



## Be suicide ALERT: A briefing for frontline staff

**We all have a role to play  
in suicide prevention**

This briefing is aimed at staff working in health, social care and other frontline roles in the Scottish Borders who may come into contact with someone who is experiencing suicidal thoughts. It explains the suicide 'ALERT' model and provides some ideas for putting it into practice, as well as useful information about support services and suicide prevention resources.

This briefing was created by the Joint Health Improvement Team and revised in March 2021. For more information get in touch on [health.improvement@borders.scot.nhs.uk](mailto:health.improvement@borders.scot.nhs.uk) or call 01835 825 970.

### Be suicide ALERT

During the COVID-19 outbreak people may be feeling lonely and have experienced big changes to their normal routine. Many people will find these things difficult and will experience more stress at this time. Although this can be difficult, it's important for them to know that they are not alone and that these feelings and this outbreak will pass. Even after the worst of the outbreak is over, suicide may still be on someone's mind.

Key workers including health and social care staff may be under particular pressure at this stage and may be more at risk of suicide, and so it's important to check in with how colleagues are coping as well as looking after your own mental health.

If someone is contemplating suicide, they may:

- Talk about wanting to die
- Talk about feeling trapped, hopeless or being a burden to others
- Be stressed or anxious and seem to be not coping
- Appear careless, moody or withdrawn
- Have lost interest in their appearance
- Be misusing drugs and/or alcohol
- Give away prized possessions, or be putting their affairs in order for no obvious reason.

Someone who has appeared stressed or distressed may appear calm and in control once they have made a suicide plan.

## What is your role?

It's important to know what your role is if speaking with someone who is thinking about suicide. You may be trained in ASIST (suicide prevention training) in which case you will have more insight into suicide prevention, or you might not have taken part in suicide prevention training. Don't worry about not getting it right or saying something wrong, just try your best and if something doesn't come across right then just be human and apologise to set you back on track. Asking the question – if someone is considering suicide – and knowing some key sources of support is all you need. You're not expected to be an expert in suicide prevention, just to listen to the person and help direct them to further support. If you've done that then you've probably gone a lot further than most people they have spoken to.

## Applying the suicide ALERT model

- **ASK** if you think someone may be thinking about suicide.
- **LISTEN** carefully to what the person is saying.
- **ENCOURAGE** them to talk further.
- **Right NOW** contact the emergency services if the person is at immediate risk of suicide
- **TALK** to someone to support you

### Preparing for the conversation

It might be helpful to set boundaries when you start speaking with someone about their mental health and wellbeing so that you are both clear about your role and its limitations.

*“I can to listen to you to find out more about your situation and help you to find the most appropriate support for you, however I'm not able to offer ongoing support or offer any specific mental health support. I will work with you to keep you safe. I just wanted to be clear so that we both know what I can and cannot do.”*

**Gather some basic information** to find out about the person including their name, address and GP practice. Explain that you will ask them some questions. If you are on the telephone to them, it might also be appropriate to gather a phone number in case you get cut off so that you could call them back. This information will help you should the person be in crisis and if you need to call the emergency services, or if you are linking with their GP.

A statement similar to this can help with your confidence in asking questions but can also help the caller know what to expect. You may already have this information so you don't need to duplicate this process if it's already available to you.

*“To find out the most appropriate service or resources to direct you to I'm going to ask you a few questions. Firstly can I find out your name, what is the name of your GP practice and in which town is that in..?”*

## ASK if you think someone may be thinking about suicide

It is really important if someone is displaying the thoughts and feelings mentioned above that you ask them if they are thinking about suicide. Some people worry that asking about suicide may give them the idea to take their own life but this is not the case. You need to be really clear in your language when asking so you both know that it's suicide that you're talking about. You could say:

*"It sounds like you've been having a difficult time at the moment, is suicide something that you're thinking about?"*

*"Sometimes when people experience what you're going through they are considering taking their own life, is that something that you have been thinking about?"*

*"Can I be clear, when you're talking about... [thinking of just ending it all]... is it suicide that you mean?"*

*"I know you said before that suicide wasn't something you were thinking about, but the more we talk and when you mention things like... [giving away possessions / people better off without you etc] I just wonder if it is really suicide that you're thinking about"*

## LISTEN carefully to what the person is saying and ENCOURAGE them to talk further

These stages in the ALERT model are about building a connection and information gathering. We want to know if the person is feeling suicidal, if they have a plan, if they have the means to carry out the plan and if they are at immediate risk.

