



**MENTAL HEALTH
FIRST AID®**

For Anyone. For Everyone.®

SUICIDAL THOUGHTS & BEHAVIOURS AND DELIBERATE SELF-INJURY

GUIDELINES FOR PROVIDING MENTAL HEALTH FIRST AID TO AN ABORIGINAL OR TORRES STRAIT ISLANDER PERSON



Purpose of these guidelines

These guidelines describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who may be at risk of suicide or is suspected to be deliberately injuring themselves. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves. The guidelines aim to be respectful of cultural differences in understanding and treating mental illness. More information regarding culturally respectful first aid practice can be found in *Cultural Considerations and Communication Techniques: Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*.

Development of these guidelines

The following guidelines are based on the expert opinions of Aboriginal clinicians from across Australia, who have extensive knowledge of, and experience in, mental health.

Although these guidelines are copyright, they can be freely reproduced for non-profit purposes provided the source is acknowledged.

Enquiries should be sent to: Professor Tony Jorm, Orygen Youth Health Research Centre, Locked Bag 10, Parkville, VIC 3052, Australia, email: ajorm@unimelb.edu.au.

This research was funded by a grant from the *beyondblue* Victorian Centre of Excellence in Depression and Related Disorders (bbVCoE), an organisation that supports innovative, high-quality research across disciplines to improve prevention and treatment of depression and related disorders. More information on the bbVCoE can be found at www.beyondblue.org.au

How to use these guidelines

In these guidelines the word *Aboriginal* is used to represent all Australian Aboriginal and Torres Strait Islander people.

These guidelines are a general set of recommendations about how you can help an Aboriginal person who may be suicidal or deliberately injuring themselves. Each individual is unique and it is important to tailor your support to the person's needs. These recommendations therefore may not be appropriate for every person who has suicidal thoughts or intentions, or every person who is deliberately injuring themselves without suicidal intent. It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding, approaches and treatment of mental illness. Be aware that the individual you are helping may not understand mental illness in the way that you do. Try to be familiar with their way of understanding.

Also, the guidelines are designed to provide first aid in Australian Indigenous communities and may not be suitable for other cultural groups or for countries with different health systems.

SUICIDAL THOUGHTS & BEHAVIOURS

How can I tell if someone is feeling suicidal?

You should always consider the spiritual and cultural context of the person's behaviours, because what is considered suicidal behaviour in one culture, may not be in another.

Learn about the behaviours that are considered warning signs for suicide in the person's community. One way to tell if someone is feeling suicidal, is to ask them. Never ignore a person's expressions of suicide; if you think that someone might be having suicidal thoughts, you should act immediately.

SIGNS A PERSON MAY BE SUICIDAL

- Threatening to hurt or kill themselves
- Looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped, like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

Adapted from Rudd et al (2006). Warning signs for suicide: Theory, research and clinical applications. *Suicide and Life-Threatening Behavior*, 36:255-262

How should I talk with someone who is feeling suicidal?

Have a yarn with the person and ask them how they are feeling. Tell them that they may feel better once they have spoken about their problems. Discuss the issue of suicide in a clear manner and ask the person directly:

- Are you thinking about suicide?

It is important that you do not avoid use of the word 'suicide' unless the person's community does not find the term acceptable. If the community does not refer to 'suicide' then try to use alternative words. For example, you could ask:

- Do you wish you were dead? or
- Are you thinking about taking your own life?

If the person says or suggests that they are suicidal, you must take them seriously. Even if the person expresses only vague suicidal ideas, such as "what's the point?" or "I can't be bothered going on", it is important to find out whether they have definite plans or intentions to take their life. To do this you need to ask

them some specific questions about their plans and intentions. For example you could ask:

- Do you have a plan for suicide?
- How do you intend to suicide?
- Have you already got the things you need to end your life?

Understand that the threat of suicide may indicate that the person is trying to communicate just how badly they feel. It is important therefore that you never argue with the person about their thoughts of suicide and never dare the person to take their own life. Try not to express negative judgment about the person, their thoughts or their intentions. Instead, allow the person to discuss their feelings and their reasons for wanting to die, and acknowledge the person's courage in doing so.

How can I tell if the situation is serious?

It is not always easy to tell how serious the situation is. Be aware that the person may not admit to suicidal feelings because of a sense of shame or for other reasons.

