Partners in Prevention – Understanding and enhancing first responses to suicide crisis situations: Outcomes of a lived experience summit workshop

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Acknowledgements

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1. Executive Summary

1.1 Background and purpose

This report summarises the findings from a workshop designed to elicit the views of those with a lived experience of suicide regarding ways to improve first responses to suicide crises and suicide death. The Partners in Prevention workshop utilised the expertise shared by delegates who attended the Roses in the Ocean Lived Experience summit, held in Brisbane in August 2018.

On average eight people die from suicide every day in Australia and this tragedy is reflected in the 12.6 deaths per 100,000 people in Australia. Suicide crises and suicide attempts are, therefore, an important health and social priority. Approximately 3 out of every 100 Australians will attempt suicide during their lifetime and more than 4 out of every 1000 Australians will make an attempt in any one year (Johnston, Pirkis, & Burgess, 2009). Emergency services personnel, including police and ambulance responders, are often the first to respond to suicide crisis situations and suicide deaths, and thus it is acknowledged that they have an important role to play in community based suicide prevention.

Partners in Prevention: Understanding and Enhancing First Responses to Suicide Crisis Situations aims to address key knowledge and service gaps in the first response to suicide crises in the community. It builds on an existing Queensland Forensic Mental Health Service (QFMHS), Queensland Ambulance Service (QAS) and Queensland Police Service (QPS) collaboration. Partners in Prevention expands on this existing partnership to include, as partners, representatives of those with a lived experience of suicide, those who identify as Aboriginal and Torres Strait Islander, the community (non-government) mental health sector, and Primary Health Networks.

1.2 What we did

The Partners in Prevention team were invited by Roses in The Ocean to present preliminary findings from the Partners in Prevention project, as part of a workshop for delegates attending the Roses in The Ocean Lived Experience Summit, held in Brisbane in August 2018. Delegates were invited to workshop answers to two questions, based on their lived experience. These questions were:

**Question 1 - When Police / Ambulance arrive to assist someone experiencing suicidal crisis or imminent attempt – how would you like them to respond?**
   a) What is going to be most helpful, supportive?
   b) Who needs to be there?

**Question 2 - When Police / Ambulance knock on your door to advise you that a loved one has taken their own life, how can they best deliver this life changing message?**
   a) What can they do, say? (Understanding that nothing they do will change the news, but how it is delivered and what happens next can make an enormous difference to those receiving it.)

Findings were recorded on butcher’s paper and summarised for the purposes of this report.
1.3 How can police or ambulance assist someone experiencing a suicidal crisis or imminent attempt? Key findings

Delegates identified a range of ‘do’s’, ‘don’t’s’ and systems factors that were important in improving first responses to someone experiencing a suicidal crisis or imminent attempt. These are summarised below.

**Do’s**

- Enact a proportional and discreet response
- Communicate empathetically
- Be mindful of context
- Be mindful of, and facilitate, social connections
- Utilise resources of lived experience
- Help facilitate connections with other parts of the health system
- Feedback and follow-up

**Don’t’s**

- Don’t use excessive force

**Systems factors**

- Create a specialist suicide response division
- Establish routine suicide intervention training
- Create support options that do not rely on Emergency Departments
1.4 How can police or ambulance assist someone who has been recently bereaved by suicide? Key findings

Delegates identified a range of ‘do’s’, ‘don’t’s’ and systems factors that were important in improving first responses to someone who has recently been bereaved by suicide. There was some overlap with views relating to suicide crises or attempts. These are summarised below.

**Do’s**

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td>Try to minimise visibility when attending a residence to deliver news</td>
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<tr>
<td>Deliver message with warmth, empathy and compassion</td>
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<td>Facilitate identification and connection with supports</td>
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<td>Bring other health and caring professionals along</td>
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<td>Provide information</td>
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<td>Feedback and follow-up</td>
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**Don’t’s**

<table>
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<tr>
<td>Don’t treat this event as a factual exchange of information</td>
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<td>Don’t search rooms or accommodation unless it is absolutely necessary to do so</td>
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**Systems factors**

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<th>Action</th>
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<td>Who is best placed to do this job?</td>
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<tr>
<td>Provide practical training in communication</td>
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2 Introduction

2.1 Purpose
This report summarises the expertise shared by workshop delegates who attended the Partners in Prevention workshop at the Roses in the Ocean Lived Experience summit, held in Brisbane in August 2018. The workshop elicited the views of those with a lived experience of suicide regarding ways to improve first responses to suicide crises and suicide death.

