



Introduction to **Suicide Awareness**

for Counsellors and Therapists

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COUNSELLOR
RESOURCES



* Learning Outcomes

Aim: To develop a basic awareness of how to work safely with clients who experience thoughts of suicide

Objectives:

- ✓ **Recognise** the importance of speaking to clients about suicide.
- ✓ **Briefly explore** your own thoughts and feelings about suicide and how this might impact your client work.
- ✓ **Identify** what you need to do to ensure that clients at risk of suicide are able to stay safe.

* Introduction: Emma Chapman



- ✓ Counsellor and trainer working in private practice in Northwich, Cheshire
- ✓ Masters in Clinical Counselling and a Post-Graduate Certificate in Education
- ✓ I came to counselling later on in life after 15 years of working in public sector and charity roles. Here I worked with vulnerable children and families.

* Introduction: Emma Chapman

- ✓ After so many years in these roles, I came to the conclusion that poor mental health and trauma played a huge part in keeping people stuck in damaging patterns of behaviour, and this conclusion brought me to where I am today!
- ✓ I now specialise in working with Maternal Mental Health after publishing some research in this area, and Suicidal Thoughts following working at a charity dedicated to the prevention of suicide.

* **Keep yourself safe.**

Take a **break** if you need to.

Be **aware** of what this brings up for you and take it to **therapy** or **supervision**.



* **Talk about Suicide Safely**



DO NOT talk about method

* Why is Suicide Awareness Essential for Counsellors?

- ✓ In 2018 **6507** people died by suicide in the UK.
- ✓ Suicide continues to be the **Leading Death of Mothers** in the UK in the first year after birth.
- ✓ Suicide is the **Biggest Killer of Young People** (under 35) in the UK, and has been for some time.
- ✓ $\frac{3}{4}$ of registered deaths by suicide in 2018 were among **Men**.

* Why is Suicide Awareness Essential for Counsellors?

- ✓ In 2018 the suicide rate for **Females Aged 10-24 years** increased significantly.
- ✓ People experiencing thoughts of suicide are often **turned away** by other services.
- ✓ Clients will not always disclose thoughts of suicide until they **trust** you.

* The Legacy of the Criminalisation of Suicide

Until 1961 dying by suicide was a **criminal offence** in the UK.

Although this is changing due to campaigners lobbying the government, coroners still have to **prove** that a person died by suicide to put this as a cause of death.

If they can't prove this, or historically to protect families, they might give a **different verdict** as to the cause of death.

This means that the **figures don't paint a full picture.**

* Other causes of death might be...

- ✓ Narrative Verdict
- ✓ Accidental Death
- ✓ Death by Misadventure

* Language around Suicide?

This **legacy** can still be heard in the **WORDS** that we use when we talk about suicide.

Although we won't cause anybody to die by suicide, by using the '**wrong**' words, we might contribute to the **stigma** and **silence** around suicide.

“They committed suicide.”

“They had a failed attempt.”

“It's just a cry for attention.”

* Alternatives

“They died by suicide.”

“They attempted suicide.
They must’ve been in a lot
of pain.”

“They need some
support and attention.”

What stops Clients from talking about Suicide?

Breaking the stigma

~~SILENCE~~

* What Stops Clients from asking for help?



Fear – what happens next



Shame



Embarrassment



Lack of Trust



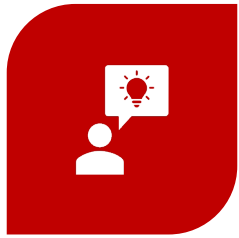
Stigma

What stops Us from talking about Suicide?

Breaking the stigma

~~SILENCE~~

* What stops Us from talking about Suicide?



Talking about suicide puts the idea into somebody's head



They might be angry or offended



What if I get it wrong



I will break trust or ruin the relationship



What do I do if they say "Yes?"

What does the word 'Suicide' bring up for you?

- ✓ Like all things in counselling, we need to have an **awareness** of our own **thoughts** and **beliefs** around suicide.
- ✓ We need to **explore** the subject to find out if we carry any **unconscious biases** or **judgments** about people who have thoughts of suicide.



* What are your thoughts and beliefs around suicide?

1 – Suicide is never ok.

5 – Suicide is understandable in some circumstances.

