

# OzHelp Suicide Prevention Booklet

S.A.L.T





**Acknowledgement:**

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## SALT

**See** the warning signs: What is the person trying to tell you through words, actions, feelings and experiences?

**Ask** about the suicide intent: Sometimes when someone is [invitations], they are thinking about suicide. Are you thinking about suicide?

**Listen** to the person. Listen to their answer (prove understanding, prove respect and keep an open mind).

**Tell** someone or **Take** the person to get appropriate assistance: This is about making sure EVERYONE involved is safe.

See last page of this book for useful contacts.

## SALT

This booklet is designed to:

- Give you tools for helping family and friends when concerned about their safety.
- Alert you to the risk of suicide.
- Help you respond quickly when someone might be at risk of suicide.
- Provide you with the steps that you can use to save a life.

## Who has thoughts of suicide?

Statistics indicate that 1 in 20 people have thoughts of suicide in any 1 year.

That leaves 19 out of 20 people that might like to HELP.



## Myths and facts of suicide

Statement	How could this statement (myth or fact) affect you as a caregiver?	Myth/Fact
People who talk about completing suicide are just attention-seeking and probably will not act on it.	'Attention seeking' can have a negative influence on our actions. We may step away and dismiss and individual's cry for help.	MYTH
A person with suicidal thoughts clearly wants to die.	We may believe that the individual is intent on dying and as a result, be less likely to intervene, believing that there is nothing we can possibly do.	MYTH
All people with thoughts of suicide are loners.	We may believe that only people who are loners will attempt or complete suicide and misinterpret indicators such as isolation.	MYTH
Relationship break-ups are so common, they do not cause suicide.	We may underestimate the effect of a relationship break-up on the individual.	MYTH
Many people think about suicide at some point in their lives.	We have the potential to believe that all people who think about suicide will act on those thoughts.	FACT
Talking about suicide may put the idea into someone's mind.	We may be scared to bring the subject into the open, fearing that we may encourage suicidal thoughts in the individual who may be at risk.	MYTH

## Reasons we may not help

Even through best intentions we may not take up the invitation to talk to a person at risk of suicide for a number of reasons.

- We may not notice the signs that the person is giving out.
- We may not take those signs seriously.
- Or we may pass up the opportunity to approach the person believing that there is nothing that we can do to help.

We all have our own attitudes towards suicide and our attitudes contribute to our perceptions of helping or not helping. It is important to help people feel normal about their previous encounters and let them know that it isn't their fault that someone is having thoughts of suicide.

## Attitudes to suicide:

### PANIC

A feeling of helplessness: "I'm just a friend, parent, neighbor... Not a trained crisis worker."

### CONSIDER

It is frightening but you can help. People who have thoughts of suicide, talk to those to whom they feel connected. By actively listening you may draw the person into a supportive like with you and away from destructive thoughts.

### FEAR

"What if I try to help and they do it anyway?"

CONSIDER - There is no point in avoiding this possibility. You should remember that people are responsible for their own decisions but this will not put your own feelings of fear at rest. Be aware of your feelings but address the person's feelings and concerns.

### FRUSTRATION

"I don't have time for this right now. Surely it can wait."

CONSIDER - Effective intervention can be short term and rapid. The person may need to connect with someone immediately when their feelings of helplessness and hopelessness are strongest.

### ANGER

"HOW much more am I expected to do for this person? How dare you do this to me?"

CONSIDER - Such anger is a cover for feelings of frustration in dealing with the situation. Acknowledging these feelings will free you from frustration, enabling more effective intervention.

### RESENTMENT

"I'm being used and manipulated with this attention seeking behaviour. It doesn't seem that serious to me."

CONSIDER - Talk of suicidal behaviour is usually an act of desperation rather than manipulation. It is a cry for help. Any such statement must be taken seriously and responded to.

## CONFLICTED

Confused: "If a person wants to kill himself, no one has the right to stop them," or "I don't understand why you are thinking like that – you have everything."

CONSIDER - A caregiver may feel this way when the choice has to be made whether to get involved or not. However, if you focus on your own beliefs, you may miss the fact that the person is undecided about dying. The very fact that the person is talking means he/she is undecided about dying.

## STRAPPED

Out of ideas: "Their situation seems hopeless. How am I ever going to find anything that will make this person want to live?"