Many people working in frontline services are used to helping people to 'fix' whatever problem they may be experiencing but on this occasion it's important to really listen to what the person is saying. This helps to build a connection, and trust with the person and will help you to determine how the person is really feeling. Listening can also give you background clues, for example their location, if there are other people or pets around, if they sound disorientated or like they may have been taking drugs or alcohol.

While you are listening you also want to encourage the person to talk further and provide more detail about how they are feeling and their circumstances. You don't have to be completely neutral and showing empathy is vital.

To be an active listener you can:

**Reflect back what the person is saying:** Try to use the words that they have said when summarising or asking for more information. This helps to build a connection and also stops you from using language that might not accurately reflect how they are feeling.

**Ask open questions** rather than those that require a yes/no answer, this will encourage the person to keep talking. Questions that begin with 'when', 'how', 'what' or 'where' are a good starting point.

Examples could be:

*"You said...[you feel hopeless at the moment]... can you tell me more about that."*

*"It sounds like you're finding things difficult today, how long have you been feeling that way?"*

*“Has something happened to make you feel that way?”*

Every situation will be different and you will have your own style, and often will have built up a rapport with the person so you will have a notion for how they respond to questions. Use this intuition and trust yourself. If you're not clear on their answer then be direct and ask again. Some questions you could consider to gather this information are:

*“You said you have been thinking about suicide, is that something you think about often?”*

*“Thank you for sharing with me that you have been feeling suicidal, that's a big step, have you told anyone else about the way you are feeling?”*

*“You mentioned that ending your life is on your mind, have you been thinking about how you would end your life?”*

*“So it's suicide that you've been thinking of. That's really serious”*

*“Do you have access to...[means they intend to use to take their life]? Is that bridge somewhere close by or that you visit a lot?”*

*“You sound like you are outside, are you there now?”*

*“Have you taken any of the medication? How much?”*

Sometimes this information will come across very quickly, at other times you may be speaking with someone for a while. The fact that they are talking with you is a positive thing, and it's keeping them safe. Remember that most people who are thinking about suicide do not want to die, they just want to end the pain they are experiencing.

## **What action do you take RIGHT NOW?**

- 1. No suicidal thoughts or behaviour** – That's ok you did the right thing asking the question. It's better to have asked and been told 'no' than to have wished you had asked them. It shows that you are someone that is comfortable asking those questions and dealing with the answers should they find themselves feeling suicidal in future. If you're still concerned or worried that they are not opening up about how they really feel then you can always keep talking with them to build up a connection and ask again. If you've noticed some of these signs they may still be experiencing distress or be looking to improve their mental wellbeing and you can help direct them to support. Resources on NHS Borders Wellbeing Point such as the Six Ways to Be Well might help them to look after their wellbeing. They may want to consider getting support from their GP or other services such as Wellbeing Service, Breathing Space, Samaritans or SHOUT text service.
- 2. Experiencing suicidal thoughts or behaviour but do not have a plan to end their life.** It's a good sign that they have opened up to you and shared this with you. You might be the first person they have told. It's estimated that up to 1 in 20 people are experiencing suicidal thoughts at any one time. Encourage them to talk to their GP and friends, family or colleagues. They may also find the '[coping with suicidal thoughts](#)' leaflet, the Stay Alive App and the emotional support helplines listed at the back useful.