2.2 Background
Recent figures highlight the tragedy of suicide in Australia, with suicide deaths in 2017 sitting at a ten-year maximum of 12.6 deaths per 100,000 persons. The burden of suicide crises and suicide attempts adds considerably to this burden; approximately 3 out of every 100 Australians will attempt suicide during their lifetime and more than 4 out of every 1000 Australians will make an attempt in any one year (Johnston, Pirkis, & Burgess, 2009). Emergency service agencies including police, ambulance and mental health are frequently required to be at the frontline of responders to mental health crises in the community, where people may have mental illness, psychological distress, substance misuse problems or other challenges, and may be suicidal. Because emergency services are called upon to respond to mental health emergencies, including suicidal crises, they are acknowledged to have an important role in community based suicide prevention; the World Health Organisation notes that “first responders are in a unique position to determine the course and outcome of suicidal crises.” (World Health Organization, 2009) While a call to emergency services can result in emergency officers being a pivotal point of contact to engage individuals that require mental health or suicide crisis intervention (Ogloff, Davis, Rivers, & Ross, 2007), emergency officers may receive only limited training in relation to these situations (Browning, Van Hasselt, Tucker, & Vecchi, 2011).

The Queensland Suicide Prevention Action Plan 2015-17 acknowledges the need for a multi-sectoral suicide prevention model (Queensland Mental Health Commission, 2015). Its fundamental underlying principle is that contact with any government service by those at risk of suicide presents an opportunity to intervene and provide support. Partners in Prevention: Understanding and Enhancing First Responses to Suicide Crisis Situations, funded by the Suicide Prevention Health Taskforce, is a research informed implementation focused project that progresses this aim by seeking to better understand the characteristics of individuals who make suicide related calls to emergency services, the types of responses that could best serve their needs, the capacity of the services to deliver the responses, and how to improve continuity of care following a suicide crisis that results in a call to emergency services.

Partners in Prevention builds on an existing Queensland Forensic Mental Health Service (QFMHS), Queensland Ambulance Service (QAS), and Queensland Police Service (QPS) collaboration. Partners in Prevention expands on this existing partnership to include, as partners, representatives of those with a lived experience of suicide, those who identify as Aboriginal and Torres Strait Islander, the community (non-government) mental health sector, and Primary Health Networks.
2.3 What we did
The Partners in Prevention team were invited by *Roses in The Ocean* to present preliminary findings from the Partners in Prevention project as part of a workshop for delegates attending the Roses in The Ocean Lived Experience Summit, held in Brisbane in August 2018. As part of this workshop, participants were invited to workshop answers to two questions, based on their lived experience:

**Question 1 -** When Police / Ambulance arrive to assist someone experiencing suicidal crisis or imminent attempt – how would you like them to respond?
   a) What is going to be most helpful, supportive?
   b) Who needs to be there?

**Question 2 -** When Police / Ambulance knock on your door to advise you that a loved one has taken their own life, how can they best deliver this life changing message?
   a) What can they do, say? (Understanding that nothing they do will change the news, but how it is delivered and what happens next can make an enormous difference to those receiving it.)

Figure 1 presents an overview of the approach, topics and findings presented in this report.

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**Figure 1 Overview of the approach, topics and findings from the Partners in Prevention workshop**
2.4 How can police or ambulance assist someone experiencing a suicidal crisis or imminent attempt?

Delegates identified a range of ‘do’s’, ‘don’t’s’ and systems factors that were important in improving first responses to someone experiencing a suicidal crisis or imminent attempt. These are summarised below. The exact words and phrases provided by workshop delegates are given in speech bubbles.

**Do’s**

*Enact a proportional and discreet response*

Workshop delegates emphasised that first responders should focus on providing a discreet and proportional response when attending to an individual who was experiencing a suicidal crisis. Several suggestions were made about ways this could be achieved (Figure 2).

