

Suicide Awareness: Guidance on Action in Serious or Acute Cases

Families Need Fathers Both Parents Matter Cymru

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1. The Charity's Need for Suicide Action Guidance

Key risk factors in suicide are,

- (i) Being male, especially in mid-life;
- (ii) Having recently been separated from a partner, especially where there are child contact problems;
- (iii) Being unemployed, irregularly employed or employed in unskilled manual work;
- (iv) Having degraded mental well-being and/or suffering from loneliness or social isolation.
- (v) Being a victim (or perpetrator) of domestic abuse.

Consequently, the service users of FNF Both Parents Matter Cymru are the peak demographic for suicide risk, all five of the above criteria being common in our client base. Specifically, (i) 80% plus; (ii) virtually 100%; (iii) 68%; (iv) 67%, (v) 71%. As a result, in year 2020, 80% of service users reported being depressed, 24% of new registrants reported having had suicidal thoughts, either at present or in the recent past, and 4.4% (13 men) had attempted suicide at some time. These are extraordinarily large percentages compared with the general population, confirming that the charity is dealing with a service user population at abnormally elevated suicide risk.

2. Objectives

- [1] To raise general awareness within the charity of the indicators of high suicide risk;
- [2] To specify how at-risk service users will be identified;
- [3] To define how the charity shall respond to service users who have been identified as being at elevated suicide risk;
- [4] To specify how to identify, and the action to be taken to deal with, serious or acute/crisis cases which exceed the charity's capability to address internally;
- [5] To specify the personnel responsible for [1] and [2].
- [6] To specify the personnel authorised to respond under [3] and [4].

3. Responsibilities

- a) All staff, trustees and volunteers who interact directly with service users shall,
 - be made aware of this Guidance;
 - familiarise themselves with the indicators of elevated suicide risk (Appendix B);
 - be aware of their responsibilities under this Procedure (§7 below).
- b) The Buddy Coordinator shall be responsible for maintaining a log of service users who have been identified as at elevated suicide risk. The Procedure (§7 below) specifies how the Buddy Coordinator is to be made aware of such at-risk service users.



- c) The Buddy Coordinator shall be responsible for supporting at-risk service users to manage or ameliorate this risk, via the Buddy support group, whilst this risk remains below the serious or acute level. The Buddies' monthly diaries shall be used to retain a record of interactions with such at-risk service users (see the Procedure, §7 below).
- d) A small team of carefully selected and trained officers of the charity, the Serious/Acute Suicide Risk Team, shall be responsible for, (i) independently assessing potential cases of serious or acute suicide risk identified to them, and, (ii) carrying out the actions specified in the Procedure (§7 below). This Procedure also defines the process by which cases are referred to the Serious/Acute Suicide Risk Team. Currently authorised members of the Serious/Acute Suicide Risk Team are listed in Appendix A.

4. Safeguarding

This Guidance is intended to provide safeguarding protection in two distinct ways,

- Our first concern is for the suicidal service user and preventing an action which is irreversible and tragic;
- The charity is also mindful of the need to protect the staff, trustees and volunteers of the charity from the undeserved guilt that may follow from a completed suicide. It is important that the charity has a clear pathway to follow in serious and acute cases so that staff, trustees and volunteers of the charity can be confident that they did all they were asked to do or could do. In the final analysis we must accept that we may not be able to protect everyone from themselves.

5. Definition of Raised Risk, Serious Risk and Acute Risk

A large proportion of our service users exhibit suicidal ideation. Despite often being very depressed, distressed, anxious and lonely, only a small proportion of service users exhibiting suicidal ideation will be so at risk as to require classifying as at serious or acute risk.

5.1 Raised Risk

Raised Risk of suicide is defined as any service user who has stated that they are having, or have in the past had, suicidal thoughts but does not meet the criteria for Serious or Acute Risk (below). About one-quarter of our service users will have Raised Risk, but only a small proportion of these will be at Serious or Acute Risk.

