

Suicide first aid guidelines

for people from immigrant and refugee backgrounds

Suicide can be prevented. Most suicidal people do not want to die, they just do not want to live with the pain they are feeling. Helping a suicidal person talk about their thoughts and feelings can help save a life. Do not underestimate your abilities to help a suicidal person, even to save a life.

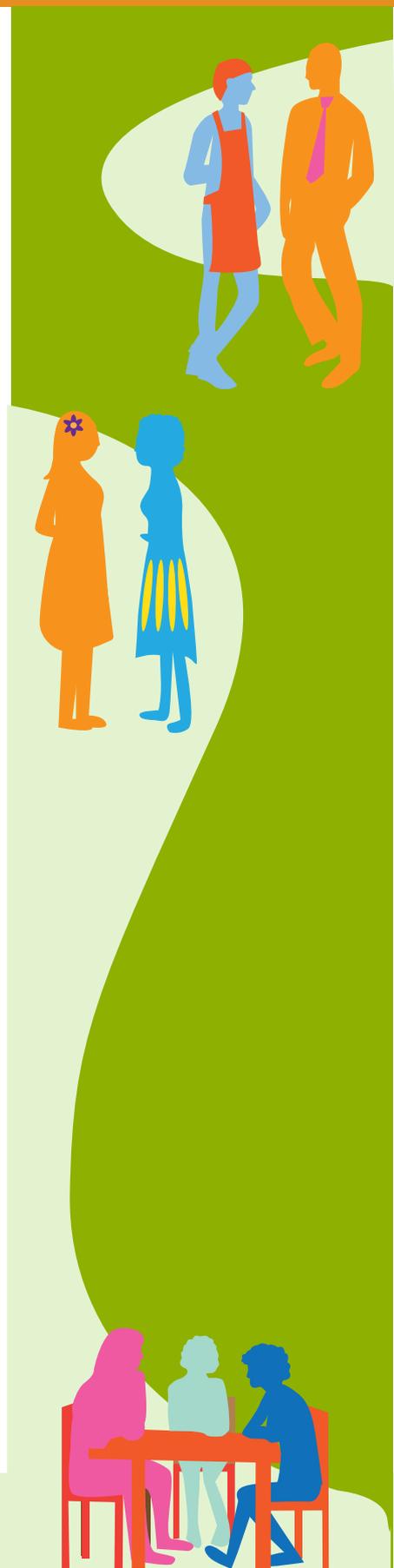
How can I tell if someone is feeling suicidal?

A suicidal person may not ask for help directly, but they are likely to show certain warning signs. It is really important that you are able to recognise some of the warning signs for suicide.

Signs a person might be suicidal

A person may show a big change in mood, behaviour or appearance, for example:

- Expressing, in words or actions:
 - hopelessness or feeling that their life is worthless
 - having no reason to live or no purpose in life
 - no interest in or plans for the future
 - fear of being involuntarily removed or returned to home country, especially if there is a risk of torture or death
 - strong sense of feeling alone and cut off, even if surrounded by family or friends
 - distress about intrusive memories of past traumatic events
 - feeling that their life has been a failure and they would have been better off in their home country
 - feelings of guilt or shame, or belief of being a burden to others (e.g. saying "others will be better off without me").
- Withdrawing from friends, family or the community.
- Suddenly becoming very sad or a sad person becomes much more depressed.



A person may threaten to hurt or kill themselves, or say that they wish to die, verbally (speaking) or in writing. This may be direct but sometimes is subtle and not obvious. Watch for:

- Talking or writing about death, dying or suicide (including making unexpected jokes about these topics).
- Looking for a way to kill themselves (e.g. trying to get pills or poisons, weapons or other means), including asking for information about possible suicide methods (e.g. 'will a bottle of this medicine kill me?'). Be aware that people may use different methods to carry out suicide, so pay attention to the presence of any sort of things that could be used for suicide (e.g. sharp objects, poisons - such as pesticides and seeds, and kerosene).
- Saying that they want to disappear.
- Expressing in words or actions:
 - they feel trapped, there is no way out or that suicide is the only solution to their problems
 - the desire or hope they will die (including praying that God may take their life)
 - they feel that death is an honourable solution to their situation.

A person may behave in ways that are life-threatening or dangerous, for example:

- Harming themselves by cutting, taking poison, hitting their head against the wall or other method.
- Stopping life-saving medical treatments or medications.

