
# *Caring for a person who is* Suicidal

**Suicidal thoughts and behaviours are not unique to mental illness, although they do occur at a higher rate for those with mental illness compared to the general population. This resource provides an overview of responding to suicidal behaviour, regardless of whether the behaviour presents in the context of mental illness or not.**

It is important that you:

- Know the indicators of suicide risk.
- Know how to interact with a patient who is at risk of suicide.
- Know who to talk to if you are concerned that a patient might be at risk of suicide.

## *Case study*

Sarah is a person you have been seeing with relapsing and remitting multiple sclerosis. She has not yet started to improve and is struggling to regain her independence. She is in a lot of pain and says that she thinks she needs stronger pain relief. She tells you today that soon you won't have to worry about having to shower her any more.

Sarah apologises for being such a burden and comments that it must be awful for you to have to provide such intimate care. She says that she hates to think about a future where there is no dignity, when she can no longer toilet herself or is put in a nursing home. She talks to you about her family, who live interstate, and about how she was left with very little since her divorce. After talking with her some more, you contact her GP, who admits her to hospital for further assessment and observation.

The following information could help you nurse a patient like Sarah.

## Why might a person be suicidal?

People of all ages and from all walks of life take their own life, and suicidal thoughts and behaviours are most likely to occur when the person feels helpless or hopeless, and they consider suicide to be their only option. The causes of suicide often appear to be a complex mix of adverse life events, social and geographical isolation, cultural and family background, socio-economic disadvantage, genetic makeup, mental and physical health, the extent of support of family and friends; and the ability of a person to manage life events and bounce back from adversity.

**A person's perspective on what is it like to feel suicidal**

'When I am not too bad it is just the feeling that everything is so painful inside of me that I just don't want to exist any more — I just want the world to stop and for it all to be over. When I am worse I feel like I am a pretty rotten person and the world would be better off without me. I get these intrusive ruminating thoughts such as "I wish I was dead" and "I don't deserve to live". No matter how hard I try I can't turn them off and I hate them. I find the thoughts quite scary as I really want to live in a lot of ways, especially for my children, but I am frightened that one day I will get so depressed I will act on these impulses.'

## Who is at risk of suicide?

Research has identified a range of factors that can make a person more or less vulnerable to suicide.

- Risk factors make a person more vulnerable and therefore increase the likelihood of suicide.
- Protective factors improve a person's ability to cope with challenging circumstances and therefore decrease the likelihood of suicide (see Table 1). It is important, however, to note that the presence of protective factors does not necessarily mean that an individual is not at risk of suicide.

Suicide risk and protective factors relate to the individual, their family, their environment and the broader community. Research into risk factors has enabled the identification of subpopulations or groups that are at risk of suicide, however there is no way of predicting if or when an individual will suicide. Population groups that are at increased risk of suicide include Indigenous people, people with a mental illness and those under psychiatric care, people in custody and people from minority groups such as those from culturally and linguistically diverse backgrounds and the gay and lesbian population.

Table 1. Risk and Protective factors for suicide (LIFE Framework)

| | Risk factors for suicide | Protective factors for suicide |
|---|---|---|
| **Individual** | • gender (male) | • gender (female) |
| | • mental illness or disorder | • mental health and wellbeing |
| | • chronic pain or illness | • good physical health |
| | • immobility | • physical ability to move about freely |
| | • alcohol and other drug problems | • no alcohol or other drug problems |
| | • low self-esteem | • positive sense of self |
| | • little sense of control over life circumstances | • sense of control over life circumstances |
| | • lack of meaning and purpose in life | • sense of meaning and purpose in life |
| | • poor coping skills | • good coping skills |
| | • hopelessness | • positive outlook and attitude to life |
| | • guilt and shame | • absence of guilt and shame |
| | **Risk factors for suicide** | **Protective factors for suicide** |

| | | |
|---|---|---|
| **Social** | • abuse and violence | • physical and emotional security |
| | • family dispute, conflict and dysfunction | • family harmony |
| | • separation and loss | • supportive and caring parents/family |
| | • peer rejection | • supportive social relationships |
| | • social isolation | • sense of social connection |
| | • imprisonment | • sense of self-determination |
| | • poor communication skills | • good communication skills |
| | • family history of suicide or mental illness | • no family history of suicide or mental illness |
| **Contextual** | • neighbourhood violence and crime | • safe and secure living environment |
| | • poverty | • financial security |
| | • unemployment, economic insecurity | • employment |
| | • homelessness | • safe and affordable housing |
| | • school failure | • positive educational experience |
| | • social or cultural discrimination | • fair and tolerant community |
| | • exposure to environmental stressors | • little exposure to environmental stressors |
| | • lack of support services | • access to support services |

## What do I need to know about suicide risk?

It is important to be aware of the following things when thinking about suicide risk in your patients:

- It can be difficult to identify which individuals are at risk of suicide, and when individuals are at high risk of suicide.
- The level of an individual's suicide risk can change quickly due to external and internal factors, which is why regular monitoring of a person's level of risk is so important.
- Suicidal ideation, when a person is having thoughts about ending their own life, is temporary. Most people who consider or attempt suicide can be assisted by health professionals to a point that they are no longer at high risk of taking their own lives.
- Suicide can be an impulsive act that occurs without warning; however it can also be carefully planned. In many cases, a person's suicidal thoughts and intents are communicated to others. It is therefore important to take all threats, communications and suggestions regarding suicide seriously.
- People who consider or attempt suicide require support and care from family, friends, the community and health professionals. All people who interact with persons who consider or attempt suicide can assist by way of emotional support and encouragement.

## What are the signs that a patient might be at risk of suicide?

A suicide warning sign indicates that someone might be at a heightened risk of suicide. The following behaviours may be considered as warning signs and are more common among people who are considering taking their own life:

- threatening to hurt or kill themselves
- looking for ways to kill or hurt themselves, or talking about their suicide plan
- talking or writing about death, dying or suicide, especially when this is out of character or unusual for the person (this may include statements such as 'I wish I were dead', 'They won't have to bother with me any more'; 'I think dead people must be happier than when they were alive'; 'I'd like to go to sleep and never wake up')

- expressing feelings of hopelessness, or saying they have no reason for living or have no purpose in life
- engaging in reckless or risky behaviours
- expressing feelings of being trapped, or that they feel there's 'no way out'
- increased use of alcohol or other drugs
- withdrawing from friends, family or the community; giving away possessions or saying goodbye to family and/or friends
- abnormal anxiety or agitation
- abnormal sleep patterns (for example, not sleeping or sleeping all the time)
- dramatic changes in mood, such as sudden feelings of happiness after a long period of sadness or depression.

## What are the Do's and Don'ts when you are nursing a person who is at risk of suicide?

DO:

- Act immediately if there is a risk to someone's life or safety.
- Provide opportunities for your patient to talk openly.
- Demonstrate empathy and willingness to listen.
- Ensure a safe environment for you, the patient and other staff.
- Record details of your interactions with the patient in accordance with record keeping protocols.
- Be aware of your own reactions and feelings (see *How will nursing a suicidal patient impact on me?*). Having supervision and opportunities to debrief with colleagues is critical.
- Keep within your role — to support and nurse the patient. It is not your role to provide counselling or suicide risk assessments.
- Be mindful of the possible impact of the patient's cultural background, and seek advice from relevant people (Indigenous mental health workers, and Multicultural Mental Health Coordinators and the Transcultural Clinical Consultation Service from Queensland Transcultural Mental Health Centre, are available for advice and assistance in understanding these issues. For more information visit www.health.qld.gov.au/pahospital/qtmhc/default.asp).

DON'T:

- Dismiss threats or suggestions of suicide or self-harm. These should always be taken seriously.
- Agree to keep a patient's suicide ideation or self-harm a secret. When someone's life or safety may be at risk, you are obliged to break confidentiality and share information with the relevant people.
- Feel pressured to have the 'right answer' — there usually isn't one. It is more important for you to be there for the person and allow them space to talk and feel listened to.
- Be judgmental or dismissive towards the patient.
- Be afraid to ask about a patient whether they are thinking about suicide or self-harm. Asking a person about suicide does not increase their risk of suicide or prompt them to act on their thoughts. Instead, asking a person about suicide can make a person feel understood and listened to, and can prompt the person to access the help that they need. Some suggested questions are: 'Just how bad have things become for you?', 'Have things been so bad for you that you don't want to be around anymore?', or 'It sounds like you are feeling really sad and hopeless. Have you been thinking about hurting yourself or taking your own life?'.

## What should I do if I am concerned that a patient might be at risk of suicide?

The first thing you should do if you are concerned about the suicide risk of a patient is discuss the situation with your line manager (Nurse Unit Manager, supervisor or clinical director).

It is also important to be aware of the procedures in your workplace for accessing specialist mental health assessments for your patients. Many hospital settings have access to a consultation-liaison service or mental health clinicians, who can complete a mental health assessment. For further information on specialist mental health assessments, see the MIND Essentials 'What is a mental health assessment?' resource.

## How will nursing a suicidal patient impact on me?

Working with someone who is suicidal can be extremely challenging and confronting. Engaging in supervision and debriefing is essential. Common reactions can include:

| | |
|---|---|
| **Anxiety** | particularly in regards to managing the risk of suicide in a patient, knowing how to respond and 'saying the wrong thing'. |
| **Avoidance** | particularly when a nurse is inexperienced, has had limited exposure to relevant training and is lacking in confidence. |
| **Anger** | some nurses may feel angry towards the person, and may see them as undeserving of the resources being used to manage their physical/ medical condition. |
| **Distress** | particularly when the nurse has had personal experience with suicide or self-harm. |
| **Conflict with the person** | nurses are usually responsible for the restoration of health and maintenance of life. They may feel conflicted when needing to care for someone who does not value this goal. |
| **Moral conflict** | Most people have strong feelings about suicide. For some, strong religious beliefs against suicide can affect how the person is perceived and treated. |

The Employee Assistance Service provides confidential, short-term counselling free-of-charge to Queensland Health staff to assist them to resolve personal and work related problems. For more information visit http://qheps.health.qld.gov.au/eap/home.htm

## Discharge planning

Following consultations with the relevant line manager you may need to discuss referral options with the person and consider referrals to the following:

- GP
- Community Child Health
- Community Health
- Mental Health Services (infant, child and youth, adult or older persons)
- Private service providers

To access the contact numbers and details for your local services use QFinder (available on QHEPS) or call 13 HEALTH (13 43 25 84).

## Further reading

For more information, see the following:

Mental Health First Aid Manual at www.mhfa.com.au (internet access required).

The Living is for Everyone initiative at www.livingisforeveryone.com.au/ (internet access required).

QHEPS for direct links to your local Health Service District for policy and procedures.

### Sources

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