

Module 2

Participant Guide

v4-24

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The Aim of Module 2 Learning

Module 2 – Brief Mental Wellbeing Intervention

This module progresses from equipping participants with knowledge and skills for brief conversations about mental wellbeing to delving into practical knowledge and applied skills for conducting brief mental wellbeing interventions. The primary focus of this module is to combine the Five Areas Model™ with a Connected Conversation, enabling participants to deliver a structured intervention that assists individuals in understanding their emotions and finding ways to improve wellbeing.

The key objectives of Module 2 are:

- 1 To effectively apply the Five Areas Model™ within a Connected Conversation, facilitating meaningful wellbeing interventions.
- 2 Recognise signs indicating when a person requires more than self-help, including those experiencing thoughts of suicide.
- 3 Acquire local mental health and wellbeing services and resources available in the area.

Connect 5 Learning Journey So Far

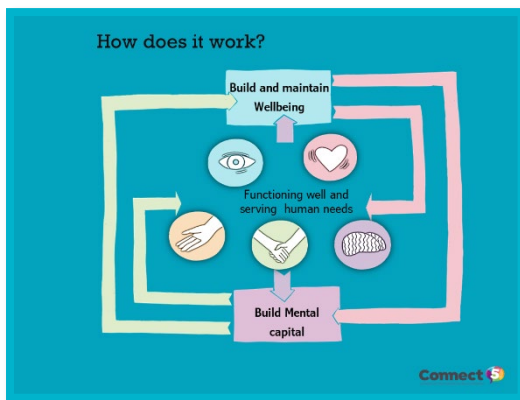


The crossed axes model shows us that mental health is not just the absence of the negative: mental ill health. Instead, complete mental health is also about achieving and maintaining positive mental wellbeing.

To achieve and maintain complete mental health, we must take action to minimise stress and maximise wellbeing.

Each of us has a role to play in promoting mental wellbeing. Whether at work, home or in our communities, we can help each other to:

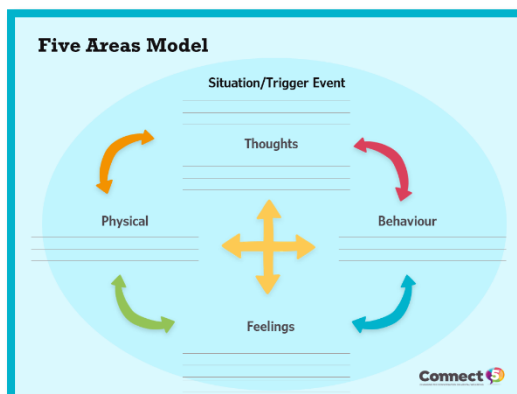
- ▲ Better understand what action to take to achieve and maintain mental wellbeing.
- ▲ Develop our skills and knowledge to help each other minimise and manage stress.
- ▲ Access resources and services that support us in building and maintaining wellbeing and minimising stress.
- ▲ Support those needing more specialist help to access resources and services.



Maximise wellbeing. The Five Ways to Wellbeing is evidence-based advice that supports us in achieving and maintaining mental wellbeing.

We can use everyday conversations to encourage people to think about things that are important to their wellbeing and can be prioritised in their daily routines. People you work with will

likely already be involved in specific activities under the overarching themes of connecting, being active, learning, etc. Rather than encouraging an entirely novel set of behaviours, we can focus on increasing the time people spend in activities known to enhance wellbeing and becoming more aware of the impact on their mood and wellbeing, i.e., building self-knowledge and understanding self-care needs.



Reducing Stress: In Module 1, we were introduced to the Five Areas Model™, which helps us comprehend the construction of our emotions and how disrupting negative cycles can improve our emotional wellbeing. While this model is typically used in therapy, we apply it proactively as a valuable life skill to effectively reduce and cope with everyday stress.

The Five Areas Model™ in everyday practice. You can use the Five Areas Model™ to help people:

- ▲ **Understand their feelings.** Explore and break their experience into Five Areas.
- ▲ **Understand how these Five Areas feed into each other,** i.e., they are reciprocally reinforcing, a vicious cycle that creates feelings and moods, such as unhappy, low, stressed, and distressed.
- ▲ **See what needs to change to feel better.** Actions in any of the Five Areas can turn the cycle from vicious to virtuous (help the person feel better). Positive action in one of the Five Areas will positively impact all the other four areas.

What Makes Wellbeing Conversations Difficult.

The Struggle with Openness: Unravelling the Mental Health Stigma



The difficulty in being open and honest about our struggles and problems stems from the powerful stigma surrounding mental health. Stigma marks us with social disgrace, risking rejection from the group. As evolved social creatures, we need to be part of a group, which is essential for safety and wellbeing. The fear of being rejected by the group drives us

to conceal aspects our culture stigmatises, especially regarding mental health. The legacy of social rejection associated with mental ill health makes it challenging for us to be open and honest about our experiences, as revealing our true selves may lead to being seen as 'less than' or facing rejection by society.

