

SUICIDE PREVENTION CODE OF PRACTICE

Family Resource Centre National Forum



National FRC
Mental Health
Promotion Project



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service

TÚSLA

An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency



An Roinn Leanaí
agus Gnóthaí Óige
Department of
Children and Youth Affairs



NATIONAL DEVELOPMENT PLAN



Connecting for Life

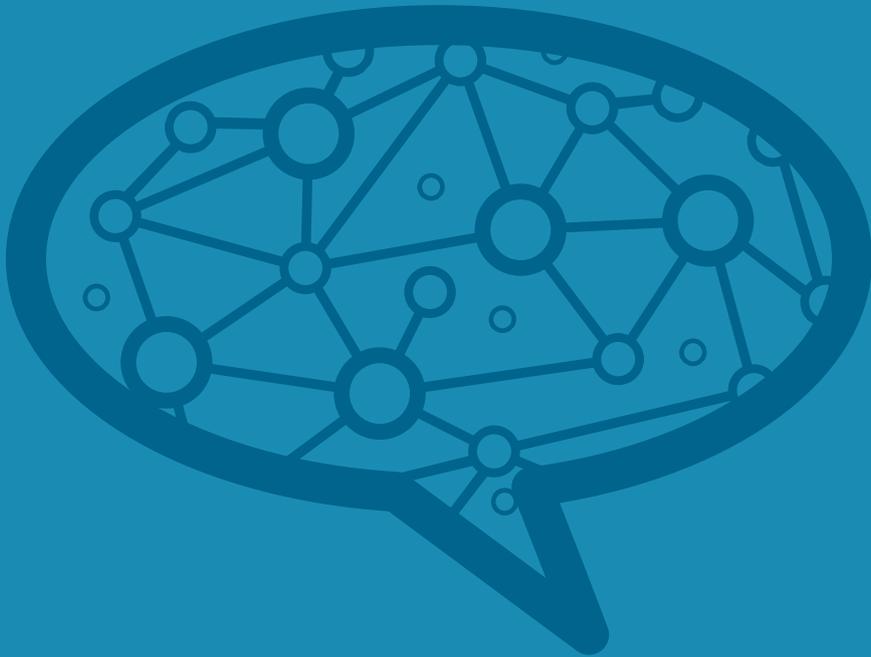
Our responsibility for this Code of Practice

We have done everything we can to make the information in this COP accurate and of a high quality.

If there are any mistakes, we will correct them in the next publication.

We mention many organisations and services. This does not necessarily mean that we endorse them.

This is a reference document.



Foreword

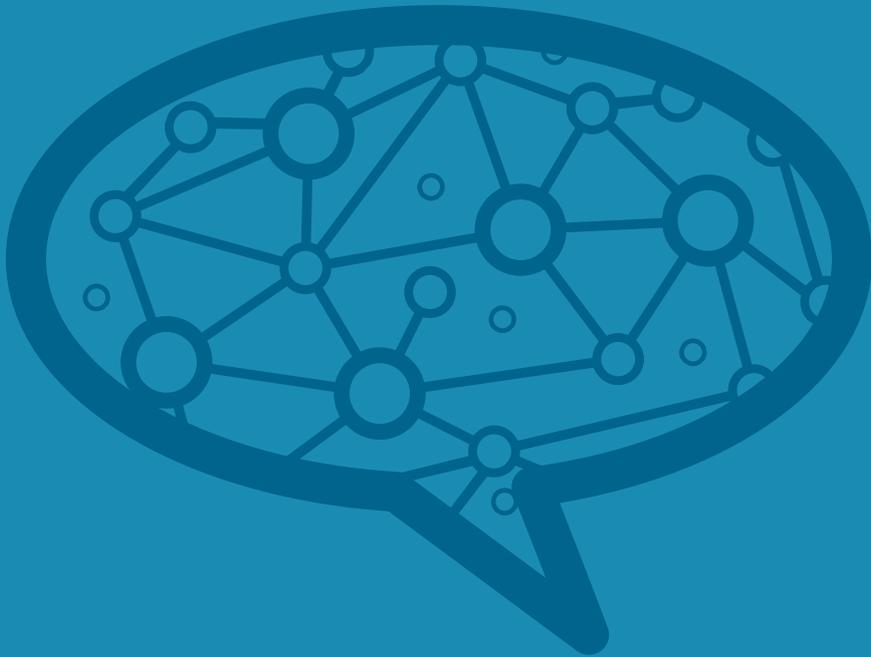
by John Meehan, HSE Assistant National Director - Head of National Office for Suicide Prevention and Lead for Community Strategy & Planning

The HSE's National Office for Suicide Prevention (NOSP) is proud to have built strong working relationships with a wide range of statutory, voluntary and community groups over recent years. In Ireland, effective partnership working remains essential to suicide prevention work and is fundamental to the successful implementation of *Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015-2020*.

