

# Caring for someone who has self-harmed or had suicidal thoughts

A family guide

This booklet is aimed at the families/carers of people who have self-harmed or had suicidal thoughts. It will be provided by hospital or GP staff and will help you understand the assessment processes and how you can contribute to supporting someone in this situation. It can be very difficult to have a family member who feels suicidal or self-harms, and to live with this kind of traumatic anxiety. That is why this guide has been developed for you.

Families often find it difficult to understand why their loved one feels suicidal or wants to harm themselves. Your family member may think they want to end their life, but very often that is not the case. They may harm themselves in an attempt to relieve emotional distress or communicate feelings that are hard for them to express verbally. While you may experience many different emotions in this situation (eg anger, guilt or worry) the most important things you can do for your family member are:

- be there for them and show you care;
- try not to judge them;
- help them get support to deal with their emotional pain.

This guide has three parts:

- 1.** What happens during a visit to the Emergency Department (new name for A&E), GP or GP out-of-hours (OOH) department.
- 2.** What you need to know following your family member's discharge.
- 3.** Moving forward after your family member returns home.

Contact details for relevant support organisations are provided on pages 14–15.

## Part one

### What happens during a visit to the Emergency Department, GP or GP out-of-hours (OOH) department

The goal of the Emergency Department or GP visit is to get the best outcome for the person at a time of emergency: resolving the crisis, stabilising the patient medically and emotionally, and making recommendations and referrals for follow-up care and treatment. There are several steps in the process and they all take time.

- Physical health assessment
- General mental health assessment
- Specialist mental health assessment

When someone attends after suicidal behaviour/suicidal thoughts or self-harm, staff will evaluate their physical and mental health. Staff typically look for underlying physical problems that may have contributed to the suicidal/self-harming behaviour, such as side effects from medications, untreated medical conditions, or the presence of street drugs or alcohol that can cause emotional distress.

While it is easier for staff to assess people who are sober, they should not dismiss things people say or do when intoxicated, especially comments about how they may harm themselves or others.

Staff may discuss the situation with the mental health team to determine the urgency of a specialist assessment, and advise you accordingly.

## Assessment

The member of staff carrying out the assessment should put your family member's suicidal behaviour/suicidal thoughts or self-harm into context. The assessment will generally focus on three areas:

- 1. What psychiatric or medical conditions are present?**
  - Are they being, or have they been, treated?
  - Are the suicidal behaviour/suicidal thoughts or self-harm a result of a recent change or are they a long-standing condition?
- 2. What did the person do to harm him or herself?**
  - Have there been previous suicide or self-harm attempts?
  - Why did the person act now?
  - What current stressors, including financial or relationship losses, may have contributed to this decision?
  - Does the person regret surviving the suicide attempt?
  - Is the person angry with someone?
  - Is the person trying to reunite with someone who has died?
  - What is the person's perspective on death?
  - Was there a suicide note?
  - How serious was the attempt?
  - What was the intention?
- 3. What support systems are there?**
  - Who is providing treatment?
  - What treatment programme is a good match for the person?
  - What does the individual and family feel comfortable with?

Following this assessment, staff may ask someone from the mental health team to evaluate your family member. Depending on the circumstances and your family member's physical and mental health, this may be carried out at the time of attendance or the next day. In some cases, overnight admission to hospital may be required.

**It is very important that your family member stays to have this evaluation carried out if they are asked to do so. If you think your family member is likely to leave before the evaluation is complete, please inform staff so your family member can be observed closely.**

## What staff need to know

Families are a great source of information and can have a major influence on the care plan developed for their family member. Sometimes your family member may ask staff to keep their information confidential and not to share details with you. Staff must respect your family member's wishes in this case. However, this does not stop you passing on information to staff.

The best decisions are made when all the relevant information is available. Families should:

- provide as much information as possible to staff on arrival;
- find out who is carrying out the mental health assessment and ask to speak to them to pass on information such as that listed on the next few pages.

## Inform staff if your family member has:

- access to a firearm, lethal doses of medications, or other means of suicide;
- stopped taking prescribed medicines;
- stopped seeing a mental health provider or physician;
- written a suicide note or a will;
- given possessions away;
- been in, or is currently in, an abusive relationship;
- an upcoming anniversary of a loss;
- started abusing alcohol or drugs;
- recovered well from a previous suicidal crisis following a certain type of intervention;
- been more depressed recently;
- been talking about suicide more;
- ongoing crises or problems.

