**Responding to Disclosures of Suicidality - Suicide Conversation Tool Process for Supporting Managers**

Note: whilst this whole document can be edited to fit your organisation, sections highlighted in yellow need particular attention to either be edited or removed, before formally introducing to your team.

Note: Text in red is instructions for you to consider as you are developing this document.

**Overview**

This document provides guidance to managers who are supporting team members, following the completion of the Suicide Conversation Tool. It forms part of (organisations) safeguarding processes. It should be used in conjunction with the **Suicide Conversation Tool Process** [**–**](https://derbyshirecountycouncil.sharepoint.com/%3Ab%3A/r/teams/ASCHLiveLifeBetterDerbyshire/Shared%20Documents/Urgent%20Concerns%20Only/Suicide%20Risk%20Tool%20%E2%80%93%20Guidance%20for%20HIW%E2%80%99s%20%26%20HIA%E2%80%99s_V1.pdf?csf=1&web=1&e=ahgV7V) **Guidance for the Team document, which** can be found (insert details of file location)

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# What is the Suicide Conversation Tool?

The Suicide Conversation Tool is designed to help non-mental health/clinical professionals have effective conversations with individuals who disclose suicidal thoughts and ensure appropriate action is taken.

Staff will use this tool when someone shares current thoughts of suicide during their contact with (organisation) and will then seek guidance from a manager on the next steps.

(Team members) have been trained to use this Tool through (details of training/support), alongside mental health and suicide prevention training.

This Tool helps staff have person-centred conversations about suicidal thoughts, aiming to reduce stigma, encourage people to seek support, and connect them with appropriate mental health services if needed.

# Where can I find the Suicide Conversation Tool?

The Suicide Conversation Tool Template can be found (insert details of file location)

# When will this guidance be used?

The Suicide Conversation Tool guidance will be used to support team members who have completed a Suicide Conversation Tool. It should be used with the **Suicide Conversation Tool** [**– Guidance for the Team**](https://derbyshirecountycouncil.sharepoint.com/%3Aw%3A/r/teams/ASCHLiveLifeBetterDerbyshire/Shared%20Documents/Urgent%20Concerns%20Only/Suicide%20Risk%20Tool.docx?d=w3f6f4c5e30454ef99e8a62ab6bf3d736&csf=1&web=1&e=2qk3aw) (insert details of file location).

Whilst it is the responsibility of the team member to complete the Suicide Conversation Tool with people disclosing suicidal thoughts, follow up actions to support or safeguard the person are the responsibility of (managers supporting process).

This SOP suggests appropriate follow up actions depending on what people disclose during the conversation. This should be used as a guide only; professional judgement & other variables may impact on the most suitable follow up actions required.

# What actions are required to support someone who has disclosed thoughts of suicide?

The support needed varies for each person. The Suicide Conversation Tool helps us determine the most appropriate support.

The Suicide Prevention Concern and Action Chart on the next page outlines suggested follow up actions, while the following pages provide more detail on the actions required by the team member and the supporting manager.

As a supporting manager, it is your responsibility to ensure the Suicide Conversation Tool is completed and all shared information is clearly documented.

You must also complete the ‘Supporting Manager Notes’ section at the bottom of the Tool, recording any agreed follow-up actions to support the individual.

|  |
| --- |
| Suicide Prevention Concern and Action Chart |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| **Thoughts of Suicide only\*** | **Thoughts of suicide & some level of intention to act** | **Clear intention to act on thoughts & plans or preparations in place to make a suicide attempt** | **Immediate risk to life** |
| Does not plan to act on thoughts.Have made no plans or preparations.States reasons to continue living e.g. family, pets, hope for future.Feel able to access support if thoughts of suicide intensify.\*This may include people with strong feelings of hopelessness, wishing to escape but not wishing to die. | Having thoughts of suicide but does not have concrete/immediate plan to act on these thoughts.May have considered how, where or when they may end their life.Able to identify/engage with safety plan to keep safe.Feels able to access support if thoughts of suicide intensify. | Informs that they have plans to end their life.May have prepared to end their life, for example, stockpiling medication, written suicide note.Does not feel that they will be able to keep themselves safe from thoughts of suicide. | They are actively trying to end their life whilst speaking to us or they have immediate plans to.For example, taken an overdose of medications or experiencing a strong urge to end their life imminently. |