Barriers to Opening Wellbeing Conversations: Overcoming Mental Health Stigma

The pervasive power of the mental health stigma significantly influences our thoughts, emotions, and actions related to mental wellbeing.

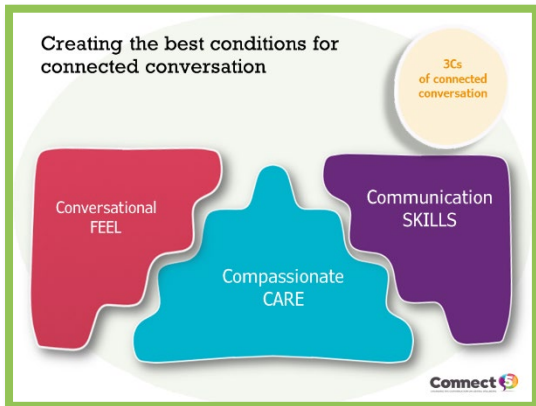
Stereotypes, whether positive or negative, shape our attitudes and beliefs, leading to prejudice when endorsing negative stereotypes. These cognitive and affective responses may manifest as discomfort when interacting with someone with mental health difficulties, uncertainty in communication, or assumptions about their emotional state.

Such discrimination, as the behavioural reaction to prejudice, can lead to avoidance, exclusion, or treating individuals differently based on their mental health status. Connect 5 challenges these automatic thoughts and actions to disrupt the cultural influence perpetuating stigma.

In truth, mental health encompasses more than just distress and illness; it also includes a mental wellbeing aspect. The crossed axes model allows us to recognise and address wellbeing needs that are not necessarily clinical. Empowering ourselves and others to have helpful and supportive conversations at the self-help level can foster skill-building, self-awareness, and resilience to prevent distress from intensifying.

The stigma around mental health inhibits open and confident discussions, creating several negative consequences. It hinders our collective understanding of mental health issues and the universal experiences of life's struggles that we all share. This silence can lead to people silently grappling with their challenges, causing isolation and disconnection, which are detrimental to human wellbeing. By breaking the silence and engaging in open conversations, we can capitalise on numerous opportunities to promote mental wellbeing and positively impact each person we encounter.

Revisiting the 3Cs of Connected Conversation



In Module 1, we learned that mental wellbeing conversations must be connected.

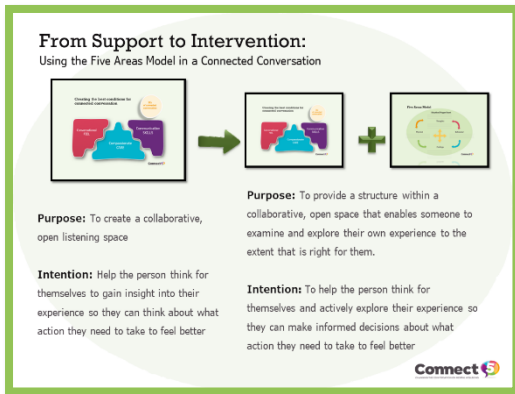
Conversational feel: If we create an open, non-judgmental, collaborative conversational space, the person we are talking with can explore what they wish to at the level and intensity they are ready for.

Compassionate care: By developing our compassionate qualities and attributes, we can notice and engage with any suffering we encounter and learn to act in skilled ways to help lighten and address it.

Communication skills: We can practice honing our ordinary communication skills to ask open questions, share power, respond empathetically to cues, reflect, and summarise.

The 3Cs of Connected Conversations go beyond mere techniques or step-by-step processes; they are inherently intuitive and require mastery through experience. Humans possess the innate ability to engage in meaningful conversations where we turn towards each other and think together. Connect 5 serves as a reminder of this inherent knowledge, guiding individuals to explore and disassemble these natural conversational abilities into their parts. By doing so, we gain a deeper understanding of our innate skills, enabling us to rebuild them with greater purposefulness and confidence, ultimately enhancing the quality of our interactions.

A Structure for a Brief Mental Wellbeing Intervention



The Five Areas Model™, combined with a Connected Conversation, is the structure for a concise mental wellbeing intervention. The ultimate goal is to empower people to gain clarity and insight into their experiences, allowing them to make informed decisions about actions to improve their wellbeing.

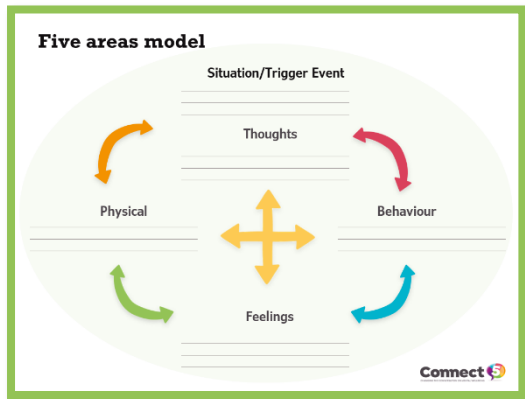
Creating an attentive, collaborative, and compassionate space is essential in enabling the person to explore and examine their situation or trigger event in a manner that feels comfortable to them at that moment. However, adhering to this purpose and intent can be challenging, as the inclination to advise and fix is an automatic reflex driven by an often good intention to improve things. It requires conscious effort to resist this impulse.

