

Assessing risk of suicide

Practical guidance for staff working with people experiencing homelessness



Enabling Assessment
Service London

In partnership with



Funded through



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Working towards suicide prevention

More people experiencing homelessness have suicidal thoughts and feelings and die by suicide than in the wider population

Does your organisation have a policy and/or protocols to reduce the risk of suicide?

Are you aware of what these are? Is this an area you need to discuss with your team? Might there be a need for training?

Suicide, suicidal feelings, thoughts and ideation

'Suicide is the act of intentionally taking your own life.'

Suicidal feelings are on a spectrum and might range from:

abstract thoughts about ending life or feeling that people would be better off without you;

to thinking about methods of suicide or making clear plans to take own life

Good practice in language

Do say	Don't say	Why
'non fatal or made an attempt on his/ her life'	'unsuccessful suicide'	To avoid presenting suicide as a desired outcome or glamorising a suicide attempt.
'took their own life', 'died by suicide' or 'ended their own life'	'successful suicide'	To avoid presenting suicide as a desired outcome.
'died by suicide' or 'ended his/ her own life'	'committed' or 'commit suicide'	To avoid association between suicide and 'crime' or 'sin' that may alienate some people.
'concerning rates of suicide'	'suicide epidemic'	To avoid sensational and inaccuracy

Suicide Risk Factors

Past psychiatric history.

Depressive and other psychiatric symptoms.

History of alcohol and illicit drug use.

Previous self-harm or suicide attempts

Age, gender, social situation

Relationship which may be supportive/protective or which may pose a threat (abuse or neglect)

Recent changes to relationships or social situation.

Access to lethal methods.

Any other risk factors?

Assessing someone's risk of suicide

If you think someone may be struggling with their mental health (low mood & energy, negative thinking, feeling hopeless etc) ask them how they are feeling?

Give them space to talk and encourage them to say more about how they feel, 'could you say a little more about that?'

Repeating back a word or phrase can encourage a person to say more

Resist the urge to fill any silences which may unintentionally shut them down

If their response gives you concern that they may be thinking about suicide, ask them if they are feeling suicidal (as a lead up question you could ask them about their thoughts for the future).

Assessing someone's risk of suicide cont.

'What kinds of thoughts have you been having?'

'How long have you been having these thoughts? When did they first start?'

'How often are these thoughts happening?'

'Do you have a specific plan?'

'How likely do you think it is that you would act on this?'

Responding to a person who is suicidal

By listening to their answers, you should be able to get a sense of their level of suicide risk ie there will be a higher risk if they have made a plan to kill themselves and if they have means to carry out the plan as opposed to having intermittent thoughts of suicide without any plan. Think about the other risk factors we saw in the earlier slide.

By gauging the risk from this type of assessment, you are more likely to make appropriate and proportionate referrals to other agencies where needed.

If you're not sure of the risk, always speak to a manager/ senior or a colleague with more experience in assessing this type of risk.

Responding to a person who is suicidal

Be non judgemental and open with them – tell them you are concerned about how they are feeling. This shows them that you have heard them and that you care.

You don't want to make decisions for them, you want to include them in what happens next ie making a safety plan & a risk management plan and contacting relevant people.

Co-producing a Safety Plan

Explore protective factors

Names of supportive family and friends

Find out about professional support

Explore voluntary support organisations they may have used before or would consider using now

Out of hours crisis support that is available

Agree actions to take when suicidal thoughts become stronger and/ or more persistent

Reduce/ stop (in accordance with a clinical plan if they have one) alcohol and illicit substances.

Record the above plans on your work system and communicate to your shift colleagues/ manager as appropriate

Risk management plan

(it complements
the safety plan work
with the person)

Identify the suicide risk
and try to establish the
triggers.

Do they have a plan?
And do they have the
means to act on it?

What level of risk is
acceptable for the
person to take?

You may want to take
responsibility for
everything the ideal is to
recognise the person's
agency, strengths etc

Consider how you will
leave the person and
who they will next have
contact with.

Agree what happens
next and when the
plan will be reviewed

(all plans are time
limited so be specific
about this in your
recording).

Responding when you feel the risk of suicide is high

After exploring a risk management & a safety plan with the person, stay with them for the time being if you remain concerned about their suicide risk

Ideally with them, contact existing services they are in contact with ie are they open to a community mental health team (CMHT)?

Remember the person might be unknown to a particular worker in another agency you speak to, whereas you have the advantage of knowing the person and perhaps being with them. With this in mind consider how you & your organisation can continue to offer support to the person in crisis.

If open to a CMHT, do they have a care co-ordinator? Or is there a duty no or a crisis no you can call

If not, do they have a key worker with another support organisation you can contact?

If someone is in immediate physical danger ie they say they have taken an overdose or they are planning to imminently, call emergency services ie the ambulance/ police on 999

Who can I share risk information with

It is important to remind the person who you work for, and that you will need to let shift colleagues and your manager know how they are feeling and their suicidal risk. Be specific about who you will share the information with ie you are not going to share it with the cleaning staff for example, and the reasons you need to do this.

‘Effective information-sharing is built on the recognition that the law allows information to be requested and shared, proportionately, when necessary to safeguard the wellbeing of an adult at risk (Data Protection Act 2018).’

‘Adult Safeguarding and Homelessness, a briefing on positive practice’ (2020)

Aftermath & selfcare

Supporting someone who feels suicidal can be an intense and overwhelming experience, speak to a senior/ manager in the organisation after you have offered support to the guest who is feeling suicidal. Remember even if you were alone with the person at the time they disclosed how they were feeling, you are responding to the crisis not as a lone worker but as someone who works for an organisation that has a duty of care to the person (and also to you as an employee).

It is important that you raise what happened in supervision and acknowledge how you were left feeling after the event. In addition, consider bringing it up in a team reflective space, remember this is also a way of modelling good practice as you demonstrate to colleagues that being open about the emotional toll of the work is an important part of looking after yourself and the wellbeing of others in the team.

You may also want to consider further support for yourself through staff wellbeing channels, which you could discuss with your manager.

Can you think of other ways you can support yourself emotionally – short term and long term - after you come away from talking to a person who is feeling suicidal?



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