Challenging Phone Calls in the Workplace:
Listening, understanding and responding to people at risk of suicide

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Suicide and medically treated self-harm in Ireland: The tip of the iceberg

Suicide
Approx. 550 p.a.

Medically treated self-harm
Approx. 12,000 p.a.

“Hidden” cases of self-harm
Approx. 60,000 p.a.
Trends in rates of self-harm and suicide in Ireland

Trends in rate of suicide

Age-standardised rate per 100,000
Suicide is often associated with multiple risk factors –

Combination of risk factors associated with suicide among people who were unemployed at time of death

- Construction/Production sector
- Drugs in toxicology
- Benzodiazepines in toxicology
- History of alcohol and/or drug abuse
- Opiates in toxicology
- History of self-harm
- Attended outpatient psychiatric treatment
- Living with family of origin
- Day of the week died: Saturday
- Family or close friend died by suicide
- Divorced/Seperated
Challenges when communicating with a distressed person by telephone

- No face to face contact
- No personal relationship with the individual, no information on the person’s history
- Difficult to understand and interpret stressful situation ‘from a distance’
- People becoming emotional during the telephone call
- Time pressure
- Access to services
Listening is the first fundamental step towards preventing suicide
Active Listening

- Be warm and supportive
- Show interest
- Ask for clarification
- Be empathic
- Allow time
- Be silent
Understanding possible risk of suicide is fundamental to act effectively.

- Listening
- Understanding
- Responding
Common myths about suicidal behaviour

“There is a risk of evoking suicidal thoughts in a person's mind if you ask about it”
Common myths about suicidal behaviour

“Once a person has had suicidal thoughts, he/she will never let them go”

Cognitive Behavioural Intervention for self-harm: randomised controlled trial

Background

The article discusses a cognitive-behavioural therapy (CBT) intervention for self-harm. The study aimed to evaluate the efficacy of CBT in reducing self-harm episodes and improving wellbeing in patients with a history of self-harm.

Methods

The study was a randomised controlled trial with two arms: treatment and control. Participants were young adults aged 16-18 years who had a history of self-harm. The treatment group received CBT, while the control group received usual care. The primary outcome measure was the number of self-harm episodes in the previous 6 months.

Results

The intervention group showed a significant reduction in the number of self-harm episodes compared to the control group. Participants in the treatment group also reported improved wellbeing and reduced levels of depression and anxiety.

Conclusion

Cognitive-behavioural therapy is an effective intervention for reducing self-harm episodes in young adults. Further research is needed to explore the long-term effects of CBT on self-harm.

“Once a person has had suicidal thoughts, he/she will never let them go.” - Albert Einstein
Signs of depression and increased risk of self-harm and suicide

- Feelings of sadness or hopelessness
- Withdrawal from social activities/relationships
- Changes in sleeping or eating habits
- Lack of energy and fatigue
- Major changes in mood
- Problems with attention and concentration
- Poor performance at work or at school
- Accumulation of stress/traumatic events
- Direct/indirect communication referring to suicide

Often a combination of these aspects
Risk factors associated with self-harm and suicide

- Mental health problems, including:
  - Depression
  - Alcohol and Drug abuse
  - Psychotic symptoms, such as schizophrenia
- People in a life crisis (social isolation, unemployment, debts, divorce, trauma)
- People who have experienced sexual abuse/physical maltreatment/emotional abuse in childhood
- People who have experienced either completed or attempted suicide in their family or among friends
- People who have engaged in self-harm
- People who have recently been discharged from a psychiatric hospital
Indicators for high risk of suicide

• Pressing suicidal thoughts
• Hopelessness and strong feelings of guilt
• Both open and undisclosed announcements of suicide
• Actual plans or preparations for suicidal acts
• No distance can be created from suicidal ideas or intention to attempt suicide
Responding appropriately to questions and immediate needs

- Listening
- Understanding
- Responding
Interaction and communication about suicidal thoughts - Advantages:

• Gives the person a chance to unburden

• Encourages help seeking behaviour

• Can impede or delay acting on suicidal impulses

• Keeps the lines of communication open and stay connected
Protective factors associated with prevention of mental health problems and suicide risk

- Social support
- Living with a partner /spouse
- Positive attitude towards the future
- Responsibilities towards others
Short-term responses in dealing with risk of self-harm and suicide

- Involve the suicidal person where possible
- Elicit the extent of distress and intention using ordinary, everyday, sensitive conversation
- Do not be judgmental or display shock
- Listen empathically
- Motivate and support help seeking behaviour (provide information on relevant services)
Personal Safety

• Be aware of limitations to your role and responsibility

• In situations of possible suicide risk, it is important to operate according to clear policy around the responsibility and sharing of information

• Comprehensive assessment can only be provided by mental health professionals

• It would be important to have the possibility to debrief on a structural basis
Procedure for ‘at risk’ telephone call

Criteria to determine level of risk

Inform caller re policy to discuss case with supervisor & possibility that supervisor will contact them directly

Discuss call with designated supervisor (debrief & options for referral)

Supervisor to contact the caller directly with recommended referral

Access to peer support, supervision and regular training on an on-going basis
Where to find help?

• Local GP or family doctor

• South-Doc: 1890 335 999

• Samaritans: 1850 60 90 90

• Aware: 1890 303 302

• HSE Information Line: 1850 24 1850

• Pieta House: 021-4341400

www.yourmentalhealth.ie   www.mabs.ie
www.samaritans.org        www.aware.com
“Suicide does not end the chances of life getting worse. Suicide eliminates the possibility of it ever getting better”
Thank you!

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