Submission to the Senate Community Affairs References Committee: Inquiry into Suicide in Australia

Persons Making Submission
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Summary of Main Points

- Early intervention for people who are suicidal will often be carried out by members of the public or people working in human services occupations where mental health is not the primary role.
- Members of the public often lack adequate skills in this area. For example, it is widely believed that asking someone about suicidal thoughts might be harmful.
- Expert consensus guidelines have been developed for how a member of the public can best assist someone who is suicidal.
- These guidelines have been used to inform the content of Mental Health First Aid training.
- Mental Health First Aid training needs to become a prerequisite for practice in certain occupations which involved increased contact with people having mental health problems, such as teachers, nurses and police.

Relevance of the Submission to the Committee's Terms of Reference
Our submission is relevant to the following terms of reference:
c) the appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide;
d) the effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide;
e) the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk; and
h) the effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.

Early Intervention for People Who Are Suicidal as a Whole-of-Community Responsibility
When a person has suicidal thoughts and behaviours, this will generally occur when immediate professional help is not available. Initial contact will often be with people in the social network, such as family or friends. Where professional contact does occur, it is more likely to be with professionals who are not specialists in mental health. These include nurses, teachers, police, and welfare workers. Because of these patterns of initial contact, early intervention with people who are suicidal cannot be the sole responsibility of mental health professionals. The skills in how to assist someone need to be widespread in the community. Given that over 3% of the adult population has attempted suicide at

some time in their lives (Johnstone et al., 2009), many members of the public will have close contact with someone who is at serious risk of suicide. Therefore, early intervention in this area needs to be seen as a whole-of-community responsibility if we are to have an impact.

Inadequacy of Community's Knowledge and Skills in This Area

National surveys of the Australian public show deficiencies in people's knowledge of how to assist someone who is suicidal. In a national survey of Australian adults, Jorm et al. (2005) presented participants with a vignette of a person with a mental disorder and asked what they would do if that person was someone they had known for a long time and cared about. The responses to this open-ended question were coded into categories. The most common responses were to encourage professional help-seeking and to listen to and support the person, although significant minorities did not give these responses. Other first aid responses were mentioned by only a minority. Of particular concern was the low percentage assessing the risk of harm for a vignette which portrayed a depressed person with suicidal thoughts.

More recently, Jorm et al. (2008) have reported a similar survey of young Australians aged 12–25 years and their parents. The young people were presented with a vignette and asked how they would respond to a peer with the problem. Parents were given the same vignettes and asked how they would respond if this was their child. Only a minority of young people mentioned that they would encourage professional help, even when the vignette portrayed a psychotic person. However, most parents said they would encourage professional help-seeking, although there was a minority who did not mention it. Only a minority of both young people and parents mentioned listening to the person's problems and few mentioned asking about suicidal thoughts. When the respondents were explicitly asked whether it would be helpful to ask about suicidal feelings, only around half of parents thought it would be helpful and around a quarter thought it would be harmful.

In a survey of Australian high school students, Kelly *et al.* (2006) asked how they would respond to a peer portrayed in a vignette as being depressed. Around half the sample gave positive social support as their response, but only a minority would engage the help of an adult such as a parent, teacher or school counsellor. Other overseas research has examined how young adults would respond to a suicidal peer and found that many would not tell a responsible adult about it (Dunham, 2004).

Development of Guidelines on How a Member of the Public Can Best Help A Person Who is Suicidal

One of the difficulties in advising the public about how they can best help a person who is suicidal is the lack of evidence on the best approaches. To overcome this lack, we have carried out a project to develop expert consensus guidelines on first aid for a person with suicidal thoughts and behaviour (Kelly et al., 2008). These guidelines were developed using a formal process of establishing consensus among an international panel of experts from developed English-speaking countries. The panel involved 22 professionals, 10 people who had been suicidal in the past and 6 carers of people who had been suicidal in the past. This panel reached consensus on 30 statements about appropriate first aid and

these statements were used to write the guidelines. A copy of these guidelines is appended (see Appendix 1).