We know that suicide prevention is best achieved when individuals, families, health and community organisations, workplaces, government departments and communities work collaboratively. Together, we can all build an effective infrastructure of evidenced suicide prevention approaches and support.

In this context, the Family Resource Centres Programme is an ideal network of organisations for the NOSP to collaborate with. They have a key role in ensuring that those using their service who present in a suicide crisis are supported and resourced, in the most helpful way possible.

I would like to commend the work of the National FRC Mental Health Promotion Project in providing this Code of Practice. The NOSP is pleased to have supported this project at various stages of development. We all have a role to play and we are confident that this practical resource will further strengthen the capability of FRC staff members and volunteers, to make a real and credible difference.



Foreword

By Karin Jonsson, Outgoing Chairperson, FRC National Forum

On behalf of the FRC National Forum and the National FRC Mental Health Promotion Project I am both proud and delighted to introduce this revised Suicide Prevention Code of Practice.

Since its inception in the FRC Western Region, through its pilot as a national project with support from the HSE National Office of Suicide Prevention, and to its current life as a permanent embedded project for the FRC programme co-funded by NOSP and Tusla, the National FRC Mental Health Promotion Project has been working in partnership with FRCs, supporting our work in local communities in suicide prevention, positive mental health, and staff well-being.

This Code of Practice has been developed to provide guidance for FRC staff members and volunteers on how to identify warning signs and support people who feel suicidal. It has been used in its original version for several years by FRCs all over the country. Based on this work we are now able to present a revised version of this Code of Practice, which has taken into account the feedback from the FRCs. I want to thank all the FRCs who piloted this revised version of the Code of Practice, and the National FRC Mental Health Promotion Project Advisory Group and Training Sub-Group for their invaluable input during the evaluation and revision process.

Every suicide is a tragedy that impacts family members, friends, colleagues and the whole community. FRCs work in the midst of local communities and are at the forefront of providing support to people thinking of suicide and to people who have been affected by suicide. This Code of Practice helps FRC staff and volunteers as they carry out this difficult but necessary work.

Contents

1. How this code was developed and why	11
2. Staff guidelines	13
Step 1: Recognising suicide warning signs.....	13
Step 2: Responding to the situation.....	14
Step 3: Self-care in the aftermath of an incident	19
If a person returns following signposting to another service	19
If a person is bereaved by suicide	19
3. Confidentiality and child protection	21
Confidentiality and its limits	21
4. Using the code in your centre	23
Links with other policies.....	24
Training	24
5. References	25
6. Appendix	27



1. How this code was developed and why

In Ireland, from 2007 to 2012 (particularly since the onset of the economic recession in 2008) there was an increase in the suicide rate. This increase can be wholly attributed to an increase in the male rate of suicide. More recent data suggests a decline in the suicide rate, however, it must be noted that data for 2016 and 2017 is presently provisional and subject to change.¹

In 2015 (most recent year available) there were 425 deaths by suicide in Ireland, 79% of which were male. It is reported (by Eurostat) that in 2015, Ireland had the 10th lowest rate of suicide among 33 European countries. However, the rate of youth suicide (ages 15-19) in Ireland, is comparatively higher.

A Code of Practice was endorsed by the FRC National Forum in 2013 and a National Working Group was subsequently set up to progress the implementation of the Code of Practice across the 120 FRCs in Ireland. The development of the Code of Practice was supported through the National Office for Suicide Prevention. The NOSP is responsible for driving the implementation of Connecting for Life - Ireland's National Strategy to Reduce Suicide 2015-2020. The NOSP continues to support the project in partnership with Tusla to ensure the successful implementation of the Code of Practice across the Family Resource Centre Programme. This involves the delivery of training to FRC staff and volunteers. Local Connecting for Life plans have also been developed to support this work at local level.

