



SUICIDAL THOUGHTS AND BEHAVIOURS: MHFA GUIDELINES

Suicide can be prevented. Most suicidal people do not want to die. They simply do not want to live with the pain. Openly talking about suicidal thoughts and feelings can save a life. Do not underestimate your abilities to help the person, even to save a life.

HOW CAN I TELL IF SOMEONE IS FEELING SUICIDAL?

It is important that you know the warning signs and risk factors for suicide, and the reasons why a person might have thoughts of suicide.

Signs a person might be suicidal:

- Threatening to hurt or kill themselves
- Looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped, like there's no way out
- Increasing alcohol and drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

Adapted from Rudd et al (2006).

Warning signs for suicide: Theory, research and clinical applications. Suicide and Life-Threatening Behavior, 36:255-262.

REASONS WHY A PERSON MIGHT HAVE THOUGHTS ABOUT SUICIDE

The main reasons people give for attempting suicide are:

1. Needing to escape or relieve unmanageable emotions and thoughts. The person wants relief from unbearable emotional pain, feels their situation is hopeless, feels worthless and believes that other people would be better off without them.
2. Desire to communicate with or influence another individual. The person wants to communicate how they feel to other people, change how other people treat them or get help.

Adapted from May & Klonsky (2013) Assessing motivations for suicide attempts: Development of psychometric properties of the inventory of motivations for suicide attempts. Suicide and Life-Threatening Behavior, 43(5), 532-546.



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RISK FACTORS ASSOCIATED WITH A HIGHER RISK OF SUICIDE

People are at greater risk of suicide if they have:

- A mental illness
- Poor physical health and disabilities
- Attempted suicide or harmed themselves in the past
- Had bad things happen recently, particularly with relationships or their health
- Been physically or sexually abused as a child
- Been recently exposed to suicide by someone else

Suicide is also more common in certain groups, including males, Indigenous people, the unemployed, prisoners, and gay, lesbian and bisexual people.

Adapted from Hawton K, van Heeringen K. Suicide. Lancet 2009; 373: 1372-1381.

If you are concerned the person may be at risk of suicide, you need to approach them and have a conversation about your concerns.

PREPARING YOURSELF TO APPROACH THE PERSON

Be aware of your own attitudes about suicide and the impact of these on your ability to provide assistance (e.g. beliefs that suicide is wrong or that it is a rational option). If the person is from a different cultural or religious background to your own, keep in mind that they might have beliefs and attitudes about suicide which differ from your own.

Be aware that it is more important to genuinely want to help than to be of the same age, gender or cultural background as the person.

If you feel unable to ask the person about suicidal thoughts, find someone else who can.

MAKING THE APPROACH

Act promptly if you think someone is considering suicide. Even if you only have a mild suspicion that the person is having suicidal thoughts, you should still approach them.

Tell the person your concerns about them, describing behaviours that have caused you to be concerned about suicide. However, understand that the person may not want to talk with you. In this instance, you should offer to help them find someone else to talk to. Also, if you are unable to make a connection with the person, help them to find someone else to talk to.



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ASKING ABOUT THOUGHTS OF SUICIDE

Anyone could have thoughts of suicide. If you think someone might be having suicidal thoughts, you should ask that person directly. Unless someone tells you, the only way to know if they are thinking about suicide is to ask.

For example, you could ask:

- “Are you having thoughts of suicide?” or
- “Are you thinking about killing yourself?”

While it is more important to ask the question directly than to be concerned about the exact wording, you should not ask about suicide in leading or judgmental ways (e.g. ‘You’re not thinking of doing anything stupid, are you?’).

Sometimes people are reluctant to ask directly about suicide because they think they will put the idea in the person’s head. This is not true. Similarly, if a person is suicidal, asking them about suicidal thoughts will not increase the risk that they will act on these. Instead, asking the person about suicidal thoughts will allow them the chance to talk about their problems and show them that somebody cares.

Although it is common to feel panic or shock when someone discloses thoughts of suicide, it is important to avoid expressing negative reactions. Do your best to appear calm, confident and empathic in the face of the suicide crisis, as this may have a reassuring effect for the person.

How should I talk with someone who is suicidal?

It is more important to be genuinely caring than to say ‘all the right things’. Be supportive and understanding of the person, and listen to them with undivided attention. Suicidal thoughts are often a plea for help and a desperate attempt to escape from problems and distressing feelings.

Ask the person what they are thinking and feeling. Reassure them that you want to hear whatever they have to say. Allow them to talk about these thoughts and feelings, and their reasons for wanting to die and acknowledge these. Let the person know it is okay to talk about things that might be painful, even if it is hard. Allow them to express their feelings (e.g. allow them to cry, express anger, or scream). The person may feel relief at being able to do so.

Remember to thank the person for sharing their feelings with you and acknowledge the courage this takes.