**3. They have a plan to end their life but no means or do not intend on using the means at present.**

Encourage them to call their GP today to make an appointment or call the NHS 24 Mental Health Hub for support. You may want to get in touch with their GP to let them know about the conversation you've had (with the patient's permission). If they have the means to carry out the plan and you're with them then try to agree that you will remove the means to keep them safe. If you're on the phone then try to agree that they won't use them, perhaps ask them to give the means to someone they live with or a nearby pharmacy, flush medication down the toilet or go to a friend or family members house where they will be safe. Use the rapport that you have built to make an agreement that they won't end their life today.

*"I want to help to keep you safe, can we agree that you will...[take action to make their environment safe]?"*

*"I'm worried about you and I want to make sure that you are able to keep yourself safe. What can we put in place today that will keep you safe?"*

*"It may be a few days before you can speak with your GP, is there anyone around you that can support you until then?"*

- 4. They are at immediate risk of ending their life or others are at risk.** The person may have already attempted suicide, or there may be children or vulnerable people with them that you think are at risk. It might be that the person is in a dangerous situation that puts them at immediate risk. If this is the case then call the emergency services on 999, or if they are with someone who is able, ask them to go to A&E with them. If you are with them then don't leave them alone, if you're on the phone it may be helpful if you are able to stay talking with the person whilst someone else calls the emergency services.

## TALK to someone

Talking with someone who is thinking about suicide can be a stressful experience. You may experience a sudden surge of emotion after you've spoken with the person, or your energy levels might drop. It's important that you take some time and talk with someone afterwards to debrief. This might be your manager, or a colleague. Someone who is ASIST trained (suicide prevention training) would be useful to debrief with. You may prefer to speak to your friend, partner or colleague – this will depend on the situation as you may need to keep information confidential. You may wish to talk to Breathing Space or Samaritans.



## Support services and self-help resources

<b>GP support</b>	<p>GPs can support their patients and discuss whether medication or referral to other more specialist support services might be helpful. You might be referred to support by NHS Borders Wellbeing Service, 'Renew' the Primary Care Mental Health Service, the Community Mental Health Team, the Distress Brief Intervention service (DBI) or another service depending on your needs.</p> <p><a href="http://www.nhsborders.scot.nhs.uk/patients-and-visitors/local-services-directory/">http://www.nhsborders.scot.nhs.uk/patients-and-visitors/local-services-directory/</a></p>
<b>NHS24 Mental Health Hub – 111 and select mental health option [24/7]</b>	<p>You can call NHS24 Mental Health Hub if you or someone you are supporting is in mental health distress. You can also call them when your GP practice is closed. You will speak to a Psychological Wellbeing Practitioner or other mental health specialist who will support your call to a safe outcome. This might be supporting you to safe self-care or offering support from other services such as the Distress Brief Intervention (DBI). Common reasons people call include if they are thinking about suicide, anxieties, low mood, psychosis or self-harm.</p> <p><a href="https://www.nhs24.scot/111/who-to-speak-to/introduction-to-the-111-service">https://www.nhs24.scot/111/who-to-speak-to/introduction-to-the-111-service</a></p>
<b>Breathing Space 0800 83 85 87 [Weekdays: Monday-Thursday, 6pm-2am; Weekends: Friday 6pm-Monday 6am]</b>	<p>A free and confidential helpline for anyone experiencing low mood, anxiety or depression or who is unusually worried and needs someone to talk to.</p> <p><a href="https://breathingspace.scot/">https://breathingspace.scot/</a></p>
<b>Samaritans 116 123 Email <a href="mailto:jo@samaritans.org">jo@samaritans.org</a> [24/7]</b>	<p>Provides free confidential emotional support for anyone experiencing feelings of distress or despair, including those which could lead to suicide.</p> <p><a href="https://www.samaritans.org/">https://www.samaritans.org/</a></p>
<b>SHOUT text service Text SHOUT to 85258 [24/7]</b>	<p>Free, confidential, anonymous text support service for if you're struggling to cope. Text messages are free.</p> <p><a href="https://giveusashout.org/">https://giveusashout.org/</a></p>
<b>Stay Alive App Search for the Stay Alive App on <a href="#">Apple</a> or <a href="#">Android</a></b>	<p>Information and tools to help you stay safe in a crisis or support someone in crisis. Free to download.</p>
<b>NHS Borders Wellbeing Service 01896 824502 Email <a href="mailto:wellbeing@borders.scot.nhs.uk">wellbeing@borders.scot.nhs.uk</a></b>	<p>Deliver emotional wellbeing support for individuals, aged 18 and over, covering guided self help for anxiety and low mood, generic support for improving emotional wellbeing and psychological first aid. People can self refer or be referred by their GP/other health professionals.</p> <p><a href="http://www.nhsborders.scot.nhs.uk/wellbeing">www.nhsborders.scot.nhs.uk/wellbeing</a></p>
<b>Childline 0800 1111 [Mon-Fri 7.30am-3.30am; Sat &amp; Sun 9am-3.30am]</b>	<p>Can listen or support children and young people up to age 19 with anything you'd like to talk about</p> <p><a href="https://www.childline.org.uk/">https://www.childline.org.uk/</a></p>