|  |  |  |  |
| --- | --- | --- | --- |
| With person’s consent, update GP of the conversation.Support email & Urgent MH text to be sent. | GP or allocated MH professional to be informed.Support email & Urgent MH text to be sent. | Person requires urgent support from Crisis teams - via GP or allocated Mental Health Professional.Support email & Urgent MH text to be sent. | Immediate support required from emergency services – A&E or 999. |

**Level 1: Thoughts of suicide only\***

* Does not plan to act on thoughts.
* Have made no plans or preparations.
* States reasons to continue living e.g. family, pets, hope for future.
* Feel able to access support if thoughts of suicide intensify.

\*This may include people with strong feelings of hopelessness, wishing to escape but not wishing to die.

**Actions for Team Member**

* Inform management team that you have completed the Suicide Conversation Tool with the person.
* Send ‘Mental Health Support Signposting’ email to person via email (or letter if requested) to the person.
* Send Urgent Mental Health Support text to the person.

**Actions for supporting Manager**

* Review completed Suicide Conversation Tool within 1 hour.
* Follow up with team member to confirm you have reviewed/seek further information if required.
* With person’s consent, complete ‘GP Risk to Self’ template and send to GP email address.
* Complete the supporting manager’s notes section on the Suicide Conversation Tool to confirm appropriate action has been taken.
* Record visibly on person’s record ‘Suicide Conversation Tool completed with person on (date)’.

**Level 2: Thoughts of suicide & has some level of intention to act**

**Actions for Team Member**

* Inform management team that you have completed the Suicide Conversation Tool with the person.
* Send ‘Mental Health Support Signposting’ email to person via email (or letter if requested) to the person.
* Send Urgent Mental Health Support text to the person.
* Inform the person that you will share this information with their GP/CMHT and they will receive further support

**Actions for Supporting Manager**

* Review completed Suicide Conversation Tool within 1 hour.
* If person is supported by IAPT services, VCSE mental health services, or has no MH support → **Contact GP during the same working day.** Request for GP to contact the person regarding concerns of suicidal ideation. Complete the ‘GP Risk to Self’ template and send email to GP.
* If the person is supported by CMHT → **Contact CMHT during the same working day** to provide an update on the level of safety concern.
* Complete the supporting manager’s notes section on the Suicide Conversation Tool to confirm appropriate action has been taken.
* Record visibly on person’s record ‘Suicide Conversation Tool completed with person on (date)’.
* Person is experiencing thoughts of suicide but has no concrete/immediate plan to act on these thoughts.
* May have considered how, where, or when they may end their life.
* Able to identify/engage with safety plan to keep safe.
* Feels able to access support if thoughts of suicide intensify.

**Level 3: Clear intention to act on thoughts & plans or preparations in place to make a suicide attempt**

* Person informs that they have plans to end their life.
* They may have prepared to end their life, for example, stockpiling medication, written suicide note.
* The person does not feel that they will be able to keep themselves safe from thoughts of suicide.

**Actions for Team Member**

* Inform management team that you have completed the Suicide Conversation Tool with the person.
* Send 'Mental Health Support Signposting' email to the person via email (or letter if requested).
* Send Urgent Mental Health Support text to the person.
* Inform the person that you will share this information with their GP/CMHT and they will receive further support.