- Is there an option to be plain clothed?
- No lights & sirens. Be discreet.
- Have 1 or 2 police cars, not 3 or 4.
- Move cars out of driveway as soon as settled (stigma associated with event).
- Being aware of the impact of first responders arriving […].
- Have 1 main person to talk /attempt to communicate & a backup further away.

*Figure 2* Delegates suggested ways of ensuring a proportional and discreet response to someone in a suicide crisis or at risk of imminent attempt.
Communicate empathetically
Workshop delegates highlighted that first responders should be unrushed, use appropriate and non-judgmental language, convey calmness and empathy, and utilise active listening skills when engaging with a person who was experiencing a suicidal crisis (Figure 3).

- Give time, space, “is there someone that can help?”
- Keep personal comments, agendas out of it.
- [If person will be leaving the house to go to a health facility] “Do you need a bag?” Lock doors.
- Use appropriate language and empathetic tone.
- [Convey] a sense of calm, not in a rush to resolve, focus on listening first.
- Compassion, consideration
- Validate other’s opinions, words

Figure 3 Delegates’ views on how first responders can communicate with empathy with someone in a suicide crisis or at risk of imminent attempt
Be mindful of context
Delegates highlighted the importance of first responders being informed about, and sensitive to, the relevant history and context of the person in crisis. This included being able to access relevant information about any history of domestic violence or history of refusing care. Cross-cultural awareness, particularly being sensitive to the impacts of responding within Indigenous communities, was also highlighted (Figure 4).

Be mindful of, and facilitate, social connections
Workshop delegates identified the importance of first responders helping someone experiencing a suicidal crisis to identify and connect with their own support persons. Sensitivity to social context extended to the need for first responders to be mindful of the needs of others (including people and pets) who may need care or support during, or in the aftermath, of a suicidal crisis (Figure 5).
**Utilise resources of lived experience**
Workshop delegates highlighted the importance of first responders utilising resources of lived experience, including engaging with separate organisations that could provide peer support services.

**Help facilitate connections with other parts of the health system**
Workshop delegates wanted first responders to help facilitate connections with other parts of the health system, both in terms of facilitating information sharing with health care professionals during a crisis event, and also facilitating contact with an individual’s regular care provider, whoever that may be (Figure 6).

*Figure 6 Delegates’ views on facilitating connections with other parts of the health system*

**Feedback and follow-up**
Workshop delegates described how, during a crisis, an individual might be provided with helpful information, but that this might not sink in in the spur of the moment. Thus, it was important that first responders follow up with family and individuals following a crisis event, to ensure that they were informed and connected to available supports and services.
Don’t’s
One key don’t, regarding use of force by police responders, was identified by delegates.

Don’t use excessive force
Consistent with the importance of a proportional and discreet response, workshop delegates identified that it was important that the police did not use excessive force when engaging with someone in suicide crisis or at risk of an imminent attempt (Figure 7).

Don’t smash on the door
Don’t yell
Don’t break in
Don’t treat as criminals

Figure 7 Delegates’ views on the use of excessive force

Systems responses
In addition to do’s and don’t’s relating to suicide crises, delegates highlighted systems factors that were important to enhancing suicide crisis responses.

Create a specialist suicide response division
Workshop delegates identified the need for specialist response undertaken by specially trained police or ambulance responders. Some delegates were in favour of co-responder models, in which a mental health clinician attended an emergency alongside police or ambulance responders.

Establish routine suicide intervention training
Workshop delegates identified the importance of suicide prevention intervention training being provided to all first responders, as well as 000 operators.
Create support options that do not rely on Emergency Departments

Workshop delegates identified the benefit of having mental health clinicians attend crises, alongside first responders, in order to assess the need for further care. Some workshop delegates also highlighted the need to create alternative care options to Emergency Departments, for people in crisis. One example of an alternative that was given was of a “safe haven café” (Figure 8 and Box 1).

Safe-haven café’s provide an alternative point of care to Emergency Departments for people experiencing mental health or suicide crises. Originating in the UK, safe-haven café’s are staffed by clinical and peer support workers who provide respite services and resources to those in need (Source: https://www.bettercare.vic.gov.au/innovation-projects/browse-all-projects-listing/safe-haven-cafe-for-mental-health).

Box 1 Safe-haven café’s
2.5 How can police or ambulance assist someone who has been recently bereaved by suicide?

