

 **NEAS mental
maintenance**

**Suicide Prevention
& Postvention Toolkit**



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Foreword

from our Chief Executive Helen Ray

In order to achieve our vision of providing unmatched quality of care, we need to support our committed colleagues and volunteers across the organisation who support the most vulnerable in society every day and often respond to traumatic emergencies.

Sadly, this can come with an emotional cost. The Association of Ambulance Chief Executives (AACE) reports that there is an increased risk of suicide in emergency response compared to the general population. The Office for National Statistics (ONS) have found that male paramedics are 75% more likely to take their own life than any other healthcare professionals.

This statistic is both shocking and worrying, and as an organisation we are taking steps to prevent suicide among our workforce. This work will not only support people who may be feeling suicidal, but also support the mental health and wellbeing of all of our colleagues.

People are often scared to say if they've been having suicidal thoughts. The fear

of speaking openly increases isolation which can, in turn, increase the chance of suicide. Suicidal thoughts can last and be an ongoing daily occurrence. It's difficult to measure how many people may be having suicidal thoughts. We need to encourage opportunities for conversation around the subject in a kind, calm and non-judgemental way.

Life can be hard and working in emergency services can be hard. By acknowledging this and normalising the conversation around suicide or suicidal thoughts, we can have a better understanding of it before we reach crisis.

I hope this toolkit will provide guidance in the event of a death by suicide of one of our own and help people find hope in difficult times. I hope this toolkit will become an essential resource in managing the wellbeing of our colleagues, supporting and educating everyone in the organisation.

Helen Ray

1

One in four adults experience suicidal thoughts and feelings at some point in their lives.

One in four emergency service workers have also thought about ending their own lives (MIND, 2016).

This toolkit is designed to help, support and educate around the risks of suicide within the workplace.

It will look to promote good practice and encourage conversation to help remove the stigma around mental health and suicide. When using this toolkit, or any other form of support, where there is imminent threat to life you must call 999.

These guidelines were developed to support colleagues in the following situations:

- Support if you're having suicidal thoughts and supporting someone else who is having suicidal thoughts.
- Those attending the scene of a death by suicide of a colleague.
- Receiving an emergency call from a colleague relating to suicidal ideation or the death of a colleague by suicide.
- A colleague bereaved by suicide.

Our organisational and cultural commitment

We are committed to supporting our colleagues.

The more we understand about suicide, the more we may be able to reduce the risk in our workplace.

NEAS has contributed to the AACE Ambulance Service Suicide Prevention Programme, details of which can be found on their website: <https://aace.org.uk/suicide-prevention-in-ambulance-services>

There are a number of factors that may increase an individual's risk of suicide. We recognise these factors may apply to any of our colleagues.

- Prior suicide and self-harm attempts.
- Suicide by someone else in close proximity.
- Substance abuse.
- Mental illness.
- Relationship breakdowns.
- Debt and financial insecurities.
- Domestic abuse.
- Feelings of isolation due to actual or perceived discrimination related to race, sexual orientation, disability, gender etc.
- Gender and age.
- Disciplinary investigation/action or loss of employment.
- Feelings of shame or guilt.
- Bullying.
- Recent discharge from mental health in-patient care or self-discharge from an emergency department.



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A common misconception about suicide is that suicidal thoughts are uncommon, and suicide attempts signal that a person cannot be helped.

Prevention

Many people go on to live full, joyous lives and others can continue to have suicidal thoughts. People can find ways to cope with these thoughts and recognise when they need to ask for help.

Postvention

Postvention is a psychological intervention which takes place after a suspected suicide. Postvention is a process that offers support to affected individuals or to the workplace as a whole. It also prevents further suicides. Research shows that those bereaved/ affected by suicide are at increased risk of suicide themselves without preventative measures in place.

People bereaved by suicide may experience intensified reactions to the loss, for example, sadness, guilt, bitterness, despair, anger, PTSD or persistent complex bereavement disorder.

Why may a person end their life?

There are many reasons why someone may make the decision to end their life. While everyone has different experiences, some examples may include:

- Escaping what they feel is an impossible situation.
- Having unbearable thoughts or feelings.
- Releasing physical pain or incapacity.
- Feeling they have let people down, that they're a burden or nobody cares.
- Having negative thoughts and feeling like there's no point in living.

Samaritans respond to a call for help **every six seconds**

The risk of suicide is **significantly higher** among the lesbian, gay, bisexual and transgender community

Suicide is the leading cause of death for men under 50.

In 2018, in the UK 27.1% of suicides were by men aged 45-49 years

In the UK **men are three times more likely** to take their own lives than women



Warning signs

This may indicate a person is struggling.

- Changes in productivity. Deterioration in performance. Lethargy in a previously active person. New pattern of lateness or unexplained absences. Recent inability to concentrate or complete work.
- Changes in social functioning. Withdrawal from colleagues, isolation. Avoiding friends and family.
- Changes in personality or behaviour. Extreme mood swings. Acting anxious or agitated. Behaving recklessly. Becoming quiet and withdrawn. Expressing feelings of uselessness, failure, hopelessness, or lack of self-esteem. Talking or writing about death and dying or threatening to hurt or kill themselves. Lack of empathy and disengagement.
- Increased alcohol or drug use.
- Increased gambling behaviour.
- Signs of (self-inflicted) physical harm.

Not everyone will show any indication that they are struggling. Many people manage to show their “happy” or professional face at work.

Don't ignore your gut feeling if you are worried about someone.

If someone is at immediate risk:

- If the danger for self-harm seems imminent, make sure the person is not left alone and contact one of the crisis helplines.
- Stay with the person (or make sure they're in a safe place with someone else) until professional help arrives.
- Once professional help arrives, ask if they would like you to stay with them or not.
- If there's immediate threat to life, call 999.

Talking about suicide

There is an increased risk of suicide in the ambulance sector compared to the general population.

Working Together to Prevent Suicide in the Ambulance Service: A National Consensus Statement for England. 2021, A report produced by The Association of Ambulance Chief Executives (AACE).

Key elements of suicide prevention

- Focusing on protecting and promoting the mental wellbeing of staff.
- Providing timely access to evidence-based support for those in need.
- Work to shift organisational culture to one that prioritises mental health.

When supporting staff directly, the key is to trust your instinct and ask the direct question, 'Are you thinking about suicide?' Then you should listen, empathise with their situation and ask what solutions or recovery looks like to them.

5 S Summary

- **See** someone in distress
- **Say** something
- **Safety plan** together
- **Signpost** based on risks
- **Support** for you

How can you help someone who you are worried about?

Managers and colleagues play a key role in enabling employees to talk and help them get the support they need.

If you are concerned about a colleague, you can talk with your line manager, HR, occupational health or call Samaritans or another crisis line for support.

Reach out to the person and let them know you're here to help. You can suggest they speak to a professional or signpost to helplines.

Questions and advice to consider when faced with a crisis situation:

- Is there anyone they could contact for support, such as a friend or family member? Do they have a safety plan?
- Has the person experienced anything similar before? If so, what did they do that was helpful? Is there anything they learned from that experience that could be applied now? Where did they seek support before?
- Are there any small steps they could take immediately?
- What are the smallest, simplest steps they could take, in the next few minutes, the next few hours or the next few days.



Training

Zero Suicide Alliance provides free, online suicide prevention training. The aim is to enable people to identify when somebody is presenting with suicidal thoughts/behaviour, to be able to speak in a supportive manner and to empower them to signpost the individual to the correct services or support.

You will learn

- How to spot the warning signs of suicide.
- How to have a conversation with someone you're worried about.
- Where to signpost for further support.
- Suicide is preventable.

Get support for yourself... an important thing to remember is feelings will pass.

There are two ways to get through this difficult time:

1. Reduce the pain

Self-soothe

- Do something that will help you feel better.
- Collect items into an emergency bag or box you can turn to.
- Use all five senses to find things that will soothe you.

Using the five senses think about:

- 5 things you can see
- 4 things you can hear
- 3 things you can touch
- 2 things you can smell or taste
- 1 breath



Write things down

Writing down your thoughts can help you express what you're feeling more clearly. It can also help you keep track of what symptoms you're having each day and identify what causes them.



Ask yourself

- Are these thoughts I'm having facts or opinions?
- What has helped me feel better in the past?
- What can I do right now that will help me feel better?
- What gives my life meaning? What are my goals, dreams, or life values?