5.2 Serious Risk

Serious risk is defined as meeting the criteria of Appendix B (i.e., displaying a broad pattern of the “red flag” behaviours). The Serious/Acute Suicide Risk Team will assign Serious Risk if the service user is also becoming beyond our capacity to stabilise.

5.3 Acute Risk

Acute risk (also called Crisis Risk) is defined as the service user being considered to be in immediate risk of killing themselves so that physical intervention is likely to be needed straight away (e.g., they might otherwise be dead the next day). Only the Serious/Acute Suicide Risk Team shall decide upon Acute Risk.



6. The Procedure in One Sentence

If staff, trustees or volunteers are concerned that a service user might be in the serious or acute risk category, as judged by the “red flag” indicators in Appendix B, they shall inform a member of the Serious/Acute Suicide Risk Team immediately (see Appendix A for members and contact details).

7. Detailed Procedure

This Procedure is presented in terms of the responsibilities upon the various categories of charity staff, trustees and volunteers. People who have no direct contact with service users (where “direct” includes by phone or email) have no responsibilities under this Procedure. Throughout the Procedure, guidance on gauging the level of risk is provided by the indicators listed in Appendix B.

Care should be taken not to flag either “serious risk” or “acute risk” too readily, as too large a volume of such alerts – almost all of which turn out to be false alarms – will potentially discourage effective action in genuine cases (“crying wolf”).

7.1 All Volunteers, Staff and Trustees

Volunteers, staff and trustees who are not members of the Serious/Acute Suicide Risk Team are not required to distinguish between “serious” and “acute” risk.

Any volunteer or officer of the charity who suspects a service user may be at serious/acute risk shall inform a member of the Serious/Acute Suicide Risk Team immediately.

7.2 Helpline Operatives

Helpline operatives will not normally have a sufficiently long, or in depth, conversation with callers to identify suicidality risk. Nevertheless, it is possible that they might identify such risk if it becomes evident even in a short conversation. If this risk appears Serious/Acute by the criteria of Appendix B, the helpline operative shall inform a member of the Serious/Acute Suicide Risk Team immediately (or ask the Helpline Coordinator to do so).

Lesser suicidality risk may be flagged in the Notes in the *SUP In Progress Workflow* spreadsheet.

7.3 Outbound Callers

The process of completing the SUP with service users places outbound callers (OBCs) in the best position to gauge potential suicidality. This may be gauged from the service user’s general presentation, their RIC score, and their replies to the well-being and loneliness questionnaires. Throughout, the OBC should be mindful of the suicidality indicators listed in Appendix B, and especially those in red which may indicate Serious/Acute Risk.

Service users answering “yes” to Question 5 of the RIC, which relates to depression or suicidality, should be asked a follow-up question specifically to identify whether they are having suicidal thoughts, or previously have had suicidal thoughts. If they reveal a current suicidality, OBCs should ask if they have a specific plan for how they would kill themselves.

Obviously a tactful tone is required over this issue, but this last question is important as it is the most significant indicator of Serious/Acute Risk. The indicators in Appendix B can also form the basis of questions should there appear to be a call to do so.

If the risk appears Serious/Acute by the criteria of Appendix B, the OBC shall inform a member of the Serious/Acute Suicide Risk Team immediately (or ask the Workflow Coordinator to do so).

Lesser suicidality risk may be flagged in the Notes in the *SUP In Progress Workflow* spreadsheet.

7.4 Buddies

Buddies' responsibilities fall into two classes,

- i. Responsibility towards service users already identified as at Raised Risk, and,
- ii. Responsibility to identify service users at risk of suicide who have not previously been so identified.

In accepting the Buddy role, Buddies undertake to make regular contact with their supported service user, or to make the attempt to do so, and to provide emotional support to the best of their ability.

Buddies are responsible for leaving a record of the exchanges they have with their service users in their Monthly Diaries (including logging failed attempts to make contact). Buddies must be mindful of service users who have been identified as at Raised suicide risk, and may broach the subject of suicide with the service user if they deem it wise and tactful so to do. Guidance is that they may be grateful to you for raising the subject which they might feel reticent about raising themselves.

