



Survivors'
Network

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Guidance for Supporting Suicidal Clients

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At Survivors' Network, we feel it is important to have open conversations about suicide between staff, volunteers and clients as it is a significant feeling that many of our clients' experience. At Survivors' Network, we believe in empowerment and working alongside our clients to support their healing. We respect and trust in them that they are the absolute experts in their experiences.

The nature of sexual violence and abuse is to aim to remove all power from the survivor. Survivors' Network works to actively avoid the removal of power from our clients. It is our policy not to automatically break confidentiality if an adult client discloses thoughts about taking their own life, but to work closely with the client in order to ensure that they remain as in control of the situation as possible at all times. This must be balanced with our legal obligations and, as such, it may at times be necessary to take action without the direct consent of a client. We will, however, avoid this wherever possible. We need to be able to demonstrate that we have carefully considered the client's right to autonomy and confidentiality against the risk of suicide presented.

If a member of staff feels that despite talking things through, the client remains at immediate risk to themselves and is unwilling or unable to consent to the disclosure of information to a third party, it is important that the staff member acts on their concerns quickly and appropriately.

Within this philosophy we recognise that all staff and volunteers have a duty of care to clients who are intending to harm themselves, especially young people under the age of 18 or adults with increased vulnerability. Where staff and volunteers have concerns for clients who can be defined as under the age of 18 or as a vulnerable adult, reference should also be made to our Child Protection and Safeguarding Policy, and our Protection of Vulnerable Adults Policy.

Supporting clients who have dependants with them

Where a client is having suicidal thoughts and an intention to act on these thoughts, and they have dependents with them, either in their home or elsewhere, then please refer to the Child Protection and Safeguarding Vulnerable Adults policies and ensure that you take action in order to safeguard the child/vulnerable adult as a priority.

Training and Support

We recognise that suicide is a complex issue for clients, staff and volunteers and that is an issue about which many people have strong responses, and that this is usual. All new staff at Survivors' Network must undertake ASIST training within the first 6 months of starting work with us. The volunteer training includes a section about supporting suicidal clients and all volunteers who support clients must attend this training as part of the recruitment process. It is essential that staff and volunteers feel as supported as possible within this issue and the board of trustees are committed to regularly reviewing this policy and to acting on the feedback from staff, volunteers and clients regarding this policy.

Supporting Clients

During the course of supporting clients at Survivors' Network, we routinely ask clients about any suicidal feelings they may have and many of our clients express currently having, or having previously had suicidal thoughts. In these instances, we recognise that suicidal thoughts can be part of processing trauma and we would offer the client the opportunity to explore these thoughts and to look at planning for their safety.

If a client is talking about suicide but does not have an imminent plan, then we will discuss referring to mental health services or supporting the client to make an appointment with their GP. Try to include the client in any referrals regarding them if at all possible, and try to support them to take the actions around getting support. After a supportive conversation with exploration of the issues, it may be that no further action is needed at this stage.

Please ensure that you keep a written record of your conversation at the earliest opportunity.

We would not automatically pass on information about any clients' suicidal thoughts.

If as part of these discussions, the client expressed an intention to end their life, and had a plan as to how this would happen, then please refer to the guidance contained within this policy.

Please refer to this guidance irrespective of whether the client tells you of their feelings and intentions/plans directly, or they are saying things that lead you to believe or infer that they have a plan to act.

If possible, engage the client to find out more information about their plans and intentions, although this is not always possible, particularly where the client disengages from a phone or text conversation.

Though we would encourage a client to stay and discuss their experience and feelings further, we would not prevent a client from leaving the building if this conversation was happening face to face.

Guidance for supporting children and young people age 17 and under and vulnerable adults

Children and Young People are especially vulnerable and we must always act to protect them from harm. Where a client is age 17 and under and the client expresses a suicidal intention and has a plan, we must always act to share this information. If there is an imminent risk to the client's life, please call police/ambulance. If there is a plan but no immediate intention, please make a safeguarding referral or contact the client's social worker or another professional involved in the client's life, if appropriate. If safe to do so, inform the child or young person's parent or carer.

Please make every effort to include the client in this process if it is at all possible unless you feel that doing so will increase their danger.

When working with CYP or vulnerable adults, if a worker can demonstrate to a manager that sharing information would compromise a therapeutic relationship and is likely to cause increased harm in the longer term, then the decision not to share will be supported.

Where the child is engaged in the CISVA process and the worker feels that it is necessary to share information about suicidal thoughts where the young client does not have a plan, then this decision making will be supported.

Please ensure that you keep a written record of your conversation and decision making at the earliest opportunity.

Guidance for supporting an adult client who expresses an intention to end their life and has an imminent plan and we do not have their contact details

Where we are contacted by a client who expresses an intention to end their lives, and they have a plan and an imminent intention to act upon the plan, then we will explore their feelings using the ASIST techniques.

We should thank the client for sharing this information and for reaching out and let them know that we are worried about them and would like to contact the emergency services to check on them, but we recognise that we are not able to do that without them sharing information about their location. If the client does not agree to share this information, then we can still continue the conversation and then revisit this concern if it feels appropriate. If the client will share their contact details and location, contact the emergency services on another line whilst keeping the client engaged. If this is not possible, then take the clients number and call them back after having called the emergency services.