**Actions for Supporting Manager**

* Review completed Suicide Conversation Tool within 1 hour.
* If person is supported by IAPT services, VCSE mental health services or has no MH support → **Contact GP ASAP**. Request for GP to contact the person regarding concerns of suicidal ideation. Complete the ‘GP Risk to Self’ template and send email to GP surgery.
* If the person is supported by CMHT → **Contact CMHT ASAP** to provide update on level of safety concern.
* Contact the person to advise who will be in contact to support them and ensure they are aware of where to seek support whilst they are awaiting further contact.
* Complete the supporting managers notes section on the Suicide Conversation Tool to confirm appropriate action has been taken.
* Record visibly on person’s record ‘Suicide Conversation Tool completed with person on (date)’.
* Record visibly on person’s record ‘Suicide Conversation tool complete with person on (date)’.

**Level 4: Immediate risk to life**

Person has informed they are actively trying to end their life whilst speaking to us or they have immediate plans to.
For example, the person has taken an overdose of medications or is experiencing a strong urge to end their life imminently.

**Actions for Supporting Manager**

* Contact team member urgently by calling on mobile/MS Teams to listen into conversation with person.
* Using an additional device, call 999 to request police support (and ambulance support if needed).
* Request urgent support from emergency services for immediate risk to life.
* Communication with the team member e.g., via Teams chat/email/note pad to elicit person’s details (record ID), location, and description (if possible).
* Continue to support and reassure the team member until emergency services arrive.
* Request incident number from emergency services.
* Complete the supporting manager's notes section on the Suicide Conversation Tool to confirm appropriate action has been taken.
* Record visibly on the person’s record ‘Suicide Conversation Tool completed with person on (date)’.

**Actions for Team Member**

* Keep the person on the phone (or with you if face to face).
* Reassure the person that you are listening and can seek help.
* Request urgent support from a manager.
* Follow guidance from the supporting manager and try to confirm the person’s location, actions they have taken (& physical description if possible).
* Once emergency services have arrived, end the phone call and ensure conversation with the person has been clearly documented.

# How does the process differ outside of normal working hours?

The team member will attempt to contact the on-call manager for support needed outside of normal working hours.

  **- Non-urgent risk** – Follow the above guidance. If you need to speak to a mental health professional urgently, contact the DHCFT clinician helpline on 01246 932350 for advice. This helpline is for healthcare professionals only, in relation to supporting people who are in mental health crisis (i.e. at risk of harm or death). This number **should not** be given to clients.

- **Urgent Risk** – follow the steps outlined at Level 4 of the Concern and Action Chart

# How do we respond if someone discloses thoughts of suicide/risk to self via text/email?

Any text messages or emails received by a team member which suggest concerns around someone’s mental wellbeing will be reported to a supporting manager as soon as possible.

**If the person is currently being actively supported by the organisation**

The staff member reporting the text or email, and the supporting manager should decide together who is best suited to contact the person and guide them to appropriate services.

Typically, line managers handle call-backs, but in some cases, the staff member may be better placed to do so based on their relationship with the individual. If that’s the case, the staff member can make the call with management support.

**If the person is not currently being actively supported by the organisation**

Respond by sending theMental Health Support Signposting Emailor sending the following text message (adjust as needed) ‘‘Thank for your text. We are sorry to hear that things are feeling so hard at the moment/It sounds like things are feeling tough for you at the moment. Unfortunately, we are not able to offer ongoing text message support/mental health support. If you would like to receive further support from (Organisation) with (X) please contact us on X. Or if you need support with your mental health, please call the Derbyshire Mental Health Helpline & Support Service on 0800 028 0077 (or NHS 111, select option 2).’’

**\*Please note that if you feel that someone is at immediate risk of harming themselves, regardless of whether they are/aren’t being currently supported by the organisation, urgent support should be sought for the person concerned, by calling 999/supporting them to attend A & E.**

# How does the process differ when team members are responding to concerns raised in person?

The Suicide Conversation Tool process mainly focuses on supporting people who disclose thoughts of suicide over the phone. However, people may disclose concerns around their safety to team members delivering services in the community.

