

Supporting individuals who may be at risk of suicide

Guidance for MND Association staff and volunteers

Purpose

Some people may express feelings of depression or an inability to 'go on'. Some may express thoughts of self-harm, self-injury or even suicide. Some people also have mental health issues or a history of depression.

This guidance is intended to support staff and volunteers when faced with someone expressing suicidal thoughts or someone with a clear plan to attempt suicide, or when an individual presents as a suicide in progress.

Scope

This guidance applies to all staff and volunteers across all Association directorates. As with all aspects of the Safeguarding Policy, all managers have a responsibility to be familiar with this guidance and to ensure that their staff are aware of the guidance and understand their own and the organisation's responsibilities in respect of it.

It should also be noted that this guidance deals mainly with adults at risk of harm.

In cases where a child or young person (under the age of 18) is having suicidal thoughts or feelings, make it clear that you will need to share the information they have told you with others outside of the MND Association who have a responsibility to protect children and young people. See information at end of this guidance.

Definitions

Suicide

The act of killing yourself intentionally. Attempted suicide is self-injury with the desire to end one's own life that does not result in death.

Assisted suicide or dying

Refers to when an individual is provided with the means and assistance (for example using drugs, equipment etc) to take their own life by another person or persons. The term assisted suicide/dying should be distinguished from euthanasia.

Euthanasia

The taking of direct action by a doctor to end a patient's life. The term 'assisted dying' is often used to encompass either or both 'assisted suicide' and 'euthanasia'.

Involuntary euthanasia

When a person's life is ended, without their consent, even though they are competent and able to make decisions about their treatment. Legally, this is seen as murder.

Current Legal Position

Suicide

Taking one's own life, or attempting to do so, is not against the law. The Suicide Act 1961 decriminalised the act of suicide in England and Wales so that those who failed in the attempt to kill themselves would no longer be prosecuted. The Criminal Justice Act (Northern Ireland) 1966 also decriminalised suicide in NI.

Assisted suicide or dying

England and Wales - assisting or encouraging another person to take their own life is an offence under section 2 (1) of the Suicide Act 1961 and as amended by section 59 of the Coroners and Justice Act 2009.

Violation of section 2 of the Suicide Act 1961, which makes it unlawful to 'do an act capable of encouraging or assisting the suicide or an attempted suicide of another' intending that act to encourage or assist suicide or an attempt at suicide, carries a maximum penalty of 14 years' imprisonment.

Northern Ireland - like its counterpart in England and Wales, the Criminal Justice (Northern Ireland) Act 1966 decriminalised suicide in NI but specifically retained the offence of complicity in the suicide of another. The Act has now been amended by the Coroners and Justice Act 2009 to provide for an identical offence as in England and Wales and carries the same maximum sentence of imprisonment.

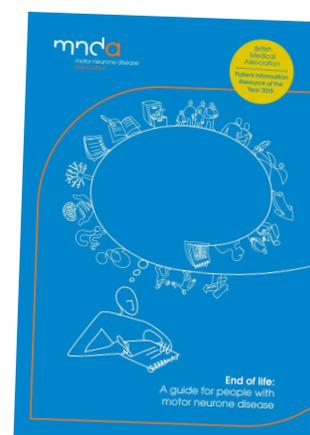
Although assisted suicide is legal in some other countries, (eg Switzerland), a person helping or accompanying someone to travel there might be open to prosecution. However, if the person with the illness is not considered to be mentally competent to make decisions about their treatment, this could be legally interpreted as murder.

The MND Association's policy statement on assisted suicide or dying

We have a separate approach and guidance that governs the management of situations where people contact our services wanting to talk about or gain information about assisted suicide, dying or euthanasia.

See section 13 of the MND Association's *End of Life* guide, right, for more guidance. Click the link below.

www.mndassociation.org/end-of-life-a-guide-for-people-with-motor-neurone-disease



As an Association, we take a position of neutrality toward any change in the law on assisted suicide. We always work within the law and do not provide encouragement or assistance to people wishing to pursue an assisted suicide.

Surveys of people living with MND show that the end of a person's life is something that they often want to discuss with both their family and healthcare professionals. We provide information and support to help people have these difficult conversations. We also campaign for access to appropriate high-quality end-of-life care for everyone with MND.

Boundaries of the Guidance

Staff and volunteers are not expected to make assessments of an individual's mental health or capacity. As such, we should assume an individual has capacity unless we have been told otherwise.

As an organisation, the MND Association does not have a specific remit to directly support people experiencing suicidal feelings. There are a number of other services and organisations that specialise in directly helping people experiencing suicidal thoughts and feelings and we encourage our staff and volunteers to signpost individuals who are feeling suicidal to those services (**see Signposting Guide for details**).

Reflection, Self-care and Learning

It is recognised that handling cases relating to suicide may be challenging or distressing for staff and volunteers. This may be particularly the case if you are a suicide survivor or have been bereaved by suicide. As such, there should be an opportunity for individuals to debrief as soon as possible after the event with a manager. This might include contacting the on-call manager on **03453 751855** if the incident occurs outside of normal office hours.

