Introduction to Suicide Awareness

Lecture Transcript

Hi, I'm Emma Chapman, and this is a basic introduction to suicide awareness.

The learning outcomes from this presentation are for you to develop a basic awareness of how to work safely with clients who experience thoughts of suicide.

By the end of this, you should be able to recognize the importance of speaking to clients about suicide. You will also briefly explore some of your own thoughts and feelings about suicide and how this is going to impact your work with clients. And you should be able to identify, by the end of this, what you need to do to ensure that clients at risk of suicide are able to stay safe.

I'm going to tell you a little bit about me.

I'm Emma and I run a private practice in Northwich in Cheshire and I also do training for counsellors. I have a Masters in Clinical Counselling and that's from the University of Chester.

And I've also worked in education. But my background really is working with very vulnerable young people, very vulnerable families. And I've done that for the last 15 years.

And when I was working in these settings, what became really, really clear was that many of the people that I worked with had very poor mental health. And the reason that they were really stuck in damaging patterns of behaviour was because they had been through trauma and they weren't really sure how to manage their mental health. That's how I ended up training as a counsellor.

I have worked at a charity which is dedicated to working with young people, experiencing thoughts of suicide and preventing suicide. And while I was there, I learned an awful lot.

Since then, I offer my services to people who are struggling with thoughts of suicide. I open up my private practice to work with those people. And I have a lot of experience in supporting people through those really, really difficult times. And I'm really hoping that today I'll be able to tell you a little bit about how you might be able to do that with your clients.

I also run workshops, working with counselors and therapists on working in private practice, working with suicidal clients in private practice. And at the end of this presentation, I will tell you a little bit more about that.

It's really important that you keep yourself safe during this presentation. We're dealing with a really difficult topic and it might bring up stuff for you. I know you're a counsellor, but it still might bring up stuff for you. So it's that important that you take a break if you need to. That's the beauty, isn't it, of doing something like this online? You can press pause if you need to.

Be aware of what it brings up for you, because this is all really, really valuable. And whatever it brings up to you, for you, you should be able to take that to therapy or supervision just to explore it further, to make sure that you are feeling okay to it, with clients who are at risk of suicide.

During this presentation, I am going to talk about suicide safely. This is a really important message that I want you to take away: it's 'we can talk about suicide'. It's safe to use the word 'suicide'. It's not a dangerous word, but we need to be really, really careful when we talk about suicide, that we don't talk about method.

This is quite a tricky concept for counsellors, because when it comes to doing safety planning, making sure our clients are safe-- and we'll talk about that later in the presentation--you will maybe need to talk to them about if they've had any ideas or plans about suicide. However, we do not mention any method to them

So an example is I spoke to a parent once who said, "Well, I told them not to do anything stupid. You're not thinking of this." And they used a method we would never, you know, have a conversation like that. And we just need to be really, really mindful of talking about method when we're talking about suicide.

Why is suicide awareness so important for us to know about as counsellors?

I'm going to just give you a little bit of context, because suicide is something that affects an awful lot of us. The figures that I've got are from 2018.

And last year, 2018, 6507 people died by suicide in the UK. Now, that figure went up for the first time last year. So that shows us really that we're going to be dealing with this more regularly than perhaps we ever would've done before.

Suicide continues to be the leading death of mothers in the UK in the first year after birth. I always mention that fact and often it's quite a shocking fact for people. People haven't heard that fact before.

I do work with mothers and I specialize in maternal mental health, as well as working with suicide. And it's a really, really difficult time. So I want you to go away with that knowledge that if you're working with mothers, then that transition can be a really tricky one.

Suicide is the biggest killer of young people under 35 in the UK. Again, I think that's often a really shocking fact if you're working with young people. And we're talking often about young people who are quite young. I've spoken to people as young as 7 who struggle with thoughts of suicide.

You know, you're not immune. You will be seeing people who were having thoughts of suicide. I think that always surprises people, that it's the biggest killer of young people because we don't hear about it very often, do we? People often say, what about road traffic accidents, you know, cancer, all these other awful things that our children face? Yes. It's awful that people might die of those things. But actually, suicide is the biggest killer and yet it's one that we really don't talk about.

