Suicide can be prevented. Most suicidal people do not want to die. They simply do not want to live with the pain. Openly talking about suicidal thoughts and feelings can 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?**

It is important that you know the warning signs and risk factors for suicide, and the reasons why a person might have thoughts of suicide.

**Signs a person may be suicidal:**

- Threatening to hurt or kill themselves
- Looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped, like there’s no way out
- Increasing alcohol and drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

Adapted from Rudd et al (2006).
Warning signs for suicide: Theory, research and clinical applications. Suicide and Life-Threatening Behavior, 36:255-262.

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**BOX 1:**

**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.


**BOX 2:**

**Factors associated with a higher risk of suicide**

People are at greater risk of suicide if they have:

- A mental illness
- Poor physical health and disabilities
- 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
- Been recently exposed to suicide by someone else

Suicide is also more common in certain groups, including males, indigenous people, the unemployed, prisoners, and gay, lesbian and bisexual people.

If you are concerned the person may be at risk of suicide, you need to approach them and have a conversation about your concerns.

**Preparing yourself to approach the person**

Be aware of your own attitudes about suicide and the impact of these on your ability to provide assistance (e.g., beliefs that suicide is wrong or that it is a rational option). If the person is from a different cultural or religious background to your own, keep in mind that they might have beliefs and attitudes about suicide which differ from your own.

Be aware that it is more important to genuinely want to help than to be of the same age, gender or cultural background as the person.

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

**Making the approach**

Act promptly 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 care and want to help. Tell them your concerns about them, describing behaviours that have caused you to be concerned about suicide. However, understand that the person may not want to talk with you. In this instance, you should offer to help them find someone else to talk to. Also, if you are unable to make a connection with the person, help them to find someone else to talk to.

**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?”

While it is more important to ask the question directly than to be concerned about the exact wording, you should not ask about suicide in leading or judgmental ways (e.g., “You’re not thinking of doing anything stupid, are you?”). Sometimes people are reluctant to ask directly about suicide because they think they will put the idea in the person’s head. This is not true. Similarly, if a person is suicidal, asking them about suicidal thoughts will not increase the risk that they will act on these. Instead, asking the person about suicidal thoughts will allow them the chance to talk about their problems and show them that somebody cares.

Although it is common to feel panic or shock when someone discloses thoughts of suicide, it is important to avoid expressing negative reactions. Do your best to appear calm, confident and empathic in the face of the suicide crisis, as this may have a reassuring effect for the suicidal person.

**How should I talk with someone who is suicidal?**

It is more important to be genuinely caring than to say ‘all the right things’. Be supportive and understanding of the suicidal person, and listen to them with undivided attention. Suicidal thoughts are often a plea for help and a desperate attempt to escape from problems and distressing feelings.

Ask the suicidal person what they are thinking and feeling. Reassure them that you want to hear whatever they have to say. Allow them to talk about these thoughts and feelings, and their reasons for wanting to die and acknowledge these. Let the suicidal person know it is okay to talk about things that might be painful, even if it is hard. Allow them to express their feelings (e.g., allow them to cry, express anger, or scream). A suicidal person may feel relief at being able to do so.

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

See Box 3 for tips on how to listen effectively and Box 4 on things not to do.
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 recognition of suicide warning signs.

Ask the suicidal person about issues that affect their immediate safety:

• Whether they have a plan for suicide.
• How they intend to suicide, i.e. ask them direct questions about how and where they intend to suicide.
• Whether they have decided when they will carry out their plan.
• Whether they have already taken steps to secure the means to end their life.
• Whether they have been using drugs or alcohol. Intoxication can increase the risk of a person acting on suicidal thoughts.
• Whether they have ever attempted or planned suicide in the past.

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.

It is also useful to find out what supports are available to the person:

• Whether they have told anyone about how they are feeling.
• Whether there have been changes in their employment, social life, or family.
• Whether they have received treatment for mental health problems or are taking any medication.

Be aware that those at the highest risk for acting on thoughts of suicide in the near future are those who have a specific suicide plan, the means to carry out the plan, a time set for doing it, and an intention to do it. However, the lack of a plan for suicide is not sufficient to ensure safety.