See the boxes below for tips on how to listen effectively and on things not to do.



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LISTENING TIPS

- Be patient and calm while the person is talking about their feelings
- Listen to the person without expressing judgment, accepting what they are saying without agreeing or disagreeing with their behaviour or point of view
- Ask open-ended questions (i.e. questions that cannot be simply answered with 'yes' or 'no') to find out more about the suicidal thoughts and feelings and the problems behind these
- Show you are listening by summarising what the person is saying
- Clarify important points with the person to make sure they are fully understood.
- Express empathy for the person.

WHAT NOT TO DO

Don't...

- ... argue or debate with the person about their thoughts of suicide
- ... discuss with the person whether suicide is right or wrong
- ... use guilt or threats to prevent suicide (e.g. do not tell the person they will go to hell or ruin other people's lives if they die by suicide)
- ... minimise the person's problems
- ... give glib 'reassurance' such as "don't worry", "cheer up", "you have everything going for you" or "everything will be alright"
- ... interrupt with stories of your own
- ... communicate a lack of interest or negative attitude through your body language
- ... 'call their bluff' (dare or tell the person to 'just do it')
- ... attempt to give the person a diagnosis of a mental illness.

Do not avoid using the word 'suicide'. It is important to discuss the issue directly without dread or expressing negative judgement.

Demonstrate appropriate language when referring to suicide by using the terms 'suicide' or 'die by suicide', and avoiding the use of terms to describe suicide that promote stigmatising attitudes, e.g. 'commit suicide' (implying it is a crime or sin) or referring to past suicide attempts as having 'failed' or been 'unsuccessful', implying death would have been a favourable outcome.



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HOW CAN I TELL HOW URGENT THE SITUATION IS?

Take all thoughts of suicide seriously and take action. Do not dismiss the person's thoughts as 'attention seeking' or a 'cry for help'. Determine the urgency of taking action based on recognition of suicide warning signs. Ask the person about issues that affect their immediate safety:

- Whether they have a plan for suicide.
- How they intend to suicide, i.e. ask them direct questions about how and where they intend to suicide.
- Whether they have decided when they will carry out their plan.
- Whether they have already taken steps to secure the means to end their life.
- Whether they have been using drugs or alcohol. Intoxication can increase the risk of a person acting on suicidal thoughts.
- Whether they have ever attempted or planned suicide in the past.

If the person says they are hearing voices, ask what the voices are telling them. This is important in case the voices are relevant to their current suicidal thoughts.

It is also useful to find out what supports are available to the person:

- Whether they have told anyone about how they are feeling.
- Whether there have been changes in their employment, social life, or family.
- Whether they have received treatment for mental health problems or are taking any medication.

Be aware that those at the highest risk for acting on thoughts of suicide in the near future are those who have a specific suicide plan, the means to carry out the plan, a time set for doing it, and an intention to do it. However, the lack of a plan for suicide is not sufficient to ensure safety.

HOW CAN I KEEP THE PERSON SAFE?

Once you have established that a suicide risk is present, you need to take action to keep the person safe. A person who is suicidal should not be left on their own. If you suspect there is an immediate risk of the person acting on suicidal thoughts, act quickly, even if you are unsure. Work collaboratively with the person to ensure their safety, rather than acting alone to prevent suicide.

Remind the person that suicidal thoughts need not be acted on. Reassure the person that there are solutions to problems or ways of coping other than suicide.

When talking to the person, focus on the things that will keep them safe for now, rather than the things that put them at risk. To help keep the person safe, develop a safety plan with them (See: box below). Engage the person to the fullest extent possible in decisions about a safety plan. However, do not assume that a safety plan by itself is adequate to keep the person safe.



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SAFETY PLAN

A safety plan is an agreement between the person and the first aider that involves actions to keep the person safe. The safety plan should:

- Focus on what the person *should* do rather than what they *shouldn't*
- Be clear, outlining what will be done, who will be doing it, and when it will be carried out
- Be for a length of time which will be easy for the person to cope with, so that they can feel able to fulfil the agreement and have a sense of achievement
- Include contact numbers that the person agrees to call if they are feeling suicidal, e.g. the person's doctor or mental health care professional, a suicide helpline or 24-hour crisis line, friends and family members who will help in an emergency.

Find out who or what has supported the person in the past and whether these supports are still available. Ask them how they would like to be supported and if there is anything you can do to help, but do not try to take on their responsibilities.

Although you can offer support, you are not responsible for the actions or behaviours of someone else, and cannot control what they might decide to do.

What about professional help?

Encourage the person to get appropriate professional help as soon as possible. Find out information about the resources and services available for a person who is considering suicide, including local services that can assist in response to people at risk of suicide such as hospitals, mental health clinics, mobile outreach crisis teams, suicide prevention helplines and local emergency services. Provide this information to the person and discuss help-seeking options with them. If they don't want to talk to someone face-to-face, encourage them to contact a suicide helpline.