Also, be aware that the person may or may not have a plan, as sometimes suicide is well planned but sometimes it is impulsive.

To assess the risk you need to look at the following factors:

- Has the person been using drugs or alcohol?
If the person is intoxicated it may increase the risk of suicide. Whether the person is drunk or sober you must take them seriously if they say they are suicidal.
- Has the person ever known anyone who has died by suicide?
If the person knows someone who has died by suicide, it may increase their suicide risk, especially if the death occurred recently.
- Has the person ever made a suicide attempt in the past?
People who have a history of suicidal thoughts and behaviours are at a greater risk of suicide in the future.
- Is the person still talking to their family and friends or have they experienced any relationship breakdowns recently?
Family troubles or social isolation can place the person at increased risk of suicide.

Once you have established that the risk of suicide is present, you need to take action to keep the person safe.

How can I keep the person safe?

Do something to help comfort the person, such as sitting with them, making them a hot drink or offering them your time and support. To reduce the risk that the person will take their life, encourage them to avoid excessive use of drugs or alcohol, and offer 24-hour safety contacts in case they feel unable to continue (e.g. suicide telephone helpline, professional helper, or family member).

A person who is actively suicidal must not be left on their own.

If you can, stay with the person and discuss with them the options that may assist them to cope. Without making the person feel judged, discuss their specific problems and try to help them work out ways of dealing with difficulties that seem impossible to overcome. Focus on the person's strengths by getting them to think about ways they have coped in the past. Find out what has supported the person in the past and whether these supports are still available. It is important to find out who may be available to help the person, for example, family or friends, a respected community Elder, Aboriginal or non-Aboriginal health worker, community health care centre worker, support groups, religious minister, telephone counselling service, school counsellor, youth group leader or sporting coach.

What about professional help?

Make sure that you are aware of the range of treatment options available to the person, such as counselling or clinical treatment, community or professional support.

It is important that you encourage the person to speak about their feelings with someone they trust from within their community. Allow the person to suggest someone they would trust to help support them while they get better, then help the person to seek out that support.

During a crisis:

Remember not to place yourself at risk of harm. If the person has in their possession the means to end their life (e.g. rope, pills, etc.), and you cannot get the person to agree to hand it over, then emergency professional help must be sought immediately.

Even if the person refuses to involve someone else, you need to ensure that the person gets help from an appropriate professional, or someone within the community, until the crisis resolves. Ensure that a mental health professional, Aboriginal health worker, friend, family member, or respected Elder of the person, is present to guide them through the crisis. Once help has been sought, plan with the person the activities you can do together, to keep the person calm and safe, until help arrives.

After the crisis:

It is important that you take steps to ensure that the person receives medical or psychological help once the crisis has passed. Other guidelines in this series may be useful for you in achieving this. Continue to support the person, but be careful not to make promises that you cannot keep.

What if the person makes me promise not to tell anyone else?

You should never agree to keep a plan for suicide a secret. However, you should respect the person's right to privacy and involve them in decisions regarding who else knows about their suicidal intentions.

AN IMPORTANT NOTE

There is a great deal of debate about what self-injury is and how it is different to suicidal behaviour. Many terms are used to describe deliberate self-injury including selfharm, self-mutilation, cutting and parasuicide. Deliberate self-injury can indicate a number of different things. Someone who is hurting themselves may be at risk of suicide. Others engage in a pattern of self-injury over weeks, months or years and are not necessarily suicidal.

It is not easy to tell the difference between deliberate self-injury and a suicide attempt. The only way to know is to ask the person directly if they are suicidal. In this document we discuss how to approach the topic of suicide under the section *Suicidal Thoughts & Behaviours*. If it is clear that the person is injuring themselves without suicidal intent please refer to the section *Deliberate Self-injury*.

Please remember that irrespective of intent, a person who has injured themselves is at risk of accidental death. In addition, even though you may do your best for someone who is suicidal, some people will still die by suicide.

DELIBERATE SELF-INJURY

What is deliberate self-injury

In this section we are discussing only the self-injury which is not intended to result in death. There are many different behaviours that are considered to be deliberate self-injury (see box below). Before you decide if the person requires first aid, you should always consider the spiritual and cultural context of the person's behaviours, because what is interpreted as a symptom of deliberate self-injury in one culture, may not be in another.