Recognizing that there are cultural factors that influence what is appropriate mental health first aid, we have also done research to develop guidelines suitable for other cultural groups. In particular, guidelines have been developed for assisting an Aboriginal person who is suicidal and to assist Aboriginal people who may have a range of mental health problems that increase their risk of suicidal actions (Hart et al., 2009). These guidelines have been developed using the expert consensus of Aboriginal mental health professionals. A copy of these guidelines is appended (see Appendix 2).

The Quality of Information Available to the Public on How to Assist a Suicidal Person

The expert consensus guidelines provide a standard which can be used to evaluate the quality of information provided to the public. One important source of mental health information for the public is the internet. Using the guidelines as the standard for good quality information, we rated the quality of the top 52 English-language websites on suicide prevention from a Google Australia search with the terms 'help suicide'. Websites were scored using a checklist out of 26. The website quality scores ranged from 1 to 19, with a mean of 9.2. The two most highly rated websites were: suicide.org (http://www.suicide.org/) and suicideline (http://suicideline.org.au/concerned-about-someone.html). It is encouraging that an Australian website was in the top two. However, not all Australian sites did so well. These findings show that there needs to be considerable improvement in some of the information available to the public in this area.

Mental Health First Aid Training as a Means of Increasing Community Skills

We have developed Mental Health First Aid as a training program to teach members of the public how to provide initial assistance to someone developing a mental illness or in a mental health crisis situation such as having suicidal feelings or actions (Kitchener & Jorm, 2002a; Kitchener & Jorm, 2008). We believe that skills in how to assist someone who is suicidal need to be taught in the context of more general first aid for people with mental illnesses. There are two reasons for this. The first is that suicide usually occurs in people with a mental illness. A meta-analysis of international data found that approximately 87% of people who complete suicide have a mental illness (Arsenault et al., 2004). Secondly, it is important not to wait until someone is suicidal before we provide them with assistance. By helping people who are developing a mental illness, we may be able to intervene before a suicidal crisis develops.

The Mental Health First Aid Program was created in Canberra in 2001 by one volunteer educator (Betty Kitchener) working in partnership with a researcher (Anthony Jorm). An additional 5 instructors were trained in 2002 and by 2009 there were over 850 accredited instructors covering every state and territory of Australia. In 2005, the program moved to Melbourne, where it is run under the auspices of the Orygen Youth Health Research Centre, University of Melbourne. Several specialized Mental Health First Aid courses have since been developed. These are: Youth Mental Health First Aid (for adults assisting

adolescents), Aboriginal and Torres Strait Islander Mental Health First Aid (for learning culturally appropriate first aid for an Aboriginal person), and Vietnamese Mental Health First Aid (for Vietnamese-speaking Australians).

A distinctive feature of the Mental Health First Aid Program has been the way it has been disseminated in partnership with other organizations. It trains instructors for a fee, who then deliver courses under the auspices of a local supporting organization (such as an area health service or non-government organization) and arrange their own funding. The Mental Health First Aid Training Program does not employ the instructors, but continues to provide them with ongoing support. This approach has led to stronger local support than would have been possible if all Mental Health First Aid courses were run by a single national organization.

The Mental Health First Aid Program first went international in 2003 when it was adopted by the Scottish government. Since then, it has gradually spread to many other countries. By 2009, these included: Canada, England, Finland, Hong Kong, Japan, New Zealand, Northern Ireland, Scotland, Singapore, South Africa, Thailand, USA and Wales. When the Mental Health First Aid Program has been adopted in another country, either a government agency or a non-government organization adapts the Australian course to their own culture and health system and works out the method of dissemination best suited to local conditions.

The other important factor in the rapid spread has been the continuing attention to research and evaluation in the Program. All course content is made as evidence-based as possible and many evaluation studies have been conducted. A range of studies, including randomized controlled trials, have shown that Mental Health First Aid training improves knowledge, reduces stigmatizing attitudes, and increases first aid actions towards people with mental health problems (Kitchener & Jorm, 2002b; Kitchener & Jorm, 2004; Jorm et al., 2004; Jorm et al., 2005). This research has not only been carried out by our own research team, but independently by other research groups (Hossain et al., 2009; Sartore et al., 2008; York Consulting, 2004).

Mental Health First Aid courses are currently being re-developed based around international expert consensus guidelines for how to help people developing mental illnesses or in mental health crises (including suicidal thoughts and behaviours). This redevelopment follows 5 years of research to develop guidelines both for people in English-speaking countries and for Aboriginal and Torres Strait Islander people.