CONSIDER - The caregiver need not get caught up in all the problems that brought the person to consider suicide. A short period of effective intervention can make a big difference.

## RESIGNED

To give up: "If I were in a similar situation, I would probably consider suicide too."

CONSIDER - Recognising your own attitudes to suicide is important. It is equally as important to recognise that, even if they are very different from those of the person in need, you can still help. Remember if they are talking to you they have not decided on dying.

**Write down some other attitudes or emotions that may arise**

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## How can you help?

Usually people who are distressed will look and act differently to when things are going well.

Learning how to observe a person will help you identify when they are at risk.

To help organise our observations we use a method called SALT to assist you identify the signs and appropriately react to the situation.

## The SALT strategy

- Step 1: See the warning signs
- Step 2: Ask about suicide intent
- Step 3: Listen to the person
- Step 4: TELL someone or TAKE care of the person, to get appropriate assistance





## Step 1: See the warning signs

To see the warning signs we must:

- S – Hear what the person may SAY
- A – Notice how the person may ACT
- F – Be sensitive to how the person may FEEL
- E – Know what they may have EXPERIENCED

### S – Hear what the person may SAY

- People with suicidal thoughts sometimes seek help by putting out “**invitations**” for help.
- They want to SAY it but most people do not recognize these invitations.
- Sometimes they will not use the word “suicide” and **may go about it in a roundabout way**.
- Sometimes people don’t recognise it in themselves that they are thinking about suicide.
- Even if they do know that that is what they are thinking of they may not say it.

**What the person with thoughts of suicide might SAY:**

**Directly:** “I’m going to kill myself”  
“I’m tired of living”

**Indirectly:** “Life’s boring”  
“Life’s not worth living”  
“It’s all too hard”  
“My family will be better off without me”

**Other communication:** Letters, poems, essays, diary/journal...

It is important to remember that just because a person expresses the indirect statements in isolation it doesn’t automatically mean that they are thinking about suicide. It is still useful to explore what is happening for that person to make them say those things.

## A - Notice how the person may ACT

- Increased risk taking behaviour
- Decreased work/academic performance
- Giving away prized possessions
- Writing a will/farewell letters
- Putting affairs in order
- Less involvement in interest & activities

### Changes in:

- Eating
- Sleeping
- Socialising
- Dress
- Music
- Alcohol and drug use

How else might the person with thoughts of suicide ACT?

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## F - Be sensitive to how the person may FEEL

**Feelings of:** loneliness, depression, stress, worthlessness, hopelessness & helplessness, extreme anxiousness, irritation & anger, moodiness, intolerable grief due to loss.

**Recovery:** Any *rapid recovery* from a state of depression should be watched closely. It could mean that the person has finalised his/her thoughts and decided to end their life.

How else might the person with thought of suicide **FEEL?**

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## E - Know what the person may have EXPERIENCED

- Previous suicidal attempts
- Significant bereavement
- Abuse
- Relationship breakdown
- Injury – loss of mobility
- Financial difficulties
- Unemployment
- Academic failure
- Persecution over sexual preferences
- Unwanted pregnancy

### Examples of losses:

Relationship separation/divorce, conflict with loved ones, loss of a parent/child/sibling/friends, work changes, increased stress, sexual orientation, physical, sexual, mental or emotional abuse, not getting on with peers, loss of control, pressure to conform, failing to meet expectations from yourself or others.

### Reaction to loss:

Suppression of emotions, social isolation, eating disorder, bullying or abusive behaviour, unrealistic expectation, interpersonal conflict, substance abuse, crime, reduced performance at work, self-harming behaviour.

## Step 2 – Ask about suicide intent

Are you thinking of killing yourself?

Or

Are you thinking of taking your life?

Sometimes when someone is [invitations], they are thinking about suicide. Are you thinking about suicide?

E.g., sometimes when people are missing work, worrying about things, and withdrawing from friends and family they are thinking about suicide. Are you thinking about suicide?

### Why ask this question?

- It is the question the person with thoughts of suicide most want you to ask
- It is the only way to be sure
- It brings the subject into the open
- It opens up helping dialogue

### What if they say NO?

It may be that you are reassured and your concern was unnecessary.

You could: Accept the “No” ...or use another pathway.

