

# Mental wellbeing & suicide prevention

## Webinar Q&As

### **What would be examples of the 20% of unpreventable suicides?**

There are circumstances where someone has made a decision that they do not want to continue their life and they do not share this information with anyone else. They may be good at masking how they feel and may enact a plan for suicide without talking to anyone. These cases are in the minority and research shows that most people do give some signs they are thinking of suicide, even if they do not mean to. We can learn how to spot the signs.

### **Do you know how many attempted but thankfully unsuccessful suicide attempts there were, or are these not recorded?**

We do not – as many will be unrecorded. Suicide research (see World Health Organisation, Samaritans and PAPYRUS for various studies) suggests that 25 times the number of people who die by suicide, attempt suicide

### **What is your advice/ views on how (if at all) to approach a conversation with someone you think may consider suicide, but won't discuss it (or even discuss the notion anything is wrong) and wouldn't approach someone for help e.g. the Samaritans?**

This is very difficult – and sometimes, we do have to respect a person's right to self-determination, and to privacy. If we suspect there is an immediate risk of harm then we have a duty to seek professional help (phone the crisis team or 999 for help/advice), whether they want help or not – and explain to the individual why you have to do this. If there is no risk of immediate harm, let the person know that you care, try to share some useful resources with them and let them know you will check in on them again. I would advise to also talk to someone else yourself (ideally without breaking confidence, but this may depend on context) – this is not a burden you should carry alone.

### **How do you train to be a Mental Health First Aider?**

MHFA England are the leading mental health first aid training organisation in England (and globally), and the only form of mental health first aid training that is recognised by the Royal Society for Public Health. MHFA England have a network of highly trained and qualified trainers, who are accredited to deliver their training on their behalf. Mental Health in Business (my business) is a leading provider of workplace mental health training, education and support and we are accredited to deliver MHFA England mental health first aid training (on behalf of MHFA England), as well as other MHFA England products and Suicide First Aid products. We are prolific MHFA trainers, are delegate feedback is exceptional, and I am happy to discuss your requirements and how we may be able to help.

**Most of my team suffer with mental health issues. I am deputy manager and a woman - the manager is male. My staff team is 90% woman. I tend to find they all come to me and I have a lot of pressure to cope alone and support peoples suicide thoughts as well as mental health breakdowns. MHFA is definitely something I need to look at. I suffer myself with depression and anxiety stemming from post-natal depression. I always put this aside to help others cope.**

Thank you for sharing so vulnerably. Please feel free to email me on [claire@mhib.co.uk](mailto:claire@mhib.co.uk) to arrange to discuss privately if you wish. To respond as best I can without further details, please do not compromise your mental health and wellbeing in order to support others – it is vitally important that you do not carry the burden of your teams' wellbeing, alone; and that you are appropriately supported. If there is a high rate of mental ill health within the team it is important there is appropriate help and support available, as well as a framework to ensure that any risks are identified, managed and escalated as appropriate. We will be happy to provide some guidance and help.

**Thank you for this helpful and timely session. Please could you discuss how best to support a colleague who has experienced a family suicide?**

The best way you can support your colleague is to talk with them openly and honestly – and to ask them what they need. The stigma around suicide often means that people avoid talking about it – this is extraordinarily painful when one has lost someone to suicide. If you can, find a way to let them know that you are a safe person to talk to. Don't avoid the subject. In my experience, I still wanted to talk about the person I loved – and the shame, guilt, and stigma can be such a barrier to this. If you can create an opportunity for them to talk about the person they lost (what they loved about them, experiences they had etc, rather than focussing on the loss) – this can be very supportive. And – ask them what they need, and how you can support them.

**Doesn't the 80% statistic just cause those who have lost loved ones to feel huge amounts of guilt for not stopping them?**

I know first-hand the guilt that is experienced when we lose someone to suicide. We only know what we know at the time – and we do the best with what information we have at the time. For me – I know that the clock cannot be turned back – and I derive some comfort and hope in the knowledge that we can learn to spot the signs (sometimes, and not always) and by better equipping myself, I can help others.

