



**GMB@WORK**GUIDE

# Work and Suicide

## WHAT TO DO IF SOMEONE IS THREATENING IMMINENT SUICIDE

If you think that someone is in urgent danger, is going to try and take their life immediately or has already tried, call 999 and stay with them until the emergency services arrive.

Rethink Mental Illness suggests that you keep talking to them, and try to take the following steps:

- be supportive and accept what they are telling you
- ask whether they are thinking about ending their life now or soon
- try and get a better understanding of why
- ask about their reasons for living and dying and listen to their answers
- try to explore their reasons for living in more detail
- ask whether they have tried to kill themselves before
- ask if they have a plan for how they would do it in the future
- try to make them safe and be open to making reasonable steps to help them
- follow up any commitments that you agree to

If you are present in the room with them, you could also try to remove things that they could use to take their own life. The kind of thing you could try to remove depends on the person's immediate plan for taking their own life. They could include sharp objects and knives, cleaning products, medicines and belts. If the person is in crisis, do not leave them alone.

If you are unable to call for help, go to the nearest Accident and Emergency (A&E) department. Staff can speak to them about how they are feeling and 'triage staff' will decide if they need to be admitted to hospital or not. Give A&E staff as much information as possible so they can make the right decision.

## USEFUL CONTACTS

### Mind

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**Mind Infoline:** 0300 123 3393  
(Monday to Friday 9am to 6pm)  
**E:** [info@mind.org.uk](mailto:info@mind.org.uk)  
**W:** [mind.org.uk](http://mind.org.uk)

Details of local Minds and other local services, and Mind's Legal Advice Line. Language Line is available for talking in a language other than English.

### CALM (Campaign Against Living Miserably)

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**T:** 0800 58 58 58 (5pm–midnight)  
**W:** [thecalmzone.net](http://thecalmzone.net)

Listening services, information and support for men at risk of suicide.

### Carers UK

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**T:** 0808 808 7777 (Monday-Friday 10am–4pm)  
**E:** [advice@carersuk.org](mailto:advice@carersuk.org)  
**W:** [carersuk.org](http://carersuk.org)

Information and support for people caring for someone else.

### Elefriends

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**W:** [elefriends.org.uk](http://elefriends.org.uk)

Mind's supportive online community.



**PEOPLE WHO  
WILL HELP**

### Maytree Suicide Respite Centre

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**T:** 020 7263 7070 (24 hours a day)  
**E:** [maytree@maytree.org.uk](mailto:maytree@maytree.org.uk)  
**W:** [maytree.org.uk](http://maytree.org.uk)

Offers free respite stays for people in suicidal crisis.

### Mind Out

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**W:** [mindout.org.uk](http://mindout.org.uk)

Mental health service run by and for lesbian, gay, bisexual, trans and queer (LGBTQ) people.

### NHS Choices

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**W:** [nhs.uk](http://nhs.uk)

Provides information on warning signs of suicide.

## SANEline

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T: 0300 304 7000 (6–11pm)

W: sane.org.uk

Support for anyone affected by mental health problems.

## Stay Alive

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W: prevent-suicide.org.uk

App with help and resources for people who feel suicidal or are supporting someone else.

## Samaritans

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T: 116 123 (24 hours a day)

E: jo@samaritans.org

P: Freepost RSRB-KKBY-CYJK

Chris PO Box 90 90

Stirling FK8 2SA

W: samaritans.org

24-hour emotional support for anyone who needs to talk. Calls are free from all providers and do not appear on bills.

## Papyrus HOPELineUK

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T: 0800 068 41 41

(weekdays 10am–10pm, weekends 2pm–10pm, bank holidays 2pm–5pm)

M: 07786 209697 (text message service)

E: pat@papyrus-uk.org

W: papyrus-uk.org

Confidential support for under-35s at risk of suicide and others who are concerned about them. Calls and texts are free from all providers and do not appear on bills.

## Rethink Mental Illness

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T: Advice Line: 0300 5000 927

E: Info@rethink.org

W: Rethink.org

General advice on a range of mental health issues, including suicide.

## Survivors of Bereavement by Suicide (SOBS)

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T: 0300 111 5065 (9am–9pm)

E: sobs.admin@care4free.net

W: uk-sobs.org.uk

Emotional and practical support and local groups for anyone bereaved or affected by suicide.



**PEOPLE WHO  
WILL HELP**

**Talking to a colleague or GMB member who is experiencing suicidal thoughts is something that most GMB Health and Safety Representatives will never have to do. Unfortunately we know only too well that insecure work, falling living standards and increased debt are pushing more people into dark places, and that talking about suicide, or dealing with the aftermath is a reality for a growing number of GMB members.**

It would be easy to pretend that this is not an issue, and that people's personal lives and issues are not something for the Union to concern itself with. But we know that, as a GMB Health and Safety Rep, colleagues are more likely to share their experiences of mental health problems and suicidal thoughts with you than they are with other members.

**No-one expects you to be a counsellor or mental health professional.** As a GMB Health and Safety Rep your role is not 'pastoral'. It's important that you are not seen as a counsellor and that you do not feel you have to go beyond your abilities and role. **Your role is to listen, signpost and to help them get urgent help during dark times - not to make a professional judgement.**

This guide is based on advice provided by mental health experts and charities – primarily Mind, The Samaritans and Rethink Mental Illness – and is aimed at giving you a framework to help you cope with the most challenging situation a Health and Safety Rep can face.

## **1. WHAT ARE SUICIDAL FEELINGS?**

Anyone can be affected by suicidal feelings, and these can take different forms. These feelings can be fleeting and impulsive thoughts, often relating to a specific situation (such as being on the roof of a tall building), to having a belief that people would be better off without you, and having clear and lucid plans to end your life.

The type of suicidal feelings people have varies in particular in terms of intensity and length. Some people may have short but very strong suicidal feelings, that may pass quickly. For other people the feeling may build up over time, and ebb and flow, but remain a background thought.

## **2. WHO IS AT RISK OF SUICIDE?**

Suicidal feelings can come on at any time, regardless of a person's background or life circumstances. Suicidal feelings have a wide range of possible causes. They can be a symptom of an existing mental health issue or episode of mental distress; a reaction to a traumatic experience; or sometimes a side effect of psychiatric or other medication.

When someone is feeling suicidal it is critical to be aware of any medications they have taken that may be causing or aggravating these feelings. There are other circumstances which can heighten or intensify suicidal feelings, such as:

- using recreational drugs
- drinking alcohol
- inability to sleep, or fractured/unstable sleep patterns.

Some people can explain very clearly why they feel suicidal, but many cases there will not be a clear reason, and they may not want to talk about what they are feeling or experiencing.

### 3. CAN YOU TELL IF SOMEONE IS FEELING SUICIDAL?

In most cases, people find it extremely hard to talk about suicidal feelings, because they are worried about how others will react, and that they will be stigmatised; or because they cannot find the words to express how they feel.

They will often conceal their true feelings and convince friends or family that they are OK. This may be linked with feeling like a burden to others, and not wanting to 'cause a fuss'.

#### WARNING SIGNS

The NHS Choices website ([nhs.uk](https://www.nhs.uk)) has a list of warning signs that you could notice. These are:



- complaining of feelings of hopelessness
- having episodes of sudden rage and anger
- acting recklessly and engaging in risky activities with an apparent lack of concern about the consequences
- talking about feeling trapped, such as saying they can't see any way out of their current situation
- self-harming – including misusing drugs or alcohol, or using more than usual
- noticeably gaining or losing weight due to a change in their appetite
- become increasingly withdrawn from friends, family and society in general
- appearing anxious and agitated
- being unable to sleep, or regularly sleeping during work time
- having sudden mood swings – a sudden lift in mood after a period of depression could indicate they have made the decision to attempt suicide
- talking and acting in a way that suggests their life has no sense of purpose
- losing interest in most things, including their appearance
- putting their affairs in order, such as sorting out possessions or making a will

Source: NHS Choices Website

Many of these signs are only going to be apparent if you know the person well and have a level of intimacy with them. In some cases there might not be any signs or you might not be able to tell. Correctly interpreting how someone else is feeling can be extremely difficult, so it's very important not to blame yourself if you aren't able to spot the signs that someone is feeling suicidal.

## 4. GROUPS KNOWN TO BE AT HIGHER RISK

Studies show that some groups experience higher rates of suicide than others. Statistics show that men, for example, and people who identify as lesbian, gay, bisexual, trans or queer (LGBTQ) are more likely to take their own lives.

People can also be more vulnerable to suicide if:

- **they have attempted suicide before** – if someone has previously tried to end their life, there is a greater than average chance they may try to do so again in future
- **they have self-harmed in the past** – self-harm isn't the same as feeling suicidal, but statistics show that someone who has self-harmed will also be more at risk of suicide
- **they have lost someone to suicide** – people who have been bereaved by suicide are also more at risk of taking their own lives.