Three quarters of registered deaths by suicide in 2018 were among men. And again, that was a significant increase upon 2017, which, you know, the year before it actually gone down. So it's going back up again.

In 2018, the suicide rate for females aged 10 to 24 increased significantly. Ten to 24 is very young, isn't it? So we just need to be aware of that. I think it's publicized quite a lot that men struggle with thoughts of suicide and die by suicide, but actually it's rising in young women as well. And that's the first time it's risen since 1981.

People experiencing thoughts of suicide are often turned away by other services. In my experience, working with people who have thoughts of suicide, they have asked for help. They've been to their GP. Sometimes they've been to A&E. And sadly, they're often turned away and told they can't have counselling or any kind of support, talking therapy, support, until they are less at risk--and which, of course, is a really difficult thing. How can somebody without support become less at risk?

The other thing to bear in mind is that we don't always know what's coming through the door, so as a counsellor, you might make a decision not to work with high-risk clients, which is a perfectly valid decision to make. And again, we'll talk about that later on.

But a client might take a while before they disclose any of these thoughts of suicide. You know, they might not be evident to begin with. They might come with a completely different issue. So we can't guarantee that this isn't an issue that you're going to see in your counselling room.

Suicide up until 1961 used to be a crime in the UK. It was a criminal offence, and because of that we still really struggle to talk about suicide. It affects the language that we use about suicide and the way that we deal with suicide as a society.

When somebody dies by suicide, it's actually up to a coroner to prove that that person died by suicide. They have the burden of proof because it's treated like a crime. And they have to prove it in the same way they would if a person committed a crime.

And because of this, what we do, we do not have a really full picture of the numbers of people that have died by suicide. There would have to be something like a suicide note, or that person would have had to have spoken to somebody about the fact that they were planning on dying by suicide, for the coroner to be able to put cause of death down as suicide.

It might get a different verdict and coroners historically did this as well to protect families because of the stigma around suicide, because it was a criminal offense. And, you know, families really didn't want to have to face the fact that their loved one had died, but also who was a criminal now. And it's crazy, isn't it, that that used to happen?

So historically, it was done to protect families. So the different verdict that they might give or the cause of death might be narrative verdict.

Now what you might hear when somebody has a narrative verdict, what that means is they can't really tell you exactly how that person died. So they kind of give a story, a narrative of what happened to that person before they died. So you might hear that it might be accidental. That can't prove that that person died by suicide. So they might say that they died accidentally or that it was death by misadventure.

So we still have around suicide the same sort of language that we might have had around crimes. We still have the same stigma around suicide and that impacts on the language that we use.

So we're going to talk a little bit about the language we use as a society around suicide. And this is something that has actually taken me by surprise when I first started working with people who were at risk of suicide. I really have to be mindful of the language. It took me a long time to change the language that I use. So I'm not expecting this to be something that you can change overnight. You know, it does take practice.

What I want to say is using the wrong words here, it's not going to make somebody die by suicide. I think often that's a bit of a misconception around change in our language. But language is a really powerful thing. And although somebody's not gonna die by suicide because we use the wrong language, it does contribute to that stigma, and the stigma makes people frightened to talk about suicide.

So, you know, sentences like "They committed suicide." The word 'committed' is a word that's--it's a criminal offense. When 'committed' is used as a verb, that tends to be in relation to a criminal offense.

So, you know, we try to stay away from from that kind of language. And it kind of moves on to more stigmatizing language: "They had a failed attempt." You know, if somebody had a failed attempt at suicide, what's a successful attempt? Is a successful attempt when somebody dies? You know, people have made comments when I've talked about this in other training. "Well, a failed attempt, you know, I couldn't even manage that." It's got some awful connotations, that sentence.

And "It's just a cry for attention." If we say to people who are struggling with thoughts of suicide, that they're talking about suicide because it's just a cry for attention, what message does that give people? You know, it tells people that they need to show us they're serious before we'll take them seriously. It escalates their behaviour, often escalates their thoughts of suicide.

And this is something that I come across time and time again, people that have been to A&E and being told, you know, well, if you've arrived here, so you obviously want to stay alive. So you're fine and they've been sent away. And it's quite shocking.

So we're gonna talk about some kind of alternatives around that. So on to slide ten: "They died by suicide." That's one way that you might say it, and that's the way I tend to say it--"They died by suicide" rather than "They committed suicide."