Acknowledgement of funding from the National Suicide Prevention Strategy
The Mental Health First Aid Training and Research program wishes to acknowledge that two different grants from the NSPS have helped its national dissemination:

1. A grant in 2007 for the roll out of the Youth Mental Health First Aid program. This grant facilitated a substantial increase in the number of Youth Mental Health First Aid instructors trained and the Youth Mental Health First Aid courses taught; and

2. A grant to start in 2010 for the future up-skilling throughout 2010 of existing accredited Mental Health First Aid instructors to the edition 2 Mental Health First Aid programs (Edition 2 Adult and Youth Mental Health First Aid programs to be launched in February 2010).

Mental Health First Aid Training as a Prerequisite for Practice in Human Services

In many occupations, a conventional first aid certificate is needed for professional practice, e.g. child care workers. Because of the frequent contact that various human service occupations have with people at increased risk of suicide, we suggest that Australia needs to have Mental Health First Aid training as a pre-requisite training for practice in relevant occupations. These occupations include: nurses, high school teachers, police, prison officers and youth workers. There have already been moves in this direction from within some professions. Some examples are:

- The University of Newcastle is piloting Mental Health First Aid training for all its nursing students;
- The Victoria Police currently are providing Mental Health First Aid training as in-servicing for their sworn officers;
- The University of Sydney has begun offering Mental Health First Aid training to its pharmacy students.

Some initial government funding is needed to give a boost to these efforts. We recommend that grants be offered for a period of several years to tertiary institutions and other training organizations to institute Mental Health First Aid training as an integral part of pre-service education, with the expectation that these organisations would sustain the training into the long-term future. We also recommend that the Commonwealth co-ordinate appropriate state professional authorities to require Mental Health First Aid training as a pre-requisite for relevant employment of people in human services.

Our Recommendation to the Committee

Conventional first aid certificates are required for certain professions, such as child care workers. We believe the same approach needs to be taken with professions that involve increased contact with people with mental health problems, such as nurses, high school teachers, police, prison officers and youth workers. Mental Health First Aid training should be seen as a prerequisite for practice in these professions. This training would be most appropriately provided at an early stage as part of pre-service training in order to maximize the benefits over the person's professional career.

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APPENDICES

1. Mental Health First Aid Guidelines for Suicidal Thoughts and Behaviour
2. Mental Health First Aid Guidelines for Aboriginal and Torres Strait Islander Peoples

SUICIDAL THOUGHTS & BEHAVIOURS

FIRST AID GUIDELINES

How can I tell if someone is feeling suicidal?

It is important that you know the warning signs of suicide

Signs a person may be suicidal:

- Threatening to hurt or kill themselves
- Looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped, like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

Adapted from Rudd et al (2006).
Warning signs for suicide: Theory, research and clinical applications. Suicide and Life-Threatening Behavior, 36:255-262

People may show one or many of these signs, and some may show signs not on this list.

If you suspect someone may be at risk of suicide, it is important to ask them directly about suicidal thoughts. Do not avoid using the word 'suicide'. It is important to ask the question without dread, and without expressing a negative judgement. The question must be direct and to the point. For example, you could ask:

- "Are you having thoughts of suicide?" or
- "Are you thinking about killing yourself?"

If you appear confident in the face of the suicide crisis, this can be reassuring for the suicidal person.

Although some people think that talking about suicide can put the idea in the person's mind, this is not true. Another myth is that someone who talks about suicide isn't really serious. Remember that talking about suicide may be a way for the person to indicate just how badly they are feeling.

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How should I talk with someone who is suicidal?

It is important to:

- Tell the suicidal person that you care and that you want to help them.
- Express empathy for the person and what they are going through.
- Clearly state that thoughts of suicide are often associated with a treatable mental disorder, as this may instil a sense of hope for the person.
- Tell the person that thoughts of suicide are common and do not have to be acted on.

Suicidal thoughts are often a plea for help and a desperate attempt to escape from problems and distressing feelings. You should encourage the suicidal person to do most of the talking, if they are able to. They need the opportunity to talk about their feelings and their reasons for wanting to die and may feel great relief at being able to do this.

