

SUPPORTING SUICIDAL CLIENTS POLICY

Definitions

SNAPS uses the following definitions, created by the World Health Organisation, to describe suicide and suicidal thoughts, feelings and behaviours:

- Suicidal act - The self-infliction of injury with varying degrees of lethal intent and awareness of motive
- Suicide - A suicidal act with fatal outcome that is deliberately initiated and performed by the person with the knowledge or expectation of its fatal outcome
- Attempted suicide - A suicidal act with non-fatal outcome
- Suicidal ideation - The thoughts that a person has about suicide
- Suicide plan - A verbal description of a plan to commit suicide, including timing, availability of method, setting, and actions made towards carrying out the plan. The more detailed and specific the suicide plan, the greater the level of risk. A suicidal client is one whose thoughts, feelings and/or behaviours falls into the above categories. Suicide is different from a deliberate act of self-harm, for instance cutting, which does not have a fatal intent or outcome

The Suicide Act 1961 states that anyone, either a professional or lay person, can be charged with the offence of aiding and abetting a suicide in the following circumstances:

- If they actively assist suicide
- If they are aware of someone's decision to attempt suicide and do not inform an appropriate professional, such as a GP

The Suicide Act 1961 provides legal backing should a support worker feel it necessary to inform an appropriate professional against a client's wishes or without consent, and defines, in part, the support worker's duty of care to the client. This duty of care means that support workers may need to intervene assertively and proactively if there is a substantial risk that a client will make an attempt on their life. This does not mean that support workers will automatically breach confidentiality, however it does mean that it is especially important to work honestly and transparently with clients to increase the chances of a co-operative, shared approach to managing and reducing risk. To facilitate this approach, all SNAPS clients are asked at point of referral for contact details for their GP.

Risk Factors

The Mental Health Foundation's information on suicide highlights several risk factors which are known to be associated with increased risk of suicide. They fall into one of three categories – individual, socio-cultural and situational. These risk factors may include but are not limited to:

- drug and alcohol misuse
- history of trauma or abuse
- unemployment
- social isolation
- poverty
- poor social conditions
- imprisonment
- violence
- family breakdown

People with a diagnosed mental health condition are shown to be at a higher risk of attempting and completing suicide. Across the globe, the highest rates of suicide were associated with depressive problems. Studies have found the experience of stressful life events to be associated with depressive symptoms and the onset of major depression, as well as suicide and suicidal thoughts. We know that having a child with additional needs can be incredibly stressful for several reasons and therefore the families SNAPS' works with are at an increased risk of depressive symptoms and family breakdown, as well as suicide and suicidal thoughts.

All SNAPS' senior staff should read, the document "Assessment of suicide risk in people with depression" to give a background to this issue.

Warning Signals

Suicide is a final act of behaviour that is the result of a range of factors, difficulties and distress. For many people an attempt occurs after months of having thoughts and feelings about suicide. Many factors might predict if someone is more at risk of feeling suicidal or of acting on these thoughts. They might include:

- feeling depressed, withdrawn and anxious
- loss of interest in hobbies, work, socialising or even in their appearance
- expressing feelings of hopelessness or purposelessness
- acting impulsively or in a reckless way and not caring what happens to them
- giving away possessions, sorting out their affairs or making a will

- talking about suicide, death or dying or wanting it all to end

While self-harm is not directly related to suicide, there is research to suggest that individuals who self-harm are more at risk of attempting or completing suicide.

Working with Clients who Disclose Suicidal Thoughts and Feelings in a Session

For many families, SNAPS is their safe space to unload and therefore it may be the only space where they feel comfortable sharing their suicidal thoughts. Although support workers provide a vital support for these families, SNAPS do not have the capacity to support suicidal clients fully and therefore referrals to the person's GP must be made if they have appear to be at high risk of suicide.