Tell yourself

- I've coped this far, I can get through the next... (day, hour, 10 minutes).
- Things will be better in time.
- Depression is temporary.
- Suicide is a permanent solution to a temporary problem.
- Depression can distort my thinking. The thoughts I'm having are not facts, I don't have to act on them.
- The vast majority of people get better from depression, I will look back and be pleased that I chose to live.

2. Increase coping resources – immediate steps

You may wish to develop a personalised plan to manage suicidal thoughts.

More information on managing these thoughts can be found at Rethink Mental Health.

Talk to someone

- A friend or family member.
- A telephone helpline, such as Samaritans.
- A health professional.
- Go somewhere you'll feel safe and with other people who feel safe.
- Go to the local Accident & Emergency department.
- Call local emergency number.

Take one step at a time

Distraction – do something else and focus your attention fully on what you're doing. This could be:

- Gardening.
- Household chores.
- Physical exercise.
- Reading.
- Watching TV.
- Learn something new.
- Helping someone else.
- Pay attention to nature.
- Spend time with friends or family.
- Listen to music.
- Stroke a pet.
- DIY.
- Feed the birds.
- Do Sudoku or a crossword.
- Do something creative like painting, knitting or playing an instrument.

Increase coping resources – longer term steps

Take action

- We can only change our situation by changing something about the way we think or what we do.
- Increase your activity.
- Get into a daily routine and stick with it – get up at the same time each day, go to bed at the same time and plan an activity during the day.
- Do things you enjoy.
- Set realistic goals.
- Write things down.

Look after yourself

- Eat healthily.
- Get regular exercise.
- Prioritise sleep.
- Treat physical or mental health problems.
- Avoid drugs and alcohol.

Maintain or improve relationships

- Connect and be with others.
- Call, text or email friends and family.
- Create new contacts – join a local support group or online discussion forums.

Those struggling can ask themselves:

- What in your life do you need to change or stop?
- What are the triggers?
- What does your support network look like and how can you communicate with them?
- What crisis services are available in your area?
- How often would you like people to check in with you about your suicidal thoughts?
- What do your suicidal thoughts show about how you're feeling and what you need?

Actively engaging with talking therapies is highly recommended to help people find hope.

Other things that may help include:

- Put together a mental maintenance personalised toolkit and reflect on it daily.
- Planning things for the future such as holidays and meeting with friends.
- Being gentle with yourself.
- Accepting that some days you will feel negative and that's okay.
- Creating boundaries to remove people or places that don't feel good from your life.

If you are having suicidal thoughts there is support available

For urgent support due to suicidal thoughts, please call 999 or go to A&E and ask to speak to the mental health liaison team.

If you need urgent help but your life is not immediately at risk, you should call the TASC 24/7 Ambulance Staff Crisis Line on 0300 373 0898.

You will be given immediate contact with a mental health counselling professional who will take whatever steps are required to keep you safe.

This will be followed by further sessions designed to help get you to a safe place alongside a long-term safety plan and recommendations for further support.

Search mental maintenance on Siren for more information, signposting and support available.

Please be aware that occupational health is unable to provide crisis support or emergency appointments.

Support from outside NEAS

Papyrus

A national confidential helpline for people under 35, or anyone worried about a young person at risk of suicide. The helpline is open 10am-10pm weekdays, 2pm-10pm weekends, 2pm-5pm Bank Holidays.
Call: 0800 068 41 41
Email: pat@papyrus-uk.org
Text: 07786 209697
Visit: papyrus-uk.org/hopelineuk/

Hub of Hope

A national mental health database which brings together organisations and charities, large and small, from across the country. This will enable staff members to locate local services within their area.
Visit: www.hubofhope.co.uk

Samaritans

All NHS staff in England can call a bespoke number between 7.00am and 11.00pm any day of the week for confidential support.
Call: 0300 131 7000
Text: FRONTLINE to 85258
Or call: 116 123 (free)
Email: jo@samaritans.org
Visit: www.samaritans.org

CALM – Campaign Against Living Miserably

CALM will listen and offer information and signposting. Calls are anonymous and confidential and won't show up on your phone bill. Calls are free from landlines, payphones and all mobiles.
Call: 0800 58 58 58 open 7 days, 5pm to midnight
Chat online: www.thecalmzone.net/help/ helpline

