



Suicide Awareness/Prevention Guidelines

July 2025



Introduction

The aim of this guideline document is to help provide information and support in how to respond in a situation where a person may be at risk of suicide.

Our understanding, beliefs and the way of thinking about suicide can influence our response.

The following are some common misunderstandings:

“Asking the question ‘do you have thoughts of suicide’ gives people the idea to do it”

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

“People who talk about suicide are only looking for attention and won’t die by suicide”

Untrue: If someone says they are feeling suicidal, always take it seriously.

“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.

“People who talk about it don’t die by suicide”

Untrue: People who do die by suicide may give warnings of their intention.

“Suicidal people are absolutely intent on dying”

Untrue: Suicidal people can have mixed feelings about living and dying; they walk the edge with death but may also have the desire to live.


“Suicide happens without warning”

People thinking of suicide may use words or actions to indicate that they are thinking of suicide.

“Once a person becomes suicidal, they are suicidal forever”

Suicidal thoughts may return, but they are not necessarily permanent.

“After a crisis, improvement means that the suicide risk is over”



Untrue: Suicides can occur in a 'period of improvement' when the person has the energy and the will to turn despairing thoughts into self-destructive action.

"Suicide occurs mainly among the poor"

Untrue: Suicide occurs in all groups in society.

"Suicidal behaviour is a sign of mental illness"

Suicidal behaviour means a person is deeply distressed but they are not necessarily mentally ill. It can happen to anybody.

Causes of Suicide

Suicide is not a disease. It is an expression of a host of emotions; hopelessness, guilt, sorrow, loneliness, rage, fear, shame that have their roots in psychological, social, medical and biochemical factors.

A mix of things going on in a person's life can lead a person to consider suicide.

These can be sociological, psychological and biological influences.

What puts people at risk?

Risk factors are factors that impact negatively on people's mental health. These include: social isolation and loneliness, being subject to bullying or abuse, alcohol and drug misuse, bereavement and loss, financial strain, unemployment, stigma, illness, depression.

Alcohol misuse can make problems worse. It can affect our ability to deal with everyday stresses and with bigger life events. Alcohol might lead to a person acting on suicidal thoughts. Alcohol abuse is one of the factors contributing to the high rate of suicide among young adults. The World Health Organisation estimates that the risk of suicide is eight times higher when a person is abusing alcohol than if they are not. At first, alcohol may relieve the symptoms of anxiety and depression but then can lead to a lowering of mood/depression.

What warning signs should I look for?


The following are some of the warning signs that indicate someone may be thinking about suicide. The more warning signs there are, the higher the risk. Some of these signs can be associated with everyday behaviour. Some people might show none of these signs or only show them in very subtle ways but still feel suicidal. On the other hand, others might show some of these signs but seem to be coping. It can be different for everybody, so it is important to treat each person and their circumstances as individual and unique.

- Declining work performances and/or erratic attendance at lectures/work
- Dropping out/uninterested in usual activities
- A noticeable change in behaviour and/or mood, neglecting appearance/personal hygiene
- 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, unable to find solutions to problems
- 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, feeling life is meaningless, feelings of failure
- 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 Say & What to Do

When/if you find yourself faced with a situation where you feel a person is at risk the following guidelines may be of assistance.

It is important to show that you care, ask the person if they are thinking about suicide (this is the only way you can know for sure if they are doing so and asking will not put the idea into their head). Call for help if you need it. You can get professional help through contacting the DCU Counselling & Personal Development Service/the DCU Health Centre/ family doctor (GP)/ out-of-hours



doctor service/ hospital emergency department (A&E – accident and emergency department). Please see below a list of support services with contact details.

Eight steps to keep in mind:

1. Take all threats seriously
2. Ask the person to tell you what is wrong
3. Listen and offer support
4. Support removal of anything that could be dangerous when/where possible
5. Don't leave the suicidal person alone
6. Be positive in approach and point out choices
7. Don't promise absolute confidentiality
8. Get professional help.