We also know that some job roles have higher suicide rates than others. A 2017 report by the Office for National Statistics detailed the occupations with the highest risks. These were:

### **For Women:**

- Care
- Health Services
- Teaching and Education
- Machinery & process workers

### **For Men:**

- Construction
- Agriculture
- Driving
- Care



Whilst anyone in any job can have suicidal thoughts, it is particularly an issue in these sectors, so there may be higher demands on GMB Health and Safety Reps who work in these roles.

## 5. HOW CAN I HELP SOMEONE WITH SUICIDAL FEELINGS?

Talking to a colleague or friend about their suicidal feelings can be extremely distressing and upsetting. They may have talked about wanting to end their life, or you may be concerned that they are thinking about it.

For most people, this is not an everyday conversation, and it is natural to feel uncertain and overwhelmed. There are lots of things you can say that might help, before someone reaches the stage where they are threatening suicide.

### HELP SOMEONE WITH SUICIDAL FEELINGS

The Samaritans suggest the following approach:



encourage them to talk about their feelings



encourage them to seek treatment and support



offer emotional support



offer practical support



help them think of ideas for self-help



If they are feeling suicidal, talking to someone who will listen and be supportive without judging them may be their first step towards getting help.

If you feel able to listen, you could ask them about how they are feeling.

### It could help if you:

- **Ask open questions.** These are questions that need more of a response than 'yes' or 'no', such as '*How have you been feeling?*' or '*What happened next?*'.
- **Give them time.** You will naturally feel that you want to end the conversation positively and quickly, but it is vital that you let them set the pace and take all the time that they need.
- **Take them seriously.** You should assume that they are telling the truth about feeling suicidal.
  - It is a myth that people who feel able to talk about suicide won't then act on their feelings.
- **Try not to judge them.** You will probably feel shocked, upset or frightened, but it's important not to blame the person for how they are feeling.
  - They may have taken a big step by telling you, and you may be the only person that they feel able to talk to at the time.
- **Don't avoid the issue.** There is still a taboo around talking about suicide which can make it even harder for people experiencing these feelings to open up and feel understood.
  - Direct questions about suicide like '*Are you having suicidal thoughts?*' or '*Have you felt like you want to end your life?*' can help someone talk about how they are feeling.



Asking someone if they are feeling suicidal or are planning to end their life may not feel like the right thing to do. However, mental health professionals do recommend asking direct questions about suicide. There is a natural fear that this might indirectly encourage the person who is feeling suicidal to act on their feelings, but research has shown precisely the opposite - that speaking openly about suicide decreases the likelihood of the person acting on their feelings.

Asking simple, clear and direct questions can encourage them to be honest about how they are feeling. Many people feel relieved and less isolated when they are asked.

Often, taking the first step by opening up to you makes it easier to talk to others. They could talk to someone in their life – family or friends. They could also talk to a professional such as a doctor or therapist, or a trained listener at a helpline.

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### IF SOMEONE IS THREATENING IMMINENT SUICIDE

Rethink Mental Illness suggests that you keep talking to them, and try to take the following steps:

1. Be supportive and accept what they are telling you,
2. Ask whether they are thinking about ending their life now or soon,
3. Try and get a better understanding of why,
4. Ask about their reasons for living and dying and listen to their answers.
5. Try to explore their reasons for living in more detail,
6. Ask whether they have tried to kill themselves before,
7. Ask if they have a plan for how they would do it in the future,
8. Try to make them safe and be open to making reasonable steps to help them,
9. Follow up any commitments that you agree to.



If you are present in the room with them, you could also try to remove things that they could use to take their own life. The kind of thing you could try to remove depends on the person's immediate plan for taking their own life. They could include sharp objects and knives, cleaning products, medicines and belts. **If the person is in crisis, do not leave them alone.**

If you are unable to call for help, go to the nearest Accident and Emergency (A&E) department. Staff can speak to them about how they are feeling and 'triage staff' will decide if they need to be admitted to hospital or not. You can give A&E staff as much information as possible so they can make the right decision.

If the person is not experiencing crisis, you can encourage them to ring **Samaritans** on Freephone **116 123 (24 hours a day)**.

## **7. HOW CAN I GIVE EMOTIONAL SUPPORT?**

You don't need any special training to show someone you care about them. As a Health and Safety Rep, you will already have an interest in other people's wellbeing, and you will be used to talking to colleagues about their issues, even if you don't recognise that in yourself. These qualities are often why the Health and Safety Rep is approached – as much because of sympathy and empathy as expertise.