Switchboard LGBT+ Helpline

Provides a one-stop listening service for LGBT+ people on the phone, by email and through instant messaging. All volunteers are self-identifying LGBT+.
Call: 0300 330 0630, 10am-10pm every day
Email: chris@switchboard.lgbt
Online chat: https://switchboard.lgbt

Shout

The UK's first 24/7 text service, free on all major mobile networks, for anyone in crisis anywhere, anytime. It's a place to go if you're struggling and need immediate help.
Text: BLUELIGHT to 85258
Visit: www.giveusashout.org

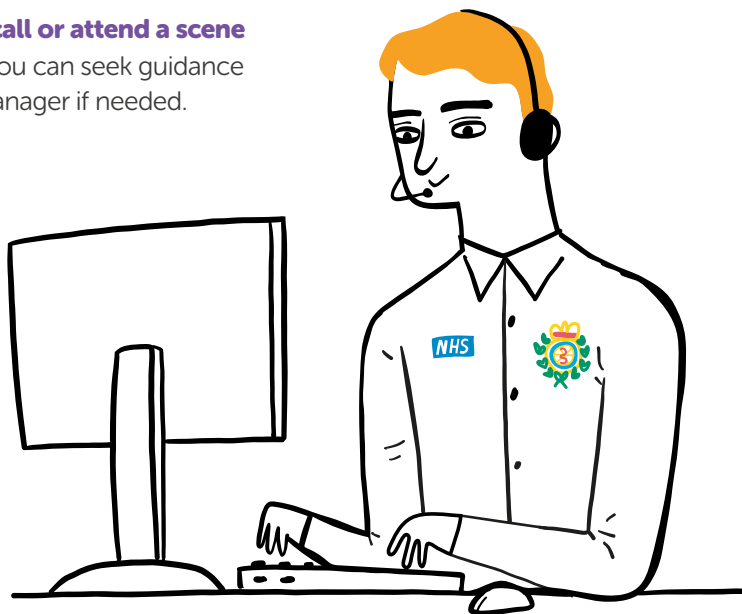
3

In the event of a colleague calling an emergency number, or for those attending the scene of a colleague's suicide, there are several steps we can take.

Colleagues who require medical assistance from our services are a patient and we should treat this information confidentially.

If colleagues have any concerns regarding their colleague around safeguarding and vulnerability, they should seek advice from their line manager who will discuss with safeguarding and HR to understand what steps should be taken.

If you receive a call or attend a scene of a colleague, you can seek guidance from your line manager if needed.



Following a colleague's suicide

managers will follow the death in service procedure and inform HR who is required to record death by suicide and to action any necessary support.

Trauma Risk Management (TRiM) may be appropriate after 72 hours.

Referrals can be made to Occupational Health. It's important to regularly check on colleagues and teams following a suicide.

4

Managers need to listen carefully to the needs of colleagues.

Some colleagues might be able to return to work quickly, whilst others may need more time to adjust.

A conversation about when the colleague anticipates returning to work may not be appropriate in the first few days of the bereavement.

It is okay for managers to acknowledge their own feelings regarding the loss of a colleague, and possibly speak about their own coping strategies and seek support themselves.

Managers should be sensitive to anniversaries, notable events and other major dates that might trigger reactions from colleagues.



Manager's response

The line manager will notify close work colleagues and handle the news with dignity and care. Speaking with colleagues in a sensitive situation such as this may include:

- Discussing the matter away from the busy workplace, in a private, quiet area.
- Speaking to particularly close colleagues individually, where possible.
- Allowing colleagues time to digest the news before returning to work.
- Offering a referral to occupational health, signposting to resources and encouraging colleagues to access support if they feel it would benefit.
- Keeping the news consistent from person to person and sharing the information the family are happy with.
- Committing to provide any further news from the family including funeral arrangements.
- Ask that colleagues avoid circulating the news until those closest have been made aware and the Trust has made communication on the colleague's passing.

Managers must be conscious of diversity within the workplace and the impact this may have. For example, time off to allow the employee to fulfil religious or cultural expectations such as mourning rituals.

Managers will refer to the death in service procedure for guidance on supporting colleagues and family members through a difficult and emotional time.