<b>Survivors of Bereavement by Suicide (SoBS)</b> <b>0300 111 5065</b> <b>[9am-9pm everyday]</b>	National helpline that provides support to people aged over 18 bereaved by suicide. Contact the local coordinator on <a href="mailto:scottishborders@uksobs.org">scottishborders@uksobs.org</a> to find out more about local group support.
<b>NHS Borders Wellbeing Point</b> <a href="http://www.nhsborders.scot.nhs.uk/wellbeingpoint">www.nhsborders.scot.nhs.uk/wellbeingpoint</a>	Online hub with resources and useful information about looking after your wellbeing including: <ul style="list-style-type: none"> <li>• Six Ways to Be Well guide and wellbeing planner; Coping with suicidal thoughts leaflet</li> <li>• Self-referral to Wellbeing Adviser</li> <li>• Link to ALISS to help you find help and support close to you such as foodbanks, money advice, mental health support, local groups and services.</li> <li>• Scottish Borders Mental Health Services Integrated Care Pathway – links to support services available in the Scottish Borders including more bespoke services and referral pathways. Some of these services may be operating differently due to changes during COVID-19.</li> <li>• Crisis support information</li> </ul>

## Further information about suicide prevention

In the Scottish Borders the Joint Health Improvement Team oversee provision of suicide prevention training, support and advice for health and social care services around suicide prevention, suicide prevention resources, and the delivery of the Mental Health Improvement and Suicide Prevention Action Plan. Please note that the Joint Health Improvement Team is not a support service and cannot provide support to individuals who are having suicidal thoughts.

## Training and resources

You might be interested in attending further training about suicide prevention. Please contact the Joint Health Improvement Team who can provide more information about the current training courses on offer. Get in touch on [health.improvement@borders.scot.nhs.uk](mailto:health.improvement@borders.scot.nhs.uk) or call 01835 825 970 to find out more.

Watch these animated videos for practical advice about how to support people who may be feeling suicidal or experiencing mental distress. Created by Health Scotland and NHS Education Scotland.

- **Ask, Tell - Look After Your Mental Health:** understanding mental health and keeping mentally healthy: <https://vimeo.com/338176495>
- **Ask, Tell - Have a Healthy Conversation:** supporting compassionate conversations with people who may be experiencing mental distress or who are at risk of suicide: <https://vimeo.com/338176444>
- **Ask, Tell - Save a Life: Every Life Matters:** suicide prevention and keeping people safe: <https://vimeo.com/338176393>

**The Art of Conversation** is a guide to talking, listening and reducing stigma surrounding suicide. <http://www.healthscotland.com/documents/2842.aspx>



## Case studies

Every conversation about suicide is different, and it will depend on the two people involved how that transpires. Following the ALERT model as a guide will help you to know roughly which steps to follow. Below are some examples of situations and what you might do – although no two situations are the same.