Deciding if a Client is High or Low Risk of Suicide

It is not uncommon for clients to disclose suicidal thoughts and feelings when discussing the challenges of daily life. Many clients talk about feeling at the end of their tether, wishing that they could stop having to live with pain, distress or unbearable circumstances, or fantasising about not having to wake up and face the world. The support worker's main task with this type of disclosure is to begin to assess whether these disclosures are a way of communicating distress, without a serious intention to self-injure, or whether the client is beginning to formulate concrete plans to self-injure or attempt suicide. The client should be encouraged to talk about their feelings and fantasies about dying, and to discuss the extent to which they have made serious plans or attempts. The more detailed the plan is in terms of when and how the client will attempt suicide the greater the risk of suicide. When assessing risk of self-harm and self-injury, other risks, such as risk to others, risk to children, and neglect also need to be considered.

Process When Dealing with a Client who Expresses Suicidal Thoughts

Initial Discussion

- Ask more questions to understand if they have made details plans (high risk of suicide) or have depressive thoughts where they are at the end of their tether but less likely to act on this feeling (low risk of suicide). Refer to Oxford Screening Tool found in the Crisis Support folder on OneDrive.
- Offer support in the form of listening and working with them to find plans of actions that may help the situation.

- Signposting to other relevant services – share list of contacts saved in Crisis Support folder on OneDrive a handy print out can be found here: [Finding-support-in-a-mental-health-crisis-August-2021-V2.pdf](https://www.mindwell-leeds.org.uk/Finding-support-in-a-mental-health-crisis-August-2021-V2.pdf) ([mindwell-leeds.org.uk](https://www.mindwell-leeds.org.uk))

If the Client appears to be at High Risk of Suicide:

- If there is an immediate concern for life, ring 999
- If no immediate risk, encourage the client to ring their GP to inform them of their situation and need for support
- If they refuse to do this or are unable to ring the GP themselves, inform the client that you need to ring their GP to ask for them to contact the client ASAP explain (if necessary), that you need to break their confidentiality as you have a duty of care to them
- Ring GP to explain the situation and request they get in touch with the client ASAP (details recorded as part of SNAPS referral procedure so will be held on CharityLog)
- Report back to the client on what has happened
- Make a plan of when you will next contact the client
- Make full and detailed notes on CharityLog of all interactions, actions and follow up actions needed
- Refer to SNAPS' Crisis Senior Employees contact list and contact an appropriate team member to check all appropriate action has been taken and request supervision to debrief
- Inform SNAPS' Chief Executive of the situation
- If the Client appears to be at Low Risk of Suicide:
- Listen
- Help make a plan of ways to alleviate the depressive thoughts
- Make a plan for a future catch up
- Make full and detailed notes on CharityLog of all interactions, actions and follow up actions needed

Dealing with Imminent Risk

If the support worker's risk assessment suggests that there may be an imminent risk of self-injury or suicide, it will be necessary to assess if urgent action is needed. It may be helpful for the client to draw on a scale of 0 (low) to 10 (high) where they see the risk of self-injury or suicide. A rating of less than 5 may indicate that the client is less likely to act on their suicidal thoughts. The client should be encouraged to talk about their feelings, including ways of reducing the risk and involving their GP or other services. If the SNAPS' employee feels there is an imminent risk, they should tell the client that they will be informing their GP and asking them to make immediate contact with them to get the appropriate support.



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If they are unwilling to give their consent explain to the client that you will need to breach confidentiality as part of your duty of care to them and that you will call their GP to inform them of your view of risk of harm. The decision whether to contact the GP depends on the urgency of the situation. Where a client is leaving a session or ending a phone call intending to seriously harm themselves and you are very concerned about their risk their GP should be called. If there is a serious concern of immediate risk of harm, call 999. Where possible and appropriate, call the client to advise on the outcome of the conversation with the GP.

Notes of all interactions and actions and follow ups to be made on CharityLog.

Additional Documents saved in the Crisis Support Folder within the Family Support Folder on One Drive:

- Clinical Guide Assessment of Suicide Risk
- Crisis Useful Contacts March 2023
- Finding Support in a Mental Health Crisis August 2021
- Suicide Risk Oxford Screening Tool
- Protocol for Suicidality Concerns Flow Chart March 2023
- Crisis Senior Staff Contact List March 2023

<p>Drafted: 05/05/2025 Approved By Board: 14/05/2025 Next Review Date: 05/2026</p>
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