

Suicide Prevention and Awareness Policy

CARI is an organisation committed to suicide prevention and child protection.

It is important that CARI therapists;

- Are suicide alert and recognise key indicators and invitations for help.
- Understand the risk factors for suicide and identify and respond to end of life statements.
- Recognise potential barriers to seeking support.
- Report the concern to next of kin where client is under 18.
- Link with appropriate professionals in high risk cases; (G.P. CAMHS).
- Recognise other important aspects of suicide prevention including life-promotion and self-care.
- Seek appropriate clinical supervision and line management.
- Take all professionally appropriate steps to prevent suicide.

Procedures

Explore invitations – Respond to invitations –any direct statements or statements about hopelessness.

Ask the question – Ask the question directly so neither of you have any doubt what is being discussed. If you have any concerns ask openly, Are you thinking about suicide? Do not use euphemisms.

Listen Connect with the client and listen to the reasons while assessing risks and their connections to life.

Review

- **The risk**

Does the person have a plan, and do they have access to the means to implement it?

Are they misusing substances or in active addiction?

Have they made a previous suicide attempt?

Have they been bereaved by suicide?

Are they showing they are at immediate risk?

Are they are currently unable to identify reasons to live and unable to make a safe plan.

Connections to Life - Having listened you may pick up on some connections to life, if so, encourage the client to elaborate on these, if not, ask directly what has been keeping them alive. What do they have to live for? This may be as simple as a hobby – try to ground it in specifics. If a family member is the connection – this person may be part of the safety plan.

In situations of immediate risk to an under 18 year old, parents need to be informed.

Discuss the case immediately with your line manager or D.L.P. If the parents are not contactable, contact the G.P. Explain to parents that if there are no emergency mental health service available or if it is out of hours, they need to present at Accident and Emergency. In situations where the parents/legal guardians fail to act protectively TUSLA need to be informed.

Contracting a Safety plan – Ask can you keep yourself safe? If so, how long for? A day, a week, until your next appointment. The answer will dictate the safety plan and the need for other professional involvement. Determine who can help. Who else can they contact? This must be a responsible adult who is readily contactable, is fully informed of the client's suicidal ideation and agrees to be part of the safety plan.

Deconstruct the suicide plan. Make a plan with the adult above to remove medications/ weapons/ knives etc.

Follow up – Can the client contract to keep themselves safe for a week until your next appointment or do they need specialist suicide intervention support in the meantime?

Triggers.

A trigger can be something small that changes a person's situation from something they feel they can cope with to something that feels unbearable.

These can include:

- a relationship ending
- losing a job
- an argument with a loved one
- the death of someone close, either through suicide or some other cause
- the return of symptoms of mental illness, particularly depression
- trauma such as a violent attack, or bullying
- Exam failure.

Protective Factors.

There are many things that can protect someone, even if they are experiencing extreme emotional pain. These can be promoted and explored by the therapist and include:

- Daily structure or routine such as education, work and exercise.
- Strong support system such as friends, family and professionals that the client feels connected to
- Access to health services
- Healthy coping skills
- Personal resilience
- Reasons for living
- Taking part in physical activities such as sport and maintaining good physical health
- Feeling connected to the family (having a sense of belonging)
- Religious or spiritual beliefs and practices

Recognising that someone is thinking of suicide

Most people experiencing emotional pain show signs of distress, but the only way to know if someone is thinking of suicide is to ask them. Sometimes, people thinking of suicide may hide the signs so as not to be discovered. This may mean they don't want help or that they are ashamed because they are not coping and don't want anyone to know. The following signs are common among people who are experiencing extreme emotional pain and may be considering taking their own life:

- Withdrawing from friends and family
- Depression or very low mood (not necessarily a diagnosed mental illness)
- Loss of interest in usual activities
- Sadness, hopelessness or irritability
- Changes in appetite
- Changes in sleep patterns
- Loss of energy
- Negative comments about self
- Feelings of hopelessness, powerlessness and worthlessness
- Suicidal ideation
- Change from distress to saying they are 'at peace' or 'okay' (this may indicate that they have decided to take their life)
- Talking about going away or saying goodbye
- Threatening suicide
- Talking or writing about suicide
- Putting personal affairs in order
- Giving away the things they own.

This is not a full list. Signs can be difficult to recognise. Some people may show no signs yet still feel suicidal, others may show many signs yet be coping well. The only way to know for sure if someone is thinking of taking their own life is if they tell you themselves or you ask them directly.

Child protection and confidentiality

If the person is under 18 it is required that the next of kin are informed. This has been part of your initial contracting around confidentiality with the client. Remind the client that this is one of the limits of confidentiality and that you will have to inform their parents/ carers to keep them safe. If a young person (under 18 years of age) presents with suicidal thoughts there is always a child welfare concern. Risk of suicide needs to be communicated clearly between all parties involved and confidentiality should not be promised. No undertakings regarding secrecy can be given. Those working with a child and family should make this clear to all parties involved. If you are supporting an adult or parent who has suicidal ideation with dependent children, it is important to talk with them about the care and safety of their children.

After a suicide attempt

After a suicide attempt, you may feel shocked that you did not 'see this coming' Show that you are willing to hear about what that led to their suicide attempt. Encourage them to let someone know if they have thoughts of suicide any time in the future. Be involved in their care by encouraging them to attend appointments.

In the case where a CARI client completes suicide. If possible, the Team Leader or the parent support therapist is informed first. The therapist is then informed privately. The supervisor attached to the case is also notified. The therapist's cases for the rest of the day are cancelled. An incident report form is completed.