A person may try to set their affairs and relationships in order, for example:

- Giving away valued possessions.
- Asking others to take on responsibility for the care of people or pets.
- Contacting people (e.g. family members or other people they have not spoken to in a long time) to say goodbye, make peace or ask for forgiveness.

People may show one or many of these signs, and some may not show any signs on this list. Warning signs for suicide may also be different among cultures or their expressions might vary.

If you have noticed some of these warning signs and you are concerned a person may be at risk of suicide, you need to talk to them about your concerns. If you are not sure whether what you have noticed is a reason to be alarmed, you could ask someone who knows the person better than you, if they are worried too.

Getting ready to approach the person

Be aware of your own attitudes, think about how you feel about suicide and how this will impact on your ability to help (e.g. belief that suicide is wrong or that it is an acceptable option). If the person is from a different cultural or religious background to you, remember that they might have beliefs and attitudes about suicide that are different from your own. So it may help to learn more about the common traditional, religious or spiritual beliefs about suicide amongst the people who you have frequent interactions with.

Choose a private place to talk with the person and allow enough time to talk about your concerns.

If you feel you are unable to ask the person about suicidal thoughts, find someone else who can.

Making the approach

Act quickly if you think someone is considering suicide. Even if you only have a mild suspicion that the person is having suicidal thoughts, you should still approach them.

Tell the person you are concerned about them and describe the behaviours that are worrying you. Give them time to talk about their negative feelings before asking about suicidal thoughts. Be aware that the person may not want to talk with you, or you might have difficulty connecting with them. If this happens, you should offer to help them find someone else to talk to.

If the person has issues with their visa, and is unwilling to talk with you for fear of deportation, reassure them that you care about them and not about their immigration situation.

Asking about thoughts of suicide

Anyone could have thoughts of suicide. If you think someone might be having suicidal thoughts, you should ask that person directly. Unless someone tells you, the only way to know if they are thinking about suicide is to ask. For example, you could ask:

**“Are you having thoughts of suicide?” or
“Are you thinking about killing yourself?”**

Be mindful of how you ask someone – the words you use are very important. You should not ask about suicide in a judgmental way, for example don't say “You're not thinking of doing anything stupid, are you?”

See Box 1 **Dealing with communication difficulties related to culture or language**

Sometimes people don't want to ask directly about suicide because they think they will put the idea into the person's head. This is not true. If a person is suicidal, asking them about suicidal thoughts will not increase the risk that they will do it. Instead, asking the person about suicidal thoughts will give them the chance to talk about their problems and show them that somebody cares.

Box 1

Dealing with communication difficulties related to culture or language

It is more important to genuinely want to help than to be of the same age, gender or cultural background as the person. However, if you think the person is uncomfortable interacting with you due to differences in age group, gender, religion, ethnic or cultural backgrounds, or if you are uncomfortable for similar reasons, you should ask the person if they would prefer to talk to someone more like themselves.

Consider also asking leaders from the person's cultural, religious or spiritual group about any important aspects of gender roles and expectations that might help you to provide immediate assistance to the person. Be aware that in some cultures, males may be less likely to express their emotions, or females may be expected to protect the family's and husband's names. These can act as barriers to opening up and disclosing suicidal intentions. However, these barriers should not stop you from trying to talk to the person if you have concerns.

If the person is having trouble communicating in your language, you should speak slowly, use simple words, check for understanding and, if necessary, repeat what you have said. You could also ask them if there is someone who could be contacted to help with communication. If no informal or other face-to-face interpreter services are available, you should use available telephone and online interpreting services.

Even though it is common to feel panic or shock when someone says they are thinking about suicide, it is important to not react negatively, e.g. show judgment, shock, panic or anger. Do your best to appear calm, confident and empathic, as this may have a reassuring effect on the suicidal person.

How should I talk with someone who is suicidal?

Tell the person that you care and want to help, and that you do not want them to die. It is more important to show you really care than to say 'all the right things'. Do not let the fear of saying the wrong words or of not saying the perfect words stop you from encouraging the person to talk.

Ask about and remember the person's traditional, spiritual and religious beliefs when talking with them. Find out how acceptable suicide is in their culture or religion. Remember that in cultures where suicide is more acceptable, the risk of acting on suicidal thoughts may be increased. In cultures where suicide is not openly talked about, a person might find it more difficult to tell someone about their suicidal intentions.