This initial support should be followed up with an opportunity for the member of staff and/or volunteer and their manager to discuss the incident and reflect on any feelings or practice issues that may have arisen from it. You are also encouraged to use staff supervision, staff team meetings and/or AV support meetings to discuss any particularly difficult cases (anonymised as appropriate).

What to do if someone is suicidal

If you are unsure as to whether an individual is 'feeling desperate' or is suicidal, you could ask them directly:

- Are you having thoughts of ending your life?
- Are you thinking about suicide?
- Is this something you have considered or attempted before?

Don't be afraid to check this out with them; there is no evidence to suggest that asking someone if they are OK will make them feel worse. Talking can help. Evidence shows

asking someone if they are suicidal can protect them. By asking someone directly about suicide, you give them permission to tell you how they feel and let them know that they are not a burden.

It is not unusual for people with life-limiting conditions such as MND, or people caring for someone with MND, to express suicidal thoughts as a way of demonstrating the depth of their distress. This should be responded to in a supportive way but may not require action if the person is not in immediate danger (unless the individual is a child or young person under the age of 18 – see note below).

Actively listening

Once someone starts to share how they are feeling, it is important to actively listen. This could mean not offering advice, not trying to identify what they are going through with your own experiences and not trying to solve their problems. The following listening tips have been compiled by the Samaritans to help you give the best support you can:

SHUSH

Active listening tips

Show you care

To really listen to somebody, you need to give them your full attention, maintain eye contact and be engaged. When starting the conversation resolve not to talk about yourself at all.



Have patience

The person sharing shouldn't feel rushed, or they won't feel it's a safe environment. If they've paused in their response, wait, they may not have finished speaking. It might take them some time to formulate what they are saying, or they may find it difficult to articulate what they're feeling.



Use open questions

These questions do not impose a viewpoint and require a person to pause, think and reflect, and then hopefully expand. Try asking 'how are you today?' and follow up questions such as 'tell me more'.



Say it back

Check you have understood but don't interpret or offer a solution.



Have courage

Don't be put off by a negative response and most importantly don't feel you have to fill a silence.

Remember - you do not need to make any decisions in isolation.

You should always discuss with your line manager for support and guidance.

For volunteers, this should be your Area Support Co-ordinator (ASC) or MND Connect or the emergency out of hours service.

If there is not an immediate risk of suicide, then cases can be discussed by members of the Association's Safeguarding Board and escalated if appropriate.

For adults at risk of harm

Mental health professionals tend to think about suicidal feelings and thoughts on a continuum or spectrum, with high risk and immediate danger at one end, and low risk and little immediate danger at the other. This can be useful to think about when we are deciding what to do next when we come across someone who we think may be suicidal.

People's risk generally goes up as they move from (1) thinking about suicide, to (2) planning their suicide, to (3) collecting the necessary equipment, and then finally (4) actually attempting to take their own life. The earlier in this progression they can be identified and helped, the better.

Moderate or low risk of suicide/Little immediate danger

A person may be having suicidal thoughts if they regularly focus upon themes of suicide or death in conversation. This may include talking about giving up on life, or how others would be better without them. Even though not all suicidal thoughts represent an emergency, such thinking is a signal, and should always be taken seriously with individuals encouraged to talk to a healthcare professional. Left unchecked suicidal thoughts can potentially become worse. This could also be a sign of an ongoing mental health problem such as depression, which can often be successfully treated.

Examples of things people may say when they are having suicidal thoughts:

- I have let myself and other people down
- I am a burden
- I am a failure
- No one needs me
- I will never find a way out of this
- I have lost everything
- Things will never get better for me

If you are made aware of a person who has suicidal thoughts but no current or imminent plans to act on them:

1. Offer emotional support.

2. Consider signposting them to other specialist services

"Help and support is available to help you when you're feeling down or desperate, and most are open 24 hours a day, every day".

3. Consider offering a follow up visit or call.

Check that it is OK to leave a voicemail if they don't answer a follow up call (for confidentiality reasons).

4. If their feelings escalate, ask them to ring 999 or NHS 111 or to go to their nearest Accident & Emergency Department.

5. Debrief with your line manager as soon as possible (for volunteers this should be their Area Support Co-ordinator or if not available, MND Connect).

6. Ensure that you complete the appropriate records on MrC and in the Association's safeguarding log afterwards.

The Samaritans **116 123**
(open 24 hours a day)

MIND **0300 123 3393**
(England and Wales only)

Aware **0289045 7820**
(Northern Ireland)

Their own GP for an
emergency appointment
(or the GP out of hours service)

Their Community Mental
Health Team (CMHT) if
they have one, or offer to
call their GP on their behalf
(during office hours)

Refer to **Signposting List** – for full list of
appropriate specialist organisations.



Severe risk of suicide

A person's level of risk increases if they have moved beyond just thinking about taking their own life to a process of planning how suicide can be accomplished. Suicidal people will often start assembling any equipment they may need to take their own life. For example, someone who has decided to take an overdose may start stockpiling medicines.