The Five Areas process provides a framework to support the person in gaining clarity about their experiences and determining their path to feeling better. Our role is to facilitate the conditions that allow them to achieve this insight and cultivate the life skill of understanding their feelings and identifying what they can change to improve their wellbeing. Rather than trying to fix them, we should empower them to make their own decisions.

We must acknowledge that we cannot fix someone because our views, values, and beliefs will always limit our understanding of their experiences and what is best for them. Trying to impose our solutions may not be suitable for their unique circumstances, worldviews, and available resources. Instead, we should refrain from advising and fixing, concentrating on creating the conditions that enable them to gain self-awareness and make choices that align with their worldview and the resources they have.

Re-connecting with the Five Areas Model™

The competition: Compose and perform a poem, song, or speech about yourself.



The learning activity 'put on the spot to perform and be judged' is designed to arouse a detectable level of emotion, the experience of which is used to extend understanding of the Five Areas Model™.

Key takeaways

Each of us has unique responses to situations and trigger events. An emotion will be constructed from the Five Areas of experience (situation, feelings, physical feelings, thoughts, and behaviour). However, each area's content, nature, and intensity will differ across individuals. In addition, humans bring our histories, values and beliefs, colouring each of the Five Areas in our unique subjective experience. Therefore, a well-being conversation will always require us to practice being open-minded and empathetic to understand things from another's point of view.

Each of the Five Areas has a knock-on effect on all the other areas - reciprocally reinforcing.

A negative emotion or mood can be understood as a vicious cycle, i.e., the cycle is spinning round and held in place by the interrelated knock-on effect between the Five Areas. A situation we encounter will affect our thinking, feelings, and physical feelings and create urges to behave in specific ways. In return, how we react in these four areas will impact the situation.

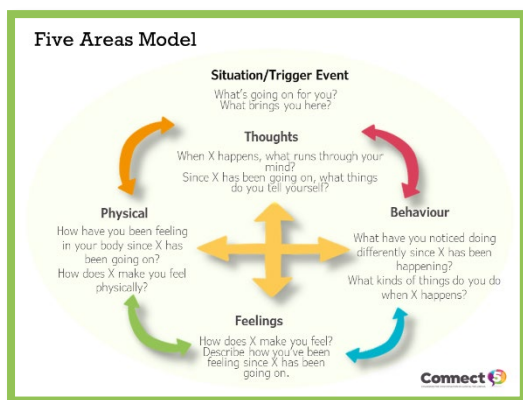
The excellent news is that the interrelated nature of our experience means we only have to break the cycle in one place to start to feel better.

We can choose to change the situation (although sometimes this might not be an option), our thinking, feelings, or behaviour.

This knowledge and the ability to map out the Five Areas is a powerful life skill. A skill that can be used in everyday life to:

- ▲ Manage and minimise stress.
- ▲ Develop self-knowledge and emotional intelligence.
- ▲ Teach the skill to others.

The Practices: Using the Five Areas Model™



This learning activity aims to allow you to experience how the Five Areas model™ can structure a brief mental wellbeing intervention, help someone map out and understand their feelings, and give them insight into what action they need to take to feel better.

As the helper, you experience how it feels to use Connected Conversation skills to support someone in mapping their experience.

As the character, you get a sense of what it feels like to collaborate with a helper to explore and make sense of your difficulties using the Five Areas model™.

Note: This guide includes the sample open questions used in practice.

Top Tips for Mapping Out the Five Areas.

Feelings are usually one word, e.g., sad, stressed, worried, anxious.

Thinking is a statement, e.g., *"I'm not good enough"*, *"I won't get another job"*, or *"People don't like me."*

Physical pain is something you do not choose to do; it's your body's automatic reaction, such as your heart beating faster, sweating, stomach tensing, headache, or disturbed sleep.

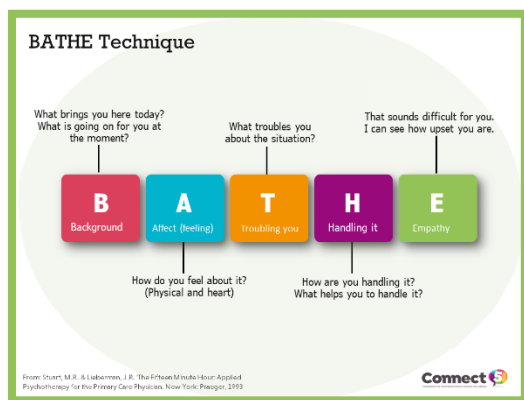
Behaviour is the outward expression, something people could see you doing (or not doing), such as shouting, staying in bed, stopping going out with friends, or overeating.