¹HSE National Office for Suicide Prevention Briefing, (2018) <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-briefing-on-suicide-figures.html>



2. Staff guidelines

On a day-to-day basis staff and volunteers at each FRC have contact with many individuals within the community where they are based. At times you may become aware that some of these people may be at risk of suicide, or know someone who is at risk. In such situations your aim is to:

- Help the person through the crisis without harm
- Offer hope and alternatives to suicide
- Assist the person in identifying and accessing appropriate professional help

Step 1: Recognising suicide warning signs

Initially you will need to identify that there is a risk of suicide. How do you do that?

When talking to a person they may or may not mention suicide directly, but it is important to look out for warning signs. The following tables list some of the signs that indicate someone may be thinking about suicide; however, these particular signs may not always be visible.

Table 1: Warning signs

BEHAVIOUR	PHYSICAL SIGNS
<ul style="list-style-type: none"> • Isolation • Sudden changes in mood or behaviour • Abusing drugs or alcohol • A suicide attempt or act of self-harm • Difficulties in school or work • Dropping out of activities • Sleeping or eating difficulties • High-risk activities such as driving a car at high speed 	<ul style="list-style-type: none"> • Neglecting appearance • Neglecting personal hygiene or clothing • Persistent physical complaints like chronic pain • Weight loss or weight gain • Tired or finding it difficult to concentrate
FEELINGS	THOUGHTS
<ul style="list-style-type: none"> • Depression • Helplessness • Feeling life is meaningless • Hopelessness • Failure 	<ul style="list-style-type: none"> • Persistent, negative thoughts • Unable to solve problems • Very self-critical • Saying things like <ul style="list-style-type: none"> - 'I won't be needing these things anymore' - 'I can't do anything right' - 'I just can't take it anymore' - 'All of my problems will end soon'

The more warning signs there are, the higher the concern. Some of these signs can be associated with everyday behaviour. Some people might show none of these signs or only show them in very subtle ways, but still feel suicidal. On the other hand, others might show some of these signs but are coping alright. It can be different for everybody so it is important to treat each person and their circumstances as individual and unique.

Table 2: More specific warning signs

Recent loss or trigger	Constant thoughts of death	Putting things in order
<p>A person may be particularly vulnerable at a specific time or event, such as:</p> <ul style="list-style-type: none"> • Anniversaries • A life change • Change of financial circumstances • A trauma or loss 	<p>Talking about:</p> <ul style="list-style-type: none"> • Dying • Disappearing or going away • Funerals • Suicide methods or other types of self-harm <p>Listening to songs with a suicidal theme</p> <p>Drawing or writing about suicide</p>	<p>Tidying up affairs, such as:</p> <ul style="list-style-type: none"> • Arranging wills, childcare, care of pets etc. <p>Giving away prized possessions</p>

Step 2: Responding to the situation

When talking to the person you may be worried that there is a risk of suicide for the person themselves or for someone they are talking about.

Remember your main aim is to ensure the person at risk remains safe and that they get professional help. The first thing that you need to do is to ask the person directly about the possibility of suicide, and establish how immediate the risk is. The person may be in emotional distress, having thoughts of suicide. Some will have prepared definite plans, or rarely they may have already taken an overdose of medication, or have self-harmed. How immediate the concern is will affect what actions you take.

! REMEMBER: Do not be afraid to contact emergency services if you feel the person is at immediate risk of harm

Emergency guidelines

In the event of a medical emergency, for example where the person has taken a self-reported overdose, they will require urgent medical attention:

1. Stay calm and confident.
2. Keep the person safe. Never leave them alone.
 - Designate at least one member of staff to stay with them and support them while help is being sought.
3. Attend to emergency needs.
 - Contact the emergency services by dialling 112 or 999.
 - Give a contact number along with clear and exact directions.
 - Or arrange to have the person taken to the emergency services, if necessary.
4. Notify your co-ordinator.
5. Follow your organisation's policy on recording and storing of sensitive data.

Guidelines for situations where urgent medical attention is not required

Each situation is unique and while the risk will vary, most situations will not be medical emergencies. The issue of suicide may present in the following ways in your FRC:

- In person.
- By telephone.
- By e-mail, text or social media.
- Third party concerns.

Generally your response should follow the same steps, however, you will need to modify your response depending on the situation, as outlined below.