It may be helpful to talk about some of the specific problems the person is experiencing. Discuss ways to deal with problems which seem impossible to cope with, but do not attempt to 'solve' the problems yourself.

How can I tell if the situation is serious?

First, you need to determine whether the person has definite intentions to take their life, or whether they have been having more vague suicidal thoughts such as 'what's the point of going on?'. To do this, you need to ask the person if they have a plan for suicide. The three questions you need to ask are:

1. Have you decided how you would kill yourself?
2. Have you decided when you would do it?
3. Have you taken any steps to secure the things you would need to carry out your plan?

A higher level of planning indicates a more serious risk. However, you must remember that the absence of a plan is not enough to ensure the person's safety. All thoughts of suicide must be taken seriously.

Next, you need to know about the following extra risk factors:

- Has the person been using alcohol or other drugs? The use of alcohol and other drugs can make a person more susceptible to acting on impulse.
- Has the person made a suicide attempt in the past? A previous suicide attempt makes a person more likely to make a future suicide attempt or to kill themselves.

Once you have established that the risk of suicide is present, you need to take action to keep the person safe.

How can I keep the person safe?

A person who is actively suicidal should not be left on their own. If you can't stay with them, you need to arrange for someone else to do so. In addition give the person a safety contact which is available at all times (such as a telephone help line, a friend or family member who has agreed to help, or a professional help giver).

It is important to help the suicidal person to think about people or things that have supported them in the past and find out if these supports are still available. These might include a doctor, psychologist or other mental health worker, family member or friend, or a community group such as a club or church.

Do not use guilt and threats to prevent suicide. For example, do not tell the person they will go to hell or ruin other people's lives if they die by suicide.

What about professional help?

During the crisis

Mental health professionals advocate always asking for professional help, especially if the person is psychotic. If the suicidal person has a weapon or is behaving aggressively towards you, you must seek assistance from the police in order to protect yourself.

However, the person you are helping may be very reluctant to involve a professional and, if the person is close to you, you may be concerned about alienating them. In fact, some people who have experienced suicidal thoughts or who have made plans for suicide feel that professional help is not always necessary.

After the crisis has passed

After the suicide crisis has passed, ensure the person gets whatever psychological and medical help they need. Other guides in this series may be useful for you in achieving this.

What if the person makes me promise not to tell anyone else?

You should never agree to keep a plan for suicide a secret. However, you should respect the person's right to privacy and involve them in decisions regarding who else knows about their suicidal intentions.

The person I am trying to help has injured themselves, but insists they are not suicidal. What should I do?

Some people injure themselves for reasons other than suicide. This may be to relieve unbearable anguish, to stop feeling numb, or other reasons. This can be distressing to see. There are guidelines in this series entitled *First aid guidelines for non-suicidal self-injury* which can help you to understand and assist if this is occurring.

A final note

Do your best for the person you are trying to help. Remember, though, that despite our best efforts, some people will still die by suicide.

An important note:

Self-injury can indicate a number of different things. Someone who is hurting themselves may be at risk of suicide. Others engage in a pattern of self-injury over weeks, months or years and are not necessarily suicidal. These guidelines can assist you only if the person you are helping is suicidal. If the person you are assisting is injuring themselves, but is not suicidal, please refer to the guidelines entitled *MHFA Guidelines for non-suicidal self-injury.*

Purpose of these Guidelines

These guidelines are designed to help members of the public to provide first aid to someone who is at risk of suicide. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves.

Development of these Guidelines

The following guidelines are based on the expert opinions of a panel of mental health consumers, carers and clinicians from Australia, New Zealand, the UK, the USA and Canada about how to help someone who may be at risk of suicide. Details of the methodology can be found in: Kelly CM, Jorm AF, Kitchener BA, Langlands RL. Development of mental health first aid guidelines for suicidal ideation and behaviour: A Delphi study. *BMC Psychiatry* 2008; 8:17 http://www.biomedcentral.com/1471-244X/8/17

How to use these Guidelines

These guidelines are a general set of recommendations about how you can help someone who may be at risk of suicide. Each individual is unique and it is important to tailor your support to that person's needs. These recommendations therefore may not be appropriate for every person who may be at risk of suicide.

