



South Gloucestershire Safeguarding Adults Board



Practice Guidance

Mental Health Support and Suicide Prevention

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Acknowledgements

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Introduction

This document provides guidance for practitioners who are concerned about adults with care and support needs who are at risk of suicide. It gives practical advice about what to do if someone wants to talk about their mental health and what you can do to ensure they get support. This guidance should be read alongside the South Gloucestershire [Multi-agency Safeguarding Policy and Procedures](#). Concerns that an adult at risk is being abused should be referred to South Gloucestershire Council on 01454 868007 in line with the multi-agency safeguarding policy and procedures.

Some of the content of this guidance may be emotionally difficult to read. The document is intended for use by anyone who works with adults who have care and support needs and practitioners should make use of their own organisation's well-being services if they find they are distressed by any of its content.

What Is Mental Health?

Mental health includes a person's emotional, psychological and social well-being. It affects how they think, feel and act. It also helps determine how they handle stress, relate to others and make choices about their lives.

Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but help is available. People with mental health problems can get better and many recover completely.

Positive mental health allows people to:

- Realise their full potential
- Cope with the stresses of life
- Work productively
- Make meaningful contributions to their communities

Ways to maintain positive mental health include:

- Getting professional help if it is needed
- Connecting with others
- Staying positive
- Getting physically active
- Helping others
- Getting enough sleep
- Developing coping skills

Early Warning Signs

Over the course of a person's life, if they experience mental health problems, their thinking, mood, or behaviour could be affected.

Experiencing one or more of the following feelings or behaviours may be an early warning sign of a problem, but this list is not exhaustive:

- Eating or sleeping too much or too little
- Pulling away from people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained aches and pains
- Feeling helpless or hopeless
- Smoking, drinking, or using drugs more than usual
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Yelling or fighting with family and friends
- Experiencing severe mood swings that cause problems in relationships
- Having persistent thoughts and memories the person can't get out of their head
- Hearing voices or believing things that are not true
- Thinking of harming themselves or others
- Inability to perform daily tasks like taking care of others or getting to work or appointments

Talking about mental health

If a person lets you know that they are experiencing difficult thoughts and feelings, it's common to feel like you don't know what to do or say. Often just being there for someone and doing small things can be really valuable. For example:

- **Listen.** Simply giving someone space to talk, and listening to how they're feeling, can be really helpful in itself. If they are finding it difficult, let them know that you are there when they are ready
- **Offer reassurance.** Seeking help can feel lonely and sometimes scary. You can reassure someone by letting them know that they are not alone, and that you will do what you can to help
- **Stay calm.** Even though it might be upsetting to hear that someone is distressed, try to stay calm. This will help the person to feel calmer too and show them that they can talk to you openly without upsetting you

- **Be patient.** You might want to know more details about the person's thoughts and feelings or want them to get help immediately. But it's important to let them set the pace for seeking support themselves
- **Try not to make assumptions.** Your perspective might be useful to the person but try not to assume that you already know what may have caused their feelings, or what will help

Practical support

There are lots of practical things you can do to support someone who is ready to seek help. For example:

- **Support the person to write down questions** they want to ask their doctor, or help to put points into an order that makes sense
- **Help to organise paperwork**, for example making sure that the person has somewhere safe to keep their notes, prescriptions and records of appointments
- **Remind them about appointments** and ask if they would like someone to go with them – even just being there in the waiting room can help someone feel reassured
- **Ask them if there are any specific practical tasks you could help provide support with** such as arranging transport or support with household tasks
- **Learn more about the problem they experience**, to help you think about other ways you could support them

If the person does not want support

If you feel that the person is struggling but can't or won't reach out for help, and won't accept any help you offer, it's understandable to feel frustrated, distressed and powerless. But it's important to accept that they are an individual, and that there are always limits to what you can do to support another person.