To find out some of the information you'll need to apply the ALERT model:

- **ASK** if you think someone may be thinking about suicide
- **LISTEN** carefully to what the person is saying
- **ENCOURAGE** them to talk further
- **Right NOW** contact the emergency services if the person is at immediate risk of suicide
- **TALK** to someone to support you

### Case study A

Person A has recently lost a friend to suicide, you know therefore that she is more at risk of suicide. She has a daughter who visits frequently but just wants her mum to 'get over it'. Person A is socially isolated and feeling low, she doesn't like her male GP – you suspect this is because of a previous history of domestic abuse from a male partner. She says that she thinks about suicide regularly but that she couldn't take her own life as she knows the effect it had on others when her friend died by suicide.

#### What could you do?

You think that person A is **not at immediate risk of suicide** but it is clear that she is distressed by having suicidal thoughts. You state that thinking about suicide is serious. You **listen** to what she is saying and that seems to help, you agree with her that she will stay safe but if she finds herself having further suicidal thoughts she will call **Breathing Space** who offer a listening service. After talking for a while you find out that she enjoys gardening and you suggest that she looks on **ALISS** to find out if there are local gardening groups that she can join. You also link her to **NHS Borders Wellbeing Point** for self help information and recommend that she looks at the Six Ways to Be Well to help her to look after her mental health and wellbeing. You suggest that she speaks to a female **GP** at her practice or calls the **NHS24 Mental Health Hub** who can link her to further support if she is continuing to struggle with low mood. You call a colleague to debrief and then take a short walk to help clear your head.

### Case study B

Person B has lost his job and is feeling low. He doesn't say much on the phone and it takes you a while to get much information from him. You try to open up the conversation about suicide saying *'sometimes when people are feeling low because they've lost their job suicide is on their mind, is that something you've been thinking about?'* He abruptly shuts you down. You hear a dog barking in the background so you change tact and start asking him about his dog. After a while he opens up that his dog is the only thing keeping him going. When his brother is back from offshore next week he's going to ask him to look after the dog while he 'sorts some stuff out'. You ask again about suicide – *'I have to ask again, when you say 'sort something out' are you talking about suicide?'* and he opens up that suicide is what he is thinking about and he has a plan and the means to do it. He says he can't do that until his dog is safe.

#### What could you do?



You are concerned about Person B as he has been having suicidal thoughts and **has a plan and means** to carry out that plan. You believe that he is **not at immediate risk but know that situation could quickly change**. You encourage him to **call his brother** to talk about how he is feeling and he agrees that he will that evening as he won't be able to get hold of him now. You're not sure what to do next so you keep him on the phone and explain you're going to call the **NHS24 Mental Health Hub** for support on your other phone – you ask him to download the **Stay Alive App** while you're doing that as the app has tools to keep him safe for now. The adviser suggests he may benefit from the **Distress Brief Intervention service** and encourages Person B to call NHS24 Mental Health Hub to arrange for a referral. He agrees that he will and you state that you will call him back in 1 hour to find out how the call went. When you call back you're able to give him further information about the **local men's shed** and provide him with the details of that, as well as the number for the **Job Centre** and local **Citizens Advice Bureau** to support him with looking for a job and his finances.

### Case study C

Person C has clearly been drinking, she calls and bursts into tears. She explains that she just wants the pain to end and that she's taken a lot of medication and been drinking a lot of alcohol. You know she is at immediate risk but you don't know where she lives.

#### What could you do?

Person C is at **immediate risk**, but is safe from doing any more harm while she is on the phone to you. You want to quickly find out where she is so you can get help. You ask her how much medication she has taken and what it is but she says she doesn't want to tell you. You ask her to tell you what she can see out of her window and you know the landmark she mentions. You ask for her address and she ignores you. You ask again and she gets angry. You explain that you understand that she wants to make the pain go away, but that you're worried that drinking alcohol affects decision making and that you have a duty of care and that you want to help. You suggest it might be better to think about her options when she hasn't been drinking alcohol – it's not a decision she has to make today. She tells you her flat number and you explain that you are going to **call an ambulance** and that you will stay on the phone until it arrives. Once the paramedic arrives you finish the call. You feel quite shaken from the experience so you call **Breathing Space** so you can talk through what has happened.

