

Suicide Awareness: A briefing for CSP Members

This information is designed to provide CSP members with the key messages that relate to awareness of suicidal risk in patients, and to signpost members to more detailed resources and provide links to relevant support services for patients. This briefing is not intended to provide a management plan of how to deal with individual patient scenarios.

Background

- In 2013: 6233 people over 15 years old took their own life. The male suicide rate was 19.0 deaths per 100,000 population compared to 5.1 per 100,000 female deaths. Male suicide rates are rising steadily whilst female rates remain constant.⁽¹⁾
- Self-harm is any act of self-inflicted injury regardless of motivation. Suicide is a fatal act of self-harm initiated with the intention of ending one's own life.
- Most people who take their own life are not in contact with mental health support services. Risk of suicide is often short-term and situation specific. Suicide may be preceded by warning signs or be impulsive.
- Suicide is not a crime but it is illegal to help someone else end their own life, even if they ask you to help them.⁽²⁾
- Where an individual's capacity is affected by a *mental health* condition The Mental Health Act may be used to protect them.⁽³⁾
- Where an individual's capacity is affected by a *physical health* condition (which might also impair cognitive abilities) The Mental Capacity Act / Adults with Incapacity (Scotland) Act may be used to protect them.^(4, 5)

Key Risk Factors for Suicide⁽¹⁾

- Men aged 35-54 are at greatest risk of suicide.
- Certain factors are known to be associated with increased risk of suicide including:
 - Social factors: unemployment, social isolation, poverty, family breakdown, imprisonment, bullying.
 - Health factors: drug and alcohol misuse, existing diagnosed mental health conditions, particularly depression and schizophrenia.
- 90% of patients who take their own life have a diagnosed psychiatric condition.

Physiotherapy Practice Context

- In some contexts of practice members may work with patients at greater risk of suicide than the general population, because of the impact of the health condition being treated on the known social and health risk factors for suicide.
- These contexts include chronic long term conditions, chronic pain conditions, trauma and post-trauma, life limiting conditions, unexpected catastrophic injuries, acquired brain and spinal cord injury, mental health services.
- These conditions may be treated in specialist service pathways, or may be encountered in general MSK or neurological services.
- Some patients with these conditions may experience suicidal ideation. The nature of the physiotherapy appointment may provide an opportunity for the physiotherapist to notice distress, ask relevant questions and respond accordingly, potentially saving a life.
- Detailed physiotherapy assessment and examination may identify verbal or behavioural cues that may indicate risk of self-harm and/or suicide.

Clinical Considerations for Physiotherapists

- Identifying those patients who have a Mental Health Crisis plan in place before treatment starts. Where patients are known to be vulnerable, you should know what plans and support services are already in place to help you assist your patient in a difficult context.
- Identifying behaviours in patients that may indicate they are at risk of suicide. These are often highlighted as 'yellow flags'.
- Establishing whether there is '*real and immediate*' danger to a patient's life when a patient expresses suicidal ideation.
- Identifying the appropriate person to raise your concerns with within your organisation and acting swiftly.
- Understanding the limits of physiotherapy scope of practice and your own personal scope of practice. You may not be expected to undertake suicide risk assessments unless you are a specialist health professional working in mental health services, providing services to known vulnerable patient group.
- Understanding the limits of patient confidentiality in extreme circumstances, and the need to share information quickly to protect patients.

Key Messages for Members

There is no absolute answer to how you manage these situations. It is a matter of **professional judgment**. Your actual decisions may depend on the setting you work in, your job role and your own skills and experience but remember:

- You do not have to resolve the matter yourself; there are always **other teams** in place to help. You should know who these teams are.
- Mental health conditions affect a large section of society and may affect **any patient** you work with.
- You must maintain your own **safety** at all times.
- Gather appropriate **information** from your assessment from which you can take action.
- In an acute situation seek **advice** from the key contact on the patients' Mental Health Crisis plan; otherwise **contact** your local Mental Health Crisis Team or Social Services department.
- For adult patients: always consider providing contact details of local mental health services and the **Samaritans**.
- For child patients: consider whether a Safeguarding referral or referral to Children's Services is appropriate or necessary.
- Good clear **record keeping** is essential. It helps record what happened and also helps assists other professionals providing specialist services to your patient.
- Patient Confidentiality and Data Protection does not mean that you cannot **share information** in any circumstances. If you honestly believe a patient is in danger then you should share only as much information as is necessary with another health or social care professional in order for them to take action to protect the patient.
- Use the following **flow chart** to help you. Make sure you have your local emergency mental health crisis team contact numbers to hand.

Flow Chart for Members in Managing Suicide Awareness

THINGS TO LOOK FOR

For Example:

PHRASES

Is the person saying: 'I don't want to be here', 'I don't want to wake up', 'There is no point in going on'. 'No one can do anything to help me now' 'I wish I was dead'?

CHANGES IN MOOD

E.g. anxiety, agitation, low mood, feelings of hopelessness & helplessness

CHANGES IN APPEARANCE

E.g. not looking after their hygiene, weight loss

LOSS OF INTEREST

In things they previously enjoyed doing e.g. seeing family/friends, hobbies

FURTHER INDICATIONS

Are they: Talking about or planning death? Not taking their medication? Making plans e.g. sorting finances, giving away things, arranging homes for animals etc.? Has the person: Experienced a stressful event e.g. relationship breakdown, death of someone close, loss of job? Been diagnosed with a health problem? Saying that they cannot cope with their pain/ problem anymore/ they cannot see that they would ever get better? Increased alcohol/ drug use?

- Have they had any thoughts of ending their life? Do they have any current thoughts?
- Don't be afraid to ask the questions

Be compassionate, listen, don't look shocked, don't judge, take seriously

ADULT OVER 18 YEARS

Explain that you cannot keep this information to yourself; 'I am worried about you and I would like to do something.'

Consider whilst with the person:

- Ask if person has a social worker/ key worker, contact them
- Encourage the person to accept help/ support/ advice
- Provide person with contact numbers e.g. Samaritans, local crisis team, mental health helpline

UNDER 18 YEARS

Explain you can't keep this information to yourself; 'I am worried about you and I would like to do something.'

Stay with the young person:

- Contact Children's services. If young person has a social worker/ key worker contact them
- Seek advice from Crisis services/ A&E

Consider whilst with the young person:

- Contact family/ carer

ARE THERE ANY REAL & IMMEDIATE LIFE THREATENING RISKS

e.g. has the patient taken tablets? *** CALL 999 ***

Report and Take Advice

During Work Hours: Mental Health Crisis Teams, Duty Social Worker, Local Mental Health Services emergency contact, the patient's GP and/or Psychiatrist

Out of Hours: Local Mental Health Crisis Teams, Duty Social Worker

MY LOCAL CONTACT NUMBERS

CONTACT:

TEL:

CONTACT:

TEL:

Selected Other Resources

- CSP Professional Network Chartered Physiotherapists in Mental Health (CPMH)
<http://cpmh.csp.org.uk/>
- CSP Publications:
 - PD101 – Duty of Care⁽⁶⁾
 - PD106 – Duty to Report⁽⁷⁾
 - PD078 – Consent & Physiotherapy Practice⁽⁸⁾

Key Organisations

- The Samaritans: 08457 909090
- The Mental Health Foundation www.mentalhealth.org.uk

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