10 – Suicide is a persons' right; they can do as they wish with their own life.

* Spotting the Signs

We **can't** definitively say that people who behave a certain way will be suicidal. A list of all the **signs** and **symptoms** of suicidal thoughts could go on for days.

However, the signs might **not always be what you expect**. Looking out for a **combination** of these **three** things will be useful.

Saying Unusual Things

Unusual Behaviour

Stressful Life Events

Saying Unusual Things



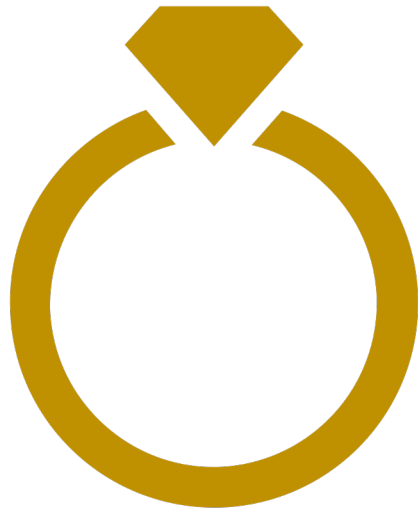
- ✓ “I won’t be here tomorrow”
- ✓ “I’m going away”
- ✓ “I’ve finally made peace”
- ✓ “A weight has been lifted”

Unusual Behaviour



- ✓ Giving away their possessions
- ✓ Very High in Mood
- ✓ Very Low in Mood
- ✓ Losing inhibitions

Stressful Life Events



- ✓ Change in circumstances
- ✓ Transitions
- ✓ Loss

* How Can we Know for Sure?



Ask the **Question:**
“Are you having
thoughts of suicide?”

* Next Steps

Do - LISTEN

- You might be the first person they have ever said this to—hear them.

Don't – MAKE JUDGEMENTS

- It's tempting to point out all the good things in their life—this isn't helpful.

Don't – TRY TO MAKE IT BETTER

- You need to hear their story and acknowledge the pain they are in before you can help them to find a way through this.

* Don't Panic!

- ✓ Thoughts of suicide come on a **spectrum**.
- ✓ Not everybody experiencing thoughts of suicide will have **made plans** to die by suicide.
- ✓ The only way you will know **why** and **what** your client is thinking is by asking them—**don't make any assumptions**.
- ✓ If they **do have plans**, you can do a **safety plan** with them, this can also act as a **risk assessment**.

* What is a Safety Plan?

A safety plan is a series of questions that you work through with your client to ensure that they can **stay safe from suicide in between sessions.**

It is **not** a tool that **takes away** thoughts of suicide; it is a tool that enables clients to *manage* thoughts of suicide.

A safety plan can be used by a therapist to **assess risk.**



* The Importance of Safety Planning

A GOOD Safety Plan will:

- ✓ Empower
- ✓ Enable
- ✓ Keep your client safe
- ✓ Be client-focused
- ✓ Be realistic
- ✓ Act as a robust risk assessment

A BAD Safety Plan will:

- Create dependency
- Promote Fear
- Fail to keep your client safe
- Be focused around the therapist's needs and fears
- Be unrealistic

* Develop your own Policy



- ✓ Give you **confidence**
- ✓ Be clear on when and how you will **break confidentiality**
- ✓ Ensure that you treat every client the same way – without **judgment**
- ✓ **Protect you**
- ✓ **Protect your client**

* Further Training

This is just a **basic introduction**.

Further training will give you an opportunity to:

- ✓ Further **explore** your own opinions, thoughts and feelings about suicide
- ✓ Ensure that you feel **confident** and **comfortable** asking about suicide
- ✓ **Understand** how to develop a **robust safety plan** with your clients
- ✓ **Develop** your own **policy statement** and be clear on your own **procedures**

* Signposting

Papyrus – Prevention of Young Suicide (under 35) **0800 068 4141**

Stamp Out Suicide **07766 808 222**

Campaign Against Living Miserably - CALM – Men **0800 58 58 58**

The Mix – Young People under 25 **0808 808 4994**

The Samaritans **116 123**

The Silver Line – For older people **0800 470 8090**

* CPD Certificate

Don't forget to claim your CPD certificate.

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