Don't assume that the person will get better without help or that they will seek help on their own. People who are feeling suicidal often don't ask for help for many reasons, including stigma, shame and a belief that their situation is hopeless and that nothing can help.

If the person is reluctant to seek help, keep encouraging them to see a mental health professional and contact a suicide prevention hotline for guidance on how to help them. **If the person refuses professional help**, call a mental health centre or crisis telephone line and ask for advice on the situation.

If the person is an adolescent, a more directive approach may be needed. If an adolescent is reluctant to seek help, make sure someone close to them is aware of the situation (i.e. a close friend or family member). If the adolescent refuses professional help, also get assistance from a mental health professional.



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For people at more urgent risk, additional action may be needed to facilitate professional help seeking. **If you believe the person will not stay safe**, seek their permission to contact their regular doctor or mental health professional about your concerns. If possible, the health professional contacted should be a professional the person already knows and trusts. **If the person has a specific plan for suicide, or if they have the means to carry out their suicide plan**, call a mental health centre or crisis telephone line and ask for advice on the situation.

If the person has a weapon, contact the police. When contacting the police, inform them that the person is suicidal to help them respond appropriately. Make sure you do not put yourself in any danger while offering support to the person.

Be prepared for the person to possibly express anger and feel betrayed by your attempt to prevent their suicide or help them get professional help. Try not to take personally any hurtful actions or words of the person.

WHAT IF THE PERSON WANTS ME TO PROMISE NOT TO TELL ANYONE ELSE?

You must never agree to keep a plan for suicide or risk of suicide a secret. If the person doesn't want you to tell anyone about their suicidal thoughts, you should not agree but give an explanation why (for example, "I care about you too much to keep a secret like this. You need help and I am here to help you get it"). Treat the person with respect and involve them in decisions about who else knows about the suicidal crisis.

If the person refuses to give permission to disclose information about their suicidal thoughts, then you may need to breach their confidentiality in order to ensure their safety. In doing so, you need to be honest and tell the person who you will be notifying.

Keep in mind that it is much better to have the person angry at you for sharing their suicidal thoughts without their permission, in order to obtain help, than to lose the person to suicide.

WHAT SHOULD I DO IF THE PERSON HAS ACTED ON SUICIDAL THOUGHTS?

If the person has already harmed themselves, administer first aid and call emergency services, asking for an ambulance.

Keep in mind that despite our best efforts, we may not be successful in preventing suicide.

THE PERSON I AM TRYING TO HELP HAS INJURED THEMSELVES, BUT INSISTS THEY ARE NOT SUICIDAL. WHAT SHOULD I DO?

Some people injure themselves for reasons other than suicide. This may be to relieve unbearable anguish, to stop feeling numb, or other reasons. This can be distressing to see. There are guidelines in this series entitled [First aid guidelines for non-suicidal self-injury](#) which can help you to understand and assist if this is occurring.

TAKE CARE OF YOURSELF

After helping someone who is suicidal, make sure you take appropriate self-care. Providing support and assistance to a person is exhausting and it is therefore important to take care of yourself.



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An important note:

Self-injury can indicate a number of different things. Someone who is hurting themselves may be at risk of suicide. Others engage in a pattern of self-injury over weeks, months or years and are not necessarily suicidal. These guidelines are to assist you if the person you are helping is suicidal. If the person you are assisting is injuring themselves, but is not suicidal, please refer to the guidelines entitled [First aid for non-suicidal self-injury.](#)



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PURPOSE OF THESE GUIDELINES

These guidelines are designed to help members of the public to provide first aid to someone who is at risk of suicide. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves.

DEVELOPMENT OF THESE GUIDELINES

These guidelines are based on the expert opinions of people with lived experience of suicide (consumers and carers) and mental health professionals (clinicians, researchers and educators) who are from Australia, Canada, Ireland, New Zealand, United Kingdom and the United States of America.

Details of the methodology can be found in: Ross AM, Kelly CM, Jorm AF. Re-development of mental health first aid guidelines for suicidal ideation and behaviour: a Delphi study. *BMC Psychiatry* 2014; 14:241.

HOW TO USE THESE GUIDELINES

It is important to tailor your support to the needs of the person you are helping. These guidelines are a general set of recommendations only, and most suitable for providing mental health first aid in high-income countries with developed health systems.

These guidelines have been developed as part of a suite of guidelines about how to best assist a person with mental health problems. These other guidelines can be downloaded from:

mhfa.com.au/resources/mental-health-first-aid-guidelines

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Mental Health First Aid Australia. Suicidal thoughts and behaviours: MHFA Guidelines (revised 2014). Melbourne: Mental Health First Aid Australia; 2014.

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