Be supportive and understanding of the person, and listen to them with all your attention. Suicidal thoughts are often an appeal for help and a desperate attempt to escape from problems and distressing feelings. You should give the person a chance to talk about those feelings and their reasons for wanting to die.

Ask the suicidal person what they are thinking and feeling. Tell them that you want to hear whatever they have to say. Let the person know it is okay to talk about things that might be painful, even if it is hard. Recognise and be understanding and respectful of the suffering of the person. Give them a chance to express their thoughts and feelings (e.g. allow them to cry, express anger or scream), explain their reasons for wanting to die, and acknowledge these (e.g. show you are listening). A person

may feel better because they have told someone what they are thinking and feeling. If the person is a teenager and they are worried they may get into trouble for sharing their thoughts or feelings, you should reassure them that this will not happen.

Remember to thank the suicidal person for sharing their feelings with you and talk about the courage it takes to do this.

See Box 2 **Listening tips** for tips on how to listen effectively and Box 3 **What not to do**

Box 2

Listening tips

- **Be patient and remain calm and in control while the suicidal person is talking about their feelings.**
- **Encourage the person to do most of the talking.**
- **Listen to the suicidal person without expressing judgment. Accept what they are saying without agreeing or disagreeing with what they are doing or thinking.**
- **Find out more about the suicidal thoughts and feelings and the problems behind them by asking open questions that cannot be answered with a simple 'yes' or 'no'.**
- **Keep in mind that asking too many questions can bring on anxiety (nervousness, fear) in the person. If it seems like an interrogation, the person might withdraw from the conversation.**
- **Show you are listening by repeating back to the person what they are saying.**
- **Clarify important points with the person so that you know they understand.**
- **Express empathy for the suicidal person.**

What not to do

Don't

- argue with the person about their thoughts of suicide
- debate with the person whether suicide is right or wrong
- use guilt or threats to prevent suicide (e.g. do not tell the person they will go to hell or ruin other people's lives if they die by suicide)
- dismiss the suicidal person's problems, or compare their problems to someone else's
- give simple reassurances such as 'don't worry', 'cheer up', 'you have everything going for you' or 'everything will be alright'
- interrupt with stories of your own
- show you are not interested or show a negative attitude through your body language
- challenge the person to carry out their threats by daring them or telling them to 'just do it'
- try to diagnose a mental health problem
- try to take control and be directive, unless the person is at immediate risk.

Do not avoid using the word 'suicide'. It is important to discuss the issue directly without fear or expressing negative judgment. Speak about suicide using appropriate language, (e.g. using the terms 'suicide' or 'die by suicide,') and avoid using terms to describe suicide that promote negative attitudes, such as 'commit suicide' (meaning it is a crime or sin) or referring to past suicide attempts as having 'failed' or been 'unsuccessful' (meaning death would have been a positive outcome).

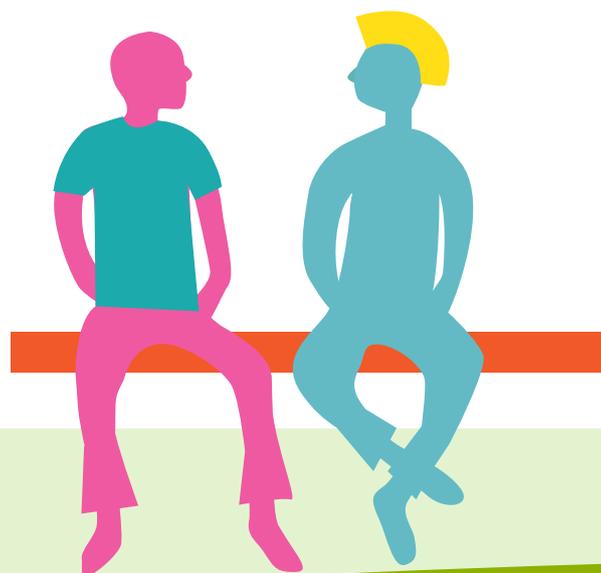
How can I tell how urgent the situation is?

Take all thoughts of suicide seriously and take action. Do not dismiss the person's thoughts as 'attention seeking' or a 'cry for help'. Determine the urgency of taking action based on identifying suicide warning signs, including the number and nature of warning signs, and major risk factors and reasons for suicide (e.g. recent stressful event, mental illness, previous suicide attempt or family history of suicide).