What if they say “Yes”, ask the person about their plan?

### Have you thought about:

- **When?**
- **How** you would end your life?
- Do you have **access to the means?**

## Step 3 – Listen to the person

A person in crisis is overwhelmed by the pain they feel inside and around them. The best way to release the pain is by talking about it with someone who will truly listen. Once all of the feelings that accompany a crisis have been talked about, the person is better able to find a way to respond effectively to the loss and the crisis.

Listening is suicide prevention's most powerful tool.

To listen effectively is to accept the feelings of the person talking.

It takes a lot of courage for someone to talk about the pain in their life. Try to understand how their feelings make sense for them, even if you feel differently.

### Don't

- Allow yourself to get caught up in the other person's feelings of hopelessness, despair or depression
- Try to reason the person out of it
- Use guilt, or try to make the person feel guilty
- Attempt to cheer the person up
- Talk about your own or other people's problems
- Avoid or discount the consequences of their actions
- Be judgmental or critical
- Dare the person to suicide
- Make promises

### Do

- Be **positive** and **hopeful**
- **Be there** for the person. Listen to their words and emotions, and give feedback.
- Be **accepting** and **non-judgemental**
- Be **caring, concerned** and **patient**
- **Ask** when you're not sure or something isn't clear
- **Stay with the person**, until you can get other help or are sure that he/she is safe
- **Remain calm**

## Step 4 – TELL someone or TAKE the person to get appropriate assistance

After feelings have been released and the situation and options explored, it is necessary to focus on the future. One key technique to use at this stage is making a 'no harm' agreement. This consists of:

- A promise not to complete suicide
- A concrete plan to connect to further resources (within a 24 hour time frame)
- Another definite meeting with you so that you can ensure the plan is working. The plan is designed to help a person in crisis continue the process of building self-esteem.

### Keeping them safe:

**What if they do not think the situation is serious or don't think extra help is needed.** "Let them know that you don't know either which is why extra help is needed (for both parties).

**Determine the means of suicide.** Where possible remove those means – car keys, medication, knives...

**Do not leave the person alone** you feel might injure or kill themselves. Take them to someone or get someone to come to you.

There is one overriding rule – **Keep yourself safe.** Never put yourself in danger. Get or call for help instead.

## PEOPLE WHO CAN HELP

- Your local Doctor
- Family/ Friends/Workmates
- Crisis Help Lines 1800 numbers
- Ambulance Service
- Police
- Counseling Services
- Mental Health Teams
- Hospitals
- Youth Action Groups
- Church/ Minister
- OzHelp

## Useful numbers

### OzHelp

1300 OZHELLP (1300 694 357)

### Lifeline

13 11 14

### Mental Health Services Helpline

1800 332 388

### Kids Helpline (2-25yrs)

1800 551 800

### MensLine Australia

1300 789 978

## Useful websites

### Australian suicide prevention:

**Commonwealth Dept. of Health and Ageing**

[www.health.gov.au](http://www.health.gov.au)

**National Suicide Prevention Strategy**

[www.livingisforeveryone.com.au](http://www.livingisforeveryone.com.au)

**The Salvation Army**

[www.suicideprevention.salvos.org.au](http://www.suicideprevention.salvos.org.au)

**Mindframe**

[www.mindframe-media.infor](http://www.mindframe-media.infor)

**Suicide Call Back Service**

[www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)

### Depression and mental health information

**Beyondblue**

[www.beyondblue.org.au](http://www.beyondblue.org.au)

**Black Dog Institute**

[www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)

**Blue Pages**

[www.Bluepages.anu.edu.au](http://www.Bluepages.anu.edu.au)

**DepressioNet**

[www.depressionservices.org.au](http://www.depressionservices.org.au)

**MoodGYM**

[www.moodgym.anu.edu.au](http://www.moodgym.anu.edu.au)

**SANE**

[www.sane.org](http://www.sane.org)

### YOUTH

**Headspace**

[www.headspace.org.au](http://www.headspace.org.au)

**Reach Out**

[ww.reachout.com.au](http://ww.reachout.com.au)

**Inspire**

[www.inspire.org.au](http://www.inspire.org.au)

**Youth beyondblue**

[www.youthbeyondblue.com](http://www.youthbeyondblue.com)



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