

MYTH:

People who talk about suicide aren't serious and won't go through with it.

FACT:

People who kill themselves have often told someone that they do not feel life is worth living or that they have no future. Some may have actually said they want to die.

It's possible that someone might talk about suicide as a way of getting attention, in the sense of calling out for help.

It's important to always take someone seriously if they talk about feeling suicidal. Helping them get the support they need could save their life.

The majority of people who feel suicidal do not actually want to die – they do not want to live the life they have.

MYTH:

If a person is serious about killing themselves then there's nothing you can do.

FACT:

Often, feeling actively suicidal is temporary, even if someone has been feeling low, anxious or struggling to cope for a long period of time. This is why getting the right kind of support at the right time is so important.

MYTH:

You have to be mentally ill to think about suicide.

FACT:

1 in 5 people have thought about suicide at some time in their life. And not all people who die by suicide have mental health problems at the time they die.

However, many people who kill themselves do suffer with their mental health, typically to a serious degree. Sometimes it's known about before the person's death and sometimes not.

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MYTH:

People who are suicidal want to die.

FACT:

The majority of people who feel suicidal do not actually want to die; they do not want to live the life they have. The distinction may seem small but is very important. It's why talking through other options at the right time is so vital.

MYTH:

Talking about suicide is a bad idea as it may give someone the idea to try it.

FACT:

Suicide can be a taboo topic. Often, people who are feeling suicidal don't want to worry or burden anyone with how they feel and so they don't discuss it.

But, by asking someone directly about suicide, you give them permission to tell you how they feel. People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing.

Once someone starts talking they've got a better chance of discovering options that aren't suicide.

MYTH:

Most suicides happen in the winter months.

FACT:

Suicide is complex, and it's not just related to the seasons and the climate being hotter or colder, and having more or less light. In general, suicide is more common in the spring, and there's a noticeable peak in risk on New Year's Day.

MYTH:

People who say they are going to take their own life are just attention seeking and shouldn't be taken seriously.

FACT:

People who say they want to end their lives should always be taken seriously.

It may well be that they want attention in the sense of calling out for help, and helping them get support may save their life. www.samaritans.org/how-we-canhelp/if-youre-worried-about-someoneelse/myths-about-suicide/ Evidence shows asking someone if they're suicidal can protect them. They feel listened to, and hopefully less trapped. Their feelings are validated, and they know that somebody cares about them. Reaching out can save a life.

Rory O'Connor, Professor of Health Psychology, University of Glasgow

Protective Factors

- Looking forward to future events.
- Afraid of death, physical or mental damage inflicted if attempt fails.
- Impact on family or friends, no one to care for children and/or significant others.
- No access to the means of suicide.
- Core beliefs.
- Sense of purpose.
- Religious belief.

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Suicide Assessment and Treatment Pathway

This pathway should be used in conjunction with the Supporting Guidance document

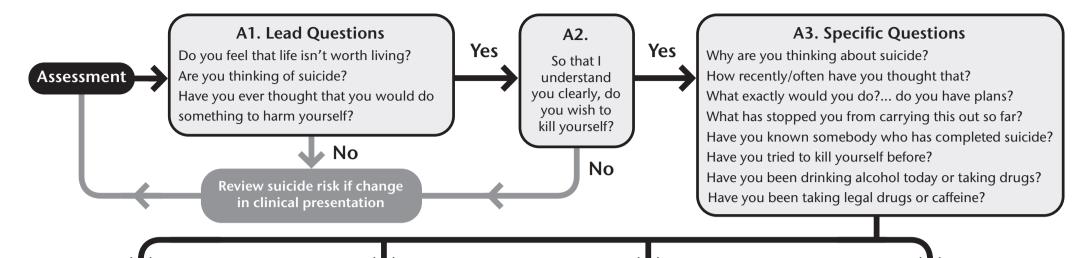












F1. Features

- Fleeting thoughts which are easily deflected. Appear short time and predictive.
- No plan
- Mild or no symptoms of mental illness
- · No substance problems/ intoxication
- Stable psychological situation/ Low levels of distress
- No self-harming behaviour