Determine whether someone has definite intentions to take their life, or whether they have been having more unclear suicidal thoughts, like "what's the point of going on?".

To do this, ask the suicidal person about issues that affect their immediate safety:

- Whether they have a plan for suicide.
- Whether they have already taken steps to get what they need to end their life.
- Whether they have ever attempted or planned suicide in the past.
- Whether they think that they have received any signs or instructions to kill themselves, such as from spirits or ancestors.
- Whether there have been changes in their employment or schooling, social life or family.
- Whether there has been a change in their spiritual or religious beliefs (e.g. an increase or decrease in prayer or church attendance).



Ask the person if they have been using drugs or alcohol. Intoxication (getting drunk or high on drugs) can increase the risk of a person acting on suicidal thoughts. If the person appears intoxicated but says they have not used alcohol or other drugs, ask if they have taken any special herbs, teas or other substances in religious or traditional rituals, as some of these can have intoxicating or hallucinogenic (mind altering) effects.

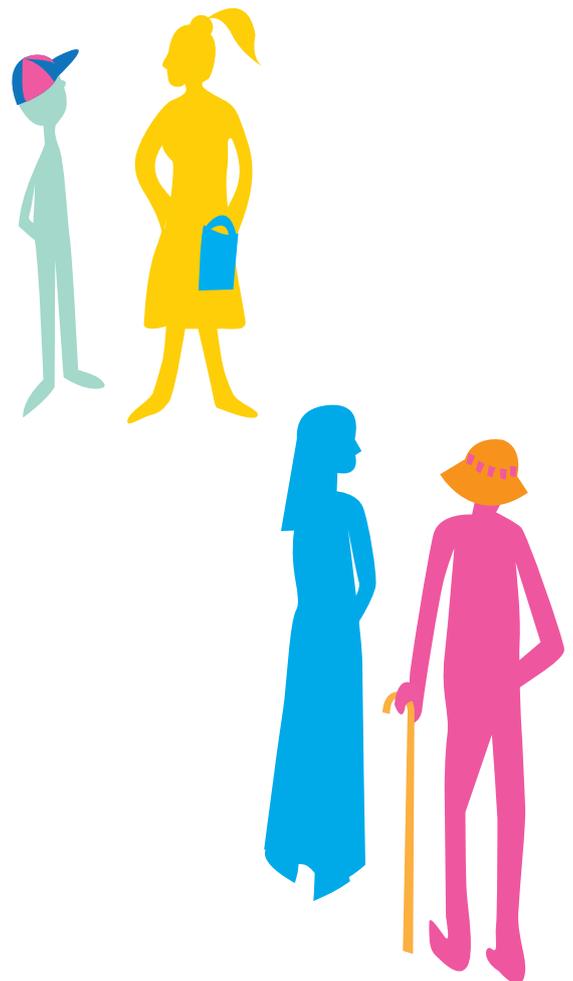
If the suicidal person says they are hearing voices, ask what the voices are telling them. This is important in case the voices are relevant to their current suicidal thoughts.

Ask the person how they would like to be supported and if there is anything you can do to help, but do not try to take on their responsibilities. It is also useful to **find out what has supported the person in the past and what supports are available to them:**

- Have they told anyone about how they are feeling?
- Are there people they can turn to when they need help or support?
- Is there anything important in the person's life that may reduce the immediate risk of suicide (e.g. attachments to children)?
- Have they received help for emotional or mental health problems or are they taking any medication? Keep in mind that the person may not share your understanding of what 'mental health' or 'mental illness' mean, and feel that they are very negative terms.

If the person is a teenager, they may feel more comfortable getting help if it is less likely to be reported to their family. Ask if they have a supportive friend from outside their culture or community they prefer to contact. If a woman's husband or other male relative is making it difficult for you to provide assistance, try to get someone who the family respects and trusts to help with the situation.

Remember that those at the highest risk for acting on thoughts of suicide in the near future are those who have a specific suicide plan (i.e. the means, a place, a time and an intention to do it). However, the lack of a plan for suicide is not a guarantee of safety. Also, if the person states they are not suicidal but displays many warning signs, you should still take action to make sure they are safe.



How can I keep the person safe?

Once you have established that a suicide risk is present, you need to take action to keep the person safe. A person who is suicidal should not be left on their own. If you think there is an immediate risk of the person acting on suicidal thoughts, act quickly, even if you are unsure. Work together with the person to ensure they are safe, instead of acting alone to prevent suicide.