And instead of "a failed attempt," "They attempted suicide. They must have been in a lot of pain." I think it's our job, I see myself as an advocate for mental health, and I'm sure that many of you do as well, and I think it's our job to make it really clear to people that if somebody has attempted suicide, they are in a lot of pain. Whether it was for attention and whether it wasn't, they are in a lot of pain. I think we need to keep on reminding people of that. So I think that added end bit is really, really important.

And instead of, you know, "it's just a cry for attention," well yeah, maybe it was a cry for attention. Maybe they absolutely need some support and attention. You know, we say like it's a negative thing. Well, thank goodness they didn't die by suicide. Thank goodness they spoke to somebody. They need some support and attention. Just have a little think about, you know, how you might integrate that into the way that you talk about suicide?

I think it's really important that as counsellors, we understand what might stop clients from talking about suicide. And so we're gonna have a little bit of a think about that. I wonder if you've got any ideas about what might stop a person from mentioning suicide and bringing suicide into the room. And I suppose it isn't just out in the counseling room--it's out there in the world as well.

People that are struggling with thoughts of suicide--what might stop them from talking about suicide? So here are just some examples from talking about this with people.

Fear. Fear is a huge one. You know what happens next? People are really frightened that they're going to get sectioned if they talk about suicide. They're going to get locked away. This is something I come across all of the time. You know, even when I ask people if they're struggling with thoughts of suicide, they will sometimes say no when eventually it comes out. That is because they were frightened about what I would do, my next steps. And which is why it's really important to kind of talk about that in the contracting stage, which is something that, again, we can talk about towards the end of the presentation.

And I'm going to mention mothers in that part as well, because it offers a particular interest to me. But lots of women who have children are really, really frightened that they will get sectioned and that their children will get taken away from them if they talk about suicide.

And sadly, sometimes that is what happens, because if they can't keep themselves safe, you know, they might have to, for a time, have their children removed. So it's really hard to promise anybody that's not going to be the case. And people are generally very, very frightened. What I do know is that in most cases, your clients will not be sectioned.

You know, I've worked with people who are at high risk of attempted suicide, and they're not sectioned. Unfortunately, we don't have the resources to section everybody--or fortunately, depending on your opinions about that. We don't have the resources to section everybody who is struggling with thoughts of suicide.

Shame. If you go back to what we were talking about just before, about the fact that it's got this legacy of being a crime, it's got this stigma around, then of course people are going to be really ashamed to talk about suicide embarrassment. You know, those two things are linked, aren't they?

I think embarrassment is something that I particularly see in men who struggle with thoughts of suicide. They really do feel like they should be able to cope better. I mean, they're really embarrassed that they happened to ask for help.

A lack of trust. You know, you've got to really trust that your counsellor or friend, whoever it is you're talking to about suicide, is going to listen and take you seriously and hear what you are going to say before you will bring them into the room because of fear of judgment. And it makes sense that you'd be frightened of being judged because of all of the things that we were just talking about.

And the stigma. I think all of the the ones before kind of fit into that as well, the stigma around suicide.

If I'm having thoughts of suicide, I'm crazy. If I'm having thoughts of suicide, then I need to be in the loony bin. Things like that. That's the kind of stuff I've heard from my clients in the past.

It's really important that we have a think as well about what stops us from talking about suicide. And I am talking about us as counsellors. But this kind of relates to out there in the world as well. And why do we as a society struggle to talk about suicide? We're going to have a little bit of think about that. I'm sure you've got some ideas of your own.

One of the things that stops us from talking about suicide, I found in my training, is people are really frightened that talking about suicide puts the idea into somebody head. If you mentioned suicide, all of a sudden somebody is gonna go, "I'd never thought about that. I'm going to give that a go."

I know I'm being a bit flippant in the way that I just put that. But actually, ultimately, that is pretty much what people are frightened of happening. And when you put it like that, you can realize, well, what are the chances of that happening? And there is absolutely no evidence in any of the research that I've read or seen, or any of the experts that I've heard talking about suicide. There's no evidence that that's the case. The only thing that we do know is that sometimes talking about method can put people at risk.

