



PARTNERS IN PREVENTION:

**UNDERSTANDING AND
ENHANCING FIRST
RESPONSES TO
SUICIDE CRISIS
SITUATIONS**

PERSPECTIVES FROM
LIVED EXPERIENCE

ACKNOWLEDGEMENTS

We would like to acknowledge the Traditional Custodians of the land on which our services are located. We pay our respects to the Elders both past and present and acknowledge Aboriginal and Torres Strait Islander peoples across the State. We continue to recognise that to Close the Gap we need to work together with Aboriginal and Torres Strait Islander people, communities, staff and stakeholders to ensure that we are meeting the needs of the community.

We acknowledge those who experience suicidality and those lost to suicide, and their families, friends, loved ones, and others who are affected by suicide.

Disclaimers

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Queensland Police Service

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Roses in the Ocean

The views expressed by people with a lived experience of suicide engaged in consultation throughout this project and publication are their own specific perspectives and do not endeavour to represent all lived experience perspectives. We acknowledge that all lived experience insights are valuable and important.

Queensland Alliance for Mental Health (QAMH)

Queensland Alliance for Mental Health (QAMH) is the peak body for the community mental health sector in Queensland. The authors acknowledge the consultation provided by the QAMH is not a representation of the full membership base.

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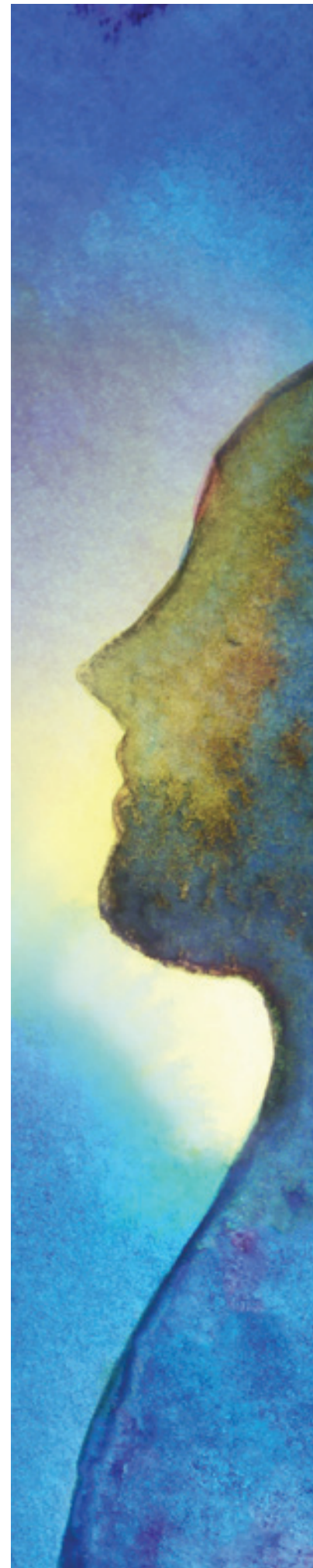
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OVERVIEW

Individuals who experience a suicide crisis often come into contact with police or paramedics. Those who have experienced a suicide crisis report deficiencies with the existing system, and police and paramedics report that responding to these events is one of the most challenging aspects of their role. However, little is known about the nature, extent, precipitating factors, pathways and outcomes of a suicide related call-out, and what responses will most effectively and compassionately meet the needs of those in crisis. *Partners in Prevention: Understanding and Enhancing First Responses to Suicide Crisis Situations*, funded by the Queensland Health Suicide Prevention Health Taskforce, was established in 2017 to address these knowledge gaps and inform systems enhancements.

Project overview

The Partners in Prevention project encompassed five major initiatives:

	<p>DATA LINKAGE</p> <p>A linked data study about individuals who came into contact with Queensland Police Service or Queensland Ambulance Service between 2014 and 2017, and their health services use and outcomes between 2013 and 2018.</p>
	<p>SERVICE MAPPING</p> <p>An integrated service mapping of collaborative services involving police, ambulance and mental health services up to January, 2018.</p>
	<p>PERSPECTIVES FROM LIVED EXPERIENCE</p> <p>A workshop to gather lived experience perspectives on optimal first responses to suicide crisis situations, and situations involving a recent bereavement due to suicide.</p>
	<p>LITERATURE REVIEWS</p> <p>Reviews of literature on: optimal care pathways following a suicide-related call to emergency services; evaluation frameworks for collaborative suicide crisis interventions; and data linkage studies in suicidology.</p>
	<p>KNOWLEDGE, SKILLS, ATTITUDES AND CONFIDENCE OF POLICE</p> <p>A mixed methods study of knowledge, skills, attitudes and confidence of police in responding to suicide crisis situations.</p>

Our partners

	QUEENSLAND CENTRE FOR MENTAL HEALTH RESEARCH		ROSES IN THE OCEAN
	QUEENSLAND AMBULANCE SERVICE		BRISBANE NORTH PHN
	QUEENSLAND HEALTH		QUEENSLAND ALLIANCE FOR MENTAL HEALTH
	QUEENSLAND POLICE SERVICE		QUEENSLAND MENTAL HEALTH COMMISSION

CONTENTS

OVERVIEW	1
SUMMARY	3
INTRODUCTION	6
APPROACH	6
FINDINGS	7
CONCLUSIONS	14
REFERENCES	15

SUMMARY

Why we did this

Understanding the voices of those with lived experience of suicide is crucial to improving effective responses by police and paramedics. An opportunity to engage with lived experience perspectives arose when the Partners in Prevention team were invited by Roses in the Ocean to present preliminary project findings, and facilitate a workshop on optimal responses to suicide crisis situations for attendees of the Roses in the Ocean Lived Experience Summit, held in Brisbane, in August, 2018.