Also, the guidelines are designed to be suitable for providing first aid in developed English-speaking countries. They may not be suitable for other cultural groups or for countries with different health systems.

Please cite these guidelines as follows:

Mental Health First Aid Training and Research Program. *Suicidal thoughts and behaviours: first aid guidelines.* Melbourne: Orygen Youth Health Research Centre, University of Melbourne; 2008

Enquiries should be sent to:

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SUICIDAL THOUGHTS & BEHAVIOURS AND DELIBERATE SELF-INJURY

GUIDELINES FOR PROVIDING MENTAL HEALTH FIRST AID TO AN ABORIGINAL OR TORRES STRAIT ISLANDER PERSON

Artwork by Charmaine Sansbury

Purpose of these guidelines

These guidelines describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who may be at risk of suicide or is suspected to be deliberately injuring themselves. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves. The guidelines aim to be respectful of cultural differences in understanding and treating mental illness. More information regarding culturally respectful first aid practice can be found in *Cultural Considerations and Communication Techniques: Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person.*

Development of these guidelines

The following guidelines are based on the expert opinions of Aboriginal clinicians from across Australia, who have extensive knowledge of, and experience in, mental health.

Enquiries should be sent to: Professor Tony Jorm, Orygen Youth Health Research Centre, Locked Bag 10, Parkville, VIC 3052, Australia, email: ajorm@unimelb.edu.au.

This research was funded by a grant from the *beyondblue* Victorian Centre of Excellence in Depression and Related Disorders (bbVCoE), an organisation that supports innovative, high-quality research across disciplines to improve prevention and treatment of depression and related disorders. More information on the bbVCoE can be found at www.beyondblue.org.au

How to use these guidelines

In these guidelines the word *Aboriginal* is used to represent all Australian Aboriginal and Torres Strait Islander people.

These guidelines are a general set of recommendations about how you can help an Aboriginal person who may be suicidal or deliberately injuring themselves. Each individual is unique and it is important to tailor your support to the person's needs. These recommendations therefore may not be appropriate for every person who has suicidal thoughts or intentions, or every person who is deliberately injuring themselves without suicidal intent. It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding, approaches and treatment of mental illness. Be aware that the individual you are helping may not understand mental illness in the way that you do. Try to be familiar with their way of understanding.

Also, the guidelines are designed to provide first aid in Australian Indigenous communities and may not be suitable for other cultural groups or for countries with different health systems.

SUICIDAL THOUGHTS & BEHAVIOURS

How can I tell if someone is feeling suicidal?

You should always consider the spiritual and cultural context of the person's behaviours, because what is considered suicidal behaviour in one culture, may not be in another.

Learn about the behaviours that are considered warning signs for suicide in the person's community. One way to tell if someone is feeling suicidal, is to ask them. Never ignore a person's expressions of suicide; if you think that someone might be having suicidal thoughts, you should act immediately.

SIGNS A PERSON MAY BE SUICIDAL

- Threatening to hurt or kill themselves
- Looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped, like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

Adapted from Rudd et al (2006). Warning signs for suicide: Theory, research and clinical applications. Suicide and Life-Threatening Behavior, 36:255-262

How should I talk with someone who is feeling suicidal?

Have a yarn with the person and ask them how they are feeling. Tell them that they may feel better once they have spoken about their problems. Discuss the issue of suicide in a clear manner and ask the person directly:

• Are you thinking about suicide?

It is important that you do not avoid use of the word 'suicide' unless the person's community does not find the term acceptable. If the community does not refer to 'suicide' then try to use alternative words. For example, you could ask:

• Do you wish you were dead? or

• Are you thinking about taking your own life?

If the person says or suggests that they are suicidal, you must take them seriously. Even if the person expresses only vague suicidal ideas, such as "what's the point?" or "I can't be bothered going on", it is important to find out whether they have definite plans or intentions to take their life. To do this you need to ask them some specific questions about their plans and intentions. For example you could ask:

• Do you have a plan for suicide?

• How do you intend to suicide?

• Have you already got the things you need to end your life?

Understand that the threat of suicide may indicate that the person is trying to communicate just how badly they feel. It is important therefore that you never argue with the person about their thoughts of suicide and never dare the person to take their own life. Try not to express negative judgment about the person, their thoughts or their intentions. Instead, allow the person to discuss their feelings and their reasons for wanting to die, and acknowledge the person's courage in doing so.

