

Be suicide ALERT during Coronavirus: A briefing for health and social care staff

This briefing is for Health and Social Care staff and call handlers to provide you with support if you are talking with someone who may be at risk of suicide. It explains the 'ALERT' model and provides some ideas for putting it into practice, as well as useful information about support services and suicide prevention resources.

Be suicide ALERT

During the coronavirus outbreak people may be feeling lonely and will have experienced big changes to their normal routine. Many people will find these changes difficult and will experience more stress at this time. Although this can be difficult, it's important for them to know that they are not alone and that these feelings and this outbreak will pass. However, it is still important to be mindful of what people have been through during the coronavirus outbreak and that suicide may still be on their mind after the worst of the outbreak is over.

It's also vital to be aware that key workers including health and social care staff and call handlers may be under particular pressure at this stage and may be more at risk of suicide, and so it's important to check in with how colleagues are coping as well as looking after your own mental health.

If someone is contemplating suicide, they may:

- Talk about wanting to die
- Talk about feeling trapped, hopeless or being a burden to others
- Be stressed or anxious and seem to be not coping
- Appear careless, moody or withdrawn
- Have lost interest in their appearance
- Be misusing drugs and/or alcohol
- Give away prized possessions, or be putting their affairs in order for no obvious reason.

Someone who has appeared stressed or distressed may appear calm and in control once they have made a suicide plan.

What is your role?

It's important to know what your role is if speaking with someone who is thinking about suicide. You may be trained in ASIST (suicide prevention training) in which case you will have more insight into suicide prevention, or you might be coming at this having not taken part in suicide prevention training. Don't worry about not getting it right or saying something wrong, just try your best and if something doesn't come across right then just be human and apologise to set you back on track! Asking the question – if someone is considering suicide - and knowing some key sources of support is all you need. You're not expected to be an expert in suicide prevention, just to listen to the person and

help direct them to further support. If you've done that then you've probably gone a lot further than most people they have spoken to.

Using the ALERT model in a health and social care setting

- **ASK** if you think someone may be thinking about suicide
- **LISTEN** carefully to what the person is saying
- **ENCOURAGE** them to talk further
- **RIGHT** now
- **TALK** to someone

Preparing for the conversation

It might be helpful to set boundaries when you start speaking with someone about their mental wellbeing so that you are both clear about your role and its limitations.

"I can listen to you to find out more about your situation and help you to find the most appropriate support for you, however I'm not able to offer ongoing support or any specific mental health support. I will work with you to keep you safe. I just wanted to be clear so that we both know what I can and cannot do."

Gather some basic information to find out about the person including their name, address and GP practice. Explain that you will ask them some questions. If you are on the telephone to them, it might also be appropriate to gather a phone number in case you get cut off so that you could call them back. This information will help you should the person be in crisis and if you need to call the emergency services, or if you are linking with their GP.

A statement similar to this can help with your confidence in asking questions but can also help the caller know what to expect. You may already have this information so you don't need to duplicate this process if it's already available to you.

"To find out the most appropriate service or resources to direct you to I'm going to ask you a few questions. Firstly can I find out your name, what is the name of your GP practice and in which town is that in..?"

ASK if you think someone may be thinking about suicide

It is really important if someone is displaying the thoughts and feelings mentioned above that you ask them if they are thinking about suicide. Some people worry that asking about suicide may give them the idea to take their own life but this is not the case. You need to be really clear in your language when asking so you both know that it's suicide that you're talking about. You could say:

"It sounds like you've been having a difficult time at the moment, is suicide something that you're thinking about?"

"Sometimes when people experience what you're going through they are considering taking their own life, is that something that you have been thinking about?"

"Can I be clear, when you're talking about... [thinking of just ending it all]... is it suicide that you mean?"

"I know you said before that suicide wasn't something you were thinking about, but the more we talk and when you mention things like... [giving away possessions / people better off without you etc] I just wonder if it is really suicide that you're thinking about"

LISTEN carefully to what the person is saying and ENCOURAGE them to talk further.

These stages in the ALERT model are about building a connection and information gathering. We want to know if the person is feeling suicidal, if they have a plan, if they have the means to carry out the plan and if they are at immediate risk.

