

KNOWES HOUSING ASSOCIATION LTD

Policy Name	Dealing with Individuals Threatening Suicide
Policy Category	Housing Management
Policy Number	HM23
Date to Housing Services Sub-Committee	October 2022 (signed)
Consultation	Internal

Background

- 1.1 Suicide is a major public health issue worldwide. The impact of suicide is devastating - economically, psychologically and emotionally - for all those affected, and is felt throughout communities everywhere.
- 1.2 Every day in Scotland, 2 people on average die from suicide. Males account for around 75% of all suicides. It is the leading cause of death in those under the age of 35 years and it has been found those in the most deprived areas of Scotland have a suicide risk above the Scottish average. Research also suggests that alcohol and drugs are often contributing factors in Scotland's high rates of suicide.
- 1.3 In explaining death by suicide the focus has tended to be on mental health factors, often overlooking the influence adverse socio-economic conditions might have on an individual. Suicide is not in itself a mental illness and thoughts of suicide can be understandable, complex and personal. Not all people who have thoughts of suicide will have a mental health illness and conversely not everyone who has a diagnosed mental health illness will inevitably think of suicide.
- 1.4 For example, it is estimated that between a quarter and a third of people who die by suicide have had contact with specialist mental health services in the 12 months prior to death. Therefore, most people who take their own lives have not had such contact.
- 1.5 Leaving a person unsupported, where risk of suicide is suspected or possible, without seeking advice or making necessary arrangements with partner agencies, family or other appropriate alternatives does not safeguard those who may be the most vulnerable within our society at times of distress or crisis.
- 1.6 Knowes staff are likely to engage with tenants and customers who have or will experience suicidal thoughts and this policy is designed to outline what support we can provide, what staff should do in the event of engaging with a client who is suicidal and our role in suicide prevention. .

Risk Estimation

- 2.0 It is important to be realistic about the challenges Association staff have in managing suicidal customers. Association staff are not trained or expected to have any expertise in dealing with suicide prevention so this policy isn't about the role that staff should play in managing suicide risks, but in how they can assist in the prevention.
- 2.1 Those experts involved in dealing with suicide and evaluating the most powerful risk factors for suicide have demonstrated poor predictive ability in the short-medium term (and have even weaker predictive ability in the long term). No suicide prevention risk assessment tool or algorithm is able to single out individuals who definitely will, or definitely will not, take their lives.

Rather, risk estimation is intended to identify people who have an elevated level of suicide risk and who require some form of intervention which reduces the number or potency of risk factors for suicide and enhances the number or potency of protective factors against suicide.

- 2.2 The level of risk can be immediate or develop over a number of hours or days as a result of a developing realisation of the enormity, or sometimes the person's altered perception, of the situation in which they find themselves.
- 2.4 Suicide is usually greater among people with more than one risk factor. For individuals who are already at risk, a 'triggering' event causing shame or despair may make the person more likely to attempt suicide.
- 2.4 Establishing the presence, or lack of, 'Risk Factors' or 'Warning Signs' can help determine the current situation more accurately and provide more comprehensive information to health professionals or other relevant agencies. It is important to know the difference between the two.
- 2.5 'Risk Factors' indicate someone is at heightened risk of suicide at some future time. 'Warning Signs' indicate a person may be at imminent risk of suicide (immediately or in the very near future).

3.0 Risk Factors

- 3.1 The following (non-exhaustive) list of risk factors known to increase an individual's risk of suicide are:

Individual

- Previous suicide attempt
- Previous self-harm
- Mental illness including bipolar illness, depression, schizophrenia, post-traumatic stress disorder (PTSD) and personality disorders
- History of alcohol and/or other form of substance misuse
- Those who suffer from eating disorders such as anorexia nervosa
- Hopelessness
- Recent or ongoing impulsive and aggressive tendencies
- History of trauma, abuse, violence or neglect (including adverse childhood experiences)
- Debilitating / terminal illness and chronic long term pain
- Acute emotional distress
- Those bereaved by, or exposed to, suicide
- Family history of suicide
- Problems tied to sexual identity and / or personal relationships
- Gender - Men from the lowest social class, living in the most deprived areas are up to 10 times more likely to end their own lives by suicide than men in the highest social class living in the most affluent areas. Males in general are 3 times more likely to take their own life as females.

Situational

- Work stresses / job loss
- Financial worries / debt
- Stressful life events (including bereavement / divorce / separation)
- Breakdown of social support and isolation (i.e. military service, veterans, students, prisoners, prison leavers, homeless people)
- Imprisonment or any other contact with the criminal justice system
- Easy access to lethal means of suicide (e.g. poisons, guns, drugs)
- Local clusters of suicide that have a contagious influence
- Bullying, (including cyber bullying)

Socio-cultural

- Groups who experience discrimination, such as refugees and migrants (particularly those from conflict / trafficked), LGBTI
- Stigma that may prevent a person seeking help
- Barriers to accessing healthcare and treatment in particular alcohol and substance misuse treatment
- Certain cultural or religious beliefs (for instance the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to suicidal behaviours, including through media, and influence of others who have died by suicide

3.2 The following are some additional risk factors which may increase the risks to children and young people:

- Loneliness and lack of trusted friends / adults
- Substance misuse and alcohol problems within the family
- Impaired parent-child relationships (including poor family communication styles and extremes of high and low parental expectations and control)
- Experience of abuse which can be sexual, physical or emotional
- Low self-esteem or lack of confidence
- Not achieving educational potential and lacking life and interpersonal skills
- Parental separation / divorce or parental bereavement
- Mental illness (e.g. depression) in parents / siblings / other close relatives
- Negative effects and / or pressures from social media
- Hearing or knowing about another child or young person who has completed suicide

3.3 There are also a number of reasons why suicidal thoughts may be more common in people with mental health problems (diagnosed or undiagnosed). Some of which are:

- Some prescribed medication as part of treatment can at times initially make thoughts of suicide worse before improving
- Sometimes mental health problems can make people feel isolated, ashamed, embarrassed and unable to talk to people about how they are feeling
- Sometimes employment is difficult as a result of a person's mental health which can lead to money worries and negative feelings about themselves

3.4 The changing nature of suicidal thoughts can, at times, create a sudden crisis which can happen at any time and may occur at a time when the services that a person would normally use are not available.