How can I tell if the situation is serious?

It is not always easy to tell how serious the situation is. Be aware that the person may not admit to suicidal feelings because of a sense of shame or for other reasons.

Also, be aware that the person may or may not have a plan, as sometimes suicide is well planned but sometimes it is impulsive.

To assess the risk you need to look at the following factors:

- Has the person been using drugs or alcohol?

  If the person is intoxicated it may increase the risk of suicide. Whether the person is drunk or sober you must take them seriously if they say they are suicidal.

- Has the person ever known anyone who has died by suicide?

  If the person knows someone who has died by suicide, it may increase their suicide risk, especially if the death occurred recently.

- Has the person ever made a suicide attempt in the past?

  People who have a history of suicidal thoughts and behaviours are at a greater risk of suicide in the future.

- Is the person still talking to their family and friends or have they experienced any relationship breakdowns recently?

  Family troubles or social isolation can place the person at increased risk of suicide.

Once you have established that the risk of suicide is present, you need to take action to keep the person safe.

How can I keep the person safe?

Do something to help comfort the person, such as sitting with them, making them a hot drink or offering them your time and support. To reduce the risk that the person will take their life, encourage them to avoid excessive use of drugs or alcohol, and offer 24-hour safety contacts in case they feel unable to continue (e.g. suicide telephone helpline, professional helper, or family member).

A person who is actively suicidal must not be left on their own.

If you can, stay with the person and discuss with them the options that may assist them to cope. Without making the person feel judged, discuss their specific problems and try to help them work out ways of dealing with difficulties that seem impossible to overcome. Focus on the person's strengths by getting them to think about ways they have coped in the past. Find out what has supported the person in the past and whether these supports are still available. It is important to find out who may be available to help the person, for example, family or friends, a respected community Elder, Aboriginal or non-Aboriginal health worker, community health care centre worker, support groups, religious minister, telephone counselling service, school counsellor, youth group leader or sporting coach.

What about professional help?

Make sure that you are aware of the range of treatment options available to the person, such as counselling or clinical treatment, community or professional support.

It is important that you encourage the person to speak about their feelings with someone they trust from within their community. Allow the person to suggest someone they would trust to help support them while they get better, then help the person to seek out that support.

During a crisis:

Remember not to place yourself at risk of harm. If the person has in their possession the means to end their life (e.g. rope, pills, etc.), and you cannot get the person to agree to hand it over, then emergency professional help must be sought immediately.

Even if the person refuses to involve someone else, you need to ensure that the person gets help from an appropriate professional, or someone within the community, until the crisis resolves. Ensure that a mental health professional, Aboriginal health worker, friend, family member, or respected Elder of the person, is present to guide them through the crisis. Once help has been sought, plan with the person the activities you can do together, to keep the person calm and safe, until help arrives.

After the crisis:

It is important that you take steps to ensure that the person receives medical or psychological help once the crisis has passed. Other guidelines in this series may be useful for you in achieving this. Continue to support the person, but be careful not to make promises that you cannot keep.

What if the person makes me promise not to tell anyone else?

You should never agree to keep a plan for suicide a secret. However, you should respect the person's right to privacy and involve them in decisions regarding who else knows about their suicidal intentions.

AN IMPORTANT NOTE

There is a great deal of debate about what self-injury is and how it is different to suicidal behaviour. Many terms are used to describe deliberate self-injury including selfharm, self-mutilation, cutting and parasuicide. Deliberate self-injury can indicate a number of different things. Someone who is hurting themselves may be at risk of suicide. Others engage in a pattern of self-injury over weeks, months or years and are not necessarily suicidal.

It is not easy to tell the difference between deliberate self-injury and a suicide attempt. The only way to know is to ask the person directly if they are suicidal. In this document we discuss how to approach the topic of suicide under the section *Suicidal Thoughts & Behaviours*. If it is clear that the person is injuring themselves without suicidal intent please refer to the section *Deliberate Self-injury.*

Please remember that irrespective of intent, a person who has injured themselves is at risk of accidental death. In addition, even though you may do your best for someone who is suicidal, some people will still die by suicide.