If you are made aware that a person is at severe risk of suicide and needs support urgently, eg they have a definite plan to end their life within the next 24 hours:

1. Encourage them to give their permission for you to contact support services on their behalf, eg the police (to undertake a 'welfare check'), their GP, or their Community Mental Health Team (CMHT):

"If you're feeling like you want to die, it's important to talk to someone. Help and support is available right now if you need it. You do not have to struggle with difficult feelings alone"

You must have the person's explicit consent to contact support services on their behalf.

2. Offer the individual emotional support and signposting to specialist services.

3. Consider offering a follow up visit or call.
Check that it is OK to leave a voicemail if they don't answer a follow up call (for confidentiality reasons).

4. If their feelings escalate, ask them to ring 999 or NHS 111 or to go to their nearest Accident & Emergency Department.

5. We hope that through talking to us, the person will get to a place where they can see their situation in a different light. But we will respect their freedom to make their own decisions, including the decision to take their own life. So, if none of the exceptional circumstances apply, you should take no further action.

6. Debrief with your line manager as soon as possible - for volunteers this should be their Area Support Co-ordinator or if not available, MND Connect.

7. Ensure that you complete the appropriate records on MrC and in the Association's safeguarding log afterwards.

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Emergency/Immediate risk of suicide

If a person has progressed to the point where they are engaged in assembling the means of their suicide they are in acute, immediate and substantial danger of harming themselves. The person will require immediate psychiatric care involving a safe environment where they can be protected from acting upon suicidal urges. They may also benefit from medication to calm them, help them sleep or to serve as an antidepressant. Most acute suicidal urges pass, or at least decrease in urgency, after a period of time.

Examples of things people may say when they are actively making suicide plans:

- I want to end it all
- I can't see the point anymore
- I'm done
- I want to die
- I'll not be around next week/month

If you are made aware that a person has acted, or is in the process of acting to take their own life, for example, they have taken an overdose:

1. Encourage them to call 999 and ask for an ambulance themselves (it is easier for the number to be traced should they fall unconscious) or ask them to go straight to their nearest Accident & Emergency Department.

2. Reassure them that if they can hold out and not act, there is a very good likelihood that they will shortly feel better, and that it is much easier to hold out and not attempt suicide if you are hospitalised in an environment designed to keep you safe, than if you are out and about in your regular environment.

3. If they feel unable or unwilling to call 999, then ask them if you can contact the emergency services on their behalf:

"I am concerned about your safety. Please can you give me your address/whereabouts, so I can get help for you?"

If they agree to this, ensure you have their name, address and phone number and call an ambulance on 999.

4. If they refuse to give you their permission to call 999, explain that you will need to get them some help even without their consent, because you are concerned for their safety.

5. If you know where the person is (address, location and/or phone number) then contact emergency services on 999. In emergency situations, we need to be able to provide a specific location. A phone number is not sufficient.

6. If you do not have any identifying information, then offer the individual emotional support and signposting to specialist services.

7. Debrief with your line manager as soon as possible (for volunteers this should be their Area Support Co-ordinator or if not available, MND Connect).

8. Ensure that you complete the appropriate records on MrC and in the Association's safeguarding log afterwards.

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Exceptional circumstances

In all of the above cases (whether there is an immediate, severe or moderate risk of suicide), there are a small number of exceptional circumstances that would lead us to breach an individual's confidentiality and report to the appropriate statutory services, even without their permission.

These are:

- If they plan to harm themselves in a way that might endanger others, eg walking into traffic or where they are a parent with children at home, who will be left alone as a result of their actions
- You have reason to believe an adult does not have capacity (remember, we must always assume a person has capacity unless it is proven otherwise. As staff and volunteers, we are not equipped to assess an individual's mental capacity)
- They become incoherent or unconscious during a call or visit (assuming that if you are on a call, you know their address, location and/or phone number)

If the person you are worried about is a child or young person under the age of 18 years

In cases where a child (under the age of 18) is having suicidal thoughts or feelings, make them aware that what they are telling you concerns you.

If they have hurt themselves or think they might be about to hurt themselves ask them to call 999 now, or offer to do this for them.

Explain that you feel they are in a vulnerable or harmful situation and not able to protect themselves right now.

Be clear and honest and use sensitive language.

Make it clear that you will need to share the information they have told you with others outside of the MND Association who have a responsibility to protect children and young people.

Listen without judgement, stay calm and try not to overreact.

Consider offering a follow up visit or call.
Check that it is OK to leave a voicemail if they don't answer a follow up call (for confidentiality reasons).

Help them build up a wider support network so they know who to contact 24/7 if they are struggling.

The Samaritans **116 123**
(open 24 hours a day)



Childline **0800 1111**
(Open 9am to midnight, 365 days a year)

Young Minds Crisis Messenger
Text: YM to 85258
(Providing free, 24/7 text support for young people across the UK experiencing a mental health crisis - texts are free from EE, O2, Vodafone, 3, Virgin Mobile, BT mobile, GiffGaff, Tesco Mobile and Telecom Plus)

Refer to **Signposting List** – for full list of appropriate specialist organisations.

