First-aid Suicide Intervention Guidelines

1. Myths surrounding suicide

2. Risk factors for suicide

3. How to respond

4. On-campus professional service contact details

5. After Hours support
Myths About Suicide

Our beliefs about the nature of suicide will influence our reactions and responses.

Myth: “Asking the question gives people the idea to do it”.

Untrue: you are supporting them by listening to their painful feelings and alleviating their loneliness and isolation.

Myth: “People who talk about suicide are only looking for attention and won’t kill themselves”.

Untrue: If someone says they are feeling suicidal – always take it seriously!

Myth: “If somebody wants to end their life by suicide, nothing can be done to stop them”.

Untrue: Suicidal feelings are often a reaction to unbearably distressing life situations. Often the person does not want to die but wants the pain to end.
Risk Factors For Suicide

- Declining work performances and/or erratic attendance at lectures/work
- A noticeable change in behaviour and/or mood
- Displaying anxiety being restless, irritable, agitated
- Showing a loss of interest in things one cares about
- Withdrawing from family, friends, work, activities, and hobbies / Feeling isolated and alone
- Feeling of being a burden to others
- Experiencing being trapped and feeling there is no way out
- Suffering from a recent loss, threat of loss, for example bereavement or relationship break up, loss of status for example job loss
- Statement of hopelessness, helplessness and worthlessness/feeling there is nothing worth living for
- Impulsiveness and engaging in high risk taking behaviours
- Increase use/abuse of alcohol and/or other substance misuse
- Depression/intense anxiety
- Insomnia or excessive sleeping
- Expressing suicidal thoughts/wishing it was all over
- Giving away valued possessions/putting one’s affairs in order
- Out of the ordinary visiting and calling to people one cares about
- A previous suicide attempt
- Suddenly calmer/relief now the decision is made
How to respond – what to be aware of and what to do:

If you find yourself faced with a situation where you feel a person is in your view at risk the following guidelines may be of assistance:

Remain calm. Sit and really listen to what the student/friend/colleague is saying. Show empathy and understanding. Take their concerns seriously. Be free of judging the person or their behaviour and relate to the person in a non-confrontational manner. Give them the opportunity to tell you how they are and what is troubling them. Acknowledge how they are feeling. Notice the risk signs.

Express your concern. Tell the person that you are concerned about his or her well-being. Reassure the person that they can get through this distress with the right support and that there are other options available to them.

Offer support and discretion but do not offer absolute confidentiality. If a person for instance, confides to you that he or she is thinking of harming themselves do not feel obligated to keep this information confidential.

In talking to the person, while being sympathetic, it is also necessary to ask both direct and indirect questions to attempt to gauge their state. Find out if the person has ever felt so badly in the past that they have thought about suicide. Explore what may have sparked off the current state. Whether they have a plan to take their life and if so have they thought about when and how they might carry out their plan? If they have a plan and have thought about when, this indicates a very high degree of risk.
At this point provide reassurance and hope. Remind the person at risk that there is help available and things can be better.

Listen and empathise with how the person is feeling. Empathy doesn’t mean you necessarily agree but that you do understand their predicament. Attempting to minimise their experience, trying to convince the person that ‘things are not that bad and they have everything to live for’; may in fact make them feel even more isolated. They may think that they have failed to communicate how they are really feeling or that there is no hope of being understood.

It is worth remembering that advising ‘positive thinking’ is rarely a remedy for intense psychological pain. The person isn’t likely to be receptive to such strategies although they may feel obliged to say they are. However, do reassure that specialised help is available. This can open up dialogue about accessing and/or referral to a mental health professional such as a counsellor/psychologist/or to a GP.

When recommending/referring the person to professional care, talk to him/her in a straight forward manner. Name the specific behaviours that have lead to your concern. Inform them that it is essential to notify either their next of kin or a professional service. Provide information about the specialist services available on and off campus. If appropriate offer help in setting up the initial appointment or indeed suggest that you will accompany the person to the service itself.
In addition, if unsure about how to proceed in a particular case, the Counselling and Personal Development service offers consultative support on how to manage and what steps to take. This will be worked out in collaboration with you, taking into account the nuances of the particular situation.

Finally, it is worth knowing that talking about suicide does not create or increase risk. It reduces it.

Open talk and genuine concern about someone’s thoughts of suicide are a source of relief for the person and often the key elements in preventing the immediate danger of suicide. Avoidance leaves the person at risk feeling more alone and perhaps too anxious to risk asking someone else to help.