Many people working in health and social care are used to helping people 'fix' whatever problem they may be experiencing but on this occasion it's important to really listen to what the person is saying. This not only helps to make a connection, and build trust with the person, but will help you to determine how the person is really feeling. Listening can also give you background clues, for example their location, if there are other people or pets around, if they sound disorientated or like they may have been taking drugs or alcohol.

While you are listening you also want to encourage the person to talk further and provide more detail about how they are feeling and their circumstances. You don't have to be completely neutral and showing empathy is vital. Active listening skills include:

Reflecting back what the person is saying. Try to use the words that they have said when summarising or asking for more information. This helps to build a connection and also stops you from using language that might not accurately reflect how they are feeling.

Asking open questions rather than those that require a yes/no answer, this will encourage the person to keep talking. Questions that begin with 'when', 'how', 'what' or 'where' are good starting points.

Examples could be:

"You said...[you feel hopeless at the moment]... can you tell me more about that."

"It sounds like you're finding things difficult today, how long have you been feeling that way?"

"Has something happened to make you feel that way?"

Every situation will be different and you will have your own style, and often will have built up a rapport with the person so you will have a notion for how they respond to questions. Use this intuition and trust yourself. If you're not clear on their answer then be direct and ask again. Some questions you could consider to gather this information are:

"You said you have been thinking about suicide, is that something you think about often?"

"Thank you for sharing with me that you have been feeling suicidal, that's a big step, have you told anyone else about the way you are feeling?"

"You mentioned that ending your life is on your mind, have you been thinking about how you would end your life?"

"Do you have access to...[medication/rope/car]? Is that bridge somewhere close by or that you visit a lot?"

"You sound like you are outside, are you there now?"

"Have you taken any of the medication? How much?"

Sometimes this information will come across very quickly, at other times you may be speaking with someone for a while. The fact that they are talking with you is a positive thing, and it's keeping them safe. Remember that most people who are thinking about suicide do not want to die, they just want to end the pain they are experiencing.

What action do you take RIGHT NOW?

- 1. No suicidal thoughts or behaviour** – That's ok you did the right thing asking the question. It's better to have asked and been told 'no' than to have wished you had asked them. It shows that your service is a place that is comfortable asking those questions and dealing with the answers should they find themselves feeling suicidal in future. If you're still concerned or worried that they are not telling the truth then you can always keep talking with them to build up a connection and ask again. They may still be experiencing distress or be looking to improve their mental wellbeing – resources such as the Elament web site, Stress Control Classes, Breathing Space, Samaritans or Lanarkshire Psychological Services helpline.
- 2. Experiencing suicidal thoughts or behaviour but do not have a plan to end their life.** It's great that they have opened up to you and shared this with you. You might be the first person they have told. It's estimated that up to 1 in 20 people are in this category at any one time. Encourage them to talk to their GP and friends, family or colleagues. They may also find the Stay Alive App and the Mental Health Support helplines useful.
- 3. They have a plan to end their life but no means or do not intend on using the means at present.** Encourage them to call their GP today to make an appointment, you may even want to try to get in touch with their GP to let them know about the conversation you've had (with the patient's permission). If they have the means to carry out the plan, try to agree that they won't use them, perhaps ask them to give the means to someone they live with or a nearby pharmacy, flush medication down the toilet. Use the rapport that you have built to make an agreement that they won't end their life today.

"I want to help to keep you safe, can we agree that you will...[take action to make their environment safe]?"

"I'm worried about you and I want to make sure that you are able to keep yourself safe. What can we put in place today that will keep you safe?"

"It may be a few days before you can speak with your GP, is there anyone around you that can support you until then?"

- 4. They are at immediate risk of ending their life or others are at risk.** The person may have already attempted suicide, or there may be children or vulnerable people with them that you think are at risk. It might be that the person is in a dangerous situation that puts them at immediate risk. If this is the case then call the emergency services on 999, or if they are with someone who is able, ask them to go to A&E. It may be helpful if you are able to stay talking with the person whilst someone else calls the emergency services.