## Case study D

Person D has been on the phone for a while, your colleague mentions he frequently calls and has attempted suicide many times before. You know to take his feelings of suicide seriously and that a previous attempt makes him more at risk. He complains that he has been to all the support services you mention and that they haven't been any help, he's just been on a waiting list for a long time.

### What could you do?

You **listen** to person D and reflect back that it sounds like it has been difficult for him speaking to different services. You reassure him that the service that he is on the waiting list to speak to sounds like a good fit for him but that you recognise it is difficult waiting. You ask him what has kept him safe from suicide previously and he tells you he has a safety plan but that he can't do the things he usually would because of the restrictions in place. You look at the self-help resources on the **NHS Borders Wellbeing Point** including the Six Ways to Be Well planner to see if there is a focus for improving his mental wellbeing in the mean time. He agrees that he will try to be more active and will try walking everyday. You suggest that it sounds like it helps for him to talk about how he is feeling and encourage him to talk to friends and family and to call emotional support phone lines such as **Breathing Space**, **Samaritans** or the **SHOUT text service** whenever he needs to. Recently you've had a number of calls from people who are thinking about suicide so you decide to look at the Six Ways to Be Well to see what more you could do to **look after your own wellbeing**.

# Suicide ALERT prompt sheet



Someone may be at risk of suicide if they:

- Talk about wanting to die
- Have been stressed or anxious and don't seem to be coping
- Appear careless, moody or withdrawn
- Have lost interest in their appearance
- Are misusing drugs and/or alcohol

<b>ASK if you think someone may be thinking about suicide</b>	We want to build up a rapport with someone and establish trust. We want to know: <ul style="list-style-type: none"><li>• Is the person feeling suicidal?</li><li>• Do they have a plan?</li><li>• Do they have means to carry out that plan?</li><li>• Are they or anyone around them at immediate risk?</li></ul>
<b>LISTEN carefully to what the person is saying</b>	
<b>ENCOURAGE them to talk further to friends, family or support services.</b>	
<b>What action do you take RIGHT NOW?</b>	
<b>1. No suicidal thoughts or behaviour</b>	NHS Borders Wellbeing Point, Wellbeing Service
<b>2. Experiencing suicidal thoughts or behaviour but do not have a plan to end their life.</b>	GP, NHS24 Mental Health Hub, Breathing Space, Samaritans, SHOUT crisis text service, Stay Alive App
<b>3. They have a plan to end their life, but no means or do not intend on using the means at present.</b>	*Take action to keep them safe / disable plan* GP support, NHS24 Mental Health Hub.
<b>4. They are at immediate risk of ending their life or others are at risk.</b>	Emergency services – take them to A&E or call 999
<b>TALK to someone</b>	It's important you identify who you can talk to if you have been speaking with someone who is suicidal.

## Help and support is available:

If someone is at immediate risk call 999	
Support from GP	NHS24 Mental Health Hub [24/7] Call 111 and select mental health option
Breathing Space 0800 83 85 87 [Weekdays: Monday-Thursday, 6pm-2am; Weekends: Friday 6pm-Monday 6am]	Samaritans 116 123 Email <a href="mailto:jo@samaritans.org">jo@samaritans.org</a> [24/7]
SHOUT text service [24/7] Text SHOUT to 85258	Stay Alive App Search for the Stay Alive App on <a href="#">Apple</a> or <a href="#">Android</a>
Childline (up to age 19) 0800 1111 [Mon-Fri 7.30am-3.30am; Sat & Sun 9am-3.30am]	Survivors of Bereavement by Suicide (SoBS) 0300 111 5065 [9am-9pm everyday]
NHS Borders Wellbeing Service 01896 824502 Email <a href="mailto:wellbeing@borders.scot.nhs.uk">wellbeing@borders.scot.nhs.uk</a>	NHS Borders Wellbeing Point <a href="http://www.nhsborders.scot.nhs.uk/wellbeingpoint">www.nhsborders.scot.nhs.uk/wellbeingpoint</a>