You can:

- **Be patient.** You won't always know the full story, and there may be reasons why they are finding it difficult to ask for help
- **Offer emotional support and reassurance.** Let them know that you will be there if they change their mind
- **Inform them how to seek help when they're ready**

You cannot:

- **Force someone to talk to you.** It can take time for someone to feel able to talk openly and putting pressure on them to talk might make them feel less comfortable sharing their experiences
- **Force someone to get help** if they are over 18, and it is not an **emergency situation**. As adults, we are all ultimately responsible for making our own decisions. This includes when – or if – we choose to seek help when we feel unwell

In certain situations where the person's mental capacity is impaired and there is a risk, it can be possible to compel assessment and treatment under the Mental Health Act.

If the person believes things that seem very unusual or scary

If someone is experiencing reality in a very different way from people around them, they may not realise or agree that seeking help could be useful for them. They may be experiencing psychosis, mania, hearing voices or feeling very paranoid. In this case, it can be helpful to:

- **Focus on how their beliefs are making them feel** (for example anxious, scared, threatened or confused), as these feelings will be very real
- **Avoid confirming or denying their beliefs.** Instead it can help to say something like "I understand that you see things that way, but it's not like that for me"

There are a lot of misunderstandings about what it means to experience psychosis. Many people think that the word 'psychotic' means the person is 'dangerous'. However very few people who experience psychosis go on to hurt anyone else. The proportion of people living with a mental health problem who commit a violent crime is extremely small. There are many reasons someone might commit a violent crime, and factors such as drug and alcohol misuse are far more likely to be the cause of violent behaviour. But many people are still worried about talking about how they're feeling, or seeking help, because of the fear and stigma of being seen as dangerous.

Emergency situations

There may be times when the person needs to seek help more urgently, such as if they:

- have harmed themselves and need medical attention
- are having **suicidal feelings**, and feel they may act on them
- are putting themselves or someone else at immediate, serious risk of harm

If the person needs urgent support but does not want to go to the Hospital Emergency Department they could:

- call the Samaritans on freephone 116 123 – they are always open and are there to listen and offer confidential and non-judgemental support
- contact their GP surgery and ask for an emergency appointment
- contact NHS 111
- contact your local NHS walk in centre
- contact their local crisis team (CRHT), if they are under their care

If you feel that the person cannot keep themselves safe right now then you should seek immediate help by calling 999

Suicide

In 2021, there were 5,583 suicides registered in England and Wales. Around three-quarters of these were males. Males aged between 45 and 64 have the highest suicide rate, and it is the leading cause of death among men in the UK aged under 50. From 1981 there has been a substantial fall over time in suicide rates among females aged 45 years and over, but suicide rates among young females (aged 18 to 24) have been steadily increasing over several years.

Risk Factors

This is not an exhaustive list but practitioners should bear in mind that:

- If a person has attempted to take their own life in the past, they are 100 times more likely to end their life by suicide than the general public
- Someone who has been bereaved by suicide is at higher risk of attempting suicide
- Belonging to any group with protected characteristics (such as the LGBTQ community) is a risk factor for suicide

Talking about suicide

It is important to encourage people to talk about their feelings and acknowledge they are struggling. The Zero Suicide Alliance advises:

- **Be direct** – use the word suicide. It will not put the thought into a person's head and won't make it more likely to happen
- **Be yourself and show you care** – it is not about having the perfect words to say
- **Ask if the person has made a plan** – have they already done something to hurt themselves or plan to do so
- **Acknowledge the person's distress** and let them know you are there for them
- **Get the person to agree to a future plan** – meeting again or making an appointment to see a health professional
- **At the end of the conversation offer ideas and information about sources of support** - by waiting until the end of your conversation you will have built up trust with them, and they are more likely to accept offers of help

Do not

- **Worry about saying the wrong thing and upsetting the person** – if a person is thinking about suicide they are already upset
- **Use stigmatising language** like “do something silly”. This minimises the person's feelings and could make them think that their problems are not worth anyone's time
- **Blame** – do not say things like “how would x feel if you hurt yourself?” You cannot guilt trip a person into not hurting them self
- **Minimise feelings or offer false reassurance**

Mental Health and Safeguarding

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Practitioners should always promote the wellbeing of the people they work with. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the person to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating 'safety' measures that do not take account of individual well-being.