TALK to someone

Talking with someone who is thinking about suicide can be a stressful experience. You may experience a sudden surge of emotion after you've spoken with the person, or your energy levels might drop. It's important that you take some time and talk with someone afterwards. This might be your manager, or a colleague. Someone who is ASIST trained (suicide prevention training) would be useful to debrief with. You may prefer to speak to your friend, partner or colleague. You may wish to talk to Breathing Space or Samaritans.

Case studies

Every conversation about suicide is different, and it will depend on the two people involved how that transpires. Following the ALERT model as a guide will help you to know roughly which steps to follow. Below are some examples of situations and what you might do – although no two situations are the same.

Case study A

Person A has recently lost a friend to suicide, you know therefore that she is more at risk of suicide. She has a daughter who visits frequently but just wants her mum to 'get over it'. Person A is socially isolated and she doesn't like her male GP – you suspect this is because of a previous history of domestic abuse from a male partner. She says that she thinks about suicide regularly and but that she couldn't take her own life as she knows the effect it had on others when her friend died by suicide. What could you do?

You don't think that Person A is at immediate risk of suicide because of what she has said but it is clear that she is distressed by having suicidal thoughts. You agree with her that she will stay safe but if she finds herself having further suicidal thoughts she will call Breathing Space. After talking for a while you find out that she enjoys gardening and you suggest that she looks on ALISS to find out if there are local gardening groups that she can join. You also link her to some of the self help resources and suggests that she speaks to a female GP can consider if medication is appropriate or link her to other more specialist referrals.

Case study B

Person B has lost his job and is feeling low. He doesn't say much on the phone and it takes you a while to get much information from him. You ask him about suicide and he abruptly shuts you down. You hear a dog barking in the background so you change tact and start asking him about his dog. After a while he opens up that his dog is the only thing keeping him going, but he was going to ask his brother who will then be back from offshore to dog sit next week while he 'sorts some stuff out'. You ask again about suicide and he opens up that suicide is what he is thinking about and he has a plan and the means to do it. He says he can't do that until his dog is safe. What could you do?

You are concerned about Person B as he has been having suicidal thoughts and has a plan and means to carry out that plan, however you believe that he is not at immediate risk. You encourage him to call his brother to talk about how he is feeling and he agrees that he will. He agrees to call his GP and you agree to leave a note on the system explaining that you have spoken. You know that there is a local men's shed and provide him with the details of that, as well as the number for the Job Centre. He downloads the Stay Alive App while you are on the phone to him.

Case study C

Person C has clearly been drinking, she calls and bursts into tears. She explains that she just wants the pain to end and that she's taken a lot of medication and been drinking a lot of alcohol. You know she is at immediate risk but you don't know where she lives. What could you do?

You know that while Person C is on the phone to you she is safe from doing any more harm, however you want to quickly find out where she is so you can get help. You ask her what she can see out of her window and you know the landmark she mentions. You ask for her address and she ignores you. You ask again and she gets angry. You explain that you understand that she wants to make the pain go away, but that you're worried that drinking alcohol affects decision making and that it might be better to think about her options when she hasn't been drinking – it's not a

decision she has to make today. She tells you her flat number and you explain that you have called an ambulance and that you will stay on the phone until it arrives.

Case study D

Person D has been on the phone for a while, your colleague mentions he frequently calls and has attempted suicide many times before. Despite this you know to take every instance seriously. He complains that he has been to all the support services you mention and that they haven't been any help, he's just been on a waiting list for a long time. What could you do?

You reflect back to person D that it sounds like it has been difficult for him speaking to different services. You reassure him that the service that he is on the waiting list to speak to sounds like a good fit for him but that you recognise it is difficult waiting. You suggest that he looks at the self-help resources on the element web site and give him the contact numbers for other local supports. You suggest that it sounds like it helps for him to talk about how he is feeling and encourage him to talk to friends and family and to call emotional support phone lines whenever he needs to.