In person

1. Bring the person somewhere private and safe. Not in an open office or noisy setting.
2. Take the possibility of a suicidal act seriously.
3. Get assistance from a colleague if necessary.
4. Voice your concern in a calm and caring manner.
5. Reassure them, offer them support and show you care.
 - Say something like: *'I'm worried about you and I want to help'*.
6. Empathise with them and listen.
 - Say something like: *'It sounds like you're having a very difficult time at the moment'*.
 - *If you are you thinking about suicide can I ask you some more about that.*
7. Remain calm and confident.
8. Never promise absolute confidentiality. Tell them you may need others to know so as to protect their safety.
 - Ask the person who they would like you to contact on their behalf, e.g. a relative or friend.

- If the person agrees to you making contact with a relative or friend, let the relative or friend know that a disclosure of suicide intent has been made and what professional assistance has been provided (if any),
 - Suggest what they need to do to help with the immediate situation: bring the individual to a GP if risk is immediate.
 - Support the person to get professional help. Say something like: *'Let's talk to someone experienced who can help'* e.g. GP, Out of hours GP, local Accident and Emergency Department, Local Health Services or Samaritans on 116 123 or email: jo@samaritans.ie.
9. If the person doesn't agree then seek professional help. Try to remain with the person until either a relative or friend has arrived. Persist in reasonable efforts for the person to agree to professional help or consider telling their contact person if they still refuse and you remain concerned. Advise the person where to seek help.
10. Follow your organisation's policy on the recording and storing of sensitive data.

! REMEMBER: Even if the concern of suicide is not immediate you must still take it seriously

! REMEMBER: If at all possible, try and talk with the person in a safe and discreet location

By telephone

From time to time FRCs may receive telephone calls from people who are in suicidal crisis. The aim should be to signpost the caller to the type of support appropriate to their needs, to be supportive to the caller and to have a co-ordinated response by all staff in the FRC.

1. Stay confident and calm.
 - Speak clearly and be aware of your tone of voice.
2. Ask for the caller's first name, where they are calling from and a contact number.
3. Get assistance from a colleague if necessary.
4. If possible, take the call in a quiet room where you can give the person your full attention
 - Specify that this is not a crisis service but that you can direct them to support services that may be able to help. Ask them if they would need to get a pen to take down numbers.
5. Advise the caller to seek help from:
 - Family, GP, Out of hours GP, local Accident and Emergency Department.
 - Local counsellors - see list of local services available in your service.
 - HSE Live: 1850 24 1850.
 - A local health services provider.
 - Samaritans on 116 123 or email: jo@samaritans.ie.
 - Pieta House, a specialist centre for people experiencing suicidal behaviour. Anybody can make a referral, they have two emergency slots every day, and the therapeutic support is free of charge. Look up www.pieta.ie for details.

6. Ask the person to repeat back to you what contact details they have written down.
 - Indicate when you feel that you have listened and offered as much support as you can and have given the signposting information and phone numbers. If you feel a resistance on the part of the caller to end the telephone call and accept the advice you have offered, recap what you have said and point out the options the caller has, based on the information you have given.
 - Say that you hope that they will choose to follow up on these options.
 - Remember, by the time it is appropriate to end the call you will already have listened calmly to the person and you will have given them contact information for support services that can provide more appropriate help than you can provide.
7. Follow your organisation's policy on the recording and storing of sensitive data.

! REMEMBER: Don't give out your private contact details or use your private phone when responding

By e-mail, text, or social media

When a suicidal person contacts you in your professional role by email, text or social media, it is important that you respond as soon as is reasonable. You do, however, have more time to get advice from a third party on the best response. You also have the opportunity to provide useful links and contacts for the person.

Ideally you should try to get the person to call in to you, or at least encourage them to telephone.

1. Keep a warm but professional tone to the email or text response.
2. Encourage the person to phone you or call in.
3. Give FRC opening hours and telephone number.
4. Give additional support contacts and useful links.
5. Follow your organisation's policy on the recording and storing of sensitive data.
6. Get advice from third party e.g. HSE Suicide Resource Officer

! REMEMBER: Subsequently check your professional email, text messages and social media account to confirm no further follow up is needed



Third party concerns

When contacted by a third party you cannot provide support directly to the suicidal person, but you can provide support for the person expressing the concerns:

1. Provide information on suicide prevention supports and services.
2. Recommend that they avail of support for their own self-care.
3. Offer the person supports provided by the FRC and any additional supports. (See Appendix)
4. Follow your organisation's policy on the recording and storing of sensitive data.