TYPES OF SELF INJURY

- Cutting, scratching, or pinching skin, enough to cause bleeding or a mark which remains on the skin
- Banging or punching objects or self to the point of bruising or bleeding
- Ripping and tearing skin
- Carving words or patterns into skin
- Interfering with the healing of wounds
- Burning skin with cigarettes, matches or hot water
- Compulsively pulling out large amounts of hair
- Deliberately overdosing on medications, drugs or substances when this is NOT meant as a suicide attempt
- Deliberately consuming poisons

Adapted from Whitlock et al (2006). Self-injurious behaviours in a college population. *Pediatrics*, 117:1939-1948.

Be aware that the deliberate self-injury for which you would provide mental health first aid is fundamentally different to culturally accepted Aboriginal ceremonial or grieving practices. In some communities, for example, certain practices such as making small incisions on the skin, are used as an expression of grief and should not be interpreted as an abnormal sign of emotional distress. See box for some common reasons for engaging in deliberate self-injury.

REASONS FOR ENGAGING IN DELIBERATE SELF-INJURY

- To escape from unbearable anguish
- To change the behaviour of others
- To escape from a situation
- To show desperation to others
- To 'get back at' other people or make them feel guilty
- To gain relief of tension
- To seek help
- To die

If you are helping someone who wishes to die, please refer to *Suicidal Thoughts & Behaviours*.

Adapted from Hawton & James (2005), Suicide and deliberate self harm in young people. *British Medical Journal*, 330:891-894.

It is very important that you learn about the warning signs for deliberate self-injury in the person's community. You need to be able to distinguish between cultural practice and deliberate self-injury. To do this you should learn about which local practices used by the community look like self-injury. You could also discuss the behaviours that are of concern with a local Aboriginal health worker, or you could ask the person directly why they are injuring themselves.

The MHFA Training & Research Program

Orygen Youth Health Research Centre The University of Melbourne Australia



Please cite these guidelines as follows: Aboriginal Mental Health First Aid Training and Research Program. *Suicidal Thoughts & Behaviours and Deliberate Self-Injury: Guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*. Melbourne: Orygen Youth Health Research Centre, University of Melbourne and *beyondblue, the national depression initiative*; 2008.

How should I talk with someone who is deliberately injuring themselves?

Do not ignore any suspicious injuries on the person's body that you become aware of. Instead, acknowledge to the person that you have noticed the injuries. Express your concern about them, but try to avoid a strong negative reaction.

Understand that deliberate self-injury without suicidal intent is often used as a coping mechanism. Encourage the person to talk about the feelings that motivate their self-injury. Suggest that the person speak to someone they trust, or come and have a yarn with you about their feelings, the next time they feel the urge to deliberately injure themselves. You could also suggest that the person write or draw about their distress, as an alternative to self-injury in the future.

What should I do if I witness someone injuring themselves?

If you have interrupted someone in the act of deliberate self-injury, you should intervene in a supportive and non-judgmental way, by remaining calm and avoiding expressions of shock or anger. Try to stop the person from further injuring themselves, but only if it does not place you or others at risk.

What about professional help?

Medical emergency

You should call for immediate medical assistance if, at any time, the risk of permanent harm or death is high.

For instance, you should call an ambulance if:

- The person has injured themselves by taking an overdose of medication or consuming poison
- The person's injuries are life threatening, such as heavy bleeding
- The person has injured their eyes

If emergency medical assistance is sought, you should stay with the person until help arrives.

Mental health care

If you are aware that the person is injuring themselves, but the situation is not a medical emergency, you should encourage the person to seek professional help. Discuss with the person how they would like to be supported and suggest that perhaps a social and emotional counsellor/worker might be helpful. Offer to help them access mental health care or seek professional help on their behalf. Always ensure that the person knows about and has access to some form of professional care that is right for them, in case they feel the urge to self-injure again in the future.

All MHFA guidelines can be downloaded from <https://mhfainternational.org/guidelines/>

Mental Health First Aid, MHFA, MHFAider, ALGEE and For Anyone. For Everyone. are registered trademarks of Mental Health First Aid International. Mental Health First Aider is a trademark of Mental Health First Aid International.