Suicidal people often believe they have no choice but to die by suicide. Remind them that suicidal thoughts don't have to be acted on, and that even though these thoughts may feel like they will never go away, they are usually temporary. Encourage the person to talk about their reasons for dying and their reasons for living. Acknowledge that they are considering both options and emphasise that living is a real option for them.

Ask about the problems the person is facing and how you can help. Reassure them that there are solutions to problems or ways of coping instead of suicide. By talking about specific problems, you can help the person to feel hope that there are ways of dealing with the difficulties that seem never ending. If you are willing and able, offer to help the person with tasks to address these difficulties, but do not offer false hope or make unrealistic promises.

When talking to the suicidal person, focus on the things that will keep them safe for now, rather than the things that put them at risk. Talk about the 'good things' in a person's life, their hopes for the future, and other reasons to live. Encourage the person to think about their personal strengths and qualities, and the positive things in their life. Consider and use the person's belief systems and values, including their spiritual and religious beliefs, to encourage them to change their mind

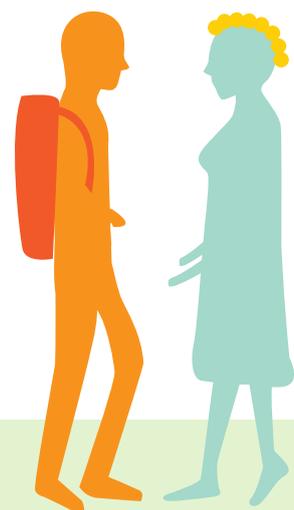
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about suicide (but do not use guilt or threats). Encourage the person to take part in an activity that they have found has helped them cope in the past or that they enjoy. For instance, if they engage in religious, spiritual or traditional practices, such as reading religious texts, praying, meditating or chanting, you should encourage them to do this.

Make sure that potentially harmful items are not available to the suicidal person. Remove access to them, after you gain their trust and if it is safe to do so. Be aware that the way they want to suicide may not be obvious and you should ask the person about how they plan to carry out the act, as these vary. If the person is intoxicated (drunk or high on drugs), limit their access to alcohol or other drugs (e.g. by asking them if they can put the substances away or throw them away). Make sure they are not left alone until the alcohol or drug has worn off, even if they say they are not suicidal.

Work out a plan to help keep the suicidal person safe (See Box 4 **Safety plan**). Involve the person as much as possible in decisions about the plan. However, do not assume that a safety plan is enough to keep the suicidal person safe. Be aware that depending on their cultural background, the person may agree to keep safe or do any other action you suggest just to be polite.

Although you can offer support, you are not responsible for the actions or behaviours of someone else, and cannot control what they might decide to do.



Safety plan

A safety plan is an agreement between the suicidal person and the first aider that involves actions to keep the person safe. If the person agrees, you should involve someone the person trusts in developing the safety plan. This might be a friend, family member, or a religious or spiritual leader. Work with the suicidal person to create plans to ensure their safety for the next 24, 48 and 72 hours.

The safety plan should:

- Focus as far as possible on what the suicidal person should do rather than what they should not.
- Clearly outline what will be done, who will be doing it and when it will be carried out.
- Include a list of contact numbers that the person agrees to call if they are feeling suicidal (e.g. the person's doctor or mental health care professional, a suicide helpline or 24 hour crisis line, and friends and family members who will help in an emergency).
- Make sure the person knows how to access the safety contacts provided to help them (i.e. what will happen when they call the phone number?). The contact numbers should be kept somewhere accessible to the person. They should be available in the person's main spoken language or instructions for seeking an interpreter should be available, if this is possible.

If the person won't make a safety plan, it is not safe to leave them alone for any period of time and you should make sure someone stays close by the person (in the same room) and get outside help immediately. You must find out whether the person will be alone or whether there are family members or friends who can provide support.

If the person is psychotic (for instance, seems confused and not in touch with reality), they may not be able to agree to a safety plan and you should involve mental health services urgently.

What about professional and other help?

Reassure the person by letting them know that we all go through tough times and need support and that reaching out for help is the first step to feeling better.

Assure the person that there is support available and that you will help them to access it. Ask the person if they would like you to contact someone for them such as a friend, family member or trusted religious, spiritual or community leader.

Encourage the person to get suitable professional help as soon as possible. Find out about the resources and services available to help a person who is considering

suicide, including hospitals, mental health clinics, mobile outreach crisis teams, suicide prevention helplines and local emergency services.

