

## **Be Suicide ALERT:**

### **A briefing for health and social care and other frontline staff**

This briefing is for staff working in the Greater Glasgow and Clyde area to support you if you are talking with someone who may be at risk of suicide. It explains the 'ALERT' model and provides some ideas for putting it into practice, as well as useful information about support services and suicide prevention resources.

#### **Be suicide ALERT**

During these uncertain times of austerity and conflict in the world many people are suffering from anxiety, depression, loneliness and other big changes to their normal lives. Many people will cope fine but others may find these things difficult and will experience more stress and distress at this time. Although this can be difficult, it's important for them to know that they are not alone and that these feelings more often than not will pass. However, it is still important to be mindful that some people may struggle and find it hard to cope.

As well as the general public; Front line and Key workers including health and social care staff may be under particular pressure at this stage and may be more at risk of suicide, and so it's important to check in with how colleagues are coping as well as looking after your own mental health.

If someone is contemplating suicide, they may:

- Talk about wanting to die
- Talk about feeling trapped, hopeless or being a burden to others
- Be stressed or anxious and seem to be not coping
- Appear careless, moody or withdrawn
- Have lost interest in their appearance
- Be misusing drugs and/or alcohol
- Give away prized possessions, or be putting their affairs in order for no obvious reason.

Someone who has appeared stressed or distressed may appear calm and in control once they have made a suicide plan.

## What is your role?

It's important to know what your role is if speaking with someone who is thinking about suicide. You may be trained in ASIST (suicide prevention training) in which case you will have more insight into suicide prevention, or you might be coming at this having not taken part in suicide prevention training. Don't worry about not getting it right or saying something wrong, just try your best and if something doesn't come across right then just be human and apologise to set you back on track!

Asking the question – if someone is considering suicide - and knowing some key sources of support is all you need. You're not expected to be an expert in suicide prevention, just to listen to the person and help direct them to further support. If you've done that then you've probably gone a lot further than most people they have spoken to.

Using the **ALERT** model in a health and social care setting

- **ASK if you think someone may be thinking about suicide.**
- **LISTEN carefully to what the person is saying.**
- **ENCOURAGE them to talk further.**
- **RIGHT Now**
- **TALK to someone**

Preparing for the conversation

It might be helpful to set boundaries when you start speaking with someone about their mental wellbeing so that you are both clear about your role and its limitations.

*“I can listen to you to find out more about your situation and help you to find the most appropriate support for you; however I'm not able to offer ongoing support or offer any specific mental health support. I will work with you to keep you safe. I just wanted to be clear so that we both know what I can and cannot do.”*

Gather some basic information to help to find out about the person including their name, address and GP practice. Explain that you will ask them some questions. If you are on the telephone to them, it might also be appropriate to gather a phone number in case you get cut off so that you could call them back. This information will help you should the person be in crisis and if you need to call the emergency services, or if you are linking with their GP.

A statement similar to this can help with your confidence in asking questions but can also help the caller know what to expect. You may already have this information so you don't need to duplicate this process if it's already available to you.

*"To find out the most appropriate service or resources to direct you to I'm going to ask you a few questions. Firstly can I find out your name, what is the name of your GP practice and in which town is that in..?"*

### **ASK if you think someone may be thinking about suicide**

It is really important if someone is displaying the thoughts and feelings mentioned above that you ask them if they are thinking about suicide. Some people worry that asking about suicide may give them the idea to take their own life but this is not the case. You need to be really clear in your language when asking so you both know that it's suicide that you're talking about. You could say:

*"It sounds like you've been having a difficult time at the moment, is suicide something that you're thinking about?"*

*"Sometimes when people experience what you're going through they are considering taking their own life, is that something that you have been thinking about"*

*"Can I be clear, when you're talking about... [thinking of just ending it all]... is it suicide that you mean?"*

*"I know you said before that suicide wasn't something you were thinking about, but the more we talk and when you mention things like... [Giving away possessions / people better off without you etc.] I just wonder if it is really suicide that you're thinking about"*

### **LISTEN carefully to what the person is saying and ENCOURAGE them to talk further.**

These stages in the ALERT model are about building a connection and information gathering. We want to know if the person is feeling suicidal, if they have a plan, if they have the means to carry out the plan and if they are at immediate risk.

Many people working in health and social care are used to helping people to 'fix' whatever problem they may be experiencing but on this occasion it's important to really listen to what the person is saying. This not only helps to make a connection, and build trust with the person, but will help you to determine how the person is really feeling. Listening can also give you background clues, for example their location, if there are other people or pets around, if they sound disorientated or like they may have been taking drugs or alcohol.

While you are listening you also want to encourage the person to talk further and provide more detail about how they are feeling and their circumstances. You don't

have to be completely neutral and showing empathy is vital. Active listening skills include: Reflecting back what the person is saying. Try to use the words that they have said when summarising or asking for more information. This helps to build a connection and also stops you from using language that might not accurately reflect how they are feeling.

