

# DRAYTON PARK WOMEN'S CRISIS HOUSE

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Suicide prevention strategies

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# Referral and Assessment

- At referral, first contact asking directly if someone is a risk to themselves ‘do you have thoughts or feelings about hurting yourself?’
- Be curious, explore this with the referrer/person what does it mean to the person?
- Are they fleeting thoughts?
- Have they harmed themselves before, how recently?
- What methods have they used, how serious were the actions they took?
- Do they have a plan right now of the method they would use?

# Assessment

- At assessment , face to face conversation
- Exploring this more....
- What is the context of the suicidal feelings
- Is there drug and alcohol use
- Are there any protective factors
- Does the person say they want to be stopped
- Are the words they are saying congruent to the non verbal communication
- Impulsivity

# Safety Planning

- Psychological containment
- Agree realistic support that can be offered
- Make a contract/agreement of the work together
- Regular validating contact, 1- 1 sessions, telephone contact, activities, bear with the overwhelming feelings
- Alternatives to drugs and alcohol
- Exploring underlying issues , acknowledge abusive experiences.
- Regulate sleep and diet, this builds strength and ability to think as well as feel.

# Brief therapy techniques

- Using scales

i.e. 'on a scale of 1 -10 , 1 being the worse and 10 being the best, where would you rate yourself'

This helps to give some structure to the thoughts and feelings.

Explore what the rate means and imagine what it would be like to go up one point on the scale.

What would it look like , how can we get to that point.

Imagine a day when you do not feel suicidal, what would it look like, feel like. This is not as easy as it sounds, need training/supervision so the person doesn't feel the very real feelings and impulses are not taken seriously.

# Medication/ talking therapy

- Antidepressants -
- Sleeping tablets
- Anxiety management PRN
- Alternative remedies
- Complementary therapies ( stress project)
- Counselling
- Therapy/group support. ( weekly DP group)

# Pre and post risk factors

- Consider the presenting risks throughout interventions.
- Keep checking in and reviewing level of thoughts and feelings
- Team work, reflections on your thoughts, feelings and actions. Are you satisfied that the plan is the best it can be?
- Impact of antidepressants
- Level of awareness/insight can increase risk
- Are protective factors still in place
- Relapse of using drugs and alcohol
- Follow up plans, crisis management, consistent and validating contact for agreed period of time.

# Risk

- Managing risk aims to prevent harm to self, harm from others and harm to others.
- Risk cannot be eliminated but effective communication, respectful and empowering service intervention and offering choice and options, does help to minimise and protect many people from harm.