Communicating about suicidality

Worker prompts

insight
Centre for alcohol and other drug training and workforce development

This worker resource is designed to remind you of the things you learned in the Communicating about Suicidality eLearning module, and to help you put some of these communication principles into practice within your work. We invite you to draw inspiration from this resource. If there are aspects that don't fit your personal style or your role, feel free to add your own modifications, or to leave that part behind.

Communication about suicidality can occur with many people including the person, their support people, workers within your team, and workers in different services. When you see examples below, they will say "You/[client name]" to reflect this.

Communicating important issues using the IMV model

This involves using the IMV model to identify and describe the most important aspects of the person's situation that relate to suicidality.

Some questions you may consider:

- Which parts of the IMV model does the person seem to be experiencing? How are these showing up in their life?
- Based on the parts of the model the person is and is not experiencing, where do they seem to be within the IMV model?
- Which parts of the model (that the person is experiencing) are the most concerning? (Usually, the most concerning parts are those closest to *suicidal behaviour*).

Ways to start the conversation:

- "You/[client name] have mentioned a few things that my training tells me may make you/them vulnerable to developing increased suicidality down the track. These include … [include relevant parts of the IMV model (e.g. a plan to end your life, frequent thoughts about suicide, a belief that dying would solve your problems, a sense that things will never get better, difficulty managing distressing feelings, etc.)]"
- "There are some things from your/[client names]'s background that let us know you/they may benefit from early action to prevent you/them from developing increased suicidality. Some of the things that make me think this are … [include relevant parts of the IMV model]."
- "The following experiences place you/[client name] at increased risk of suicidality … [include relevant parts of the IMV model]."
- In order to help give a clearer picture for people who aren't familiar with the IMV model, it can be useful to compare the parts of the model a person is experiencing with those they are not.
    - For example "Even though you/[client name] don't have a suicide plan or past suicide attempts, I'm still concerned about you/them because you/they do spend a lot of time wishing you/they were dead, feel like you/they are a burden, and don't have anything you/they are looking forward to."

Communicating about available resources

This involves identifying aspects of a person's situation that reduce suicidality, and determining how robust these resources are.

Some questions you may consider:

- What things stop the person from ending their life (or have done so in the past)?
- Which of the four features of an ideal available resource do each of the person's available resource have? Ideally, an available resource: (i) reduces risk, (ii) is easily accessible, (iii) is effective for the level of distress the person is experiencing, and (iv) is valuable/meaningful to the person.
- Can new resources be added (or existing resources modified) to further protect against suicidality?

Ways to start the conversation:

- "You/[client name] also have things that help decrease your suicidality. These include … [include available resources]."
- "Although [available resource] is very effective, it is also hard to access because [reason]. This means this available resource isn't always reliable, and others are needed to support it."
- "[Available resource] helps you/[client name] feel more chilled out when you're/they're a little stressed, but it doesn't seem to work so well when you're/they're very suicidal. Can we think of some other resources to use when things are really tough?"
- "You/[client name] have mentioned that [available resource] is easy to access and sometimes helps you feel better, but that it feels kind of weird to do/use. Can we spend some time thinking about ways to change this resource so that it feels more comfortable or meaningful?"

Please turn over

Foreseeable changes

This involves identifying upcoming events likely to increase suicidality, in order to plan ahead.

Some questions you may consider:

- Is the change I'm thinking of specific?
  - It is frequently not helpful to focus on changes that are hard to define (e.g. "the person may get worse").
- Do I know this change is likely to happen?
  - It is frequently not helpful to focus on changes that we aren't reasonably sure are going to take place (e.g. we would not focus on the possibility that the person's pet could die if we didn't have a good reason to believe its health was at risk).
- What protective strategies can be put in place to help the person manage their increasing stress as the change approaches, or to help the person cope when the change occurs.

Ways to start the conversation:

- "I know that you/[client name] has [foreseeable change] coming up, which may make your/their suicidality more intense. It could be useful to think about how we can plan ahead to help cope with this."
- "You mentioned that you/[client name] has [foreseeable change] coming up. What can we do to help manage stress while we wait? Can we put some just-in-case plans in place so that we know what to do if the worst happens?"
- "You/[client name] have mentioned that [foreseeable change] might occur. If this takes place, it is likely that your/their suicidality will increase."

Communicating your level of concern

These are strategies for explaining how concerned you are about a person's suicidality (and why) by thinking about previous times in the person's life or other people you work with.

Some questions you may consider:

- Is the person's suicidality notably greater than or less than most people your service sees? What makes you think this?
  - *Note: This question and the one below is not about comparing different people's pain. Instead, it is designed to prompt a thinking process about the factors that contribute to a person's suicidality.*
- What is it about the issues going on for [current client] that make me more/less concerned about their suicidality than [other client]? How come?
- What is the closest the person has come to attempting suicide in the past? Do you think the person is closer or further away from a suicide attempt at the moment? How come?
- What recent changes has the person experienced (e.g. gaining or losing available resources, gaining or losing stressors)? Do you think these make the person more or less likely to attempt suicide? How come?
- Do you think the person is getting better or worse? How come?

Ways to start the conversation:

- "Your/[client name]'s suicidality seems to be higher than/similar to/lower than most people who we see here because ... [include aspects of the person's life and suicidality that distinguish them from the majority of people within your service]."
  - E.g. "[Client name]'s suicidality seems to be higher than most people we see here at [service] because [client name] has a plan to end her own life and has said she will do it the first time she gets the chance. Most people at [service] do not have a clear plan, and have more reservations about enacting it."
- "Compared to the last time you/[client name] attempted to end their own life, his/her suicidality appears to have increased/stayed the same/decreased because [include relevant information about stressors and available resources]."
  - E.g. "Compared to the last time you attempted to end your life, you have gained a lot more skills and support, such as strategies to manage your emotions and the new friends you have made at your book club. Also, now that you see your brother less, you are having less arguments. Would you agree that this has been linked with a decrease in your suicidality?"