Talking about suicide is actually the one thing that we know can prevent suicide. So it's quite the opposite of that particular fear. It's quite the opposite.

Another thing that I hear all of the time, and I have to say this is one of my fears as well, it happens, you know. It comes into my head when I'm sat in a counseling room and I've spoken to people about suicide a lot, that they might be angry or offended if I mention suicide to them. It's always at the back of my head. I don't know why. Because every single time I have asked somebody if they're having thoughts of suicide, their responses are, "Oh, no, definitely not. No, no, I'm not really that bad" or "Yes, I really am."

And it opens up a conversation. So, again, that's never been my experience. But if somebody was angry or offended, I think the way that we have to think about that is, yes, they might be angry or offended, but we might also be putting them at risk by not asking them.

And that moves into the next one quite well: What if I get it wrong? What if you do get it wrong? You know, what's the worst that can happen if you get it wrong?

Nothing, really. They might be a little bit annoyed with you or, like I say, in my experience, that doesn't happen. The worst that can happen if you don't ask is that somebody might die. So we really need to challenge these thoughts around.

"I will break trust, ruin the relationship." And I think this one in particular comes down to the idea that there might be times when you're working with somebody who's having thoughts of suicide and you've worked on a safety plan--we'll talk about that later--and you've decided they can't stay safe. And on those occasions, you might have to break confidentiality. So, yes, there is a chance that you might break trust and it might have a really big impact on your relationship with your client.

But again, the alternative is they might die. And so I think it's worth the risk in my eyes.

And the biggest one, I think, is "What do I do if they say yes?" My background is working, like I say when safeguarding with vulnerable people. And it's that Friday afternoon. Oh, my goodness. If they say yes, I'm gonna have to do something with this now. It's a fear. We don't know what to do. We're not sure if we're gonna have the time to do it. It's a scary thing.

As I mentioned earlier, suicide might bring up lots and lots of different thoughts and feelings for you. And unlike all things in counselling, we really need to explore how we need to have an awareness of what it brings up for us. And we also need to be really clear about what we are able to work with and what we're not able to work with.

I talk here about understanding if we carry any kind of unconscious biases or judgments about people who have thoughts of suicide. And you know, I think it's important to say that it's fine if you carry those. It's having the awareness. You can bracket them, you know, put them to one side when you're working with somebody who has thoughts of suicide.

And I'll give you an example. Because of my background, which we won't go into right now because we haven't got time, what I did believe until I started counselling, was that people who had thoughts of suicide, people who attempted suicide, were actually really selfish.

So that's a judgment that I had about people who struggle with thoughts of suicide. So like I say, it's not a bad thing if you have them, it will have come from somewhere. But we really need to understand what they are before we start to work with them.

So I'm going to ask you to have a think about that. And I'm going to use the next slide to prompt us to have a little bit of think about that.

So if you think about this sliding scale on this next slide here, from 1 to 10--1 being suicide is never okay, 5 suicide is understandable in some circumstances, and 10 suicide is a person's right, they can do as they wish with their own life--I want you to have a bit of a think about where you are on that scale. Often people that I work with, they'll vary. They'll vary as to where they are on that scale. But actually, it's really important to know that because it impacts on what we feel comfortable working with. Some people might say 5 or about 5 because they can understand that somebody might want to take their own life if they have a terminal illness, for example.

But you might want to think about if you really feel suicide is never okay. Do you feel okay about working with anybody who is having thoughts of suicide?

And what that means is when you come to write your own policy, if you're working in private practice or you're working in an agency, you might want to talk to your supervisor about that. You might want to include in your policy that if somebody is suicidal, you won't be able to work with them. You know, when somebody discloses that, it's really important to let your clients know that's the case in your contracting stage. But you might want to make that decision because if you believe that suicide is never okay, you're going to really, really struggle to work with somebody who's having thoughts of suicide. And so, like I say, it's important to know where you are so that you can figure out what you are comfortable working with when it comes to people struggling with thoughts of suicide.

The one thing people ask me all of the time is how do I spot the signs? How do I know if my client is suicidal?

Now, there are some things that we can be looking out for, but I can't give you a big definitive list on how to decide if somebody is having thoughts of suicide or not. There are, like I say, some things that you might not expect.