Delegates identified a range of ‘do’s’, ‘don’t’s’ and systems factors that were important in improving first responses to someone who has been recently bereaved by suicide. These are summarised below. There was some overlap in needs relating to the two types of event (crisis and death), for example, the importance of exercising discretion, the significance of language and communication, the role of responders in connecting those in need to appropriate supports, and the value of following up with those in need.

Do’s

Try to minimise visibility when attending a residence to deliver news

Workshop delegates who considered what was important in responding to a bereavement pointed to the need for discretion and respect for autonomy and privacy when attending a residence to deliver news of a suicide death. By minimising visibility, first responders give those who are grieving the power to decide if, when and how they share information about a suicide death (Figure 9).

Figure 9 Delegates’ views on minimising visibility when attending a residence to deliver news of a suicide death
Deliver message with warmth, empathy and compassion

Delegates emphasized that delivering information about a suicide death needed to be understood as a life changing event and that delivering this message needed to be done with warmth, empathy and compassion. Delegates highlighted the value of responders sitting and waiting with a person until other supports could be identified and established (Figure 10).

Facilitate identification and connection with supports

Workshop delegates highlighted the importance of helping those receiving news of the suicide of a family member or loved one to identify their supports and help them to make contact with support persons. Facilitating connection with supports could include facilitating connections with health or other caring professionals, as identified below.

Bring other health and caring professionals along

Some workshop delegates considered that bringing health or caring professionals to help deliver the news, or facilitating access to non-aligned third parties (e.g., Standby or lived experience workforce) within a short period of time could be beneficial.

Provide information

Providing information packs, for example a family support pack that included contact numbers of service providers (e.g., Roses in the Ocean, Standby, Arbor [Active Response Bereavement Outreach]), was considered by delegates to be beneficial. However, it was highlighted that, in the shock of receiving the news of a death of a loved one, practical assistance and follow-up was necessary to ensure that those who have been bereaved by suicide are properly informed and connected with appropriate supports.

Feedback and follow-up

Workshop delegates emphasized the importance of first responders, preferably those who had delivered news of the death, following up with families and other persons affected in the
24 hours to 7 days following news of a suicide death to ensure that their support needs were being met. This was due to the fact that information delivered at the time of the event might be missed or not heard due to grief reaction. Provision of contact details of the police officer/s delivering the news, so that any further questions or information can be provided, was also suggested (Figure 11).

Don’t’s
Three don’t’s were identified. These don’t’s were the obverse of the identified ‘do’s’ regarding communication and empathy.

Don’t treat this event as a factual exchange of information
Consistent with the importance of delivering news of a suicide death with warmth and empathy, workshop delegates highlighted that it was important that responders did not treat this event as a factual exchange of information.

Don’t rush it
Equally, delegates emphasized that delivering news of a suicide death could not be rushed.

Don’t search rooms or accommodation unless it is absolutely necessary to do so
Finally, delegates highlighted that police consider whether it is absolutely necessary to search rooms or accommodation of a person who has died by suicide. Carrying out searches was seen by some delegates as portraying a false and stigmatising idea that a suicide death was subversive or criminal.
Systems responses
In addition to do’s and don’t’s relating to responding to someone who has been bereaved by suicide, delegates highlighted systems factors that were important to enhancing these responses.

Who is best placed to do this job?
Whilst providing practical suggestions regarding how first responders should approach delivering news of a suicide death, delegates nevertheless raised the question as to whether this job really should be the responsibility of the police. Alternatives that were suggested were collaborative responses (e.g., co-response model) or responses by a non-aligned third party, such as a non-government, including lived experience, organisation. This question, of who is best placed to deliver news, was posed but not resolved by workshop delegates (Figure 12).

Provide practical training in communication
Consistent with delegates’ emphasis on the importance of training in suicide prevention, delegates highlighted the importance of training police in communicating messages, including several specific details about what this training should contain. Delegates considered that role playing approaches could be beneficial, and specified the importance of the language that was used in these interactions to achieve compassionate and empathetic interaction (Figure 13).
Figure 13 Delegates’ practical advice on communication in relation to a suicide death

- Clinical language hurts
- Approach [should be] more personal, compassionate and empathetic
- Practice delivering [the] message
3 References


