information can be found in the consensus statement on information sharing about suicide prevention.

## Key Outcomes

-  To facilitate recognising the signs and symptoms of mental health issues and suicidal behaviour and ideation.
-  To improve mental health outcomes and reduce the risk of suicide in the population.
-  To identify how professionals working with people with mental health issues or suicidal thoughts can gain the skills and confidence to support them.
-  To help the development and planning of workforce skills and knowledge.

## Skills & Competencies

It is encouraged that all front line staff:

- ✔ Demonstrate kindness, warmth, sensitivity and compassion.
- ✔ Have active listening skills.
- ✔ Proactively signpost to appropriate services and keep knowledge up to date.
- ✔ Explore and understand risk.
- ✔ Understand safety planning.
- ✔ Learn about reducing access to means.
- ✔ Are confident to ask the question.

A more detailed training map is included in the appendices, outlining suggested skills and knowledge on suicide prevention, with details provided by the local mental health trust. We have also included an outline of training packages delivered nationally.

## Who this is aimed at

Not all people with suicidal thoughts have a diagnosed mental health condition, or contact with health services. A community based intervention, which enables professionals to respond effectively, could contribute to the wellbeing of individuals and prevent harm. The core components of this response would be to recognise risk, ask the question about suicidal ideation, thoughts and plans with confidence, and learning how to safety plan particularly in relation to reducing access to means. We have outlined potential actions below, which can supplement training.

# Keeping Someone Safe



Don't be afraid to ask someone directly **if they are thinking about taking their own life** – research has emphasised asking the question and **listening with compassion is helpful**. It does not imply encouragement.

A number of these warning signs cannot be considered in isolation, however key issues which are red warning flags are hopelessness and helplessness, a fixation on well-formed plans and preparations, and previous attempts. Where an individual may make regular threats to kill themselves, this does not reduce their risk of doing so.

Be confident about asking the question. You can ask soft questions about how things are going, and how they are feeling, and direct questions such as 'have you wanted to kill yourself in recent weeks? How often have you had thoughts about it?' 'Have you got a plan to do so?' to establish risk and ideation.

The next step is safety planning with the individual, identifying positives in their lives. A safety plan is a collaborative, strengths based effort. It means a commitment to staying alive – listing coping strategies and resources for use during a crisis. A sample safety plan is attached in the appendices.

## Safety Plan

It can be helpful, in addition to providing and seeking support from specialist agencies, to devise a safety plan with the affected individual. This should include the individual making a commitment to making their environment safe and removing the means, particularly if plans are well formed.

There is a downloadable safety plan on the Suicide Prevention web pages [www.norfolk.gov.uk/iamokay](http://www.norfolk.gov.uk/iamokay)

## Warning Signs

- Recognise thoughts, moods, situation, and behaviour before it triggers a crisis.
- Feeling low, angry; thinking that the world is better off without them; feeling like things are never going to get better.

## Protective Factors

- What is good in their life? What do they love? What do they love to do? Who are supportive influences in their life? Carry a picture around of friends and loved ones, including pets.

## Coping Strategies

- Things they can do to take their minds off it.
- Listen to music, go for a walk or run, look after a pet, walk a friend's dog, write the feelings down, do something to help someone, breathing or meditation.
- Distraction through people, speaking to someone they trust, ask for help.

## Making The Environment Safe

- Do they have access to medication, firearms? Ask them to safely lock away, or remove the items.



# Language

It is generally accepted that we should avoid language that stigmatises those who have died and their bereaved family and friends. In particular '**committed suicide**' is a phrase which should be avoided as it references a time when suicide was a criminal act. Alternative language such as 'died by suicide' or 'taken their own life' can be used instead.

- Keep them distracted and occupied with other thoughts.
- Work on the basis that the decision can be put off in order to stay **SAFE FOR NOW**.
- Keep them talking about what is good in their lives.
- Remember you don't have to fill the silence, and sometimes taking time is helpful.
- It is important to reduce access to means, by ensuring they or you make the environment safe. It could be as simple as their agreeing to remove items from their home and having them confirm the removal at a later time that day, particularly items such as shotguns or surplus medication.
- Find them local support – this does not have to be mental health services. It could be reducing social isolation through joining a walking or singing group, or voluntary work, it could be bereavement counselling or engaging with faith communities, or getting help from a voluntary sector agency. It should be particular to their needs.
- Seek to influence their choices so they stay safe for now.
- Remember there are national support helplines such as Samaritans, available 24hrs a day.