Practice makes Perfect

- Try mapping out your Five Areas next time you have an emotional response. Practising it yourself is a great way to learn.
- Try using it in conversations with your family and friends.

See if it works. It will motivate you to use it in your life, your work, or anytime you encounter someone who seems to be struggling.

The BATHE Technique



The BATHE technique is an evidence-based, ready-made set of questions that will draw out the Five Areas when asked in sequence. It is an alternative to using your questions (based on the samples provided for practice). We offer it as some people prefer their questions while others prefer the BATHE technique.

Tip: The Affect question “How do you feel about it?” can cover both emotional (heart) and physical (body) feelings.

Note: The BATHE questions are included at the end of this Guide.

Understanding when Someone needs more than Self-Help.



Emotions, in their essence, are not problematic. As ordinary human experiences, they are vital in guiding our actions and responses. Feeling nervous prompts us to be cautious and vigilant; guilt drives us to make amends for any harm caused; recognising a loss of love may lead us to end an unhappy relationship. Emotions serve as valuable

compasses in our lives.

However, when emotions become imbalanced or overwhelming, they can lead to suffering. Finding a healthy equilibrium is essential in managing emotions and maintaining overall wellbeing.

Feeling too much:

We may feel excessive fear in specific situations or when facing certain things, which can be anxiety or phobia.

Our minds may be overwhelmed by distressing thoughts or persistent fears, leading to labels such as obsessive-compulsive disorder (OCD). Worrying about others' perceptions and reactions might cause us to experience shame or social anxiety.

When we feel too little

We might find it difficult to feel pleasure or hopeless and lack the motivation to do anything. Depression can be associated with feeling 'numb' or not feeling the right amount of emotion.

Some people who have experienced significant trauma feel 'numb' or 'detached' from their emotions. This is a common symptom in survivors of trauma who struggle with post-traumatic stress disorder (PTSD). Some people who feel emotionally numb can act impulsively to feel something. The lack of emotion can lead to problematic (sometimes dangerous) behaviour.

Some people who develop psychosis can experience 'flat affect' symptoms or feel 'emotionally blunted'.

When we can't regulate emotions effectively

Specific individuals experience mood swings that alternate between 'highs,' where they feel euphoric and make impulsive decisions, and 'lows,' characterised by severe depression. This pattern is commonly observed in individuals with bipolar affective disorder.

Some people undergo rapid shifts from feeling emotionally detached to experiencing intense surges of emotions, leading to difficulties in emotion regulation.

Specific individuals adopt unhealthy methods to manage their emotional states. For example, some may develop eating disorders such as anorexia or bulimia, while others resort to self-harm or substance use as coping mechanisms for their emotions.

Signs to Look Out for



Strong feelings that go on for "too" long

Recognising how long someone has struggled is essential for understanding various emotional and mental health experiences. For instance, what may start as the usual 'baby blues' after giving birth can turn into post-natal depression over time. Likewise, intense grief can last many years after losing a

loved one.

Disproportionate Emotions:

An individual's emotional reactions may not match the situation or circumstances. This can suggest that someone is experiencing emotions that seem excessive or out of proportion, given the context. For example, shyness is usual, but extreme anxiety in social situations may indicate a social anxiety disorder. Similarly, while feeling cautious after a traumatic event is expected, individuals with PTSD can experience prolonged and intense fear beyond what is considered a typical response.

Emotions Affecting Daily Life:

Emotions that overwhelm us to the point of hindering daily life, like extreme anxiety leading to avoidance of leaving the house or social interactions, or profound sadness and lack of motivation preventing us from engaging in any activities.

Fear of Body Feelings:

Many people develop a fear of bodily sensations and their potential implications, causing them to become apprehensive about experiencing certain physical feelings.

Learn More: Adapted from psychology tools [A guide to Emotions.](#)

If you are in conversation with someone who is suffering any of these imbalanced emotions:

- We need to know how to help them access specialist help and support
- We also need to consider whether their suffering is causing them to have thoughts about suicide

Suicide Prevention

Connect 5 urges you to initiate the journey of creating a suicide-safer environment for yourself and your organisation. This involves breaking the silence and challenging the stigma surrounding suicide and self-harm, promoting awareness and understanding among everyone.

While taking these steps can be daunting for some, it is also a powerful endeavour. Many of us might still believe that discussing suicide could potentially trigger harmful thoughts in the person or that assisting someone at risk of suicide should be left to professionals. However, it is crucial to recognise the other side of these beliefs – our avoidance and silence may inadvertently contribute to and perpetuate suicidal distress within our communities. Engaging in open conversations and raising awareness can positively support those in need and foster a safer environment.

Steps to Becoming Suicide Safer.

Connect 5 supports you in being suicide aware.