F2. Features

- Fleeting suicidal thoughts
- No plan
- Evidence of mental illness e.g. Depression and/or anxiety
- Evidence of substance problem/ intoxication
- Unstable psychological situation but no impending crisis
- Infrequent dangerous or selfharming behaviour

F3. Features

- Fleeting or fixed suicidal thoughts
- No specific plans or immediate intent but may have considered methods
- Evidence of mental illness
- Significant substance problem/ intoxication
- Unstable psychological situation with impending crisis. High levels of pressure or distress.
- Frequent dangerous or self-harming behaviour

F4. Features

- Definite suicidal intent with specific plan and access to means.
- Evidence of mental illness
- Significant substance problem/ intoxication
- Unstable psychological situation with impending crisis. High levels of distress
- Escalating and more frequent dangerous/ Russian Roulette or self-harming behaviour

Low Risk

Risk can go up or down

Medium Risk

Risk can go up or down

Medium/High Risk

Risk can go up or down

High Risk

Actions

- **Consult Lifelines**
- Consider engaging family and friends, community support
- Diffuse emotional distress as far as possible
- · If indication of mental illness, arrange for assessment by an appropriate professional/Request for assistance.
- No immediate follow up for suicide risk
- Encourage/allow verbal/ emotional expression of distress in safe environment.

Provide appropriate

information:

Review suicide risk category

Actions

- Defuse emotional distress as far as possible
- Secure safety
- Refer to appropriate agency for full mental health and psychological assessment. Timescale appropriate to level of risk
- Engage family and friends, community and professional support
- Identify suicide prevention strategies appropriate to person
- Encourage/allow verbal/emotional expression of distress
- Utilise problem solving techniques
- Distraction
- Promote hopefulness and build upon self-confidence by engaging in future orientated conversation/ discussion
- Explore previous coping strategies
- Safe Plan

Actions

- Defuse emotional distress as far as possible
- Secure safety
- Remove/restrict lethal means
- Refer for full mental health and psychological assessment. Timescale appropriate to level of risk
- Engage family and friends, community and professional support
- After crisis, identify suicide prevention strategies and safe plan
- Encourage/allow verbal/emotional expression of distress in safe environment
- Utilise problem solving techniques
- Promote hopefulness and build upon self-confidence by engaging in future orientated conversation
- Explore previous coping strategies
- Self-monitoring/relapse prevention strategies
- If person fails to engage with arranged support, initiate pro-active follow up as per local policy
- Seek guidance from line manager

Actions

- Defuse emotional distress as far as possible
- Immediate action to secure safety
- Arrange full mental health and psychological assessment. (e.g. CAMHS or A&E)
- Engage family and friends, community and professional support
- After crisis, identify suicide prevention strategies
- Ensure personal safety
- Do not leave person alone
- Encourage/allow verbal/emotional expression of distress in a safe way.
- Utilise problem solving techniques
- Promote hopefulness and build upon self-confidence by engaging in future orientated conversation
- Reflect upon impact of suicide on family/ friends etc.
- Explore previous coping strategies
- Self-monitoring/relapse prevention strategies
- If person fails to engage with arranged support, initiate pro-active follow-up as per local policy
- Seek guidance from line-manager

This pathway is intended as guidance only and staff should use their professional judgement when making decisions



Leaflet

Online App

• Elament website

Safe Plan

Open up when you're feeling down 0800 83 85 87 Weeknights: Mon-Thurs 6pm-2am Weekend: Fri 6pm-Mon 6am www.breathingspace.scot



ONLINE, ON THE PHONE, ANYTIME



If not in contact with Mental Health services consider referral to:

Review suicide risk category

- General practitioner
- Accident and Emergency (Psychiatric Assessment Team)
- Community Mental Health Team/CAMHS
- Outpatients (Psychiatry)
- Addiction team

At all levels of risk

- Ensure compliance with Child Protection Guidance
- Record suicide risk, action taken, those involved and review risk in future if change in clinical presentation

In consultation with the person, inform GP and key support agencies regarding outcome of assessment irrespective of level of risk identified

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Call free day or night on 116 123

