



O blaidd gwell  
iechyd meddwl  
For better



Dynamic Ways of Engaging People

**Positive Choices**  
helping prevent suicide across Wales



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## **Connecting with People** Training in Suicide Awareness

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- **2 hour suicide awareness** - All reception staff, support workers, practitioners of all disciplines including medical, nursing and social care professionals
- **1 day suicide response training** - Key workers and RMO's, interested others with clinical duties
- **2 hour self harm in individuals with a Learning Disability awareness** - Practitioners with an ongoing therapeutic relationship with individuals who self harm

<b>Learning methods</b>	Facilitated session. Some lecture style information given regarding statistics, patients' stories, large group, small group, pair and individual learning. Experiential learning.
<b>Learning media ie. handouts</b>	Power point (mainly pictures), flip charts, post-it notes and handouts.

### **Draft overview of the 2 hour Suicide Awareness Session:**

- **Introduction:** Explore myths/stigma in relation to self harm, overview of suicide and self harm research – engage them in the subject. Relevance of suicide prevention.
- **Preventability of suicide:** Suicidal people are ambivalent and intense suicidal impulse may be short lived. Engage with patient stories of individuals who changed their minds.
- **“Can I help this person keep themselves safe today?”** Participants to understand their personal contribution to the possible prevention of self harm or suicide.
- **A few minutes to save a life:** Rapport building and empathic relationships in a demanding and time pressured environment. Suggested techniques and phrases. One simple rule: “How would you like to be treated?”
- **How to ask about suicidal thoughts:** View suicidal thoughts as symptoms, introduce to suggested phrases and questions. Use the peer reviewed *Cole-King Continuum*, a user friendly framework to assess suicidal thoughts. How to elicit details of suicidal thoughts.
- **Introduction to the concept of suicide mitigation.**
- **Recommendation for further training:** Overview of ASIST a 2 day Suicide Intervention Skills Workshop and advanced LD 1 day Suicide Risk Response Training.

### **Draft overview of the 1 day Suicide Risk Response Training Programme:**

- **Introduction:** Explore myths/stigma in relation to self harm, overview of suicide and self harm research – engage them in the subject. Relevance of suicide prevention.
- **Preventability of suicide:** Suicidal people are ambivalent and intense suicidal impulse may be short lived. Engage with patient stories of individuals who changed their minds.
- **“Can I help this person keep themselves safe today?”** Participants to understand their personal contribution to the possible prevention of self harm or suicide.
- **A few minutes to save a life:** Rapport building and empathic relationships in a demanding and time pressured environment. Review of suggested techniques and phrases.
- **Risk identification, risk factors and protective factor:** People are complex systems and increasing understanding of how people’s behaviour and characteristics (both assessor and patient) can affect risk identification and response; Evidence-based risk factors and protective factors; using a therapeutic framework to instil hope in suicidal individuals.
- **How to undertake a basic risk assessment:** Take everyone seriously, why risk assessment is a skilled process - demystify the process of suicide risk assessment while showing potential dangers. Use the peer reviewed *Cole-King Continuum*, a user friendly framework to assess suicidal thoughts. How to elicit details of suicidal thoughts. Show how some patients can be encouraged to self monitor their own suicidal thoughts and introduce to the concept of a ‘crisis signature’; Overview of particularly high risk groups, for example previous self harm, patients with a mental illness, patients with a dual diagnosis, intoxicated individuals.
- **Suicide risk assessment mitigation in Learning Disability services:** Immediate assessment of risk and then safe, clinically appropriate patient management; Introduce to the concept of ‘*risk factor mitigation*’; Co-creating crisis plans with patients; Teaching practitioners to ‘*speak the language*’ in order to provide an effective referral to Mental Health colleagues; Prioritising referrals.
- **‘C-K Bank of Hope’:** Simple 2 minute therapeutic techniques from the peer reviewed ‘*C-K Bank of Hope*’ to instil hope that can be used in opportunistic clinical situations whenever a patient becomes distressed;
- **Appropriate referrals:** Referrals to non-specialist services (e.g. housing/benefit support, local self-help groups, community/faith supports etc.) Accepting referrals from other agencies – awareness of front-line workers trained in ASIST.
- **Review:** Summary of the day and discussion about how to incorporate participant’s refreshed and consolidated knowledge and skills into daily practice; Discussion about current documentation and risk assessment processes.
- **Recommendation for further training:** Overview of ASIST a 2 day Suicide Intervention Skills Workshop.