Buddies must be especially watchful of service users unilaterally mentioning suicide. It is particularly important that any exchanges relating to suicide are recorded in the Buddies' Monthly Diaries (which must be passed to the Buddy Coordinator for logging in Caseworker).

If a Buddy suspects, based on the criteria of Appendix B, that a service user is at Serious/Acute Risk of suicide, and this has not been identified previously, the Buddy shall notify the Serious/Acute Suicide Risk Team immediately.

7.5 Buddy Coordinator

- [7.5.1] The Buddy Coordinator shall ensure that all service users at Raised Risk of suicide are assigned a Level 2 Buddy (unless they have declined).
- [7.5.2] The Buddy Coordinator shall ensure that any Buddy assigned to a service user is aware when the latter has been identified as being a Raised Risk of suicide.
- [7.5.3] Service users identified as a Serious/Acute Suicide Risk will be managed by the Serious/Acute Suicide Risk Team. Any assigned Buddy should be especially experienced.



7.6 Serious/Acute Suicide Risk Team

The Serious/Acute Suicide Risk Team is responsible for taking the appropriate action when they receive a notification of a service user suspected of being at serious risk. Team members and contact details are given in Appendix A.

The Team shall respond in the following ways, and in this sequence,

- [1] The Team shall be responsible for assessing whether the service user is at Serious Risk or at Acute Risk, or neither. For every service user referred to the Team, this assessment shall be recorded (e.g., in Caseworker.mp). This is likely to involve talking with the service user.
- [2] If, following [1], the service user is confirmed to be at Serious Risk, the Team shall be responsible for carrying out, or commissioning, any enhancement of emotional support to the service user which might be effective in reducing their Serious condition. The Team has discretion how this may be addressed, but may involve some or all of,
 - A member of the Team taking up an ‘enhanced’ Buddy support role with the service user;
 - Identifying another party (staff, trustee, volunteer, another service user, or a trusted friend) who may be effective in assisting the service user with practical issues which may be exacerbating his condition, e.g., a former service user whose personal experience may be similar. The particular effectiveness of former service users in this capacity should not be overlooked, though the Team must accept responsibility for making a judicious choice – some individuals may be inclined to replay their own battles by proxy, which could be destructive;
 - In some cases, arranging for the service user’s Case Advisor to talk to them may be effective, as concern over the progress of practical matters relevant to their case may be a key ingredient in their acute condition.
- [3] If, after trying the above approaches, the Team is of the view that we are failing to improve or stabilise the service user’s condition, then the Team should consider referral to external specialist services – see the separate document “*Serious or Acute Suicide Referral Options*”. For service users who are deemed at Serious Risk but not at Acute Risk, any referral can be by consent only.

(Aside: If the service user refuses all referral options then, ultimately, there is nothing more we can do. However, there are techniques of persuasion which may be deployed, though it is a delicate matter to decide where the boundary between persuasion and coercion lies in this situation (i.e., given that their life may depend upon it). The Team should bear in mind once again that other volunteers, especially ex-service users, may be more successful at influencing the service user than staff or trustees of the charity. Ex-service users with their own experience of the external services in question may be particularly valuable in this respect.)

Where a referral is made – or offered but declined – this must be recorded (e.g., in Caseworker.mp).



- [4] If the service user has been assessed by the Team to be at Acute Risk, which by definition means a high risk of imminent death, then the Team must take immediate action to intervene - see the separate document “*Serious or Acute Suicide Referral Options*”. This is likely to be either (a) phoning the police (999), or, (b) phoning the relevant Crisis Resolution & Home Treatment Team or the equivalent.

Appendix A: The Serious/Acute Suicide Risk Team

This list defines the Team who alone are authorised by the charity to,

- Identify service users at Serious Risk or Acute Risk;
- Refer service users to external services.