Find out about local services for people from immigrant and refugee backgrounds, such as:

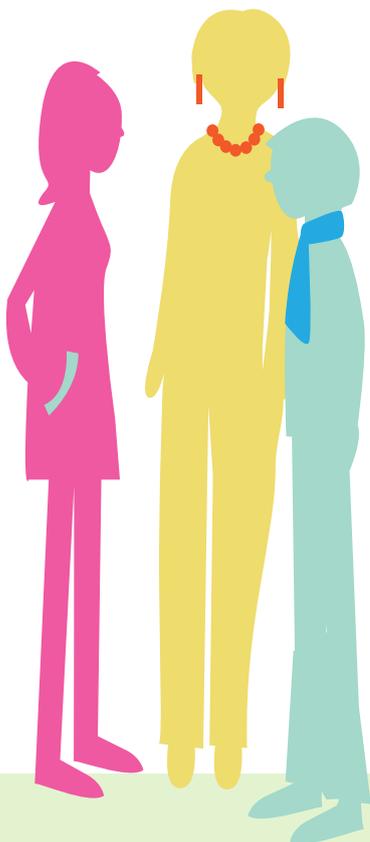
- transcultural mental health services
- services for survivors of torture and trauma
- culturally appropriate services for women, such as women's counselling centres and refuges
- culturally appropriate services that are responsive to people from the LGBTIQ (lesbian, gay, bisexual, transgender, intersex, questioning) community.

Provide this information to the suicidal person and discuss help-seeking options with them.

Ask the person for permission to contact their regular doctor or mental health professional about your concerns. If possible, the health professional contacted should be someone the suicidal person already knows and trusts. Otherwise, call a mental health centre or crisis telephone line and ask for advice on the situation. If the person does not want to talk to someone face-to-face, encourage them to call a suicide helpline.

Be aware that some people from immigrant and refugee backgrounds fear and distrust emergency services, statutory bodies and others in positions of power. You may need to reassure the person before contacting or directing them towards these services.

Don't assume that the person will get better without help or that they will seek help on their own. People who are feeling suicidal might not ask for help for many reasons, including stigma, shame and a belief that their situation is hopeless and that nothing can help.



What if the suicidal person is unwilling or refuses to seek help?

You should be patient and persistent in encouraging them to get help. Try to find out why they are reluctant to seek help. A person who has had previous negative experiences (including experiences in other countries) may not want to accept that type of help again. Try to offer other options.

If you are afraid that the person is going to act on their thoughts of suicide, or they refuse to hand over the things with which they intend to kill themselves, you should contact a mental health professional or doctor to explain what is happening and ask for advice or instructions. If you are talking with a person about suicide on the phone, you should contact emergency services.

Be aware that females from some cultural backgrounds may not be permitted to make decisions about their health alone and this can stop some people from accepting help.

Make sure someone who is close to the suicidal person is aware of the situation (i.e. a close friend or family member) and if the person has not done so yet, ask them to agree to contact a specific person within a specific timeframe. If you are assisting a woman who is in an arranged marriage, it may not be appropriate to involve the family and you may need to discuss alternative supports.

If the suicidal person is a teenager, it is very important to ensure that the person receives help from a health professional, support group or a relevant community organisation. If you are unable to persuade them to get help, you should get assistance from someone they trust, such as a helpline or a mental health professional.

Be prepared that the person may get angry and feel betrayed by your attempt to prevent their suicide or to help them get professional help, but try not to take personally any hurtful actions or words of the person.

What if the suicidal person has a weapon?

You will need to contact the police. Tell the police that the person is suicidal. This will help them to respond appropriately. If needed, explain that the person is from an immigrant or refugee background and may distrust police. Explain to the suicidal person that you are contacting the police because they can offer immediate help and safety (and not because you think the person is a criminal). Make sure you do not put yourself in any danger.

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

You must never agree to keep a plan for suicide or the risk of suicide a secret. Try to convince the person that it is better to not keep their suicidal intentions a secret but to talk to someone else (e.g. a professional or a family member). Tell them that you may have to tell someone else about their suicidal intentions if their safety or the safety of others is endangered. You should know the local laws and procedures related to the imminent risk of harming oneself or others, including any legal requirements for the protection of minors.