So we're going to talk about these. And usually it's a combination of these three things that you might want to look for. So they're saying unusual things, unusual behavior, stressful life events. But, you know, I do tell you this I suppose with the caveat that these--it's not definitive. What we really need to do is speak to our clients in more detail about all of these things to understand what's going on for our clients. But just to kind of have an idea of the things to look for.

So I'm going to go on to the next slide where we talk about the first one, which is saying unusual things. We really need to listen out for the things our clients are saying. One of the things that is quite common is saying things like, "I won't be here tomorrow," "I'm going away"--we might assume that's going on holiday. I assume that they're just busy. They won't be able to see you. We don't know until we explore that bit further what that really means. But I think the key is, you know, don't take these things at face value. Don't assume anything. Ask about it, particularly if those things are said in conjunction with the other things that we're going to talk about, the unusual behavior, the stressful life events.

Something that is often unexpected when I work with people around suicide awareness is this idea that actually people are going to feel better once they've made a decision that they are going to die by suicide. They feel lighter. They feel like a weight's been lifted. They feel like they kind of made peace with themselves. They've made a decision and it makes sense.

You know, when you think about these people that we're working with who are in extraordinary amount of pain, if they've made a decision not to be in that pain anymore and that they've had enough of fighting, then yep, a weight will have been lifted for them. So it's not necessarily looking out just for those negative things. It's looking out for things that are a bit unusual, and asking a few more questions around those things, not just leaving them hanging in there.

We'll go on to have a look at unusual behaviour. One of the things to look out for is giving away their possessions and, you know, if somebody's not gonna be here, they're not gonna need their things. Somebody who is unusually high in mood or unusually low in mood.

You're gonna know your clients. Even if there are new clients, you're gonna be able to maybe see the difference between sessions. You're gonna know what's unusual for them. So if they are unusually high, unusually low, or if they are losing their inhibitions, you know, it's almost like it doesn't matter what I do now, I'm not going to have to live with the consequences of any of this, when in the past it's not the way they would have acted. So it's unusual behaviour that we're looking for.

And finally, stressful life events or change in circumstances. And I don't know why I put a wedding ring there. I don't know what that says about me. But transitions in life, and I suppose marriage is one of those transitions.

And another transition is becoming a mother. So if we think about those statistics around new mothers, it makes total sense in the first year after becoming a new mother, that that transition is a really difficult one. And so it makes sense that people would really struggle with a sense of who they are and maybe be thinking about thoughts of suicide in those situations.

But those transitions can be anything from moving to high school, moving areas, getting older and feeling like the world's leaving you behind a little bit. Lots of things like that.

Loss is another big one. Has somebody lost somebody close to them? And again, loss doesn't have to be about losing people. It can be losing a sense of security and losing a pet. You know, lots of different types of loss happen in our life. So understanding that all these stressful life events can actually be a really difficult time and can be quite challenging. So if we look for the same unusual things, unusual behaviour, stressful life events--if those three things are happening together, you know, we want to be questioning what's going on for our client and perhaps we want to be asking them about suicide.

How come we know for sure if our client is struggling with thoughts of suicide? You know, we've seen these signs. We've asked some questions around these signs. You know, how can we absolutely know for sure? We have to ask the question. We have to say, are you having thoughts of suicide? That needs to come into the room. You need to bring that into the room, and it needs to be direct, needs to be to the point.

It's no good saying things like, "Are you thinking about hurting yourself," or "You're not thinking about hurting yourself?" I've heard that lots of times. What does hurting yourself mean? You know, you might work with people who self-harm. That could be what they interpret that as. It just means you're going to have to go on to explore that further. You need to be quite direct with the question "Are you having thoughts of suicide?"

And then what? What if they say yes? What do you do next? So that brings it on to this next slide, which is you listen. You know, we do what we do well as counsellors. You know, we offer the core conditions we set. We listen. You might be the first person that they have ever said this to. It's so, so important that they are heard, that you hear them in this. Let them tell their story. You don't panic. And we'll talk about that in the next slide. But don't panic. Just be there with them. Let them tell their story. Don't make judgments.

And you might sit there and think, oh, I would never do that. I'd never make a judgment. You know, it's one of the core conditions, isn't it? But actually when we talk about making judgments, it might be making positive judgments about people's lives.

