

## 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:

establishing rapport by listening and using empathic communication, such as:

asking their name (if not known) and sharing your own name with them

relating to them as an individual, in an open and direct way

showing a willingness to discuss suicide directly (and doing so)

directly acknowledging and validating their pain and distress

taking the time to listen to them carefully and showing understanding (e.g. by offering summaries of what they have said)

holding off making any attempt to convince them to change their mind (as this may increase their resistance until sufficient rapport has been established)

only once rapport is established, moving to advocating for delaying suicide, for example by:

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)

advocating for delaying suicide because of its finality

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)

considering the possibility of supportive medication to treat underlying diagnoses such as depression

An ability to advise on restricting and removing access to lethal means (such as medication):

giving a clear rationale for the importance of limiting access to means

giving the means to the practitioner or agreeing for the means to be handed over to others

gaining consent from a person to make direct contact with the individual who has agreed to secure the lethal means

an ability to judge when the risk of harm to a person justifies breaching confidentiality

An ability to help a person mobilise their social support networks by:

engaging them empathically in discussions about the social support available to them, and their use of it

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

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)

(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

An ability to identify and manage online activities that may be promoting suicidal thoughts and intent, by:

	discussing a person's use of websites that show means of completing suicide or promote suicide directly
	directing a person to appropriate suicide prevention websites or forums (i.e. those endorsed by national or local agencies)
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)