Be suicide ALERT prompt sheet

Someone may be at risk of suicide if they:

- Talk about wanting to die
- Have been stressed or anxious and don't seem to be coping
- Appear careless, moody or withdrawn
- Have lost interest in their appearance
- Are misusing drugs and/or alcohol

ASK if you think someone may be thinking about suicide.	We want to know from these stages if a person is feeling suicidal, if they have plan, if they have the means to carry out the plan and if they are at immediate risk (or if anyone around them might be).
LISTEN carefully to what the person is saying.	
ENCOURAGE them to talk further.	
What action do you take RIGHT NOW?	
1. No suicidal thoughts or behaviour	Mental Health Support Services
2. Experiencing suicidal thoughts or behaviour but do not have a plan to end their life.	GP, Breathing Space, Samaritans, Stay Alive App.
3. They have a plan to end their life, but no means or do not intend on using the means at present.	Disable plan, GP support
4. They are at immediate risk of ending their life or others are at risk.	Emergency services – A&E or call 999.
TALK to someone.	It's important you identify who you can talk to if you have been speaking with someone who is suicidal.

Support from GP: GPs can support their patients and discuss whether medication or referral to other more specialist support services might be helpful. Call NHS 24 on 111 when the GP practice is closed.

Samaritans 116 123 (24hrs/day) Calls are free. Email jo@samaritans.org Provide confidential emotional support for people experiencing feelings of distress or despair, including those which could lead to suicide.

www.samaritans.org

Staying connected during the coronavirus outbreak (<https://breathingspace.scot/news/2020/staying-connected-during-the-coronavirus-outbreak/>)

Breathing Space 0800 83 85 87 (Mon–Thurs: 6 pm–2 am, Fri: 6 pm–Mon 6 am) Calls are free. A free and confidential helpline for anyone experiencing low mood, anxiety or depression, or who is unusually worried and needs someone to talk to. www.breathingspace.scot

NHS Lanarkshire Psychological Services 01698 687 567 (Mon- Fri 10am- 6pm)

NHS Lanarkshire psychological services are running a helpline for members of the public experiencing difficulties with anxiety, low mood and other distress during the Covid-19 outbreak. The helpline provides a combination of information and signposting, plus a call-back service for people who are experiencing more severe distress.

<https://www.nhslanarkshire.scot.nhs.uk/novel-corona-virus-covid-19/psychological-wellbeing/>

Stay Alive App Download the free App on the App Store or Google Play. The App is packed full of useful information and tools to help you stay safe in a crisis.

Clear Your Head: Scottish Government national campaign to help people cope with the COVID-19 pandemic with an interactive website (www.clearyourhead.scot)

General Mental Health Support Services

Living Life (NHS24) (<https://www.nhs24.scot/our-services/living-life/>) Offers support to people in Scotland through self-guided help and cognitive behavioural therapy. Self-refer for an assessment by calling 0800 328 9655 (Monday to Friday: 1:00 pm to 9:00 pm)

Guide to Using the Living Life Service

The Calm Zone 0800 585858: A helpline offering support to men, of any age, who are down or in crisis

SAMH local resources: Experience Counts Peer Support service is currently supporting Peers (Service Users) by telephone. Phone: **01698 265659 (Motherwell Office)** or **01236 439418 (Airdrie office)**

Email: ExpeerienceCounts@samhservices.org.uk

Veterans first point - V1P Veteran Peer Worker is still contacting service users by telephone.

<https://www.veteransfirstpoint.org.uk/drop-center/lanarkshire>

GP Link Workers are also offering Telephone support to all patients who have been referred to the service and are sending helpful resources by email if required.

Well Informed Information Service is operating a telephone support service and has been in contact with referrers to pass on relevant contact details.

In all areas of the SAMH service well-being calls are being offered to those who may not want long discussions on the telephone.

Local Healthy Living Initiative: Carrying out telephone wellbeing checks and offering support:

Cambuslang and Rutherglen Community Health Initiative -www.healthynhappy.org.uk 0141 641 5236

Tenants Association of Coatshill and Thornhill (TACT) - 01698 327 783

Getting Better Together (GBT) Shotts – www.gbtshottshlc.org.uk

YMCA Bellshill and Mossend - 01698 747 483

Orbiston Neighbourhood Centre - 01698 842 215

Healthy Valleys – www.healthyvalleys.org.uk
01555 880 666

Clydesdale Community Initiatives – www.cciweb.org.uk
01555 664 211

LAMH: <https://lamh.org.uk/>

Still offering support to current service users, updating their facebook account with useful resources and links:

