

## Crisis intervention

This section applies to anyone who finds themselves directly assisting a person who is at risk of self-harm or suicide. It is aimed at professionals and non-professionals who may have only limited mental health training. As such, they may or may not follow all of the strategies outlined here – this will depend on their role, experience, training and their relationship to (and responsibility for) the person at risk.

At root, the skills outlined here should give practitioners the confidence to discuss a person's situation in an emphatic and compassionate way, and help the person identify specific alternative courses of action they can take to stay safe until they access further help.

### Knowledge

An ability to draw on knowledge that a suicidal crisis arises when a person experiences intense thoughts about suicide, combined with a powerful sense:

- of unease and dissatisfaction with life
- of being overwhelmed by their emotions
- that they may act on their suicidal thoughts

An ability to draw on knowledge that a crisis intervention has the immediate aim of reducing the intensity and frequency of suicidal thoughts and self-harming behaviour and/or increasing a person's ability to cope with them in the short-term (so that their desire to act is overcome)

An ability to draw on knowledge that a crisis intervention should focus on:

- acknowledging and validating distress
- helping a person begin to understand (and so think about) thoughts and feelings in relation to the difficulties that have led them to their current way of thinking
- helping the person act in ways that may reduce rather than strengthen negative feelings
- gaining an understanding of what support is available to them in the here and now

if the suggested strategies are ineffective, an ability to access a level of support appropriate to a person's immediate needs, for example from:

- specialist mental health services that can offer intensive support to a person in the community/home environment
- inpatient services, if support in the community is untenable (e.g. because intensive monitoring is required and is not available)

An ability to draw on knowledge of the need to arrange for follow-up care aimed at addressing the problems and vulnerabilities that led to the suicidal crisis, even if a person is no longer actively intent on acting on their suicidal thoughts

### Intervention

An ability to discuss issues empathically, but also to move the situation forward by working with a person to identify a concrete plan that aims to defuse and contain the current crisis

An ability to match the extent and intensity of a crisis intervention to the degree of risk and need represented by a person, and so introduce strategies that are appropriately responsive to the need to contain the crisis, such as:

low containment strategies (such as direction to agencies offering relevant support (e.g. Citizens Advice or debt management), discussion of issues that are affecting the person and discussion of 'reasons for living')
more active containment strategies (such as alerting a person's social support network, arranging follow-up, liaising with primary care, signposting and safety planning)
high containment strategies (such as taking a person to an emergency department for further assessment and intervention, arranging intensive support from mental health teams, considering supportive pharmacological interventions)
An ability to draw on knowledge that the priority of basic crisis help is to help a person at risk of suicide access appropriate care and facilitate further intervention, through a two-stage approach:
<ul style="list-style-type: none"> <li>establishing rapport by listening and using empathic communication, such as:           <ul style="list-style-type: none"> <li>asking their name (if not known) and sharing your own name with them</li> <li>relating to them as an individual, in an open and direct way</li> <li>showing a willingness to discuss suicide directly (and doing so)</li> <li>directly acknowledging and validating their pain and distress</li> <li>taking the time to listen to them carefully and showing understanding (e.g. by offering summaries of what they have said)</li> <li>holding off making any attempt to convince them to change their mind (as this may increase their resistance until sufficient rapport has been established)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>only once rapport is established, moving to advocating for delaying suicide, for example by:           <ul style="list-style-type: none"> <li>gently challenging and potentially exploring the idea that others would be better off if they were dead (taking care not to imply that they should desist from suicide out of guilt about the reaction of others)</li> <li>advocating for delaying suicide because of its finality</li> <li>considering possibilities for ongoing contact with services or support networks, tailored to a person's needs and circumstances (as a way of instilling hope for the future)</li> <li>considering the possibility of supportive medication to treat underlying diagnoses such as depression</li> </ul> </li> </ul>
An ability to advise on restricting and removing access to lethal means (such as medication):
<ul style="list-style-type: none"> <li>giving a clear rationale for the importance of limiting access to means</li> <li>giving the means to the practitioner or agreeing for the means to be handed over to others</li> <li>gaining consent from a person to make direct contact with the individual who has agreed to secure the lethal means</li> <li>an ability to judge when the risk of harm to a person justifies breaching confidentiality</li> </ul>
An ability to help a person mobilise their social support networks by:
<ul style="list-style-type: none"> <li>engaging them empathically in discussions about the social support available to them, and their use of it</li> <li>helping a person discuss (and ideally overcome) their apprehension about a lack of interest or willingness in those around them to step in to prevent them from acting on suicidal thoughts</li> <li>helping them generate ideas about the types of requests they might make (e.g. being able to check in regularly by phone/text message or in person, making plans to engage in meaningful activities)</li> <li>(with their permission) contacting their family or carers to advise on appropriate support and provide information about warning signs, and to check if they themselves need support</li> </ul>
An ability to identify and manage online activities that may be promoting suicidal thoughts and intent, by:

	<p>discussing a person's use of websites that show means of completing suicide or promote suicide directly</p> <p>directing a person to appropriate suicide prevention websites or forums (i.e. those endorsed by national or local agencies)</p>
An ability to work with a person to develop a written crisis plan that aims to manage suicidal ideation by helping them:	
	identify and so draw on times they have managed to cope with difficulties in the past
	develop short-term goals that can realistically be achieved by someone in an acutely unhappy or hopeless state (and record them in a way that they can follow)
	generate or choose from a list of activities that may function to reduce negative feelings and distract from suicidal thinking (especially activities that will foster a sense of connection to others)
	make decisions about when to access emergency care
	draw up a written statement that explicitly specifies a safety plan (strategies and activities that a person agrees to engage in to try to manage their distress, with specific instructions for accessing a crisis line or emergency care if this does not alleviate the crisis)

## Safety planning

This section is applicable to anyone who finds themselves directly assisting a person who is at risk of self-harm and/or suicide. It is aimed at non-professionals who may have only limited training; as such, they may or may not follow all of the strategies outlined here – this will depend on their role, experience and training, and their relationship to (and responsibility for) the person at risk.

