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Managing risk

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Risk

- Suicide is the action of ending ones own life intentionally
- Thinking about your role as an FSV supporting individuals who have are bereaved:
- What does that word bring to mind?
 - Fears / worries
 - Rate your level of knowledge of what you have to do in dealing with risk out of ten (1 = no idea → 10 = I know what to do)

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Risk

- Suicide in palliative care or bereavement is **rare** but thoughts of ‘not wanting to be here’ are common
- Risk is best understood as a continuum:

Infrequent, non-specific suicidal thoughts, no intention to act on these =
Low Level of Risk

←

Frequent suicidal thoughts, specific plans of how to harm self, intention to act on these =
High Level of Risk

Risk factors

- Current mental health difficulties (acute depression, psychosis, PTSD)
- Previous psychiatric history
- Alcohol and drug abuse
- Physical disability or painful illness, including chronic pain
- Low socio-economic status
- Being isolated
- Significant life events - bereavement, family breakdown, loss of a job
- Evidence of institutionalisation - e.g., prisons, army
- Experience of bullying (sometimes a factor in children and adolescents where social media and/or pro-suicide websites play a part)
- A pervading sense of hopelessness is a strong predictor of high risk

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Protective factors

- Supportive friends and family
- Previous demonstration of good coping strategies (resilience)
- Willingness to ask for help at times of crisis

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What you might hear

- “I am not sure how / if I can go on without them”
- “I just want to be with them”
- “I don’t want to be here anymore”
- These cues are more likely to indicate the level of distress rather than risk
- However they do require gentle exploration

What you need to do

- Stay calm and non-judgemental
- Explore: “I can hear how difficult things are for you, I noticed that you said (repeat back what they said). Sometimes people can have suicidal thoughts when going through situations like this. Have you ever experienced suicidal thoughts?”

- No → continue supportive conversation
- Yes → Stay calm, explore further:
 - How often do you have these thoughts? Are you worried about these thoughts?
 - Have you thought about what you might do to end your life?
 - Scaling - How likely do you think it is that you might act on these thoughts out of 10 (10 being very strong)?
 - Is this something that you have experienced at other point(s) in your life?
 - What stops you from acting on these thoughts?
- All the time maintaining empathy and calmness

What to do during the session

- If you assess that there is risk of the person acting on suicidal thoughts:
 - Contract when you will meet with them next (or agree how next appointment will be made)
 - Inform them of what they are to do if they struggle in between the next session (e.g. contact GP)
 - Let them know that you will be sharing this information with their GP so that the best support can be put into place

What to do after the session

- Seek advice from Psychology Team
- If none available: seek advice from senior staff: AnMarie Channer, Erika Lipscombe, Jenny Redman, or Ruth White
- If these people aren't available, call the Duty mobile: 07881 106340
- If you have seen the client out of hours, skip straight to calling the Duty mobile

What to do when there is a high immediate risk

Ask the client to stay in the room whilst you follow the steps on the previous slide

This situation is likely to be rare

The senior staff member who supports you may call the police in such rare instances

Safeguarding

- If a client shares something of concern about someone else during a session:
 - Come speak to a member of psychology team and / or speak to the safeguarding leads for advice:
 - Children – Sophie De Bere (ext. 342)
 - Adults – Gillian Warnock (ext. 230 or 240)
 - If calling externally ring the hospice and ask to be put through to them 02392 25 0001



Reflections



Remember

- Keep calm
- Don't panic
- Suicide in bereavement is rare
- If indicators of risk are present

Rate your level of knowledge of what you have to do in dealing with risk out of ten (1 = no idea → 10 = I know what to do)