So, you know, I've had work with parents who have said to me, "You know, I've told them all of the wonderful things they've got to look forward to. You know, they're beautiful. They are intelligent. They could get any job they once had." That's not helpful, is it, to say to somebody, to point out all the good things that tell them actually they're being ridiculous, having these thoughts of suicide. It's not particularly helpful.

What it does is it adds to that feeling of shame and embarrassment around those thoughts. Hear them without judgment and don't try to make it better. You know, if like me--and I'm sure there are many of you like me where rescuers think sometimes that's what brings us into this chop, and we have to know that about ourselves and put it to one side--we want to try and make it better. We absolutely do. But now is not the time to make it better for them. That's something that is going to take longer term support.

If you decide to continue working with this client, it's going to take some longer therapy to get to the bottom of this. You're not going to solve it in that one session. So you absolutely need to put that to one side. You need to hear their story. You need to acknowledge the pain that they're in before you can help them and support them to find a way through it.

As I have already said, don't panic. You know, this is really, really easy for me to say here. Don't panic. But it's so, so important that you don't, that you are able to put that to one side.

Of course you're going to feel it, but do try and put it to one side and remind yourself that thoughts of suicide come on a spectrum. This is a really, really important thing to remember, because not everybody who is experiencing thoughts of suicide will have made plans to die by suicide.

I've worked with lots of clients who need to hold the thought of suicide in their mind in order to manage situations, in order to live, actually. And they've never cut a plan. They just need to know that death is an option. It's the one thing that keeps them alive.

So hearing suicide, we do immediately start thinking, oh my goodness, risk assessments, how are we going to make this person safe? But we needn't necessarily go on to doing risk assessments.

In my experience, sometimes hearing somebody's story is all that we need to do. Not always. And the only way you're going to know whether that's enough for your client is by talking to them.

Don't make any assumptions at all. You need to be asking them why they have thoughts of suicide, what those thoughts of suicides are. You need to be then going on to ask them if they've made any plans. And this says after hearing their story.

You know, it's so important that you let them tell their story before you get to this part. If they do have plans, what you then need to move on to do is a safety plan. And a safety plan is fantastic. And it also works as a risk assessment. So we're going to go on to have a look at what safety plan is.

Basically, it's a series of questions that you work through with your client to ensure that they can stay safe from suicide in between sessions. It's not about taking away thoughts of suicide. And I think if we sell it to our clients as something that's going to take away their thoughts of suicide, they're not going to take us seriously. Because if it was that simple, then their thoughts of suicide would have gone ages ago. They would have managed it themselves. So we need to be really clear about what a suicide safety plan can do for our clients. It's about how they stay safe in between sessions. It's about keeping them safe for now. It's not about taking away thoughts of suicide.

So it's a series of questions that you work through with them. What's wonderful about a really good robust safety plan is that it also works as a risk assessment. When you go through it, you will be really, really clear with them if they've got a plan and what that plan might be, if they're able to stay safe from that plan. And you know what they might do if they struggle to stay safe with that plan. And again, this is something that I go into in further training. We haven't got time to do safety planning here, but knowing that that is your next step is really, really important.

Safety plan and you can have good and bad safety plans, basically like anything good and bad. A really good safety plan will empower your client to stay safe themselves, and to know when to ask for help. So and that's what we want to do, isn't it? As counselors, we want to ensure that ultimately our clients can go out there in the world and they can function in the world in the best way that they can.

Bad safety plans will create dependency. So I've spoken to lots of counsellors where they say, well, I've told them, I've given them my number and I've told them they can contact me whenever they like, whenever they're really, really struggling. Well, what's that about? Is that about you? Is that about them? You're just creating a dependency. What happens if you know I've got children? What happens if I'm at one of my children's school plays or something? We can't always be there for our clients. We need to make sure that they are able to stay safe themselves. So it empowers them. It enables them. And instead of promoting fear, it kind of helps them to understand that thoughts of suicide aren't necessarily a fearful thing. That's something they have a bit of control over. And it keeps your clients safe.

And a good safety plan is client-focused. I've seen some bad safety plans and those safety plans are usually around meeting the needs of the therapist and the fears of the therapist. They're not usually around what clients will be able to use in between sessions to keep themselves safe.