DELIBERATE SELF-INJURY

What is deliberate self-injury?

In this section we are discussing only the self-injury which is not intended to result in death. There are many different behaviours that are considered to be deliberate self-injury (see box below). Before you decide if the person requires first aid, you should always consider the spiritual and cultural context of the person's behaviours, because what is interpreted as a symptom of deliberate self-injury in one culture, may not be in another.

TYPES OF SELF INJURY

- **Cutting, scratching, or pinching skin, enough to cause bleeding or a mark which remains on the skin**
- **Banging or punching objects or self to the point of bruising or bleeding**
- **Ripping and tearing skin**
- **Carving words or patterns into skin**
- **Interfering with the healing of wounds**
- **Burning skin with cigarettes, matches or hot water**
- **Compulsively pulling out large amounts of hair**
- **Deliberately overdosing on medications, drugs or substances when this is NOT meant as a suicide attempt**
- **Deliberately consuming poisons**

Adapted from Whitlock et al (2006). Self-injurious behaviours in a college population. Pediatrics, 117:1939-1948.

Be aware that the deliberate self-injury for which you would provide mental health first aid is fundamentally different to culturally accepted Aboriginal ceremonial or grieving practices. In some communities, for example, certain practices such as making small incisions on the skin, are used as an expression of grief and should not be interpreted as an abnormal sign of emotional distress. See box for some common reasons for engaging in deliberate self-injury.

REASONS FOR ENGAGING IN DELIBERATE SELF-INJURY

- To escape from unbearable anguish
- To change the behaviour of others
- To escape from a situation
- To show desperation to others
- To 'get back at' other people or make them feel guilty
- To gain relief of tension
- To seek help
- To die

If you are helping someone who wishes to die, please refer to *Suicidal Thoughts & Behaviours*.

Adapted from Hawton & James (2005). Suicide and deliberate self harm in young people. *British Medical Journal,* 330:891-894.

It is very important that you learn about the warning signs for deliberate self-injury in the person's community. You need to be able to distinguish between cultural practice and deliberate self-injury. To do this you should learn about which local practices used by the community look like self-injury. You could also discuss the behaviours that are of concern with a local Aboriginal health worker, or you could ask the person directly why they are injuring themselves.

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How should I talk with someone who is deliberately injuring themselves?

Do not ignore any suspicious injuries on the person's body that you become aware of. Instead, acknowledge to the person that you have noticed the injuries. Express your concern about them, but try to avoid a strong negative reaction.

Understand that deliberate self-injury without suicidal intent is often used as a coping mechanism. Encourage the person to talk about the feelings that motivate their self-injury. Suggest that the person speak to someone they trust, or come and have a yarn with you about their feelings, the next time they feel the urge to deliberately injure themselves. You could also suggest that the person write or draw about their distress, as an alternative to self-injury in the future.

What should I do if I witness someone injuring themselves?

If you have interrupted someone in the act of deliberate self-injury, you should intervene in a supportive and non-judgmental way, by remaining calm and avoiding expressions of shock or anger. Try to stop the person from further injuring themselves, but only if it does not place you or others at risk.

What about professional help?

Medical emergency

You should call for immediate medical assistance if, at any time, the risk of permanent harm or death is high.

For instance, you should call an ambulance if:

- The person has injured themselves by taking an overdose of medication or consuming poison
- The person's injuries are life threatening, such as heavy bleeding
- The person has injured their eyes

If emergency medical assistance is sought, you should stay with the person until help arrives.

Mental health care

If you are aware that the person is injuring themselves, but the situation is not a medical emergency, you should encourage the person to seek professional help. Discuss with the person how they would like to be supported and suggest that perhaps a social and emotional counsellor/worker might be helpful. Offer to help them access mental health care or seek professional help on their behalf. Always ensure that the person knows about and has access to some form of professional care that is right for them, in case they feel the urge to self-injure again in the future.

8307_09 ORYGENPR

Please cite these guidelines as follows: Aboriginal Mental Health First Aid Training and Research Program. *Suicidal Thoughts & Behaviours and Deliberate Self-Injury: Guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person.* Melbourne: Orygen Youth Health Research Centre, University of Melbourne and *beyondblue, the national depression initiative*; 2008.

MENTAL HEALTH FIRST AID

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