## Keeping Safe

### 01. Connect

with someone, talk to someone you trust, build and develop connections with people and the community around you.

### 02. Be Active

Go for a walk, a bike ride, play a game – find a physical activity you enjoy that suits you.

### 03. Take Notice

Be aware of how you are feeling, & consider breathing or meditation techniques.

### 04. Keep Learning

keep busy and distract yourself so your mind is busy doing other things, build your confidence.

### 05. Give

Look out as well as in, create connections with the people around you

## Resources

For a full list of useful resources for professionals please visit [www.norfolk.gov.uk/iamokay](http://www.norfolk.gov.uk/iamokay)

## Training Map

### Basic Suicide Awareness

#### Key learning outcomes

(competencies and skills expected)

Level 1\*

Level 2\*

Level 3\*

Know what is meant by the term suicide	✓	✓	✓
Be aware of the prevalence of suicide in the UK population	✓	✓	✓
Be able to recognise signs of suicidal ideation	✓	✓	✓
Know why early intervention is important	✓	✓	✓
Be aware of the impact of suicide on individuals, families and society	✓	✓	✓

\*Level 1 - Raising awareness for people who may come into contact with those at risk.

\*Level 2 - Knowledge, skills and attitudes for roles that have regular contact with those at risk.

\*Level 3 - Enhancing the knowledge, skills and attitudes for key staff working directly with those at risk.

Understand reasons why a person could feel suicidal	✓	✓	✓
Understand that suicidal thoughts need to be taken seriously	✓	✓	✓
Understand how suicide and self-harm differ	✓	✓	✓
Be able to signpost individuals, families and carers to advice, support and information	✓	✓	✓

## Values and Beliefs

Be able to explore own values and beliefs about suicide and how this may affect action and interaction	✓	✓	✓
To be aware of and understand myths and stigma surrounding suicide		✓	✓
Identify why we may miss, dismiss or avoid signs		✓	✓
Understand the legal position around safeguarding and capacity and the right of people to make an unwise decision			✓

## Suicide Risk Reduction and Prevention

Understand the factors that may increase the populations or individuals likelihood of engaging in suicidal behaviour	✓	✓	✓
Be aware of simple warning signs		✓	✓
Understand simple strategies for increasing helpfulness and resilience	✓	✓	✓
Be aware of specific risk factors for children and young people, older people and diverse groups		✓	✓
Understand ideation, intent and lethality			
Be aware of the changing nature of risk, static and dynamic factors		✓	✓
Be aware of the changing nature of risk, static and dynamic factors		✓	✓
Understand the importance of protective factors		✓	✓
Know how to write and understand a safety plan		✓	✓
Understand why people experiencing unemployment, mental ill health, debt, social isolation, family breakdown, alcohol, drugs, domestic violence and bereavement are at increased risk of suicidal behaviour.			✓

## Suicide Risk Reduction and Prevention

Be able to develop and disseminate suicide prevention information and advice			✓
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## Communication

Be able to communicate effectively and compassionately with individuals who express suicidal thoughts	✓	✓	✓
Be able to demonstrate active listening skills	✓	✓	✓
Understand the importance of speaking clearly, calmly and with patience	✓	✓	✓

## Care Pathways

Understand the need to improve care pathways between emergency departments, primary and secondary care, inpatient and community care, and on hospital discharge		✓	✓
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## Assessment and Intervention

Think about a range of interventions that may be helpful in managing suicide risk		✓	✓
Consider interventions that might be used to reduce and manage risk		✓	✓
Identify assessment methodology and treatment modalities that may be used for persons at risk for suicide			✓
Think about how to assess suicidal behaviour in a manner that is likely to increase the reliability of the information gained in order to effectively provide relevant interventions			✓

## Research and Evidence Based Practice

Be aware of national and local legislation, policy and guidance on suicide prevention		✓	✓
Be aware of suicide risk reduction evidence-based research and national health promotion strategies			✓