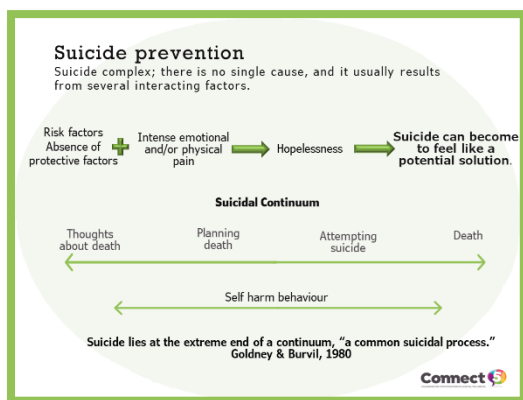
The stigma and silence surrounding suicide mean we are often unaware, oblivious or in the dark about suicide. If you aren't aware of suicide, you

can feel shocked when you hear about it, and it seems inexplicable. These reactions stem primarily from a lack of awareness. The statistics tell us that suicide is a constant within our communities. Moreover, many of us will have some knowledge of suicide either in our own experiences, within our families and communities or because we have encountered it in our work. The stigma acts powerfully to keep suicide out of sight despite being in plain sight. Connect 5 brings suicide to the light of awareness. Raising awareness is the first step. As we become more knowing, observant, sensitive and mindful of suicide and self-harm, we can better offer compassionate responses to those of us suffering.

Connect 5 helps you better understand suicide.

Suicide is complex; there is no single cause, and it is usually a result of several interacting factors.

Understanding Suicide: Risk and Protective factors.



Risk factors indicate whether an individual, community or population is particularly vulnerable to suicide and exist at various levels. Factors may relate to the individual, be social or contextual and can exist at multiple interaction points. Where risk factors are present, there is a statistically more significant likelihood of suicidal behaviours.

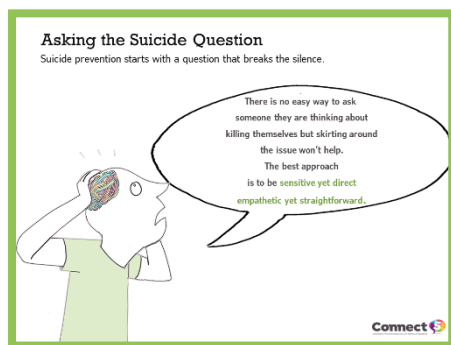
Protective factors help reduce someone's vulnerability to suicidal behaviours and increase an individual's capacity to cope with challenging circumstances.

Learn More about [risk and suicide factors](#).

Understanding Suicide: The Suicide Continuum.

Suicide is not simply a reaction to a time-limited crisis but involves the individual's entire life experience, including their socio-cultural milieu. The central idea of the suicide continuum is the concept of a 'suicidal career', stating that acute, situational factors can entirely explain suicide; instead, it develops over time against certain social, psychological, and genetic conditions.

The suicide continuum does not mean that once on the continuum, a person inevitably travels to the suicide end of the spectrum. However, evidence suggests that, as time goes by, if a person cannot resolve their distress, doesn't have protective factors, and encounters risk factors, they are more at risk of increasing suicide severity. That is, if a person has thoughts about suicide, this puts them more at risk in the future of attempting suicide; if a person attempts suicide, this puts them more at risk in their future of dying by suicide.



Connect 5 supports your confidence to ask the lifesaving question.

Suicide prevention starts with a question that breaks the silence.

There is no easy way to ask someone if they intend to kill themselves, but we know that skirting around the issue doesn't help.

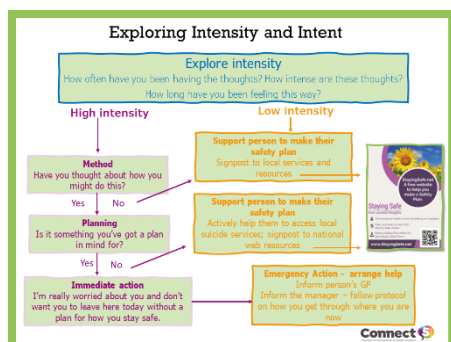
The best approach is to be sensitive yet direct, e.g.

"Are you having thoughts about killing yourself? "

"Are you thinking about suicide?"

"Sometimes, when people have thoughts and feelings you have described, they can start to have thoughts about ending their life. Is this something you are thinking?"

Connect 5 supports you to be confident in exploring intensity and intent



There is a spectrum of intensity to suicidal thoughts: differing levels of persistence, a range of abilities to resist thoughts, and different levels of intent to die (has someone got a method and a plan).

The Exploring Intensity and the Intent chart will help you collaborate with a person to understand better the level of

safeguarding they need right now and what specialist support they need to access.

Thoughts of suicide with immediate intent to die.

If you find someone is experiencing intense thoughts of suicide that:

- ▲ Are persistent, and they find it hard to resist.
- ▲ They have a method and plan for, i.e., a solid intent to die.