**My experience of mental health issues and potential suicide ( amongst teenagers in particular) is that there are no professional resources available at the point they are needed and that it takes way too long to mobilise support so the people thinking of suicide go beyond help and feel even further let down and alone and move closer to acting on their thoughts as the only way out.**

There are resources and help available to help adults and children and young people. It is true that resources are stretched, and there are some barriers to getting access. It is important that we, collectively, aim to increase awareness and education as to all the options (ie all the different forms of help available) and how they can be accessed. The resource pack attached may be useful – and much of the work that we do within organisation is about educating people about the help that is available and also empowering people to engage fully in their own wellness.

**How do you help someone who has suffered loss and redundancy within a short space of time and is feeling lost?**

Without knowing the full details it is difficult to give specific guidance. Broadly speaking, having two major losses like this, may be a high risk situation. I would want to ensure that the person has as much support as possible in place, all around them (GP, friends and family, workplace support) and to encourage them to keep talking about how they are feeling. Keep in touch if you can / if that is appropriate – loss can bring a deep sense of isolation.

**You mentioned signposting to a Doctor - with the difficulty with appointments waiting lists etc, are Drs able to help quickly enough?**

This varies from one area / surgery to the next, so it does depend on what is happening locally / at a specific surgery. However – there are other routes available to access help. You can self-refer via the IAPT service (google, IAPT and where you live) and also, in a crisis, you can contact your local mental health urgent care assessment team/crisis team.

**Is there clear signs from when someone is crying for help by saying they "Considering Completing Suicide", to then actually being in the mindset were they will actually complete the act of suicide**

The only way to know is to ask, clearly and directly.

**Are there any limits on who the presentation/materials can be shared with? ie can it be shared to employees?**

None whatever – please share widely

**What can you do when the person who had expressed suicidal thoughts, does not want to seek help? Will not reach out to GP, mental health professionals, does not want to talk to any support...**

Sometimes we have to respect a person's right to self-determination and right to privacy. Unless you have a concern that there is an immediate risk of harm, or risk to life, you may have to step back and let the person know you care and are there for them if they need help.

If there are any doubts at all about whether the person is safe, or can keep themselves safe – you should get immediate professional help (call emergency services and/or the mental health urgent care assessment team/crisis team – and let the person know that you are doing this.

**I am aware of a manager who has an employee in their team who regularly talks about mental health, self-harm or suicide. They spend a lot of time with the employee but feel very responsible. I can see this is taking a toll on them. How can we support the manager in this position to comfortably not take on responsibility for the persons actions/thoughts whilst still supporting them?**

It is important to ensure that the manager is fully supported so that the situation does not become too much for them to cope with. This is not something that the manager should continue to carry alone, so they should encourage the individual to get more support in place around them (while reassuring them that they are still there for them), and the organisation should be proactively doing this too (are there mental health first aiders? Can the HR team also support? Is the person seeking professional help? Is there a wellness action plan in place?).



**The issue we have is that we do not have enough specialists in this area, it's very frustrating when you have supported and signposted someone to the mental health crisis team and they are not available, then they do take their own life...we need more mental health professionals. Unfortunately this is only going to get worse. I am a MHFA and sign post if suicide is imminent to the emergency services, then they are released after a few days, they feel they haven't been supported.**

I am sorry if this is something that you have experienced. It is very difficult if it feels that there is no help available, or if there are unnecessary barriers to getting help.

AND – as mental health first aiders there is a lot we can do to educate people on ALL that IS available. Please research what is available in your local area and equip yourself with as much information as possible as to everything that is available in your organisation (eg – is there an EAP? What does it cover? How do people access it?).

**If anyone has any further questions or anything they would like to discuss further**

Please get in touch with Claire Russell via email using - [claire@mhib.co.uk](mailto:claire@mhib.co.uk)

Or visit Claire's website - <https://mhib.co.uk/> - for information on mental health and wellbeing in the workplace and how to train as a mental health first aider.