4.0 **Warning Signs**

4.1 Although suicide is extremely difficult to predict it is known that many who go on to complete suicide will have given some clear warning signs of their suicidal intentions in the weeks or months prior to their death. These are not harmless bids for attention but important cries for help that should be taken seriously along with establishing appropriate help and support.

4.2 Warnings signs can be both behavioural and verbal such as:

- Being withdrawn, avoiding social activities or unable to relate to friends / co-workers / family members
- Losing interest or pleasure in activities previously enjoyed
- Talking about being isolated and lonely
- Talking about wanting to die and don't see the point of living, or a way out of the situation
- Expressing feelings of failure, uselessness, hopelessness, or loss of self-esteem
- Either a sudden uplift of mood or demeanour of calmness can sometimes indicate that a person has felt they have found the solution to their problems no matter how drastic this could be
- Constantly dwelling on problems for which there seem to be no solutions
- Change in appetite whether a significant loss of appetite or an increase in comfort eating
- Increased use of alcohol or drugs
- Disturbed sleeping pattern – either inability to sleep or sleeping constantly
- Becoming more careless / not looking after personal hygiene or appearance
- Tidying up affairs e.g. arranging wills, pet care or childcare (either actually doing or speaking of doing)
- Giving away prized possessions
- Giving some indication of a suicide plan

4.3 Being alert to such warning signs and taking some form of positive action are invaluable in suicide prevention.

5.0 **What to do if you come across someone with Suicidal thoughts.**

5.1 As stated at the start of this Policy it is not expected that Association staff will be trained in suicide prevention however there are methods that can be used to help staff deal with a situation should they come across a customer/tenant who is threatening suicide.

5.2 Most people contemplating suicide do not want to die; they want to end their pain and suffering. There are many occasions when nobody could have predicted suicide; however, there are also many cases where a tragic

outcome could have been averted if appropriate help and support was offered and accepted.

- 5.3 Often Association staff, due to their position in the community, feel they need to be experts and fix problems at hand. However, the key to helping someone who may be at risk of suicide is keeping them safe for now. This is best achieved by being alert to the risk factors, warning signs and knowing what to do to help. However everyone is different, so in some cases there may be few or no apparent signs.
- 5.4 When an individual starts to talk about suicidal thoughts it is often difficult to know how to respond. Every situation is different and therefore there are no definitive answers on how to respond but starting a conversation is half the battle. Making a person feel they can talk freely, and without prejudice, will increase the chances of them talking openly.
- 5.5 Where risk factors or warning signs are evident staff should be tactful, compassionate and understanding in their approach as this will inevitably result in a far greater chance of the person disclosing how they are feeling.
- 5.6 When it is clearly evident that the individual is suicidal the staff member will consider doing the following;
- 5.7 Contact the Police who have a duty of care for members of the public and will respond accordingly should they find that an individual is considering suicide. Staff should phone the emergency 999 number in the event of an individual being suicidal. Details should be passed on including individual's name, date of birth, and address. There is a data sharing protocol between Knowes HA and Police Scotland so there is no Data Protection issue in passing on details when it is in relation to preventing danger to life.
- 6.0 **Other action that should be considered**
- 6.1 Once staff have managed to get assistance via the Police, they should consider some follow up action that may assist in the care of the individual threatening suicide. It is usual practice under Data Protection legislation to seek permission from the individual before contacting anyone on their behalf, however in this situation we would be acting in the vital interest of someone where there is a threat to life. Under these circumstances it is completely appropriate to contact external parties where we are protecting the vital interest of the data subject. Staff should therefore consider the following where applicable.
 - Check on next of kin in the housing management IT system, if there is one registered contact them to provide info on situation.
 - Check if the individual is receiving support from an external agency, if they are contact the agency and explain the urgency of the situation.
 - Contact their GP on their behalf to see if assistance can be provided.

7.0 **Staff Support**

It is important that the Association ensures that staff experiencing an incident where they have to deal with a suicidal situation are provided with the support they require after dealing with a traumatic event. The Association provides access to Counselling services and will encourage staff to use this service if required.

8.0 **Recording Information**

Staff who have dealt with incidents where suicide has been threatened should update QL outlining the action taken. This will allow us to maintain an appropriate record of all tenant contact and action taken.

9.0 **EQUALITIES COMMITMENT**

- 9.1 Knowes Housing Association Ltd is committed to tackling discrimination on the grounds of sex or marital status, racial grounds, or grounds of disability, age, sexual orientation, language, social origin, or of other personal attributes, including beliefs or opinions, such as religious beliefs or political opinions.
- 9.2 Knowes' seek to embrace diversity, promote equal opportunities for all and eliminate any unlawful discrimination in all areas of our work.