The CUP Model

Having revealed personal difficulties, the student may wish/expect to continue to receive further support from you and ask for quite a lot of your time. If s/he is unwilling to be referred to someone in a more appropriate role, you may experience quite a lot of pressure to provide this support directly. You may feel concern for the student that they are not getting the professional help they need and/or worry that s/he may feel rejected if you do not offer support. It can also feel flattering to be sought out in this way. It is however; important to get some limits otherwise you may end up feeling out of your depth and spending more time that you can attend to one student. This can be done in a positive way by letting the student know how much time can be offered and setting the limits to the support that you can offer.

Record Keeping

Connecting


Engage with the person through a friendly opening conversation, be mindful of your tone of voice, speed, pitch, volume and the pace of the conversation
Use the person's name, slow down, show interest, listen actively, allow time.

Understanding

Show empathy ("that must be difficult/painful")
Reassure ("I'm glad that you contacted me")
Normalise ("that is completely understandable")
Reflect back what the person has said in your own words
Don't jump to stage 3 too quickly ("Is there anything else I need to know?")

Empowering

Keep it simple
Explore some options
Explore supports ("Is there someone that can support you with this?")



Obtain professional help/support

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 supportive 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 and if you feel comfortable doing so, ask some direct and indirect questions. Has the person ever felt so badly in the past that they have thought about suicide. What may have sparked off the current state. Have they 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.


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 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 led 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. Offer help in setting up the initial appointment.

Sometimes a person may say straight out that they wish to take their own life and may even disclose that they have a plan regarding how to do this. It is



important to stay as grounded as possible and to get further help while staying with the person supportively as best you can, until further help arrives.

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.

Stigma

Stigma is a significant barrier to mental health. By stigma we mean the use of negative labels and expressions to describe people. Stigma is a result of fear and misunderstanding and can be defined as: A set of negative attitudes and beliefs that motivate fear, rejection, avoidance and discriminate against a group of people. Some people who are struggling may not seek help/support due to a fear of being negatively labelled.

Protective factors

Protective factors are those things that can help promote a people's mental health. They include a sense of belonging, social support-being connected to trusted friends and family; being involved, access to supports and services; good living conditions; care of physical health, being physically active, drinking alcohol in moderation, taking breaks, eating well, establishing a routine, taking small steps, asking for help.

Strengthening the 'protective factors, increases resilience; and can help reduce the 'risk factors'.

Promoting good mental health is about attitudes, the attitudes we have both to ourselves and to each other. Recognising the vulnerability of our own and other people's mental health should help us to be more understanding both of ourselves and of other people who find themselves in a place where life seems too difficult and hard.



Support Services and Contact Details

Counselling and Personal Development Service, Glasnevin Campus

Tel : 01 700 5165

Email: counselling@dcu.ie

Counselling and Personal Development Service St Patrick's Campus

Tel: 01 700 9215

Email: spd.counselling@dcu.ie

Health Centre

Tel: 01 700 5143

Email: healthservices@dcu.ie

Student Advice Centre

Tel: 01 700 7165

Email: student.support@dcu.ie

DCU Security

Tel: 01 700 5999

Emergency Services: 999 or 112

National HSE Text Service Number

Free text HELLO to 50808 for 24/7 for anonymous text conversations.

You will be listened to and supported by a trained Crisis Volunteer via text conversation in a safe and confidential environment.

Samaritans

<http://www.samaritans.org/branches/samaritans-dublin-branch>

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

Drop-in centre at: 112 Marlboro Street, Dublin 1. Open from 10am to 10pm

50508: a free national text service 24/7.

For 24-hour confidential email Listening Support Email: jo@samaritans.org

Aware

<http://www.aware.ie/>

A national support helpline for issues relating to depression and anxiety

Tel: 1890 303 302

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

Pieta House

Preventing suicide and self-harm



<http://www.pieta.ie/contact-us>

Tel: 01 8831000 - Dublin North

Dublin Rape Crisis Centre

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

Tel: 1800 77 88 88

Your Mental Health

A national HSE 24/7 mental health information and support services information helpline

Tel: 1800 742 444

Out of Hours GP Service

<http://www.hse.ie/eng/services/list/3/OutofHours/GPOOH.html>

D Doc Local 1850 224477 Out of hours GP

Monday to Friday 6pm - 8am

Sat/Sun/Bank holidays 24 hours.

For a full list of external supports go to

http://www.dcu.ie/counselling/external_agencies.shtml