At root, the skills outlined here should give practitioners the confidence to discuss a person's situation in an empathic and compassionate way, and help the person identify specific alternative courses of action they can take to stay safe until they can access further help.

### Basic principles of safety planning

An ability to draw on knowledge that a safety plan is:

- a way of helping a person to find alternatives to suicide and self-harm at the time of crisis
- a 'stepped' list of potential coping strategies and sources of support that a person at risk can use during or before a crisis
- intended to be used by a person in a step-by-step manner until the crisis has resolved or the person has accessed urgent help

An ability to draw on knowledge that a person at risk should have 'ownership' of the safety plan – it should be created by them with assistance from the practitioner (rather than 'prescribed' with no or minimal discussion)

An ability to draw on knowledge that a safety plan should be expressed in a person's own words

An ability to draw on knowledge that a safety plan should be easily accessible and can be written or stored electronically (e.g. in a person's mobile phone)

### Constructing a safety plan

An ability to draw on knowledge that safety plans typically address the following steps:

- warning signs and external triggers of an impending suicidal crisis or an imminent episode of self-harm that are specific to a person
- coping strategies that a person can employ to distract themselves from (or reduce) suicidal urges or impulses to self-harm
- people who can be contacted to help distract a person from suicidal urges or impulses to self-harm
- supportive contacts (both professionals and non-professionals) who can help to resolve the crisis
- professionals who can help to resolve the crisis
- reducing access to means of harm

An ability to help a person understand the step-by-step nature of the safety plan

An ability to help a person describe/write each step in their own words

An ability to help a person identify a limited number of activities per step (usually no more than three) so as to keep strategies focused and specific

An ability to agree a strategy to ensure that the safety plan can be easily located, accessed and shared (e.g. with family and significant others)
An ability to help a person review and amend the safety plan (to make it more likely that it will be used and be effective at times of crisis)

### **Warning signs**

An ability to help a person at risk identify the warning signs of a suicidal crisis and/or episode of self-harm:
situations or circumstances that may act as 'triggers'
thoughts
images
thinking styles (e.g. rumination, thinking biases such as catastrophising, 'all or nothing' thinking)
mood
experience of shame or guilt
changes in habits or behaviours (e.g. sleeping poorly or arguing more with family)
escalating frequency and/or severity of impulses to self-harm
An ability to help a person recognise the significance of their warning signs so that they can use them as indicators to initiate the safety plan

### **Constructing the steps of a safety plan**

An ability to undertake safety planning with the full involvement of a person, aiming to engage their resilience and resources
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### **Coping strategies people can employ**

An ability to draw on knowledge that a person needs some effective strategies that they can implement alone (even for brief periods) as help may not always be immediately available from others
An ability to help a person identify activities they can use to distract themselves from thoughts of self-harm and/or suicide, such as:
soothing techniques that they know from their own experience of any therapeutic sessions they have had
going for a walk, listening to music, exercising, engaging in a hobby, reading, praying (if religious)
using substitutes for self-harming behaviour
An ability to help a person identify potential barriers to participating in a planned distracting activity

### **Contacting others as a distraction from suicidal impulses**

An ability to draw on knowledge that contact with family members, carers or friends (without explicitly informing them of their suicidal state/self-harming behaviour) may help to distract a person from their problems and/or their thoughts about self-harm or suicide
An ability to help a person identify key social settings and people in their natural social environment who may help to refocus their attention and so distract them from self-harming or suicidal thoughts and urges
An ability to ensure that relevant information contained within the safety plan includes:
specific details of the service or people who can be contacted, including addresses and phone numbers
consideration of any factors that may place a person at increased risk (e.g. access to alcohol or drugs)

### **Seeking support from others to help to resolve a crisis**

An ability to draw on knowledge that seeking support from others is distinguished from contacting others as a distraction in that a person explicitly identifies that they are in a suicidal crisis or are at risk of self-harming and need support and help
An ability to help a person identify and engage with supportive individuals who:
they feel able to tell that they are experiencing thoughts of self-harm or suicide are likely to respond in a compassionate and helpful manner are able to engage explicitly with the safety planning process

### **Seeking support from professionals to help to resolve a crisis**

An ability to help a person identify local services and professionals (healthcare, social care or others) who will provide appropriate and accessible professional help in a suicidal crisis
An ability to ensure the relevant information is contained within the safety plan and includes:
specific details of the service or people who can be contacted, including addresses and phone numbers
adequate consideration of service remit and opening times, to ensure that contacts for both daytime and out-of-hours access are included

### **Increasing safety by reducing access to means of harm**

An ability to draw on knowledge that because most suicidal acts are impulsive, a plan to reduce access to potentially lethal means of harm can reduce the risk of suicide
An ability to help a person identify lethal means of harm to which they would have access in a suicidal crisis, and to help them place those means out of reach (possibly involving one of the people named in the safety plan)