It's very much about the therapist ticking boxes or--I'm being a bit of an unkind therapist--or sometimes it's about an organization ticking boxes and saying, I've spoken to them about this, this and this and they're going to stay safe.

A really good safety plan will be about the client, what the client is able to do. It will be realistic. It will be something they can take away and use and feel confident using.

And it will also, like I've said before, act as a really robust risk assessment. If you make it client-focused and if you can be really honest with me and tell me what you are able to do and what you're not able to do, you're going to get a really, really clear idea about how safe they are going to be able to keep themselves. Because if they say no, I can't do this and you can't think of any other way or they can't think of any other way to keep themselves safe, they're not going to be able to stay safe. So if it is client-focused, it will be a good safety plan. Like I said, unfortunately I've not got time to go through that today. But it is something that I do further training on.

If you work for an agency or an organization, they should have their own policies around working with suicide. It's really important that you're really clear on what their policies are. But there will be some flexibility within that. And it's really important that you take your thoughts and feelings about suicide into consideration in that. Talk to your supervisor about that.

If you were in private practice, it's really important that you develop your own policy, a policy statement which outlines exactly how you are going to work with somebody who presents with thoughts of suicide.

And the idea behind having your own policies--it's not necessarily so that your clients will have copies of that, though you can give them that if they ask for it--it's about giving you confidence. It's about when you're sat there in front of a client having a really clear idea of, OK, I know if this is sad or if this isn't sad or if they can't work with a safety plan, I will take this further and I will have to break their confidentiality.

If you're really clear on this as well before you start working with a client, you can be clear on that in your contract. Then it needs to follow through from your contract. So you need to have a really clear idea of your own policy. It needs to say when you will break confidentiality. The lovely thing about having a policy as well is it can be really tempting when you're sat with a client to sometimes make your own judgments about whether a client can stay safe or not.

I'm guilty of this myself. You might think, oh no, I believe they will stay safe and then you might start doing a safety plan with them and realize that that was an assumption you shouldn't have made. So if you have a policy which explains exactly at what point you will do a safety plan with somebody, at what point you will break that confidentiality, it takes your own judgment out of that mix and that protects you and it protects your client. So, again, that's something that I give guidance on in some of my other training.

So this is just a basic introduction to suicide awareness. But there is further training and I do run some training called 'Working with suicide in private practice for counsellors and therapists.' And you can refer to the web page below for more information about this and the links for this training.

Just to let you know what that training, and really any further training around suicide, should include. It should help you to explore further your own opinions, thoughts and feelings around suicide. It should leave you feeling really confident and comfortable to ask about suicide, you know, to bring that word into the room.

The training I do, we practice asking in a way that suits us. You know, some people don't feel comfortable saying it outright. Are you having thoughts of suicide? So we find a way that works for them.

To understand how to develop a robust safety plan. That is absolutely essential if you're going to be working with people who have thoughts of suicide. You need to be able to do a really good safety plan and to develop your own policy statement and to be clear on your own procedures. And by procedures, what I mean is you need to be really clear, before you start work with any client, at what point you would have to break confidentiality. You would feel like you in particular would need to break confidentiality. At what point would you legally have to break confidentiality? You know, you need to be really, really clear on all of those things and before you deal with anybody struggling with thoughts of suicide.

It's really important that you have some information about signposting for your clients, for yourself as well. And, you know, because you're a mental health professional, people might often ask you for advice around suicide, working with people struggling with mental health.

So these are a few numbers. Papyrus I always mention because they are a charity that you can call directly if you are working with young people struggling with suicide. And that's young people under 35. And they can give you some guidance about how to work with those young people to keep them safe, how to do a safety plan. They're a great one. But also it's a number you can give to young people.

Stamp Out Suicide. That's another one. That's for people struggling with thoughts of suicide.

CALM. It's for men in particular, Campaign Against Living Miserably.

The Mix--again, it's for young people.

There's the Samaritans. They're always out there, 24/7, so they are a great number to give to people.

And Silver Line is for older people who are struggling with mental health, including struggling with thoughts of suicide.

Thank you so much for taking the time to watch this presentation. I really hope that you found something useful in it.

Please don't forget to claim your CPD certificate at the end of this. Thank you.