They need immediate professional help. You must encourage the person to seek help from their family, friends, and GP or go directly to the local Emergency Department (A&E).

Your organisational procedures should guide you in action. It would be best if you were not left alone accountable for this level of suicidal severity. You also need to make sure you take care of yourself, e.g., talk to others, share the experience, explore the impact it has on you and get the reassurance that you have done the best you can. Encountering human despair, hopelessness, and the wish to die is never easy.

Thoughts of suicide but not immediate intent to die

Anyone experiencing suicidal thoughts or feelings needs to seek specialist support. First, nobody should be left suffering such intense levels of distress, and secondly, as described earlier, if they do not find their way to get off the suicide continuum, they are more at risk as time passes. So, we must take action to keep them safe. For example, we can use the [Staying Safe safety planning tool](#), help them access specialist help and support, including their GP, encourage them to talk to family and friends and signpost them to online resources.

Learn More: [Staying Safe safety plan guidance tools](#) are jointly funded by NHS England. They include easy-to-print/online templates and video tutorials purposefully designed to help people through the process of writing their own Safety Plans to build hope, identify actions and strategies to resist suicidal thoughts and develop positive ways to cope with stress and emotional distress.

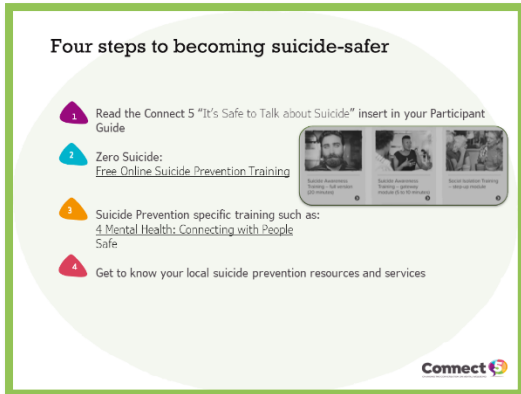
Connect 5 encourages you to talk about suicide.

A community which talks openly about suicide is one step closer to a suicide-safer community.

Connect 5 encourages everyone to learn about national and local suicide prevention actions, services, and resources. Ask employers how they

tackle the issue of suicide and challenge them to develop suicide prevention policies and procedures.

More Steps You Can Take to Become Suicide Safer



Connect 5 supports you in taking the first few steps to become Suicide Safer in practice. However, there is much more you can do.

1. Read the Connect 5 *"It's Safe to Talk about Suicide"* leaflet at the end of this Guide

2. Access Free Online Suicide

Prevention Training from Zero Suicide Alliance

The Zero Suicide Alliance (ZSA) is a collaboration of National Health Service trusts, charities, businesses, and individuals committed to suicide prevention in the UK and beyond. They are an alliance of people and organisations coming together around one basic principle: Suicide is preventable.

3. Consider taking more suicide prevention training

Find out about nationally and internationally respected programmes, such as:

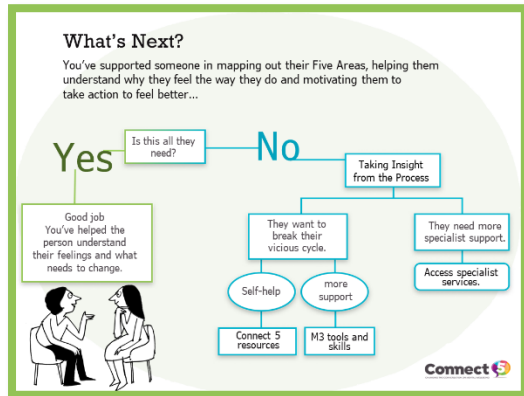
4 Mental Health's Connecting with People Safe Talk

ASIST (Applied Suicide Intervention Training)

Find out about local suicide prevention resources and services and the national suicide prevention strategy:

What's Next?

Once you have completed the brief intervention, ask, 'Is this all they need'?



YES: For some people, this focused, purposeful conversation is all they need. As a result, they gained insight into their situation and feelings, motivating them to take action to feel better.






NO: For others, they've gained essential insight into their own experience, but they need more support to decide on a course of action. You can support them by sharing the Connect 5 resources (below) and any knowledge of services and resources in your area.

Connect 5 Resources

Free-to-access resources to Maximise Mental Wellbeing

	<p>Please learn more about Five Ways to Wellbeing and get advice on implementing them.</p>	<p>https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/</p>
	<p>WoW Yourself: with the 'do-it-yourself' section. Full of practical things to do that improve well-being. WoW Your Community: If you work in the public, private or voluntary sector, this section gives inspirational ideas about using the Wheel of Well-being in your organisation, workplace or local community.</p>	<p>http://www.wheelofwellbeing.org/</p>
	<p>Synthesising hundreds of scientific studies, Greater Good in Action collects the best research-based methods for a happier, more meaningful life. It presents them in an easy-to-navigate and digest format.</p> <p>The practices are for anyone who wants to improve their social and emotional well-being or the well-being of others. They serve as building blocks for creating your happiness regimen.</p>	<p>http://ggia.berkeley.edu/</p>
	<p>Action for Happiness aims to help people create a happier world with a culture prioritising happiness and kindness. The evidence-based Ten Keys to Happier Living underpins the website resources, including:</p> <p>Support to take daily actions through the app and the calendar</p> <ul style="list-style-type: none"> Coordinates online groups where members meet to talk about happiness and commit to action. Action for Happiness course (peer-reviewed Randomised Control Trial found the course significantly benefits happiness and wellbeing). Host regular live talks with leading thinkers on happiness, wellbeing, and mental health. 	<p>https://actionforhappiness.org/about-us</p>