Asking open questions rather than those that require a yes/no answer; this will encourage the person to keep talking. Questions that begin with 'when', 'how', 'what' or 'where' is a good starting point.

Examples could be:

*"You said...[you feel hopeless at the moment]... can you tell me more about that?"*

*"It sounds like you're finding things difficult today, how long have you been feeling that way?"*

*"Has something happened to make you feel that way?"*

Every situation will be different and you will have your own style, and often will have built up rapport with the person so you will have a notion for how they respond to questions. Use this intuition and trust yourself. If you're not clear on their answer then be direct and ask again. Some questions you could consider to gather this information are:

*"You said you have been thinking about suicide, is that something you think about often?"*

*"Thank you for sharing with me that you have been feeling suicidal, that's a big step, have you told anyone else about the way you are feeling?"*

*"You mentioned that ending your life is on your mind, have you been thinking about how you would end your life?"*

*"Do you have access to...[medication/rope/car]? Is that bridge somewhere close by or that you visit a lot?"*

*Have you taken any of the medication? How much?"*

Sometimes this information will come across very quickly, at other times you may be speaking with someone for a while. The fact that they are talking with you is a positive thing, and it's keeping them safe. Remember that most people who are thinking about suicide do not want to die, they just want to end the pain they are experiencing.

## **What action do you take RIGHT NOW?**

**No suicidal thoughts or behaviour** – That's ok you did the right thing asking the question. It's better to have asked and been told 'no' than to have wished you had asked them. It shows that your service is a place that is comfortable asking those questions and dealing with the answers should they find themselves feeling suicidal in future. If you're still concerned or worried that they are not telling the truth then you can always keep talking with them to build up a connection and ask again. They may still be experiencing distress or be looking to improve their mental wellbeing – local resources such Lifelink or the CDRS in Glasgow, or RAMH First Crisis in Renfrewshire or any of the resources listed at the end of this briefing would be good to signpost to. Local resources are included here; [Adult Mental Health Helplines and Websites - NHSGGC](#) and for young people; [Who to Contact for Mental Health Support – Young Scot](#)

**Experiencing suicidal thoughts behaviour but do not have a plan to end their life.** It's great that they have opened up to you and shared this with you. You might be the first person they have told. It's estimated that up to 1 in 20 people are in this category at any one time. Encourage them to talk to their GP and friends, family or colleagues. They may find the Stay Alive App and the emotional support websites and helplines useful.

**They have a plan to end their life but no means or do not intend on using the means at present.**

Encourage them to call their GP today to make an appointment, you may even want to try to get in touch with their GP to let them know about the conversation you've had (with the patient's permission). If they have the means to carry out the plan, try to agree that they won't use them, perhaps ask them to give the means to someone they live with or a nearby pharmacy, flush medication down the toilet. Use the rapport that you have built to make an agreement that they won't end their life today.

*"I want to help to keep you safe, can we agree that you will...[take action to make their environment safe]?"*

*"I'm worried about you and I want to make sure that you are able to keep yourself safe. What can we put in place today that will keep you safe?"*

*"It may be a few days before you can speak with your GP, is there anyone around you that can support you until then?"*

**They are at immediate risk of ending their life or others are at risk.**

The person may have already attempted suicide, or there may be children or vulnerable people with them that you think are at risk. It might be that the person is in a dangerous situation that puts them at immediate risk. If this is the case call the emergency services on 999, or if they are with someone who is able, ask them to go to A&E. It may be helpful if you are able to stay talking with the person whilst someone else calls the emergency services.

## **TALK to someone**

Talking with someone who is thinking about suicide can be a stressful experience. You may experience a sudden surge of emotion after you've spoken with the person, or your energy levels might drop. It's important that you take some time and talk with someone afterwards. This might be your manager, or a colleague. Someone who is ASIST trained (suicide prevention training) would be useful to debrief with. You may prefer to speak to your friend, partner or colleague. You may wish to talk to Breathing Space or Samaritans.

## **Support services and self-help resources**

GP support - GPs can support their patients and discuss whether medication or referral to other more specialist support services might be helpful. NHS 24 can provide urgent advice out of hours when the GP practice is closed, call 111 to access this service.

**Breathing Space** 0800 83 85 87 (Weekdays: Monday-Thursday, 6pm-2am; Weekends: Friday 6pm-Monday 6am). There is also a webchat service available; <https://breathingspace.scot/>

**Samaritans** 116 123 (24hrs/day) or email [jo@samaritans.org](mailto:jo@samaritans.org)

**SHOUT** text service by sending a message to 85258. Text messages are free.

**Stay Alive App** – A mobile app for those at risk of suicide or worried about someone. Download for free from the App Store or Google Play.