The Team

[1] Team Leader: The Buddy Coordinator

Email: buddycoordinator@fnf-bpm.org.uk

Mobile: 07593 819930

[2] Anne O'Regan (vice-Chair)

Email: anneoregan@msn.com

Mobile: 07848 858444



Appendix B: Indicators of Suicide Risk

“Red Flag” indicators – those in red text below – are the key things to watch out for as indicators of Serious/Acute Risk

Almost all the charity’s service users have a common exogenous factor which, in most cases, will have precipitated the suicidality, namely their removal from their children and/or domestic abuse. Despite that, and whilst virtually everyone in that position will be angry, frustrated and very unhappy, not everyone becomes suicidal. Moreover, the indicators of suicidality are broadly the same for these men, or women, as for people whose suicidality has not been brought about by parental separation and child contact denial. Consequently, this Appendix uses the same set of suicide indicators which are generally applicable.

If you, or someone else, has taken the service user through the domestic abuse risk indicator checklist (RIC), then any suicidality should have been recorded under question 5.

In the list below the indicators in red are those which will elevate the person to the level of Serious/Acute Risk. It is necessary to display a number of such signs in order to indicate Serious/Acute Risk, but not all of them.

Serious/Acute Risk requires the service user to display a broad pattern of the “red flag” behaviours listed below: not all of them, but more than one or two.

Probably the most important of these “red flag” indicators is having already devised how they intend to kill themselves, and have acquired the means to carry it out. Exceptionally, this indicator alone is sufficient to identify serious/acute risk. You should be aware that the commonest means by which men carry out a completed suicide is by hanging, so obtaining a suitable rope or cable, and having thought where they would tie it, is an immediate indicator of serious/acute risk.

The list below is divided into five categories of indicators: signs from the person’s history, conversational signs, behavioural signs, physical signs, and emotional issues. The first three of these include the chief indicators of acute risk. Usefully, most of these will emerge in conversation, especially during SUP completion.

B.1 History Signs

- Previous suicide attempts
- Has self-reported suicidal ideation (past or present)
- A close friend or relation has killed themselves

B.2 Conversational Signs

- Talking about wanting to die or to kill oneself;



- **Having a plan for how to kill themselves, or starting to devise a specific plan;**
- **Accessing lethal means (rope, knife, poison, convenient high place, etc.)**
- Talking about feeling helpless, hopeless, trapped or having no purpose; “Nothing I do makes a bit of difference, it’s beyond my control”
- Talking about being a burden to others;
- Expressing there's no reason to live; there’s no future; “What’s the point? Things are never going to get any better”
- Guilt: “It’s all my fault, I’m to blame”
- Escape: “I can’t take this anymore”, saying they are in unbearable pain;
- Alone: “I’m on my own ... no-one cares about me”
- Damaged: “I’ve been irreparably damaged... I’ll never be the same again”

B.3 Behavioural Signs

- **Uncharacteristic withdrawal from family and friends /social isolation**
- **Putting affairs in order (giving away possessions, especially those that have special significance for the person); Visiting, calling or writing to people to say goodbye**
- Increased use of alcohol or drugs
- Uncharacteristic fighting, breaking the law, acting recklessly
- Quitting activities that were previously important to the individual
- Self-harming
- Uncharacteristic risk-taking or recklessness (for example driving recklessly)
- Unexplained crying
- Emotional outbursts

B.4 Physical Signs

I haven’t marked any of these indicators in red because they all align with depression which affects most of our service users and hence do not provide a good indicator specific to suicidality in this population.

- Major changes to sleeping patterns – too much or too little
- Loss of energy
- Loss of interest in personal hygiene or appearance
- Loss of interest in sex
- Sudden and extreme changes in eating habits – either loss of appetite or increase in appetite
- Weight gain or loss
- Increase in minor illnesses



B.5 Emotional Signs

I haven't marked any of these in red because virtually the whole gamut of negative emotions can be linked to suicidality, but are also very common in the charity's service users who are not suicidal. Hence, they do not provide sufficient discrimination.

- Displaying extreme mood swings
- Sadness
- Anger / Rage / Revenge Seeking
- Shame
- Despair / Desperation
- Disconnection
- Hopelessness
- Worthlessness
- Powerlessness
- Anxiety / Agitation
- Depression
- Loss of interest
- Irritability
- Humiliation
- Impulsivity
- Bizarre sudden sense of peacefulness