Frequent/false allegations

Some people may have a history of making allegations of abuse which are unfounded. Practitioners should not dismiss these statements as untrustworthy, but should always contact the First Contact Team for advice. It is possible that the person is reliving past trauma or past experiences of abuse.

Self-neglect vs Self-harm

Self-neglect and self-harm are not the same things. Self-neglect is a pattern of behaviours that can consist of hoarding or not accepting support with personal care (see the Self-neglect Guidance for more information). Self-harm consists of any behaviour (including drinking to excess or use of illegal drugs) which could cause harm or injury to oneself.

Concerns about a person who is self-harming or expressing a wish to end their life should not automatically be referred for an adult safeguarding response. **Although self-neglect is covered by the Care Act definition of abuse, self-harm is not.** Safeguarding is designed to support someone who has poor mental health if they are at risk of abuse but if a person is threatening to harm them self in some way then they need support from the correct specialist mental health service. Every case is different and practitioners should make a safeguarding referral if they are worried that the self-harm has occurred because of abuse by a third party, but they should also make a referral to the relevant health or mental health service as well. Concerns should be shared with the person's GP, NHS111 or the Primary Care Liaison Service.

Think Family

Practitioners should take into account whether the person has any caring responsibilities – to either children or adults who have care and support needs.

Where an adult with caring responsibilities is displaying concerns regarding their own mental health, consideration should be given to making a referral to the appropriate service (adults or children) for the cared for person(s).

Appendix 1: Sources of Support

[Emergency Services Mental Health Triage teams :: Avon and Wiltshire Mental Health Partnership NHS Trust \(awp.nhs.uk\)](#)

The Emergency Services Mental Health Triage teams work with emergency services to offer the most appropriate advice and support for people experiencing mental health difficulties. Our aim is to reduce the number of individuals attending Accident and Emergency departments when experiencing a mental health crisis.

Response line for 24-hour support: [0800 953 1919](tel:08009531919)

[Beside Project | Hope Project | Second Step \(second-step.co.uk\)](#)

Offers **offer emotional and practical support to people aged over 16 who have lost someone to suicide**

[Zero Suicide Alliance \(ZSA\)](#)

Provides **free suicide awareness training** that teaches people how to identify, understand and help someone who may be experiencing suicidal thoughts.

[Papyrus UK Suicide Prevention | Prevention of Young Suicide \(papyrus-uk.org\)](#)

UK charity dedicated to the prevention of suicide and the promotion of positive mental health and emotional wellbeing in young people.

[Hub of hope](#)

Mental health support database local resources

[Samaritans](#)

Free 24 hour help line 116 123

[SPUK - Suicide Prevention UK Charity 1187866](#)

Suicide Prevention Helpline 0800 689 5652

[British Sign Language \(BSL\) Space :: Avon and Wiltshire Mental Health Partnership NHS Trust \(awp.nhs.uk\)](#)

AWP's website for helping people in an emergency includes useful information for people who use BSL

[Crisis Text Service - SignHealth](#)

The Deaf Health Charity Crisis Text Service provides free confidential support 24/7 via text to anyone in crisis

[SANE – Meeting the challenge of mental illness](#)

SANE is a leading UK mental health charity improving quality of life for anyone affected by mental illness. It has a variety of support services available including phone, email and text support

[24/7 Support & Connect - Vita \(vitahealthgroup.co.uk\)](#)

A free NHS confidential 24/7 helpline for people who live in Bristol, North Somerset & South Gloucestershire. The helpline line is staffed by experienced counsellors. They will offer emotional support and can connect the person to organisations available in

the local area. If English isn't the person's first language, they can arrange for a translator to support the call.

South Glos Crisis line – 0117 378 4250

For immediate emotional and practical support call 0800 0126549

Textphone users dial 18001 followed by 0800 0126549