Any team members working out in the community should be directed to the ‘‘How does this process differ when I am working out in the community?’’ section of the Suicide Conversation Tool [–](https://derbyshirecountycouncil.sharepoint.com/%3Ab%3A/r/teams/ASCHLiveLifeBetterDerbyshire/Shared%20Documents/Urgent%20Concerns%20Only/Suicide%20Risk%20Tool%20%E2%80%93%20Guidance%20for%20HIW%E2%80%99s%20%26%20HIA%E2%80%99s_V1.pdf?csf=1&web=1&e=daLd7Y) Guidance for the Team (link to this document once you have edited it).

The below documents have been created to support team members who are working out in the community. Please support your team members to ensure they have physical copies of these documents.

* Face To Face Suicide Conversation Tool Prompt.pdf
* Mental Health Support Signposting Information.pdf

(Link to these documents once you have edited them to fit your service).

If the person disclosing concerns is not someone you have a record for on your database, the person should be encouraged to contact their GP & provided with appropriate signposting resources/leaflets.

If the person is actively being supported by the *(organisation),* ateam member should attempt to speak to the person in a confidential space and utilise the Suicide Conversation Tool as appropriate, to navigate the conversation. The team member will then contact a supporting manager for further support as per normal process.

**In all cases - if a person is experiencing a mental health crisis during face-to-face contact with a team member, the team member will attempt to seek support from another person nearby & contact the emergency services or seek support from manager via the telephone if this is not possible.**

# Where can I seek additional support if needed to respond to concerns raised by team members?

If you are unsure what advice to provide to a member of the team who has completed the Suicide Conversation Tool, please reach out to another member of the management team for additional support.

If you do not have capacity within your working day to action required follow up action, please seek support from the team member who has completed the Suicide Conversation Tool or from a colleague within the management team.

If you are unable to contact a colleague, for example, outside of normal working hours, you can contact DHCFT clinician helpline on **01246 932 350** for advice. This helpline is for healthcare professionals only for patients who are in mental health crisis (i.e. at risk of harm or death). This number **should not** be given to clients.

# What other support documents are available?

**(Once you have edited these documents to fit your service, use hyperlinks for people to find the following documents)**

* Suicide Conversation Tool [–](https://derbyshirecountycouncil.sharepoint.com/%3Ab%3A/r/teams/ASCHLiveLifeBetterDerbyshire/Shared%20Documents/Urgent%20Concerns%20Only/Suicide%20Risk%20Tool%20%E2%80%93%20Guidance%20for%20HIW%E2%80%99s%20%26%20HIA%E2%80%99s_V1.pdf?csf=1&web=1&e=daLd7Y)  Guidance for the Team
* Suicide Conversation Tool Training Template (PowerPoint)
* Mental Health Support Signposting Email
* GP ‘Risk to Self’ Email Template

What wellbeing support may a team member need after completing the Suicide Conversation Tool?

Having conversations about suicide can be emotional. In addition to the support you and the management team provides, ensure all staff are aware of the wellbeing support options available to them. This includes supports within the organisation, and those available locally and nationally.

Useful Contacts

 Community Mental Health Teams (Available Mon-Fri 9am-5pm)

|  |  |
| --- | --- |
| **Community Mental Health Team**  | **Contact Number**  |
| High Peak   | 0300 123 3374  |
| North Dales   | 0300 123 3373  |
| Killamarsh & Chesterfield North   | 0300 123 3370  |
| Chesterfield Central   | 0300 123 3372  |
| Bolsover & Clay Cross   | 0300 123 3371  |
| Amber Valley   | 0300 123 2673  |
| South Derbyshire & Derbyshire Dales South   | 0300 123 3376  |
| Erewash   | 0300 123 3375  |
| Derby City   | 0300 123 4011  |

* + Derbyshire DHCFT clinician helpline - 01246 932350 (open 24/7) – to be used outside of Mon-Fri 9am-5pm
	+ Derbyshire Mental Health Helpline & Support Service - 0800 028 0077 (open 24/7) or call NHS 111, select option 2.

\*\*Urgent Mental Health Concerns Text Message Template

**‘‘If you are in immediate danger of serious harm and you need immediate medical help, call 999 or attend your local A and E.’’**