If you are concerned about someone's immediate safety, contact 999, one of the crisis helplines, the TASC staff crisis helpline, or schedule an emergency GP appointment.



Short-term considerations for managers

We understand that when a colleague dies or attempts suicide, there can be feelings of guilt or grief. The overall psychological health and safety of our workplace is of paramount importance.

- Following an incident of completed or attempted suicide within the workplace, colleagues should be aware of support available.
- It is important to bear in mind that some colleagues might be vulnerable.
- Support and promote healthy grieving. Talking about what has happened can be therapeutic and can assist with the recovery process.
- Ensure colleagues are kept updated with regards to ongoing investigations and ensure they are provided with up to date, meaningful and honest information.
- Some colleagues may want to attend the funeral of a colleague subject to family wishes. The Trust wherever possible will facilitate release for close colleagues to attend the funeral.
- Managers should be mindful that there is no 'one size fits all' approach to the healing process and every response needs to be tailored.
- Senior managers must not forget the welfare of other managers who are supporting their teams and colleagues.

Longer term considerations for managers

Local teams may want to plan and prepare for the inquest and how this may reignite individual grief and stress. Management teams should familiarise themselves of all support methods available. This may be particularly needed in the event of anniversaries and other milestone dates. Managers may want to consider arranging a group discussion to see how the affected team are coping with the loss.

It is important to remember to consider support for all those involved and increase welfare checks. If a colleague has been off sick for reasons relating to a suicide attempt/ bereaved by suicide, a robust return to work plan must be generated by the line manager, taking advice from HR and considering support from Trade Union representatives and Occupational Health recommendations if necessary.



5

Support for bereavement by suicide of a friend, family member or a loved one.

Many people bereaved by suicide may need more specific support, there are many options available:

Survivors of Bereavement by Suicide (SOBS)

Supporting people who have been bereaved by suicide.

Call: 0300 111 5065

Email: support@uksobs.org

Visit: uksobs.org

Support After Suicide Partnership

Provides resources for those affected by suicide, including suicide of people you don't know.

Visit: <https://supportaftersuicide.org.uk>

Cruse Bereavement Care

Information and support for people who have lost a loved one to suicide.

Visit: www.cruse.org.uk

Good Grief Trust

Helping those suffering with grief in the UK.

Visit: www.goodgrieftrust.org.uk

At a Loss

Ensures every bereaved person can find the support they require.

Visit: www.Ataloss.org

Papyrus Debrief Service

For professionals who have recently had an encounter with suicide and wish to talk it through with a trained professional.

Call: 0800 068 41 41

Text: 07860 039 967

Email: pat@papyrus-uk.org

Visit: www.papyrus-uk.org

SOS Silence of Suicide

A safe space to talk about losing someone we love. Every Tuesday evening from 7.30-9pm, there is a conversation on Microsoft Teams which gives people an opportunity to share with others who have been bereaved.

Call: 0300 1020 505, 4pm – midnight.

Email: contact@sossilenceofsuicide.org

6 Legal and governance.

Legal consideration

In the event of a suicide or suspected suicide, there may be requests from HM Coroner to provide written and verbal statements as part of a coronial inquest process. Support is available through senior managers and the Risk & Regulatory Services Team.

Governance

In the event of a death of a colleague by suicide, the suicide review group will evaluate these guidelines to ensure any identified learning is captured and subsequent improvements made.

Managers and HR are requested to share high level information respecting confidentiality to ensure the processes within these guidelines are relevant and effective.

As part of continuous improvement, the suicide review group will undertake a formal review no earlier than three months after a suicide to evaluate effectiveness of the process, death in service and family liaison process.

Search mental maintenance on Siren for more information, signposting and support available.

7 The mental health continuum.

A tool to self-reflect on your wellbeing.

The mental health continuum is a tool which helps us to think about our wellbeing and what actions we can take to improve it. The mental health continuum helps us to identify where our mental health is now.

Mental health is not an all or nothing concept—it can change often. Mental health is affected by lots of things, such as work, home life, bereavement, ill health and more. Even positive things can affect our mental health, like the pressure after getting a promotion or the stress of a house move. We will all experience difficulties at some point during our life. A continuum is used to show that we can move between the different states of wellbeing: thriving, surviving, struggling and crisis.