Disclosing information without the explicit consent of the client requires consideration and the ability to clearly state the rationale for your actions in such situations. Please ensure that you keep a written record of your conversation and decision making at the earliest opportunity.

Guidance for supporting an adult client who expresses an intention to end their life and has an imminent plan and they are known to the service.

Where a client is known to our service, and we have contact details for the client and they disclose that they have an intention to end their life, they have a plan and intend on acting on it, then we have a responsibility to act to follow up on their intentions.

If a member of staff feels that despite talking things through, the client remains at immediate risk to themselves and is unwilling or unable to consent to the disclosure of information to a third party, it is important that the staff member acts on their concerns quickly and appropriately.

We should communicate with the client in order to let them know that we are worried about them and we should let the client know that we intend to contact the emergency services. We will always seek to inform them of this, unless we feel that passing on this information will significantly increase the level of risk. Before contacting emergency services, ask the client for their location, and it may be useful to have a description of what they are wearing if they are in an outdoor location. Please contact the emergency services on another line whilst keeping the client engaged. If this is not possible, then take the clients number and call them back after having called the emergency services.

We will never be able to anticipate every situation in which an SN team member may be supporting someone with suicidal feelings, which is why staff are not expected to make decisions in isolation, are expected to discuss the risk and possible next steps wherever possible and will be supported in making defensible decisions, based on their assessment of risk, reference to relevant policies, and knowledge in this area.

Where a worker or a volunteer have been affected by suicide, whether completed or not, Survivors' Network will work closely with the individual affected to ensure that they receive increased levels of support and supervision.

Please ensure that you keep a written record of your conversation and decision making at the earliest opportunity.

Additional considerations for specific situations

Where contact is made via intermittent text/email/phone call that is cut off

In a text/email communication, we will seek to establish contact with the client by calling (if safe to do so). We then follow the process above. If we cannot establish contact at this stage, the worker will express their concern via the method of communication used by the client, advising that they will need to alert statutory services (e.g. if the client has a mental health worker, or by calling 111/999), encouraging the client to get in touch to talk over their thoughts about this. If a helpline call ends where the client had been expressing an intention to end their life, and the workers have access to the clients phone number, they should attempt to call the client back to continue the conversation.

Where a client expresses a plan to end their life on leaving the session

In a session, if a client expresses intention and a plan to end their life upon leaving, but does not want us to pass this information on and will not tell us where they are going, we follow the above procedure and advise that we will be contacting emergency services with the information we have, and their current description. We will never obstruct a client from leaving the premises.

As ever, if the worker's assessment, (in discussion with others) is that the risk of suicidal completion may be better managed by maintaining confidentiality, as this better assists the client's engagement with the service, and ongoing exploration of these feelings, then this decision making will be supported.

Additional Guidance for Volunteers supporting a Drop-in session

If a client discloses during a Drop-In session that she is suicidal, she will be encouraged to speak to a volunteer 1-1. Safe TALK will be used to help explore her feelings and options. She will be signposted to the Samaritans.

If she discloses that she has taken steps to end her life i.e. taken pills medical assistance will be called, ideally with her consent but if the client does not consent emergency services will still be called. Staff members and volunteers are not able to accompany clients to Accident and Emergency.

If a client states she has a plan and will end her life after leaving the drop-in she will be encouraged to speak to a volunteer 1-1. Safe TALK will be used to help explore her feelings and options and she will be signposting to Samaritans. If the client remains sure she will end her life after she leaves SN, volunteers should inform the client they will call emergency services and do so immediately, ideally with the client's consent. If the client does not consent emergency services will still be called. Volunteers should also inform the on-call manager at the earliest opportunity. If the client leaves the drop-in, volunteers should not attempt to stop them. Volunteers can call emergency services and give a description of what the service user was wearing etc. Staff will attempt to contact the client the following day.

Staff members and volunteers are not able to accompany service users to Accident and Emergency. Please ensure that you keep a written record of your conversation and decision making at the earliest opportunity.

Additional guidance for therapists supporting an adult client who expresses an intention to end their life and has an imminent plan and they are known to the service, within a counselling session.

Where a client is known to our service, and we have contact details for the client and they disclose within a counselling session that they have an intention to end their life, they have a plan and intend on acting on it, then we have a responsibility to act to follow up on their intentions.

The counsellor will communicate to the client that they are worried about them and they should let the client know that they will escalate this to the Therapeutic Services Manager or the On-call Manager, if the former is unavailable, with the intention of contacting the emergency services if they feel the client remains at risk after the session. The counsellor will always seek to inform clients of this and involve them in the process, unless the counsellor feels that passing on this information will significantly increase the level of risk.

If the client discloses that they have taken steps to end their life, assistance will be called, ideally with their consent. If the client does not consent, emergency services will still be called. Counsellors are not able to accompany clients to Accident and Emergency.

If a client states they have a plan and will end their life after leaving the session and the building, the counsellor will engage in safety planning with the client. If the client remains sure they will end their life after leaving the building, the counsellor should inform the client they will call emergency services and do so immediately, ideally with the client's consent. If the client would benefit from the counsellor contacting their GP to inform them of any actions being taken to ensure their safety, the counsellor may do so in their presence and encouraging the client to talk with the GP in their presence. If the client does not consent emergency services will still be called. If the client chooses to leave the building, we would not prevent them from doing so.