Treat the person with respect and involve them in decisions about who else knows about the suicidal crisis and which details should be kept confidential. If you decide to involve a professional or someone else, let the person know you are doing this and explain that it is necessary to ensure their safety or someone else's.

What should I do if the person has acted on suicidal thoughts?

If the suicidal person has already harmed themselves, give them first aid, call emergency services and ask for an ambulance. You should get a quicker response from the emergency services if you tell them that the person has attempted suicide and describe what they have done.

Remember, despite our best efforts, it is not always possible to prevent suicide.

Self-injury for reasons other than suicide

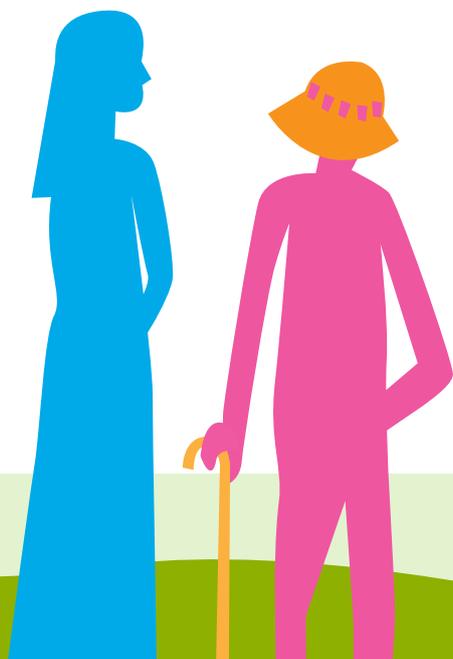
Never assume that a person who self-harms is suicidal, as some people injure themselves for reasons other than suicide. If you are unsure whether injuries are due to a suicide attempt, you should ask the person directly.

For some people, self-injury is intended to relieve unbearable anguish or pain, to stop feeling numb or other emotional reasons. This can be distressing to see. There are *First aid guidelines for non-suicidal self-injury* (<http://mhfa.com.au/file/1142/download>) which, although not developed specifically for people from culturally and linguistically diverse backgrounds, can help you to understand and assist if this is occurring.

Self-inflicted injuries may also be the result of religious or traditional practices. However, you should not make any assumptions that this is the case, because these behaviours may be an important warning sign for suicide.

Take care of yourself

After helping someone who is suicidal, make sure you take appropriate self-care. Providing support and assistance to a suicidal person can be exhausting and it is therefore important to take care of yourself.



AN IMPORTANT NOTE

Purpose of these Guidelines

These guidelines are designed to help members of the public provide first aid to someone from an immigrant or refugee background who is at risk of suicide. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves.

Development of the Guidelines

The guidelines are based on the expert opinions of a panel of individuals with lived and/or professional experience with mental health and suicide prevention from several countries about how to help someone who may be at risk of suicide. The methodology was based on Ross AM, Jorm AF, Kelly CM. (2014). Re-development of mental health first aid guidelines for suicidal ideation and behaviour: A Delphi study (mhfa.com.au/cms/mental-health-first-aid-guidelines-project).

How to use these Guidelines

These guidelines provide general advice about how to help someone from an immigrant or refugee background who may be at risk of suicide. Each individual is unique and it is important to tailor support to what the person needs. These guidelines therefore may not be appropriate for every person who could be at risk of suicide. It is recommended that the first aiders working with people from specific ethnocultural backgrounds, consult with members of these communities to identify ways to apply these guidelines.

First aiders should also consider learning more about cultural responsiveness. These resources are available through MHiMA and other transcultural mental health and refugee support agencies.

More resources about how to discuss suicide are available at www.conversationsmatter.com.au. Although not developed specifically for people from immigrant and refugee backgrounds, first aiders may find them useful.

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More information:

Enquiries about the development of the guidelines and related training should be sent to:

Dr Erminia Colucci,
Global and Cultural Mental Health Unit,
Centre for Mental Health,
School of Population and Global Health,
The University of Melbourne.
ecolucci@unimelb.edu.au

For general inquiries:

National Coordination Unit
First floor, 519 Kessels Road,
Macgregor QLD, 4109
P O Box 6623,
Upper Mt Gravatt, QLD, Australia 4122
Phone: 1300 136 289
Email: info@mhima.org.au

These guidelines can be downloaded from MHiMA (www.mhima.org.au) and GCMHU websites (cimh.unimelb.edu.au). All Mental Health First Aid guidelines can be downloaded from www.mhfa.com.au.

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