How do I use the mental health continuum?

You can use the mental health continuum alone or with others. Use the tool to answer the question “thinking about your wellbeing in the past week, do you feel...”

By looking at the different statements you can assess your wellbeing. You do not have to agree with every statement to fit into a category. For example, you may be thriving socially despite feeling you are in crisis overall.

When you have thought about where you fit best, take action using the coloured boxes at the bottom of the tool.

We all experience times when we struggle or reach crisis. It is ok to not be ok. Your loved ones, employer and professionals can help.

Thinking about your wellbeing in the past week, do you feel...

Some examples:

Shift check in

Mohammed and Claire are working together. At the start of the shift they check in to see where they are on the continuum. Mohammed is feeling green. Claire is feeling orange. Knowing how each other are doing helps them to work together. They talk about how Claire has had a difficult run of shifts affecting her sleep.

Appraisal

Zara line manages Paul. They meet to discuss Paul’s appraisal. Zara uses the mental health continuum to ask Paul how he is doing. Paul is able to reflect on his wellbeing. He has been thriving socially and doing well physically but notices that he can be impatient and struggle with stress. They agree a plan for him to engage in peer support.

Return to Work

Phil is returning to work after time off due to illness. Phil uses the continuum to think about how they are feeling. Phil notices that they have been struggling more than they realised. Phil decides to speak to their line manager. Together they decided Phil should talk to their GP and Phil makes a note to arrange an appointment at the end of the shift.

	Thriving	Surviving	Struggling	In crisis
Emotional	In good spirits with usual ups and downs Able to cope with the stresses of daily life.	Sometimes irritable, impatient, nervous or sad Mostly able to cope with stresses of daily life.	Often impatient, nervous or sad Coping with the stresses of daily life is often hard.	Angry, anxious, hopeless or always sad Overwhelmed by the stresses of daily life.
Psychological	Positive about life most of the time A sense of purpose in life most of the time. No thoughts of suicide or fleeting thoughts of suicide.	Positive about life some of the time Unsure about your sense of purpose in life. Some thoughts of suicide with no plans to act on these.	Negative about life some of the time Disinterested or a sense that life lacks purpose sometimes. Thoughts of suicide and some planning related to these.	Negative about life most of the time Disinterested or that life lacks purpose most of the time. Thoughts of suicide and active plans to act on these.
Social	Able to take part in social activities or hobbies as much as you’d like Supported by family, friends and colleagues.	Able to take part in social activities or hobbies sometimes Supported by family, friends and colleagues to some extent.	Rarely able to take part in social activities or hobbies Disconnected from family, friends and colleagues.	Mostly unable to take part in social activities or hobbies Withdrawn from or avoiding family, friends and colleagues.
Physical	Physically well for you Considering your shift pattern* you are able to get quality rest and sleep. Able to do as much physical activity as you’d like within your usual capability.	Mostly physically well Aside from any disruption caused by shift pattern* your sleep is disturbed sometimes. Able to do some physical activity within your usual capability.	Sometimes physically unwell Aside from any disruption caused by shift pattern*, it is difficult getting quality rest and sleep. Unable to do much physical activity within your usual capability.	Physically unwell Aside from any disruption caused by shift pattern*, you are unable to get quality rest and sleep. Unable to do any physical activity within your usual capability.
Addiction	You have not used addictive behaviours (e.g. alcohol, substances, gambling, food) to cope	You have rarely used addictive behaviours (e.g. alcohol, substances, gambling, food) to cope	You have sometimes used addictive behaviours (e.g. alcohol, substances, gambling, food) to cope	You frequently used addictive behaviours (e.g. alcohol, substances, gambling, food) to cope
	Maintain your wellbeing Connect with others. Be physically active. Learn new skills. Give. Be present in the moment.	Promote your wellbeing Actively engage in coping techniques and self-care and engage in peer support and clinical supervision. Reflective practice—what are your support needs?	Focus on your wellbeing Connect with your line manager, employee support services or GP. Talk about how you are feeling. Consider trying a new coping technique.	Prioritise your wellbeing Prioritise asking for support from employee support services, The Ambulance Staff Charity, your GP, or in an emergency 999 (you’re a person too, 999 is there for you).

*if you have one



North East
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