### **EMOTIONAL SUPPORT**

The Samaritans suggest three key tips to offer emotional support:

**Listen.** Simply giving someone space to talk, and listening to how they're feeling, can be really helpful in itself. If they're finding it difficult, let them know that you're there when they are ready.

*Continued >>*

**Try to stay calm.** Even though it might be upsetting to hear that someone you care about is distressed, try to stay calm. This will help your friend or family member to feel calmer too.

**Try not to make assumptions.** Your perspective might be useful to your friend or family member, but try not to assume that you already know what may have caused their feelings, or what will help.

## **8. WHAT HAPPENS NEXT?**

If someone is feeling suicidal and the emergency services are called, the person will usually be taken to hospital, to the Accident and Emergency (A&E) department in the first instance. From there they will be triaged – assessed - and a decision taken on admitting them to hospital. In most cases the person will be admitted so that their needs can be determined and support given.

Doctors should carry out a risk assessment before discharging someone from hospital. This will consider whether the person is feeling suicidal and is thinking about ending their life. It will also consider the situation they are returning to, as going back home can be difficult and they may still need support.

After discharge, they might be treated at home, visited regularly by the NHS home treatment team, and/or given a series of private or group counselling sessions to attend. Responsibility will usually pass to their GP.

The GP is not a mental health specialist, and they will often seek help from local mental health services such as the Community Mental Health Team (CMHT). This sort of team can give more specialist help, and can organise referral into Care Programme Approach (CPA).

## 9. WHAT ABOUT THE EMPLOYER?

It is important that you find out what policies and guidance your employer has in place dealing with mental health. It might be useful to discuss the general approach to mental health and suicide with HR or occupational health so that you clearly understand your organisation's attitude to handling these matters. Although it may be rare to come across employees with suicidal thoughts, especially in work time, such instances are reasonably foreseeable. Every organisation has a duty of care to all its employees to provide them with information and support.

If someone has been admitted to hospital due to suicidal thoughts, the matter must be handled sensitively and with discretion. HR, Occupational Health services and Employee Assistance Programmes should be consulted where these are in place, and if the person feels able to return to work, then a return to work schedule and plan should be agreed. The view of the GP and/or mental health specialist should be given priority in any discussions, and the person should not be pressurised to return to work until they feel able to do so, even in phased return process.

For more information,  
see the GMB guide:  
**'Mental Health@Work'**



[www.gmb.org.uk](http://www.gmb.org.uk)

## 10. WHAT IF THE COLLEAGUE KILLS THEMSELVES?

It is difficult to accept, particular in the immediate aftermath of suicide, but you should not feel guilty. You cannot control what happens when a colleague experiences such thoughts. You can and do play an important role in preventing suicide but you are not responsible for other people's actions.

You should be able to access support and advice from the workplace Employee Assistance Programme, and your employer should treat you sympathetically and with respect.

Again, you may find it helpful to talk to friends, family, GMB colleagues and your Organiser, and to access more specialist support, either from your GP or from the support services listed at the end of this booklet.

Your employer should have a 'Postvention' policy and programme in place, in terms of providing counselling and support; handling the aftermath sensitively; and learning from what has happened.

More information can be found in the Business In The Community (BITC) publication 'Crisis Management in the Event of a Suicide'.

There may be an inquest held. This is a court hearing where a Coroner, usually a doctor or solicitor, investigates the circumstances of a person's death. The inquest looks at where, when and how someone died.

The inquest can give conclusions on how someone died, but will not blame a particular person or organisation for someone's death. You may be requested to be involved in the inquest process and give information to the Coroner.

If you are asked to participate in the inquest, or in any investigation process, speak to your GMB Organiser or contact UnionLine on 0300 333 0303.



## 11. LOOKING AFTER YOURSELF

Talking to someone who is experiencing suicidal thoughts is a rare event for most GMB Health and Safety Reps, and it is entirely natural to feel a range of emotions during and after giving them support.

It can be difficult to accept that someone that you work with and who may be close to you feels suicidal. You may feel helpless, powerless, angry, sad, shocked, frightened, confused or a whole range of other emotions unique to your own experience – there's no right or wrong way to feel.

It may help to talk about your feelings and worries, or get support from people who have had similar experiences. You could:

- Talk to a friend or family member;
- Talk to your GMB Organiser or Regional Health and Safety Officer;
- Talk to your GP
- Call one of the support services listed at the front of this booklet

It's important to remember that you are a human being with needs of your own. To be able to give support and help to others, you need to take time for yourself too.

