

Guidance on Suicide Prevention

Be the One: this is Rotherham's suicide prevention campaign and is led by RMBC and RCCG supported by TRFT, RDaSH, South Yorkshire Police and VAR. Please visit this website for links to resources which might help your patients, <https://www.be-the-one.co.uk/>

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COVID 19

Currently, there is little evidence specific to COVID-19 and suicide prevention. (NCISH National Confidential Enquiry into Suicide and Safety in Mental Health, 2020)

The national message is that many of the main priorities for suicide prevention remain the same during the pandemic. However, it is thought that certain subgroups may be more at risk during the pandemic and guidance on the NCISH website can be found for the following:

- Children and young people
- Prisoners
- People with gambling addictions

A report in the Lancet and by the World Psychiatric Association (Published April 2020) outlines certain risk factors associated with the pandemic:

- financial issues
- domestic violence
- isolation and loneliness
- relationship conflict, discord and loss
- Chronic pain
- Mental health problems worsening

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30171-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext)

Other studies have shown that the following groups are showing an increase in mental distress:

- young people
- women and those with preschool aged children
- The SARS epidemic was associated with increased risk of completed suicide in older women

Access to means: People may have greater access to means through increased buying and stockpiling of medication, firearms and poisons/chemicals.

Reduced help seeking behaviour due to stigma and belief that services are under pressure due to COVID.

For further information please visit: <https://sites.manchester.ac.uk/ncish/resources/national-academic-response-to-covid-19-related-suicide-prevention/> and [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30171-1/fulltext#%20](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext#%20)

Rotherham's Real Time Data

For several years Rotherham has looked at suspected suicides in real time to ensure that support can be put in place for those bereaved and affected and to mitigate against further suicides. Rotherham's real time data has shown over the last couple of years an increase in the numbers of females taking their own lives, some of whom have children and are in a relationship.

Other risk factors/groups which have been noted locally are:

- bereavements
- loss of a relationship/relationship breakdown
- conflict re child contact
- financial hardship
- caring responsibilities
- perpetrators of domestic abuse
- contact with the criminal justice system
- physical health problems
- Drug and Alcohol misuse
- the individual is a veteran

Introduction

There are some occasions when nobody will be able to predict that a person will take their own life. However most people contemplating taking their own life do not want to die they just want to end the distress they are experiencing. If the person is given the right help and support and they are willing to accept this, suicides can be prevented.

If you have concerns that a person may be at risk don't be afraid to ask about suicidal ideas/intent: It will not increase risk. It is perfectly reasonable to ask questions such as are you feeling hopeless, have you had thoughts of taking your life, when did you last have these thoughts, do you have a plan, have you ever made a suicide attempt? As the person has presented themselves to surgery they are likely to be expecting such questions.

Ask:

- Are you feeling hopeless
- Have you had thoughts of taking your life?
- When did you last have these thoughts, do you have a plan, how often do you have them?
- Have you ever made a suicide attempt?

When exploring someone's problems, consider the following as they are likely to indicate increased risk of completed suicide:

- Does the person have current intent, plan, access to means (especially via their professions such as Doctors, Dentists, Vets, Farmers etc)
- Have there been previous suicide attempts?
- Is the person using alcohol/drugs? This increases risk
- Is there a history of psychiatric diagnosis and or history of impulsivity/poor self-control?
- Have they recently received a psychiatric diagnosis?
- Recent significant change in behaviour or habits
- Check on hopelessness: Presence, duration and severity
- Has there been recent loss or threats of loss? Consider physical, financial, personal or recent discharge from hospital?
- Family history of suicide?
- Are they experiencing domestic abuse?
- Involvement in criminal proceedings
- History of abuse: physical, sexual, emotional
- Is the person experiencing bullying or discrimination
- Co-morbid physical health problems. Particularly recently diagnosed
- Consider demographics: Elderly or young adult, unmarried, male, living alone, unemployed or in temporary work, having financial worries

- Alcohol misuse

The following aspects are likely to reduce risk:

- Positive social support from family and friends
- Spirituality and Family responsibility
- Having **dependent** children at home, pregnancy
- Life satisfaction, positive coping and problem-solving skills
- Positive therapeutic relationship(s)
- Engagement in physical activity
- Improved regular sleep patterns
- Active hobbies
- Meaningful occupation

Warning Signs:

- *Threatening to hurt or kill self*
- *Having no hope, or seeing no way out*
- *Looking for means*
- *Seeking access to pills or other means*
- *Talking or writing about death, dying or suicide*
- *Making preparations for after their death, for example care of pets*
- *A change in the usual presentation*

Presence of the above should indicate an immediate referral to the Crisis Team on Freephone 0800 652 9571

PLEASE REMEMBER TO RECORD AND COMMUNICATE THE PATIENT'S TELEPHONE NUMBER

If any of the following are present, please ring the Crisis Team on Freephone 0800 652 9571 to discuss the urgency of a referral:

- *Hopelessness*
- *Rage, anger, seeking revenge or acting reckless or recent engagement in risky activity*
- *Expression of feeling trapped or Withdrawal from support*
- *Increased alcohol/drug use*
- *Significant anxiety, agitation, unable to sleep or sleeping all the time*
- *Dramatic mood changes and/or no reason for living, no sense or purpose*
- *Significant changes in appearance, personal hygiene, weight loss etc.*
- *Hearing voices telling them to harm themselves*

Local Resources

Bereaved or affected by suicide: If someone has been bereaved, affected, or exposed to suicide then you can refer them to the following service. It does not matter how long ago the death occurred. Ring Amparo 0330 088 9255 or e-mail amparo.service@listeningear.cjsm.net – secure email.

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National Resources

- Samaritans – 116 123 (Freephone)
- CALM The Campaign Against Living Miserably (CALM) is leading a movement against suicide. Every week 125 people in the UK take their own lives. And 75% of all UK suicides are male. Ring 0800 58 58 58, <https://www.thecalmzone.net>
- POPYRUS: this organisation is for young people or for someone who is worried about a young person not coping with life. For confidential suicide prevention advice contact HOPELINEUK. The service is open 9am–12am (midnight) every day of the year: 0800 068 41 41. Visit <https://www.papyrus-uk.org/>
- People still serving can get advice from the Military Mental Health Helpline on 0800 323 4444.
- Stay Alive App: The Stay Alive app is a pocket suicide prevention resource for the UK, packed full of useful information to help a person stay safe. The individual can use it if they are having thoughts of suicide or if they are concerned about someone else who may be considering suicide, <https://www.prevent-suicide.org.uk/find-help-now/stay-alive-app/>
- Veterans: <https://www.nhs.uk/nhs-services/armed-forces-and-veterans-healthcare/veterans-nhs-mental-health-services/>
- Waking with the Wounded: <https://walkingwiththewounded.org.uk/>
- Women’s Aid 0808 2000247 – <http://www.womensaid.org.uk>

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