Free-to-Access Resources to Minimise Stress

	<p>Expert advice, practical tips and a personalised action plan</p>	<p>http://www.nhs.uk/oneyou/every-mind-matters/</p>
	<p>LLTTF is one of the most popular life skills programmes available. It helps you help yourself and others using online courses, written books, and worksheets. It covers courses across the lifespan, from pregnancy to older adulthood.</p>	<p>http://www.wheelofwellbeing.org/</p>
	<p>Self-help guides on various mental health issues.</p>	<p>https://www.selfhelpguides.ntw.nhs.uk/northumbria/</p>
	<p>Free 5-week course. Understanding Anxiety, Depression and CBT. Improve your understanding of depression and anxiety and learn more about an effective, evidence-based treatment: CBT.</p>	<p>https://www.futurelearn.com/courses/anxiety-depression-and-cbt</p>
	<p>Reading Well helps you to understand and manage your health and wellbeing using self-help reading. Health experts endorse the books, people living with the conditions covered, and their relatives and carers. Available in all libraries.</p>	<p>https://reading-well.org.uk/</p>

Free-to-Access suicide prevention Resources



Free online suicide prevention training

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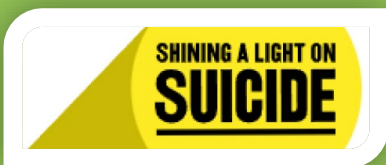
<https://www.zerosuicidealliance.com/>



Easy-to-print / online templates and video tutorials. Purposefully designed to help people through the process of writing their own

Safety Plan to build hope, identify actions and strategies to resist suicidal thoughts and develop positive ways to cope with stress and emotional distress.

<https://www.stayingsafe.net/about>



Online resources include self-help booklets, DVDs, helplines, advice and support.

<https://shiningalightonsuicide.org.uk/>

It's Safe To Talk About Suicide

Suicide is rare, but...

-  It happens
-  There are over 6000 deaths by suicide in the uk every year - an average of 16 per day

Dont think: "It couldn't happen to us." It can happen in any family

Intense emotional strain and mental exhaustion can cause people to behave in uncharacteristic and unpredictable ways

Dont think: "He's not the suicidal type." There isnt one.

Some things that drive people to think about suicide are:

- Personal catastrophes, such as being made redundant, the collapse of their own business, the breakup of a relationship or being refused to access children
- A persistant sense of worthlessness or failure; uncertainty about sexual identity or personal goals
- Good things happening to other people, such as friends getting married, going off to university or getting new jobs and feeling left behind
- A combination of the above. a whole series of little setbacks can sometimes be more devastating than one big thing

What are the warning signs?








There may not be any. An emotional crisis not like a heart attack or a stroke, where there are visible warning signs.

People who have reached rock bottom can be very skilled at hiding their thoughts and feelings.

They may be:

-  quiet
-  brooding
-  withdrawn or distant
-  not making eye contact
-  agitated
-  irritable or rude
-  drinking a lot
-  talking bout suicide or saying its all hopeless

They may also be:

-  busy
-  chirpy
-  living life as normal
-  going to work
-  laughing and joking
-  talking about future plans
-  telling you not to worry about them

So how will you know if they're thinking about suicide?

The safest way is to ask them



Why it's important to ask

If someone is suicidal, they are likely to be feeling:

- Cut off from everyone around them
- Frightened and ashamed about wanting to die
- Desperate for help but afraid to ask

They need someone to start the conversations for them. This shows them that they have permission to talk about it and that they don't have to wrestle with their dark and terrible thoughts alone.

Some common fears

"Won't talking about suicide put the idea in their head?"

No. If a person is suicidal the idea is already there. If they aren't suicidal it won't do any harm.

"What if I say the wrong thing? It could damage our relationship."

Showing a person you care about them won't damage your relationship. Saying nothing could result in losing them forever.

It's important to trust your gut instincts. If something about the person doesn't look or feel right, say something.

Saying something is safer than saying nothing

Saying the word won't make it happen



What to say

It can be really scary starting this kind of conversation.

Step 1: Explore how they're feeling

If something bad has happened to them, ask, **"How has it made you feel?"** they may shrug, and say, "I'm OK." If they don't seem okay to you then keep trying, quietly and gently.

