How can we prevent suicide in homelessness services?

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Homeless Link is the membership body for organisations ending homelessness in England. We commissioned 'Suicide prevention: Guidance for homelessness services'[1] in response to concern from our members about the challenges and anxieties their teams were facing around suicide risk. These conversations raised two main areas of concern: how to assess and reduce the risk of suicide in services, and how to support staff teams following a death by suicide. This article outlines the key elements of our guidance and how we hope it will be used to prevent suicide in homelessness services.

SUICIDE AND HOMELESSNESS – AN INCREASED RISK

There were 5,965 suicides registered in the UK during 2016.[2] People who are homeless will often be in more than one group with a high risk of suicide including, for example: "men, people who self-harm, people who misuse alcohol and drugs, people in contact with the criminal justice system".[3] The trauma of being homeless and related issues, such as poverty and isolation, also increase risk. As a result, the homelessness sector has a vital responsibility for suicide prevention, yet many organisations are unsure of their role.

Where suicide prevention rests at the level of individual support work and risk assessment, there are rarely specific training and protocols in place. This means that often support workers lack confidence to talk about suicide and may feel anxious that raising this issue could increase the risk of self-harm or a suicide attempt. They may seek to make a referral to mental health services, only to find that their client does not meet the threshold for statutory support, and not know how else to proceed, exacerbating anxiety for both worker and client.

We recommend that organisations take a strategic approach that makes suicide prevention a shared responsibility and part of everyday practice, rather than something that individual workers only face in a crisis. By doing this, staff teams will be able to have conversations about risk and safety, knowing how to follow protocols to escalate any concerns and being confident that they are doing the right thing to keep people safe.

DEVELOPING AN ORGANISATIONAL APPROACH

Homelessness services should create a Suicide Prevention Protocol specific to their context, e.g. thinking about the particular issues arising in an accommodation project or day centre. The protocol helps to create a consistent approach across teams and reinforce a shared understanding of their role. The objectives of a protocol are to:

- Promote good practice in suicide prevention across the organisation
- Be aware of the wider causes of suicidal thoughts and feelings, including mental ill health and, therefore, to provide a safe and welcoming environment for all service users
- Provide a framework to enable staff to feel empowered to talk to individuals about how they are feeling and then develop an appropriate safety plan
- Provide guidance to staff on referrals for specialist assessment and intervention as part of the safety plan
- Ensure that all team members are proactively engaged in suicide prevention and, where appropriate, they record details of discussions and serious incidents to promote organisational learning.

The Department of Health strategy 'Preventing suicide in England'[4] recommends that local areas establish a Suicide Prevention Partnership, bringing together a wide range of agencies, including the voluntary sector. Homelessness services should join these partnerships, as many of the issues affecting the people they support will overlap with the work of other local agencies, e.g. police.

SAFETY PLANNING

The introduction of a local Suicide Prevention Protocol has to be accompanied by training for staff, as it is their ability to have compassionate conversations that will reduce the risk of deaths by suicide. They must be able to ask about mental health symptoms or thoughts of self-harm in a calm and supportive manner, creating an environment in which people feel able to disclose suicidal thoughts and feel that

1 www.homeless.org.uk/suicide-prevention

2 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2016registrations

3 'Local suicide prevention planning: A practice resource', Public Health England, October 2016 www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan

4 www.gov.uk/government/publications/suicide-prevention-strategy-for-england

these will be taken seriously. Staff will be supported in this by clear, low threshold processes to escalate concerns to managers, as well as knowing how to involve health services when needed.

We hope that these conversations form part of a wider shift towards psychologically and trauma-informed working in the homelessness sector, with collaborative safety planning as a core part of the support offer. The process of developing a safety plan usually takes place over a period of time, as trust and rapport develops. Suicide is a sensitive topic and staff should allow a person to tell their own story as far as possible, calmly asking open questions and looking at strengths – what makes them feel hopeful, what reminds them of their reasons for living, what comforts them – as well as asking about past or present suicidal thoughts and previous self-harm. As well as training, staff may initially need additional support from their manager to plan for and reflect on these conversations. Over time, their skills and confidence will grow as these conversations become a natural part of their support, the need for crisis management will reduce, and the topic of suicide create less anxiety.

Each person's safety plan should be developed in collaboration, drawing on the individual's internal resources and external support when they experience suicidal thoughts and feelings. It is also important to engage other professionals supporting the person, such as the Community Mental Health Team or a keyworker from drug and alcohol services. Where appropriate, and where consent is given, it can be helpful to engage with friends or family members.

Key areas to cover in the safety plan include:

- What helps the individual to manage suicidal thoughts or feelings in their experience? What coping strategies have been useful in the past/what support is needed?
- What is the best course of action for them in the event of a crisis? What will they want to do when they experience suicidal thoughts and feelings?
- Who do they prefer to speak to when they have suicidal thoughts or feelings? This may include a friend or relative, a staff member in your project, another professional or a telephone helpline.
- Which other agencies can they contact or who are they happy to be contacted by staff on their behalf (such as support or advice lines, Mental Health Teams or Emergency Services)?
- Depending on circumstances, service users may be able to identify a safe place to go.

Staff should also know the emergency protocol if there is an assessment of immediate suicidal intent. This will may mean contacting the duty worker at a GP surgery or Community Mental Health team or calling the emergency services. Consent should be sought for referral when possible or local procedures for overriding consent followed where there is significant risk of harm. All actions should be documented.

RESPONDING AFTER A SUICIDE

Services have told us that their staff struggle to cope after a suicide. Teams may feel unsupported, unsure of how to manage their own emotions and therefore struggle to support others. There may be anger towards the organisation, focused on a lack of management support or failure of prevention. It is vital that the organisation responds to the needs of staff quickly, with the protocol setting out clear steps for the responsible manager. Support for staff may include offering compassionate leave, clinical supervision or referral to counselling. There should be a serious incident review to look at what lessons can be learned and make recommendations.

It is equally important that the organisational protocol sets out how the people using their service will be informed and supported. Where staff are anxious about discussing suicide, this reluctance may well increase after a death, resulting in a lack of communication to other people about what has happened. This may be influenced by the misguided assumption that people using homelessness services are more likely to respond to bad news in destructive ways (e.g. substance misuse) than the staff team hearing the same news. As a result, staff may avoid sharing information to reduce these perceived risks. However, not keeping people informed and supporting them in their grief contributes to an environment in which people do not feel able to disclose thoughts of suicide, thereby reducing the opportunities to prevent future harm.

This issue was highlighted by the charity Groundswell, whose partner project with *the Pavement* magazine included a feature edition on suicide.[5] Peer journalists spoke to people homeless in London and found that many of them had lived in services where someone had died by suicide, or had themselves felt suicidal, but had not been offered support. Groundswell's work highlights the need for staff teams to be trained and for organisations to raise awareness of how to prevent suicide, with the full involvement of the people using their services.

CONCLUSION

The homelessness sector in England should be playing a key role in suicide prevention, as the people we work with are often at high risk, yet too often they are not getting the support that they need. By taking an organisational approach and implementing local suicide prevention protocols that include staff training, safety planning and improved communication, we can improve our response and reduce the risk of suicide in our services.

"[T]he homelessness sector has a vital responsibility for suicide prevention, yet many organisations are unsure of their role."

5 http://groundswell.org.uk/what-we-do/information-for-action/from-the-ground-up/