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 suspect there is an immediate risk of the person acting on suicidal thoughts, act quickly, even if you are unsure. Work collaboratively with the suicidal person to ensure their safety, rather than acting alone to prevent suicide.

Remind the suicidal person that suicidal thoughts need not be acted on. Reassure the suicidal person that there are solutions to problems or ways of coping other than suicide.

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. To help keep the suicidal person safe, develop a safety plan with them (See Box 5). Engage the suicidal person to the fullest extent possible in decisions about a safety plan. However, do not assume that a safety plan by itself is adequate to keep the suicidal person safe.

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.

What about professional help?

Encourage the person to get appropriate professional help as soon as possible. Find out information about the resources and services available for a person who is considering suicide, including local services that can assist in response to people at risk of suicide such as hospitals, mental health clinics, mobile outreach crisis teams, suicide prevention helplines and local emergency services. Provide this information to the suicidal person and discuss help-seeking options with them. If they don’t want to talk to someone face-to-face, encourage them to contact a suicide helpline.

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 often don’t ask for help for many reasons, including stigma, shame and a belief that their situation is hopeless and that nothing can help.

If the suicidal person is reluctant to seek help, keep encouraging them to see a mental health professional and contact a suicide prevention hotline for guidance on how to help them. If the suicidal person refuses professional help, call a mental health centre or crisis telephone line and ask for advice on the situation.

If the suicidal person is an adolescent, a more directive approach may be needed. If an adolescent is reluctant to seek help, make sure someone close to them is aware of the situation (i.e. a close friend or family member). If the adolescent refuses professional help, also get assistance from a mental health professional.

For people at more urgent risk, additional action may be needed to facilitate professional help seeking. If you believe the suicidal person will not stay safe or if they are not willing to hand over the stated means for suicide, seek their permission to contact their regular doctor or mental health professional about your concerns. If possible, the health professional contacted should be a professional the suicidal person already knows and trusts. If the person has a specific plan for suicide, or if they have the means to carry out their suicide plan, call a mental health centre or crisis telephone line and ask for advice on the situation.

BOX 5: Safety plan

A safety plan is an agreement between the suicidal person and the first aider that involves actions to keep the person safe. The safety plan should:

• Focus on what the suicidal person should do rather than what they shouldn’t.
• Be clear, outlining what will be done, who will be doing it, and when it will be carried out.
• Be for a length of time which 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 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, friends and family members who will help in an emergency.

Find out who or what has supported the person in the past and whether these supports are still available. Ask them 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.
An important note:
Self-injury can indicate a number of different things. Someone who is hurting themselves may be at risk of suicide. Others engage in a pattern of self-injury over weeks, months or years and are not necessarily suicidal. These guidelines are to assist you if the person you are helping is suicidal. If the person you are assisting is injuring themselves, but is not suicidal, please refer to the guidelines entitled First aid guidelines for non-suicidal self-injury.

Purpose of these Guidelines
These guidelines are designed to help members of the public to provide first aid to someone 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 these Guidelines
The following guidelines are based on the expert opinions of a panel of mental health consumers and professionals from Australia, New Zealand, the UK, the USA and Canada about how to help someone who may be at risk of suicide. Details of the methodology can be found in: Ross AM, Kelly CM, Jorm AF. Re-development of mental health first aid guidelines for suicidal ideation and behaviour: a Delphi study. BMC Psychiatry 2014; 14:241.

How to use these Guidelines
These guidelines are a general set of recommendations about how you can help someone who may be at risk of suicide. Each individual is unique and it is important to tailor your support to that person’s needs. These recommendations therefore may not be appropriate for every person who may be at risk of suicide.

Also, the guidelines are designed to be suitable for providing first aid in developed English-speaking countries. They may not be suitable for other cultural groups or for countries with different health systems.

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Enquiries should be sent to:
Mental Health First Aid Australia
email: mhfa@mhfa.com.au

All MHFA guidelines can be downloaded from www.mhfa.com.au