Listen attentively. Try to keep the dialogue open by asking questions like **"How bad is it?"** or **"What's that like?"**

Don't deny what they're telling you and don't pretend you know how they feel.



Step 2: Ask the Suicide question

If they give any indication that they're feeling hopeless or can't see the point in going on, ask clearly and calmly **"Are you having thoughts of suicide?"**

Don't be too quick to accept denials or joking responses.



What to do next?

Here are some suggestions and sources of support. If at first you don't find the help you need, persist. Try all avenues and don't give up.

If someone tells you they're feeling suicidal

- make sure they're not left alone
- remove anything they could use to take their own life eg. tablets, firearms, rope
- get medical help immediately

Get medical help

- phone your GP surgery (outside normal surgery hours, you'll be directed to an out of hours service)
- call 999 or take them to A&E and stay with them until they are seen by a member of the mental health team

Even if it's only a hunch share your concerns with others

- don't be afraid to involve their family, friends, or colleagues
- share this leaflet with others and plan together how you are going to keep the person safe

Take care of yourself

- talk to your own GP about your feelings
- confide in a trusted friend
- find a support group for carers of people with mental health problems
- if the person does take their own life, don't feel guilty
- it is not always possible to prevent suicide

Confidential helplines and sources of support:

Samaritans

116123 (24h free to call)
www.samaritans.org

PAPYRUS: Prevention of Young Suicide

0800 068 41 41
(Mon - Fri 10am-10pm; weekends 2pm-10pm;
bank hols 2pm-5pm)
www.papyrus-uk.org

CALM: Campaign Against Living Miserably

0800 58 58 58
(7 days a week, 5pm-midnight)
www.thecalmzone.net

SANE Mental Health Helpline

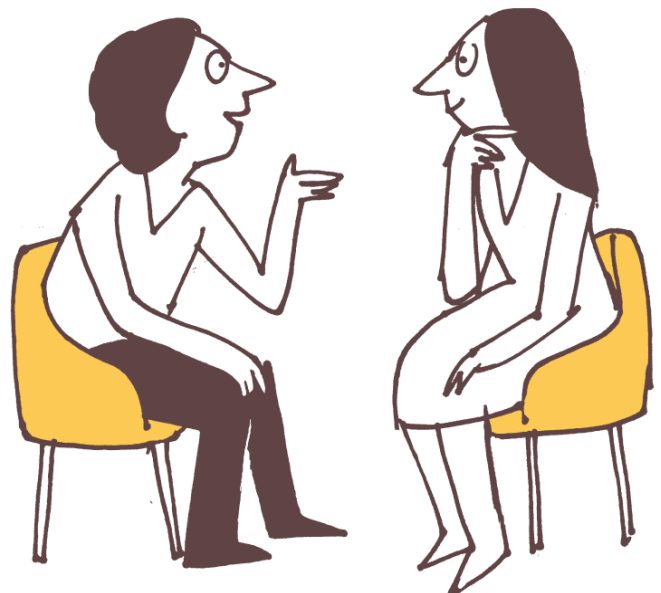
0300 304 7000
(7 days a week, 4:30pm-10:30pm)
www.sane.org.uk

MIND

0300 123 3393
(Mon-Fri 9pm-6pm)
www.mind.org.uk

Maytree: A sanctuary for the suicidal

020 7263 7070
(Mon-Fri 9pm-6pm)
www.maytree.org.uk





Module 2

Toolbox

V4-24

Exploring Intensity and Intent

Explore intensity

How often have you been having the thoughts? How intense are these thoughts?
How long have you been feeling this way?

High intensity

Method

Have you thought about how you might do this?

Yes

No

Planning

Is it something you've got a plan in mind for?

Yes

No

Immediate action

I'm really worried about you and don't want you to leave here today without a plan for how you stay safe.

Low intensity

Support person to make their safety plan

Signpost to local services and resources

Support person to make their safety plan

Actively help them to access local suicide services; signpost to national web resources

Emergency Action - arrange help

Inform person's GP

Inform the manager – follow protocol on how you get through where you are now



Five areas model

Situation/Trigger Event

Thoughts

Physical

Behaviour

Feelings



Five Areas Model

Situation/Trigger Event

What's going on for you?
What brings you here?

Thoughts

When X happens, what runs through your mind?
Since X has been going on, what things do you tell yourself?

Physical

How have you been feeling in your body since X has been going on?
How does X make you feel physically?

Feelings

How does X make you feel?
Describe how you've been feeling since X has been going on.

Behaviour

What have you noticed doing differently since X has been happening?
What kinds of things do you do when X happens?

BATHE Technique

What brings you here today?
What is going on for you at the moment?

B

Background

A

Affect (feeling)

T

Troubling you

What troubles you
about the situation?

H

Handling it

How do you feel about it?
(Physical and heart)

How are you handling it?
What helps you to handle it?

E

Empathy

That sounds difficult for you.
I can see how upset you are.

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