<https://www.facebook.com/lamh4/>

Martin Stepek mindfulness classes: <https://www.facebook.com/tenforzenscotland/>

Brothers in Arms: <https://www.brothersinarmsscotland.co.uk/>

Mental health support, resources and links aimed at men's mental wellbeing. Brothers In Arms use digital technology as a way to reach out. Free App and Included is access via text to a mental health coach available Mon to Friday (excluding Bank Holidays) 8am to 8pm to support you on a one to one basis in both using all aspects of the support platforms and modules within, but also to advise on other ways to help themselves. The link is only available on the website and not on any app store to keep it free. Our Brother-Stay Alive App is a suicide prevention resource for Scotland. Full of useful information and tools to help stay safe in crisis. You can use it if you are having thoughts of suicide or if you are concerned about someone who may be considering suicide. In addition to the resources, the app includes a safety plan, customisable reasons for living, and a LifeBox where you can store photos and memories that are important to you.

Online Mental Health Resources

Raising Awareness of Mental Health and Suicide Prevention – video resources

Watch these animated videos for practical advice about how to support people who may be feeling suicidal or experiencing mental distress. Created by Health Scotland and NHS Education Scotland.

- Ask, Tell - Look After Your Mental Health: understanding mental health and keeping mentally healthy: <https://vimeo.com/338176495>
- Ask, Tell - Have a Healthy Conversation: supporting compassionate conversations with people who may be experiencing mental distress or who are at risk of suicide: <https://vimeo.com/338176444>
- Ask, Tell - Save a Life: Every Life Matters: suicide prevention and keeping people safe: <https://vimeo.com/338176393>

Online suicide prevention training: www.zerosuicidealliance.com/training

Centre for Clinical Interventions: (www.cci.health.wa.gov.au/resources/looking-after-yourself)
Self-help resources for mental health problems

Dare – Break Free From Anxiety: Evidence based training programme to help people overcome anxiety, panic attacks, worry and insomnia (Google Play Store)
(https://play.google.com/store/apps/details?id=ie.armour.dare2&hl=en_GB)

Elament: (www.elament.org.uk) Provides information, support, self-help resources and information on mental health topics for adults, young people, parents and carers and professional and also includes a range of training opportunities across Lanarkshire

Get Self Help: (www.getselfhelp.co.uk/) Provides Cognitive Behaviour Therapy (CBT) self-help and therapy resources

Headspace: Mindfulness for everyday life. Currently offering [free support](http://www.headspace.com/covid-19) (www.headspace.com/covid-19) during the current global crisis

MoodJuice: (www.moodjuice.scot.nhs.uk/) Web site designed to offer information, advice to those experiencing troublesome thoughts, feelings and actions. Print off various [self-help guides](http://www.moodjuice.scot.nhs.uk/About.asp) www.moodjuice.scot.nhs.uk/About.asp) Listen to [podcasts](http://www.moodjuice.scot.nhs.uk/asppodcast.asp) about common mental health problems and skills to cope with them www.moodjuice.scot.nhs.uk/asppodcast.asp)

NHS Inform: (www.nhsinform.scot/healthy-living/mental-wellbeing)
10 stress busters
Breathing and Relaxation Exercises for Stress

Dealing with Traumatic Events
Why do I feel anxious and panicky
Low Mood and Depression
Exercise for Depression

SAMH: (<https://www.samh.org.uk/about-mental-health>)

[Self-help & Wellbeing \(https://www.samh.org.uk/about-mental-health/self-help-and-wellbeing\)](https://www.samh.org.uk/about-mental-health/self-help-and-wellbeing)

[Wellbeing Tool Assessment \(https://www.samh.org.uk/about-mental-health/self-help-and-wellbeing/wellbeing-assessment-tool\)](https://www.samh.org.uk/about-mental-health/self-help-and-wellbeing/wellbeing-assessment-tool)

Wysa App: Stress, sleep and mindfulness therapy chatbot (Google Play Store)

(https://play.google.com/store/apps/details?id=bot.touchkin&hl=en_GB) “Cheer me up” buddy and wellbeing tracker. Daily spiritual meditation