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

## **Further information about suicide prevention**

Raising Awareness of Mental Health and Suicide Prevention – video resources

Watch these animated videos for practical advice about how to support people who may be feeling suicidal or experiencing mental distress. Created by Public Health Scotland and NHS Education Scotland.

- Ask, Tell - Look After Your Mental Health: understanding mental health and keeping mentally healthy: <https://vimeo.com/338176495>
- Ask, Tell - Have a Healthy Conversation: supporting compassionate conversations with people who may be experiencing mental distress or who are at risk of suicide: <https://vimeo.com/338176444>
- Ask, Tell - Save a Life: Every Life Matters: suicide prevention and keeping people safe: <https://vimeo.com/338176393>

**Training:** You might be interested in attending the **ASIST suicide prevention training Programme** which runs throughout the year and is a two day course.

<https://www.yoursupportglasgow.org/media/37383/suicide-prevention-training-flyer-feb-april-2023.docx> - For more information on related training please go to the NHSGGC Mental Health Improvement Team website, [Mental Health Training and Capacity Building - NHSGGC](#)



## **Case studies**

Every conversation about suicide is different, and it will depend on the two people involved how that transpires. Following the ALERT model as a guide will help you to know roughly which steps to follow. Below are some examples of situations and what you might do – although no two situations are the same.

### **Case study A**

Person A has recently lost a friend to suicide, you know therefore that she is more at risk of suicide. She has a daughter who visits frequently but just wants her mum to ‘get over it’. Person A is socially isolated and she doesn’t like her male GP – you suspect this is because of a previous history of domestic abuse from a male partner. She says that she thinks about suicide regularly and but that she couldn’t take her own life as she knows the effect it had on others when her friend died by suicide. What could you do?

You don’t think that Person A is at immediate risk of suicide because of what she has said but it is clear that she is distressed by having suicidal thoughts. You agree with her that she will stay safe but if she finds herself having further suicidal thoughts she will call Breathing Space. After talking for a while you find out that she enjoys gardening and you suggest that she looks on ALISS to find out if there are local gardening groups that she can join. You also link her to the Wellbeing Point for self- help information and suggests that she speaks to a female GP who can link her to the Wellbeing Service, consider if medication is appropriate or link her to other more specialist referrals.

### **Case study B**

Person B has lost his job and is feeling low. He doesn’t say much on the phone and it takes you a while to get much information from him. You ask him about suicide and he abruptly shuts you down. You hear a dog barking in the background so you change tact and start asking him about his dog. After a while he opens up that his dog is the only thing keeping him going, but he was going to ask his brother who will then be back from offshore to dog sit next week while he ‘sorts some stuff out’. You ask again about suicide and he opens up that suicide is what he is thinking about and he has a plan and the means to do it. He says he can’t do that until his dog is safe. What could you do?

You are concerned about Person B as he has been having suicidal thoughts and has a plan and means to carry out that plan, however you believe that he is not at immediate risk. You encourage him to call his brother to talk about how he is feeling and he agrees that he will. He agrees to call his GP and you agree to leave a note on the system explaining that you have spoken. You know that there is a local men’s shed and provide him with the details of that, as well as the number for the Job Centre. He downloads the Stay Alive App while you are on the phone to him.

### **Case study C**

Person C has clearly been drinking, she calls and bursts into tears. She explains that she just wants the pain to end and that she's taken a lot of medication and been drinking a lot of alcohol. You know she is at immediate risk but you don't know where she lives. What could you do?

You know that while Person C is on the phone to you she is safe from doing any more harm, however you want to quickly find out where she is so you can get help. You ask her what she can see out of her window and you know the landmark she mentions. You ask for her address and she ignores you. You ask again and she gets angry. You explain that you understand that she wants to make the pain go away, but that you're worried that drinking alcohol affects decision making and that it might be better to think about her options when she hasn't been drinking – it's not a decision she has to make today. She tells you her flat number and you explain that you have called an ambulance and that you will stay on the phone until it arrives.

### **Case study D**

Person D has been on the phone for a while, your colleague mentions he frequently calls and has attempted suicide many times before. Despite this you know to take every instance seriously. He complains that he has been to all the support services you mention and that they haven't been any help, he's just been on a waiting list for a long time. What could you do?

You reflect back to person D that it sounds like it has been difficult for him speaking to different services. You reassure him that the service that he is on the waiting list to speak to sounds like a good fit for him but that you recognise it is difficult waiting. You suggest that he looks at the self-help resources on the Wellbeing Point including the Six Ways to Be Well planner to see if there is a focus for improving his mental wellbeing in the meantime. You suggest that it sounds like it helps for him to talk about how he is feeling and encourage him to talk to friends and family and to call emotional support phone lines whenever he needs to.