By talking and listening you may draw the person into a supportive relationship with you and away from self-destructive thoughts, until other forms of professional assistance can be mobilized.
**HOW TO RESPOND TO A STUDENT IN A PSYCHOLOGICAL AND/OR MEDICAL CRISIS**

**Staff member concerned about well-being of student**

- **Non Emergency**
  - If withdrawn, low in mood, tearful or unduly anxious, has a sudden deterioration in academic performance and does not display features considered an emergency.
  - Explain your concerns to student.
  - If your discussion with the student leads you to believe their upset is more than transitory, ask are they seeing a professional at DCU:
    - If yes, contact that professional, explain concerns and arrange appointment.
    - If no, suggest and organise appointment with Counselling (5165/5161) or with the Health Service (5143/5766)
  - If student is not willing to accept help, organise a follow up meeting and monitor. Mention support again.

- **Emergency**
  - If threatening, very aggressive, contact security (5999)
  - If suicidal/threatening self-harm, expressing bizarre thoughts/ideas, out of touch with reality
  - Consult colleague, try not to act alone.
  - Explain concern to student (unless you believe this will inflame the situation)
  - Ask are they seeing a college professional.
    - If yes, contact that professional, explain concerns.
    - If no, suggest and organise appointment with Counselling Service (5165/5161) or with the Health Service (5143/5766)
    - Consider accompanying student to appointment.
    - If student not willing to accept help, outline concerns about their/other's safety, explain your need to consult with Counselling or Health Service.
  - For out-of-hours assistance contact Security (5999) and, at next possible opportunity, contact the Director of Student Support & Development (5164).

**Life Threatening Emergency**
(e.g. overdose/confirmed or estimated)

- Inform Security (5999) (they will contact ambulance/Gardaí 999 or 112 if required)
- Inform Health Service (5143/5766)
- Inform Director of Student Support & Development (5164)

**Contact Details**
- Security: 700 5999
- Health Service: 700 5143/5766-884 2239
- Counselling & Personal Development Service: 700 5165/5161-884 2299
- Director of Student Support & Development: 700 5164
For on campus professional services contact:

The DCU Counselling and Personal Development Service provide professional and confidential counselling and psychological services to students. Consultative services are available to both students and staff.

Phone: 01 - 7005165 (Glasnevin Campus)
E-mail: counselling@dcu.ie

Phone: 01 - 8842239 (St Patrick’s Campus)
Email: spd.counselling@dcu.ie

The DCU Health Centre provide a confidential GP and Nurse Service with Psychiatric referral.

Phone: 01 - 7006999 (Glasnevin Campus), Room CG13
Phone: 01 – 8842299 (St Patrick’s Campus), Room A104
After Hours Support

Security

- Glasnevin Campus  Phone: 01 7005999
- St. Patricks Campus  Phone: 01 8842299
- Mater Dei Campus  Phone: 01 8086500

Emergency Services

- Fire Brigade, Gardai and Ambulance  Phone: 999 or 112

Local Hospitals

- Mater Hospital  Phone: 01 8032000
- Beaumont Hospital  Phone: 01 8093000
- St. Vincent’s Hospital (Fairview)  Phone: 01 8842400

Your nearest Accident and Emergency Department or Health Service  www.hse.ie/eng/services/maps

Samaritans  http://www.samaritans.org/branches/samaritans-dublin-branch

Phone: 116 123 (A national 24/7 hour helpline)

Drop in centre at: 112 Marlboro Street, Dublin 1.
Open from 10am to 10pm
For 24 hour confidential email Listening Support, e-mail: jo@samaritans.org

For 24 hour confidential text support, text to 087-2609090

**Aware** [http://www.aware.ie/](http://www.aware.ie/)

A national support helpline for issues relating to depression and anxiety.

Phone: 1890 303 302

This helpline is open seven days a week from 10am to 10pm.

**Pieta House** [http://www.pieta.ie/contact-us](http://www.pieta.ie/contact-us)

Preventing suicide and self-harm

**Dublin Rape Crisis Centre**

This helpline is open seven days a week, 24 hours a day.

Phone: 1800 77 88 88

**Out of Hours GP Service**

[http://www.hse.ie/eng/services/list/3/OutofHours/GPOOH.html](http://www.hse.ie/eng/services/list/3/OutofHours/GPOOH.html)

D Doc Local 1850 224477 Out of hours GP

**External Support Links**

For a full list of external supports go to: