

GUIDELINES FOR PROVIDING MENTAL HEALTH FIRST AID TO ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE EXPERIENCING SUICIDAL THOUGHTS AND BEHAVIOUR



Purpose of these guidelines

Aboriginal people are more likely than non-Aboriginal people to die by suicide. It is estimated that the Aboriginal rate of suicide is twice the rate of non-Aboriginal people. For Aboriginal youth aged 15-24, this rate is estimated to be up to four times the rate of non-Aboriginal youth.¹

These guidelines describe how members of the public should provide mental health first aid to an Aboriginal person who may be having thoughts of suicide. The role of the mental health 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 health problems. More information about culturally-appropriate mental health first aid for Aboriginal people can be found in the following guidelines, which are available at <https://mhfa.com.au/resources/mental-health-first-aid-guidelines>

- *Cultural Considerations and Communication Techniques: Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*
- *Communicating with an Aboriginal or Torres Strait Islander Adolescent.*

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 assisting people who are suicidal.

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How to use these guidelines

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

These guidelines are a general set of recommendations about how you can help an Aboriginal person who may be suicidal. 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 behaviours. It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding, approaches and treatment of mental health problems. Be aware that the individual you are assisting may not understand mental health in the way that you do. Try to be familiar with their way of understanding.

These guidelines are designed for those providing mental health first aid to Australian Aboriginal people and may not be suitable for other cultural groups or for countries with different health systems.

THE GUIDELINES

Suicide can be prevented

Do not underestimate your ability to help a suicidal person. Most suicidal people do not want to die; they simply do not want to live with the pain they are experiencing. Openly talking about suicidal thoughts and feelings can save a life.

How can I tell if someone is feeling suicidal?

Anyone can have thoughts about suicide and, unless someone tells you, the only way to know if a person is thinking about suicide is to ask. Talking about suicide will not 'put the idea' into someone's head.

BOX 1

WARNING SIGNS THAT A PERSON MAY BE SUICIDAL

- Threatening to hurt or kill themselves
- Looking for ways to kill themselves
- Talking, writing or painting about death, dying or suicide
- Feeling hopeless and helpless
- Feeling rage, anger, and wanting to get back at somebody
- Getting involved in risky behaviours
- Feeling trapped, like there is no way out
- Increasing alcohol and drug use
- Withdrawing from friends, family or community
- Being agitated
- Not sleeping or sleeping all of the time
- Dramatically changing moods
- Feeling there is no reason for living, or no sense of purpose in life.²

BOX 2

REASONS WHY A PERSON MIGHT HAVE THOUGHTS ABOUT SUICIDE

The main reasons people give for attempting suicide are:

1. *Needing to escape or relieve unmanageable emotions and thoughts.* The person wants relief from unbearable emotional pain, feels their situation is hopeless, feels worthless and believes that other people would be better off without them.
2. *Desire to communicate with or influence another individual.* The person wants to communicate how they feel to other people, change how other people treat them or get help.³

BOX 3

FACTORS ASSOCIATED WITH A HIGHER RISK OF SUICIDE

People are at greater risk of suicide if they have:

- A mental illness
- Poor physical health or a disability
- Attempted suicide or harmed themselves in the past
- Had bad things happen recently, particularly with relationships or their health
- Been physically or sexually abused as a child
- Known someone who has recently died by suicide
- Been socially isolated/had poor social integration
- Family conflict
- Been incarcerated
- Been homeless
- Certain personality characteristics (impulsivity, aggression).^{4,5}

In addition, transgenerational trauma (e.g. loss of cultural identity, dispossession of land, social exclusion and racism) is thought to contribute to the risk of suicide in Aboriginal people.⁶ There is also emerging evidence to suggest that suicide contagion may occur in some Aboriginal communities, given that some Aboriginal suicide deaths appear to have occurred in clusters.⁷

BOX 4

CULTURAL COMPETENCE

In order to practice *cultural competence* when supporting an Aboriginal person who you suspect may be at risk of suicide, you need to be aware that Aboriginal people understand mental health within a wider context of health and well-being, which includes concepts of social and emotional functioning. While there are numerous shared aspects of Aboriginal culture, there are also a number of differences depending on gender, geography, a person's Nation and cultural connection. In order to help an Aboriginal person who may be suicidal, you need to learn about the behaviours that are considered warning signs for suicide in the person's community, and in doing so take into consideration the spiritual and/or cultural context of the person's behaviour.

BOX 5**CULTURAL SAFETY**

In order to practice *cultural safety* when supporting an Aboriginal person who you suspect may be at risk of suicide, you should be aware that:

- It is more important to make the person feel comfortable, respected and cared for, than to do all the ‘right things’ and follow all the ‘rules’ when communicating with an Aboriginal person.
- There may be a cultural concept of ‘shame’ within the person’s community, and that shame may be triggered by discussing behaviours that may be considered unusual or embarrassing.
- The term ‘help’ may carry negative connotations for some Aboriginal people, and you should consider alternative words like ‘support’ and ‘assist’.
- Some Aboriginal people may be afraid of attending a mainstream hospital because, historically, being admitted to a hospital with a mental health problem caused shame on family and community.
- The person has a right to make decisions about seeking culturally-based care.
- Family and friends are a very big part of Aboriginal culture and you should expect involvement by the family and friends in caring for the person. However, you should not assume that all Aboriginal people will want their family involved and respect that the person has the right to choose who they want involved.

BOX 6:**Shame**

The feeling of ‘shame’ for an Aboriginal or Torres Strait Islander person is not easily defined and bears little or no resemblance to a dictionary definition. Shame can occur when a person is singled out or in a circumstance that directly targets a person’s dignity. Shame may be felt as a result of:

- A lack of respect or rudeness from others
- Embarrassment
- Being put in the spotlight, even for positive achievements
- A breach of accepted Aboriginal ‘norms’ and/or taboos.

A ‘shame job’ is an event that causes a person shame or embarrassment.

The concept of shame is very important within many Aboriginal and Torres Strait Islander communities. Shame can be overwhelming, disempowering and can also act as a barrier to seeking help.

Identification of suicide risk

You should be able to recognise the warning signs of suicide (see box 1). If you think someone might be having suicidal thoughts, you should ask that person directly. Where safe and appropriate, you should choose a private place to talk to the person about your concerns.

Preparing yourself to approach the person

Be aware of your own attitudes about suicide and the impact of these upon your ability to provide assistance (for example, beliefs that suicide is wrong or that it is a rational option). Also, be aware that different cultures have different beliefs and attitudes about suicide. Keep in mind that it is more important to genuinely want to help than to be of the same age, gender or cultural background as the person.

Making the approach

Act promptly if you think someone is considering suicide. Even if you have a mild suspicion that the person is having suicidal thoughts, you should ask.

Begin the conversation by asking the person about how they are feeling. Tell the person your concerns about them, describing behaviours that have caused you to be concerned about suicide. Understand that the person may not want to talk to you. If you have difficulty making a connection with them, you should offer to help them find someone else to talk to.

Asking about thoughts of suicide

It is important to discuss the issue directly, without dread. Do not avoid using the word ‘suicide’ or a similar word that is locally acceptable, e.g. ask “are you having thoughts of suicide?” or “are you thinking of killing yourself?”. Do not use leading or judgmental language, e.g. “you’re not thinking of doing anything stupid, are you?”. Avoid using terms to describe suicide that promote stigmatising attitudes, e.g. it is better to say ‘die by suicide’ than ‘commit suicide’ and suicide attempts should not be described as having ‘failed’ or been ‘unsuccessful’. However, it is more important to ask about suicidal thoughts than to be concerned about the exact wording.

If a person is not suicidal, asking them about suicide cannot put the idea in their head. If a person is suicidal, asking them about suicidal thoughts will not increase the risk that they will act on these thoughts, rather, it will allow them the chance to talk about their problems and will show them that somebody cares.

Allow the suicidal person to discuss their feelings, as they may feel relief at being able to do so. React to expressions of suicidal thoughts with calmness and empathy, and avoid expressing negative reactions, e.g. judgment, shock, panic or anger. Show respect for the suicidal person and try not to take charge of the situation.

Do not assume that the person will get better without help, or that the person will seek help on their own. If you think someone might be having suicidal thoughts but feel unable to ask them, you should find someone who is willing to do this.

If you think the person is uncomfortable interacting with you

due to differences in age, gender or cultural background, you should ask the person if they would prefer to talk to someone more like themselves.

How can I tell how urgent the situation is?

You should take all thoughts of suicide seriously. Do not dismiss them as ‘attention seeking’ or a ‘cry for help’.

Determine the urgency of the crisis based on recognition of suicide warning signs (see box 1 and 3). Establish whether the person has definite plans and intentions to take their life as opposed to vague suicidal notions such as “what’s the point?” or “I can’t be bothered going on”. To do this, you should ask the suicidal person:

- How they are feeling right now
- Whether they have a plan for suicide, i.e. ask them direct questions about how, when and where they intend to suicide
- Whether they have already taken steps to secure the means to die by suicide
- Whether they have been using drugs or alcohol
- Whether they have ever made a suicide plan or suicide attempt in the past.

Ask about current supports available to help the suicidal person:

- Have they told anyone about how they are feeling?
- Have there been changes in their employment, social life or family?
- Are they receiving treatment for mental health problems or taking any medication?
- Have they received treatment for mental health problems in the past?

Be aware that those at the highest risk for acting on thoughts of suicide in the near future have a specific suicide plan, the means to carry out that plan and a time set for doing it. However, the lack of a plan for suicide is not sufficient to ensure safety. Do not let the suicidal person convince you that it is not serious or that they can handle it on their own.

How can I keep the person safe?

Try to appear calm and confident, as this may have a reassuring effect for the suicidal person.

If you suspect there is an immediate risk of the person acting on suicidal thoughts, and the suicidal person has a plan and the means to implement it, you should:

- Act quickly even if you are unsure.
- Not leave the person on their own.
- Try to remove any means of suicide available to the person if it is safe to do so.
- Work collaboratively with the suicidal person to ensure their safety, rather than acting alone to prevent suicide.
- Discuss what actions the person should take to get help.
- Encourage the person to get appropriate professional help as soon as possible. This may include an Aboriginal health

worker, someone at a mental health service, a community liaison officer, or school counsellor.

- Find local services that can assist in response to people at risk of suicide, e.g. hospitals, mental health clinics, mobile outreach crisis teams, suicide prevention helplines, local emergency services.
- Seek the person’s permission to contact their regular doctor or mental health professional about your concerns.

Find out information on the resources and services available for a person who is considering suicide, and provide the suicidal person with information and resources about where they can seek help. Allow the person to suggest someone they would like and would trust to help support them while they get better, e.g. a friend or family member, Aboriginal worker, an Aboriginal mental health worker, a respected Elder, a community liaison officer, a youth group leader, a school counsellor, a religious leader or a sporting coach.

If the person is feeling suicidal, but denies having a plan

for suicide, you should still discuss with them what actions they should take to get help. Encourage the person to get appropriate professional help as soon as possible and seek their permission to contact their regular doctor or mental health professional about your concerns. If you need to contact a health professional about the person, you should preferably contact a professional they already know and trust.

Be aware that some people who are having suicidal thoughts do not ask for help for a number of reasons, e.g. difficulty accessing services, difficulty sharing feelings, family privacy and shame. If the person is reluctant to seek help, you should keep encouraging them to see a mental health professional.

Be prepared for the suicidal person to possibly express anger and feel betrayed by your attempt to prevent their suicide or help them get professional help. However, you should not put yourself in any danger while offering support to a suicidal person.

If you feel out of your depth, you should call emergency services. The risk from not acting is too high. If you have to call the police, you should inform them that the person is suicidal in order to help them respond appropriately.

Talking with the suicidal person

Tell them that you care and want to help. Do something to help comfort the person, such as sitting with them, making them a cup of tea, offering them time, friendship and encouragement. Be supportive and understanding of the suicidal person.

Suicidal thoughts are often a plea for help and a desperate attempt to escape from problems and distressing feelings. Therefore, you should allow the suicidal person to talk about those thoughts and feelings. Ask the person what they are thinking and feeling, and allow them to express their feelings, e.g. cry, express anger or scream. Let them know that it is okay to talk about things that might be painful. Express empathy for the suicidal person. Validate their thoughts and feelings and acknowledge that these may be hard to talk about.

THE GUIDELINES

You should encourage the person to discuss their reasons for dying and their reasons for living, validate that they are considering both options and emphasise that living is an option for them. Remind the person that suicidal thoughts need not be acted on and reassure them that there are solutions to problems or ways for coping other than suicide.

Ask the person how they would like to be supported and if there is anything you can do to help. Discuss with the person what might be helpful for them to pass time during the crisis. Focus on things that will keep them safe for now rather than things that put the person at risk. Ask about issues that affect the immediate safety of the person who is suicidal and find out what has supported the person in the past and whether these supports are still available.

Allow the suicidal person to do most of the talking. Keep in mind that asking too many questions could provoke anxiety in the suicidal person.

Do not let the fear of saying the wrong words, or of not saying the perfect words keep you from encouraging them to talk. It is more important to be genuine than to have all of the right words.

Remember to thank the person for sharing their feelings with you and acknowledge the courage that this takes.

BOX 7

LISTENING TIPS

- Give the person your undivided attention.
- Reassure the suicidal person that you want to hear whatever they have to say.
- Listen to the suicidal person without expressing judgement.
- Be patient and calm while the suicidal person is talking about their feelings.
- Show that you are listening by summarising what the person is saying.
- Clarify important points with the person to make sure you fully understand.
- Ask open questions to find out more about the suicidal thoughts and feelings and the problems behind these, e.g. “what is making you feel like this?” rather than “do you feel like this because of your breakup?”.
- Be conscious of your body language, ensuring that it doesn't communicate a lack of interest or negative attitude.

BOX 8

WHAT NOT TO DO

- Don't argue or debate with the person about their thoughts of suicide.
- Don't 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.
- Don't call their bluff, dare or tell the suicidal person to “just do it”.
- Don't minimise the suicidal person's problems.
- Don't give glib ‘reassurance’ such as “don't worry”, “cheer up”, “you have everything going for you” or “everything will be alright”.
- Don't attempt to give the suicidal person a diagnosis of a mental health problem.
- Don't interrupt with stories of your own.
- Don't take any hurtful actions or words of the suicidal person personally.
- Don't try to take on the suicidal person's responsibilities.

Establishing a safety plan

Develop a safety plan with the suicidal person. Ask them to keep a list of safety contacts with them and agree to call these when they are feeling suicidal. You should get a verbal commitment from the suicidal person that they will not act upon thoughts of suicide until they have talked to a professional. Engage the suicidal person to the fullest extent possible in decisions about a safety plan and seek their permission to share the safety plan with support networks.

However, do not assume that a safety plan is adequate to keep the suicidal person safe.

If the suicidal person won't make a safety plan, it is not safe to leave them alone for any period of time. Make sure someone stays close by the person (in the same room, in visual contact) and get outside help immediately.

BOX 9

SAFETY PLAN

The safety plan should:

- Focus more on what the suicidal person should do rather than what they should not do
- Be clear, outlining what will be done, who will be doing it, and when it will be carried out
- Include 24-hour contacts (e.g. suicide helpline, professional helper or family member) in case the suicidal person feels unable to continue with the agreement not to attempt suicide
- Include the contact numbers for the suicidal person's doctor or mental health care professional, a suicide helpline or 24-hour crisis line, as well as friends and family members who will help in an emergency
- Be for a length of time that will be easy for the suicidal person to cope with, so that they can feel able to fulfil the agreement and have a sense of achievement
- Include an indication of when the safety plan will end, e.g. the time the suicidal person will next speak to you.

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

Never agree to keep a person's suicidal plans or risk of suicide a secret. If the person does not want you to tell anyone about their suicidal thoughts, you should not agree and explain why, e.g. "I care about you too much to keep a secret like this. You need help and I am here to help you get it". Treat the person with respect and involve them in decisions about who else knows about the suicidal crisis. Discuss with the person whether other details should be kept confidential.

If the person refuses to give permission to disclose information about their suicidal thoughts, you may need to breach their confidentiality to ensure their safety. It is much better to have the person angry at you for sharing their suicidal thoughts without their permission in order to obtain help than to lose the person to suicide. If you do need to breach confidentiality to ensure the person's safety, you should be transparent and tell the suicidal person who you will be notifying.



Additional considerations when the person you are assisting is an adolescent

Do not leave an adolescent who is feeling suicidal on their own. Make sure someone stays close by them (in the same room, in visual contact) and engage whatever outside resources are available, e.g. family, friend, emergency mental health care or, if necessary, the police.

You should ensure that the adolescent receives help from a health professional, support group or relevant community organisation. If the adolescent is reluctant to seek help, you should talk to a helpline or health professional for advice and make sure that someone who is close to the adolescent is aware of the situation, e.g. a close friend or family member. Keep encouraging the adolescent to see an appropriate professional, e.g. an Aboriginal social worker or health worker, a community liaison officer, a GP or a community mental health service.

If you are unable to persuade the suicidal adolescent to get help, they should get assistance from a trusted friend, helpline or mental health professional. Treat the suicidal adolescent with respect and involve them in decisions about who else knows about the suicidal crisis.

Looking after yourself

You must keep in mind that you may not be successful in preventing suicide. Even though you can offer support, you are not responsible for the actions or behaviour of someone else, and cannot control what they might decide to do. Exercise appropriate self-care after helping someone who is feeling suicidal.

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