



SUICIDE PREVENTION & ASSESSMENT AIDE-MEMOIRE

The following guidelines apply to all police officers and staff when dealing with persons suspected to be at risk of suicide. They are not intended to be either rigidly applied or exhaustive, as each circumstance must be considered in its own context and on its own merits, and officers will still be required to make dynamic risk assessments and relevant professional judgements.

Initial response:

DO	DON'T
Make yourself approachable	 Place yourself or anyone else in danger
• Try to build rapport (express concern, use open questions and an active listening style)	 Dismiss suicidal threats or dare a person to carry them out
 Allow them to vent their anger and concerns 	 Promise to carry out final demands or requests
 Ask directly about suicidal thoughts and plans 	Be judgmental or hostile
 Take threats seriously at all times 	Be afraid to mention suicide

If the person is in close proximity to lethal means of suicide and appears to be at immediate risk:

- Reduce immediate danger by preventing access to lethal means of suicide
- Call a trained negotiator through the Emergency Communications Centre
- Establish a cordon to keep spectators away
- Alert the Ambulance Service
- Ask for a supervisory officer to attend the scene
- Follow the first response guidelines until a trained negotiator arrives to the scene and has been fully briefed

In all other circumstances:

1. Make relevant background checks

- Does the person have a known history of self-harm or attempted suicide?
- Are they on a PIER management plan?
- Do they have a criminal record?
- Have they been recently released from prison?
- Are they a missing person?
- Is there any other information about them on the system suggesting a vulnerability to suicide?

2. Carry out a risk assessment (responses are required to all questions)

High-risk indicators are in red print

- 1. Do you have thoughts about harming yourself?
- 2. Are you thinking about suicide?
- 3. Do you have a specific plan to kill yourself?
- 4. What methods have you considered?
- 5. Do you have access to any of these methods?
- 6. Do you have a date or place in mind?
- 7. Have you even self-harmed or attempted suicide in the past?
- 8. Has anyone in your family died by suicide?
- 9. Has anyone in your family died by suicide on the railways?
- 10. Are you suffering from mental health problems?
- 11. Have you suffered from mental health problems in the past?
- 12. Have you had ever contact with mental health services or seen your GP in relation to psychological or psychiatric problems?
- 13. Are you taking any medication for mental health problems?
- 14. Do you have a problem with drugs or alcohol?
- 15. Have you been drinking in the past few hours?
- 16. Are you experiencing particular difficulties in your life or struggling to deal with difficult past events (e.g. bereavement, divorce, running away from home)?
- 17. Do you have friends or family you can turn to for help?
- 18. Do you feel that the future is hopeless and that things cannot improve?

3. Establish the person's level of risk and take appropriate action

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Level of risk	Key assessment information	Action required
Standard	 Despite evidence of a potential vulnerability to suicide, the individual concerned presents factors protective against suicide and appears to have no plans or thoughts relating to self-harm or suicide The person may have already self-harmed, but regrets doing so and has no plans or thoughts relating to further self-harm 	 Open a PIER plan in the case of prolific hoaxes or if the person is under the age of 18. Consider: Leaving the individual in the care of a supportive friend or relative Advising them to seek further help through their GP, social worker or mental health liaison team Contacting their GP Advising and/or facilitating contact with Samaritans Providing information about further sources of advice and support
Moderate	 Despite presenting clearly identifiable risk factors, the individual concerned appears to have no immediate thoughts or plans to self-harm or attempt suicide, <u>but</u> There is a risk that their mental state may deteriorate and that their vulnerability may increase under specific circumstances 	 Open a PIER plan and consider: Contacting the person's GP, social worker and/or mental health team Advising them to seek further help through their GP, social worker or mental health team Leaving the individual in the care of a supportive friend or relative Facilitating contact with Samaritans Providing information about further sources of advice and support
High	 The individual concerned presents clearly identifiable risk factors Has imminent thoughts or plans relating to suicide, <u>and/or</u> Has or is seeking access to lethal means of suicide May have already self-harmed, and ongoing suicidal intent remains 	 Open a PIER plan and: If the person appears to have a mental disorder remove them to a place of safety under the Mental Health Act (section 136 if they are in a public place, section 135 if they are not in a public place) If the person does NOT appear to have a mental disorder consider making an arrest for an offence and the person's own protection If the person appears to lack mental capacity, apply the Mental Capacity Act if necessary to prevent harm
Always consult a supervisor if you are unsure about an individual's		

level of risk.

4. Record important information

- Complete a full personal profile for the individual concerned (including incident and subject details, level of risk, justification for risk category, and actions taken)
- Make relevant entries on the force system

If a suicide or attempted suicide occurs:

- Follow official guidelines relating to critical incidents, fatality management and sudden deaths (if applicable)
- Be aware of the impact on witnesses and those personally affected by the incident (people bereaved by suicide are themselves at increased risk of suicidal behaviour)
- Be cautious when releasing information to the media
- Contact your staff welfare services if you feel you have been affected by the incident

Useful contacts and resources

Samaritans

Tel: 08457 90 90 90 Email: jo@samaritans.org, Web: <u>www.samaritans.org</u> **Childline** Freephone: 0800 1111 Web: http://www.childline.org.uk/

National Debtline

Freephone: 0808 808 4000 Web: http://www.nationaldebtline.co.uk/ Alcoholics Anonymous (AA) Helpline: 0845 769 7555 Web: www.alcoholics-anonymous.org.uk

Women's Aid

Freephone: 0808 2000 247 Email: <u>helpline@womensaid.org.uk</u> Web: http://www.womensaid.org.uk/

Victim Support

Web: http://www.victimsupport.org.uk/

St Giles Trust (for prisoners and exprisoners)

Tel: 020 7703 7000 Email: <u>info@stgilestrust.org.uk</u> Web: <u>http://www.stgilestrust.org.uk/</u> Mind Tel: 0845 766 0163 Email: contact@mind.org.uk Web: http://www.mind.org.uk/ **Runaway Helpline** Freephone: 0808 800 70 70 Text: 80234 Email: runaway@missingpeople.org,uk Web: www.missingpeople.org.uk Relate Tel: 0300 100 1234. Web: http://www.relate.org.uk/ Narcotics Anonymous (NA) Helpline: 0845 3733366 Web: www.ukna.org **Cruse Bereavement Care** Tel: 0844 477 9400 Email: helpline@cruse.org.uk Web: www.crusebereavementcare.org.uk/

Shelter

Freephone: 0808 800 4444 Web: <u>www.shelter.org.uk</u> Support for lesbian, gay, bisexual and transgender people Tel: 020 7837 7324 Web: <u>http://www.llgs.org.uk/</u> AND <u>queery.org.uk</u>