! REMEMBER: Talking directly about suicide can be a very difficult thing to do, but it must be done if you are worried there is a concern

Step 3: Self-care after an incident

Dealing with a disclosure of suicide intent can be an intense and stressful experience. You may feel drained and apprehensive afterwards.

- Take time to talk with your co-ordinator or a nominated member of your Voluntary Board of Directors. If you are a co-ordinator, it may be helpful to talk to one of your peers in a different FRC.
- Manage your boundaries.
- A person involved in an incident may be a user of your FRC and while you wish to be supportive and helpful you are not responsible for them or any action they might take.

If a person returns following signposting to another service

A person at higher risk of suicide may return to you following signposting to a support service:

If they were not satisfied and you remain concerned suggest they try again and if necessary to report their concerns to the service or to their GP.

If a person is bereaved by suicide

If you are contacted by a person bereaved by suicide your role is to:

- Listen and offer support.
- Provide information on the range of bereavements supports available in your area (please see yourmentalhealth.ie for a directory of services).
- Assist the bereaved in accessing social support and practical help with tasks.
- Be aware of any warning signs suggesting that they may be at risk of suicide. If you feel there is a concern, follow the guidelines outlined in Step 2.



3. Confidentiality and child protection

Confidentiality and its limits

Let the person know that there are limits to confidentiality. Sometimes we have to share information with others, on a need to know basis, in the best interest of the person, child or family. Sharing of information in this regard is not a breach of confidentiality. If a young person (under 18 years of age) presents with a risk of suicide or is bereaved by suicide, there is always a child welfare concern.

A child welfare concern is defined as:

- A problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's health, development and welfare, and that warrants assessment and support, but may or may not require a child protection response, (Child Protection and Welfare Practice Handbook, Tusla, page 6).

There are sometimes child protection concerns. These are defined as:

- When there are reasonable grounds for believing that a child may have been, is being, or is at risk of being physically, sexually, or emotionally abused or neglected, (Child Protection and Welfare Practice Handbook, Tusla, page 5).
- Both child welfare concerns and child protection concerns need to be discussed at the appropriate time with your FRC's Designated Liaison Person. Informing parents always needs to be discussed with the Designated Liaison Person. Immediate risk to the child's life always needs to be responded to (emergency first aid/medical intervention), to ensure the safety of the child's life.

Parents with children

Should a parent of minor children present with:

- Suicidal thoughts or behaviours.
- Bereavement by suicide.

Remember there may also be child welfare concerns or child protection concerns.

Discussion with the Designated Liaison Person is required at the appropriate time.

It is important to always follow the reporting procedure in the FRC's Child Protection Policy.



4. Using the code in your centre

One-to-one situations with children and young people

- Child protection codes of behaviour recommend the safe management of all interactions with a young person, so as to prevent the occurrence of accidents that might harm children or practices of staff that might place children at risk. In creating this safe environment, it is recommended that there is more than one facilitator in all group activities for young people and that open environments are created that best suit the particular activity.
- If it is established that one-to-one work best suits the needs of a child or young person, then clear written agreements are made with the young person or their parent as to the purpose of the one-to-one work, the time frame, the venue and the review of the one-to-one work. This is planned one-to-one work.
- In the context of engaging in an issue such as suicide, unplanned one-to-one work may emerge. The worker or volunteer needs to feel confident that it is good practice in this situation to allow this one-to-one situation, as it is in the best interests of the child. The worker or volunteer will be following up with the Designated Liaison Person and thus a record of the one-to-one work will be kept.
- See also your code of behaviour guidelines in your Child Protection Policy.

Using the code in your centre

The successful implementation of the Suicide Prevention Code of Practice is a shared responsibility that requires active participation of all parties in each FRC:

The Voluntary Board of Directors is responsible for:

- Ratifying the Code of Practice.
- Amending FRC policies, procedures, and strategic plans accordingly.
- Ensuring necessary resources are provided to implement the Code of Practice.
- Reviewing implementation of the Code of Practice on an annual basis.

The Coordinator is responsible for:

- Putting in place an implementation plan.
- Making a written copy of the Code of Practice available to all staff and volunteers.
- Introducing the Code of Practice to the team.
- Ensuring that training is available to all staff and volunteers.