If in future you have to accompany your family member to the Emergency Department or GP after suicidal behaviour/suicidal thoughts or self-harm, please remember to bring all medications, suspected causes of overdose, and any names and phone numbers of care providers who may have information.

Other important information to share with staff includes the following:

- Any family history of suicide/self-harm/mental health issues. Professionals should pay attention to this because there is an increased risk in families with a history of suicide/self-harm/mental health issues.
- Details about your family member's existing treatment or treatment team – eg a recent change in medication, the key worker or therapist is on holiday etc. This information is relevant because if they do not feel hospitalisation is best, they need to discharge your family member to a professional's care.

## **Follow-up care after attending the Emergency Department or GP**

After your family member's physical and mental health is thoroughly examined, staff will decide on the most beneficial course of action.

- If admission to hospital for further assessment or treatment is necessary, you and your family can begin to work with the receiving hospital to develop a plan for the next steps in your family member's care.
- If detention under the Mental Health Order is necessary, staff should explain this legal procedure to you so you have a clear understanding of what will take place.
- If staff and your family member do not feel hospitalisation is necessary, you and your family member should be involved in developing follow-up care arrangements. When developing these arrangements, consider the following questions as they should help you feel informed about the next steps to support both you and your family member.

## Questions to ask staff before you leave

The treatment team includes your family member's GP/Emergency Department staff and any others involved in their care. Ask the treatment team the following:

- What are the follow-up care arrangements?
- How did you come to that decision?
- Is there a follow-up appointment scheduled?
- What if there is a problem before the follow-up appointment?
- What is my role in the follow-up care arrangements? (see Part two for further details)
- What should we look for and when should we seek more help?
- Are there any support services for families and carers?

## Questions to ask your family member

It is okay for you to be honest and direct with your questions and concerns. Ask your family member the following:

- Do you feel safe to leave the hospital and are you comfortable with the follow-up care arrangements?
- Were you able to tell staff how you really felt?
- Do you want me to tell them anything else that you didn't get the chance to talk about?
- What else can I/we do to help you after you leave the Emergency Department/GP?
- Will you agree to talk to me/us if the suicidal thoughts/self-harming returns?
- If not, is there someone else you can talk to?



## Alternative care arrangements

In some cases, Emergency Department or GP staff may determine that an immediate assessment by the mental health team is not required and that alternative care arrangements are appropriate. You should be told what these arrangements are before you leave.

If this happens at the Emergency Department, the patient and family members should be given a card with details of the date, time, location etc of a follow-up appointment. This is known as the 'Card Before You Leave' service.

Make sure you clearly understand what the arrangements are and encourage your family member to attend. If they do not attend the appointment and you are concerned about them, contact the GP or the telephone number on the card.

## Longer-term care

Your family member may require on-going care from the mental health team in the Trust. In some cases they may be offered counselling or support from other organisations, such as the Self-harm Intervention Programme (SHIP) or other services in the community. Some people may be discharged back into the care of their GP.

## Your feedback

We are keen to hear your views about the care you have received. If you are unhappy with any aspect of the service, you can speak to the manager or enquire about how to make a complaint. Each Trust has a Complaints Department through which you can pass on your concerns. They are also happy to receive comments about positive experiences or suggestions on how things could be improved. You can also contact the Patient Client Council by phone: 0800 917 0222, or email: [info.pcc@hscni.net](mailto:info.pcc@hscni.net)

## Part two

### What you need to know following your family member's discharge.

Make safety a priority for your family member recovering from suicidal behaviour/suicidal thoughts or self-harm. Safety is ultimately an individual's responsibility, but a person who feels suicidal or self-harms often has a difficult time making good choices. As a family member, you can help your loved one make better choices while reducing the risk.

### Reduce the risk at home

To help reduce the risk of self-harm or suicide at home, here are some things to consider:

- Overdoses are common and can be lethal. If it is necessary to keep pain relievers such as aspirin, paracetamol or co-codamol in the home, only keep small quantities or consider keeping medications in a locked container. Remove unused or expired medicine from the home.
- Firearms are high risk and they should be taken out of the home and secured.
- Alcohol use or abuse can decrease inhibitions and cause people to act more freely on their feelings. As with pain relievers, keep only small quantities of alcohol in the home, or none at all.

## Have a safety plan

One of the most important aspects of the follow-up care arrangements is a safety plan to help prevent the incident happening again. The safety plan should be a joint effort between your family member and their GP/Emergency Department staff, any others involved in their care, and you.

You should know your family member's safety plan and understand your role in it. Ask if you are unsure.

- Know your family member's 'triggers' such as the anniversary of a loss, alcohol, or stress from relationships.
- Build supports for your family member with mental health professionals, family, friends and community resources.
- Work with your family member's strengths to improve their safety.
- Promote communication and honesty in your relationship with your family member.

Remember that safety cannot be guaranteed by anyone. The goal is to reduce the risk and build supports for everyone in the family.

## Looking after yourself and other family members

Families commonly provide a safety net and a vision of hope for their family members who are feeling suicidal or self-harming, and that can be emotionally exhausting.

Never worry alone – get support from relevant organisations and seek professional input whenever possible.

Ask your GP or anyone else involved in the care of your loved one about support for yourself or others in your family if needed. You may be able to have a Carer's Assessment to identify what support you need. Support for families and carers of people who self-harm is available from the Self-harm Intervention Programme (SHIP) and a health professional will provide you with contact details for this service if it is appropriate for you.

Use the resources on pages 14–15 of this booklet, the local directory of services, the internet – [www.mindingyourhead.info](http://www.mindingyourhead.info) – or family and friends to help you create a support network.

You do not have to travel this road alone.

## Part three

### Moving forward after a family member returns home

Care in the Emergency Department, or through your GP, is short term and geared towards dealing with a crisis, but some longer-term interventions have been shown to help reduce suicidal behaviour/suicidal thoughts or self-harm.

- If your family member has been diagnosed with a mental illness, they may need to take medication to reduce their risk of suicidal behaviour/suicidal thoughts or self-harm, and follow-up assessment with a mental health specialist may be necessary. Talk to their GP about appropriate medication and other support services, eg counselling, that may be suitable.
- If your family member abuses alcohol or other drugs, it is also very important to get help for this problem along with the suicidal behaviour/suicidal thoughts or self-harm. Seek out a substance abuse specialist, or groups like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), to help your loved one. Al-Anon may be a good source of support for you as a family member. There may also be other services in your local community.
- Please reach out for help in supporting your family member and yourself through this crisis. See pages 14–15 of this booklet or the local directory of services, or visit [www.mindingyourhead.info](http://www.mindingyourhead.info) for a list of telephone numbers and support organisations to help you and your family member move forward with your lives.

## Getting help for someone who has self-harmed or is at risk of suicide/self-harm

When your family member has self-harmed or had suicidal thoughts, you need to help them get the right support.

People who have self-harmed need to be medically assessed to determine the seriousness of the incident. In emergency situations, your family member should be brought to the Emergency Department or an ambulance should be called.

If someone in your family reports suicidal thoughts but has not acted upon them, they should urgently see their GP or contact the GP OOH service (open 24 hours). See page 15 of this booklet for GP OOH contact details. The GP will carry out an assessment in a calm and quiet environment. If the GP feels it is necessary, they will refer your family member for a same day emergency assessment by a mental health professional (eg nurse, social worker) from the Trust mental health team.

If your family member reports suicidal thoughts while intoxicated, you should urgently contact their GP or GP OOH service, who may recommend taking them to the Emergency Department or another appropriate location for assessment. If you are in doubt and concerned, your family member should be taken to the Emergency Department.

### Lifeline

If you, or someone you know, is in distress or despair, call Lifeline free on **0808 808 8000**.



Lifeline

Calls to Lifeline are answered by trained counsellors who can provide help and support. Counsellors are experienced in dealing with suicide, self-harm, abuse, trauma, depression, anxiety and many other issues. Lines are open 24 hours a day, seven days a week. Calls are free from landlines and mobiles.

(Textphone: 18001 808 8000)

## **Samaritans**

Tel: 116 123

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

Email: [jo@samaritans.org](mailto:jo@samaritans.org)

## **Other support organisations**

For support organisations, review your local *Directory of services to help improve mental health and emotional wellbeing*, which you can get from your GP or the health improvement department in your Trust. Alternatively you can visit: [www.mindingyourhead.info](http://www.mindingyourhead.info)

## **GP OOH services**

### **Belfast Area**

North and West

Tel: 028 9074 4447

South and East

Tel: 028 9079 6220

### **Southern Area**

Tel: 028 3839 9201

### **South Eastern Area**

North Down and Ards

Tel: 028 9182 2344

Lisburn and Downpatrick

Tel: 028 9260 2204

### **Northern Area**

Tel: 028 2566 3500

### **Western Area**

Tel: 028 7186 5195



Public Health  
Agency

**Public Health Agency**

12-22 Linenhall Street, Belfast BT2 8BS.

Tel: 0300 555 0114 (local rate).

[www.publichealth.hscni.net](http://www.publichealth.hscni.net)

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