Staff members and volunteers are responsible for:

- Following the procedures in the Code of Practice.
- Participating in training, as necessary.

The National FRC Mental Health Promotion Project is responsible for:

- Promoting the Code of Practice.
- Offering training and other supports on the implementation of the Code of Practice.

- Facilitating sharing of learning.
- Monitoring implementation of the Code of Practice.

Please see Appendix 3 for a ratification template and a check list, which may help you in using the Code of Practice in your FRC.

Links with other policies

Child protection and suicide prevention policies also link closely with other policies within the organisation e.g. anti-bullying, drug and alcohol, recruitment and selection, training, supervision and support, complaints procedures and record keeping. Contact your support agency for advice on how to align your policies with the Code of Practice.

Training

Training is an essential part of implementing the Code of Practice. As part of the introduction of the Code of Practice, the National FRC Mental Health Promotion Project will offer a range of training opportunities and other supports that may help you in implementing the Code of Practice.

Please contact info@frcmentalhealthpromotion.ie for further information.

When offering training each FRC must realise that suicide can be a sensitive issue for some people. Training participants must be:

- 18 years and over.
- 'Ready' to complete training i.e. it is not recommended that people who have been affected by a loss (any kind of loss) in the last twelve months attend.
- Open and should have the capacity to learn.
- Aware that while your organisation is fully supporting the training, no one individual or group should feel obliged to participate.
- Informed that the courses are intensive and the course material is of a sensitive nature. The training is interactive and includes teaching and discussion groups.
- Available to attend for the full duration of the training programme.
- Made aware that there are only a limited number of training places available on each programme.
- Drawn from as wide a range of disciplines as possible, work place settings, etc., as this greatly increases the learning.

When offering training in your community, the timing of its delivery is an important consideration. Be mindful of any recent contact with suicide your community has had and how families in your area who have been bereaved by suicide may feel. It might be helpful to let them know in advance of any public meetings or training events, so that they don't feel the spotlight is on them.



REMEMBER: a useful resource – 'Suicide Prevention in the Community. A Practical Guide', HSE 2011

5. References

Central Statistics Office, (2013). Yearly Summary Figures.

Health Service Executive, (2015) Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015-2020, Ireland.

Health Service Executive, (2011). Child Protection and Welfare Practice Handbook.

Health Service Executive, (2011). Suicide Prevention in the Community: A Practical Guide.

MABS, (2013). Guidelines for Staff on Responding to Suicide Risk.

MABS, (2013). MABS Policy for Responding to Suicide Risk.

Mid-Western Health Board, 2002. The Youthwise Guide: Promoting Emotional Health in Young People.

National Institute for Clinical Excellence, (2004). Self-Harm - The Short-Term Physical and Psychological Management and Secondary Prevention of Self-Harm in Primary and Secondary care.

National Office for Suicide Prevention, (2009). Suicide Prevention in the Workplace: A Resource for Organisations and Workplaces - Responding to and Supporting Persons Who are at Risk of Suicidal Behaviour.

World Health Organisation, (2001). The World Health Report 2001 - Mental Health: New Understanding, New Hope.

World Health Organisation, (2004). Promoting Mental Health: Concepts, Emerging Evidence, Practice. WHO, Geneva.



6. Appendix

Main Support Services

Emergency Services	112 or 999
YourMentalHealth.ie	Full service directory and information www.yourmentalhealth.ie
GP, Emergency Department, Health Centre	HSE Website www.hse.ie/eng/services/maps/
GP Out of Hours	HSE Website www.hse.ie/eng/services/list/3/outofhours/GPOOH.html
HSE Mental Health Services	Contact their own team directly (if already engaged) Contact GP for referral (if not already engaged)
HSE Live	1850 24 1850 (8am - 8pm Monday to Friday and 10am - 5pm on Saturdays) hselive@hse.ie
Samaritans	116 123 (freephone, 24 hours) www.samaritans.org
Pieta House	1800 247 247 (freephone, 24 hours) www.pieta.ie
Aware	1800 80 48 48 (freephone) www.aware.ie
Private counselling	www.irish-counselling.ie www.iahip.org www.psihq.ie www.babcp.com/IABCP www.aacpi.ie



**National FRC
Mental Health
Promotion Project**