What we did

Members of the Partners in Prevention team engaged with lived experience representatives who attended the Roses in the Ocean Lived Experience Summit. Following a short presentation of preliminary results, attendees formed six groups and discussed two workshop questions that were posed. The questions were:

- ?
 How can police or ambulance assist someone experiencing a suicidal crisis or imminent attempt?

- ?
 How can police or ambulance assist someone who has been recently bereaved by suicide?

This report summarises the workshop’s findings in terms of ‘do’s’, ‘don’ts’, and ‘system factors’.

APPROACH	TOPICS	OVERVIEW OF FINDINGS
 <ul style="list-style-type: none"> • Engagement with lived experience representatives attending the Roses in the Ocean Lived Experience Summit. • Attendees formed six groups, with three groups answering question one and three groups answering question two. 	<ul style="list-style-type: none"> • Optimal first response to a suicidal crisis or attempt. • Optimal first response to someone who has recently been bereaved by suicide. 	<ul style="list-style-type: none"> • Workshop delegates identified a range of ‘do’s’ and ‘don’ts’ relating to the two types of events (topics) being considered. • Workshop attendees provided suggestions for systemic change.

Overview of the approach, topics and findings presented in this report.

What we found

Workshop participants identified a range of do’s, don’ts and systems factors that were important in improving first responses to someone experiencing a suicidal crisis or imminent attempt. These insights, along with the views that attendees shared on factors that were important to those who were recently bereaved by suicide, provide valuable feedback for consideration by first responders.

QUESTION

How can police or ambulance assist someone experiencing a suicidal crisis or imminent attempt?

✓ DO'S



Enact a proportional and discreet response



Communicate empathetically



Be mindful of context



Be mindful of, and facilitate, social connections



Utilise resources of lived experience



Help facilitate connections with other parts of the health system



Feedback and follow-up

✗ DON'TS



Don't use excessive force

⚙️ SYSTEMS FACTORS



Create a specialist suicide response division



Establish routine suicide intervention training



Create support options that do not rely on emergency departments

QUESTION

How can police or ambulance assist someone who has been recently bereaved by suicide?

DO'S



Try to minimise visibility when attending a residence to deliver news



Deliver message with warmth, empathy and compassion



Facilitate identification and connection with supports



Bring other health and caring professionals along



Provide information



Feedback and follow-up

DON'TS



Don't treat this event as a factual exchange of information



Don't rush it



Don't search rooms or accommodation unless it is absolutely necessary to do so

SYSTEMS FACTORS



Who is best placed to do this job?



Provide practical training in communication

INTRODUCTION

Recent figures highlight the tragedy of suicide in Australia, with suicide deaths in 2017 sitting at a ten-year maximum of 12.6 deaths per 100,000 adults (Australian Bureau of Statistics, 2018). The suffering associated with suicide crises and suicide attempts adds considerably to this tragedy; approximately three out of every 100 Australians will attempt suicide during their lifetime and more than four out of every 1000 Australians will make an attempt in any one year (Johnston, Pirkis, & Burgess, 2009). Those who experience a suicide crisis may come into contact with police or paramedics, and in these encounters responders may be a pivotal point of contact (Ogloff, Davis, Rivers, & Ross, 2007). Despite this, police and paramedics may receive only limited training in relation to these situations (Browning Samuel, 2011), and there is a limited evidence-base to inform what an optimal response to those who experience crisis might look like.

Incorporating the views of individuals with lived experience of suicide provides crucial information to inform individual level responses, and system redesign that is democratic and effective (Roses in the Ocean, 2020).

Lived experience of suicide can include experiences of one's own suicidal thoughts or attempts, or having had the experience of caring for, or having been bereaved by, a friend or loved one's suicidality or suicide (Roses in the Ocean, 2020).

Engaging with lived experience perspectives does not describe a singular mode of engagement nor one that is static or confined to a particular domain of practice (Suomi, Freeman, & Banfield, n.d.). Rather, engaging with lived experience perspectives can take multiple forms, depending on the purposes of engagement, for example, whether the purpose relates to the design, governance, delivery or evaluation of services (Suomi et al., n.d.). Ideally, different approaches should be combined with a view to ensuring dynamic and thorough engagement between stakeholders who are responsible for service delivery and lived experience practitioners and perspectives.

The Partners in Prevention project has involved lived experience representatives and perspectives in several ways, including in its governance and implementation through representation of lived experience perspectives on its Steering and Working Groups, and, as is presented in this report, through a workshop to explore what optimal first responses to those who experience suicide crisis might look like.

APPROACH

The Partners in Prevention team were invited by Roses in The Ocean to present preliminary findings from the Partners in Prevention project as part of a workshop at the Roses in The Ocean Lived Experience Summit, held in Brisbane, in August, 2018. Attendees were split into six groups, of which three groups workshoped question one and the remaining three groups workshoped question two. The two questions discussed during the workshop were:

Question 1

When Police / Ambulance arrive to assist someone experiencing suicidal crisis or imminent attempt – how would you like them to respond?

- What is going to be most helpful, supportive?
- Who needs to be there?

Question 2

When Police / Ambulance knock on your door to advise you that a loved one has taken their own life, how can they best deliver this life changing message?

- What can they do, say? (Understanding that nothing they do will change the news, but how it is delivered and what happens next can make an enormous difference to those receiving it.)

Attendees' views were recorded on butcher's paper and summarised for the purposes of this report. The exact words and phrases provided by workshop attendees are given in the figures that accompany the text.

FINDINGS

QUESTION

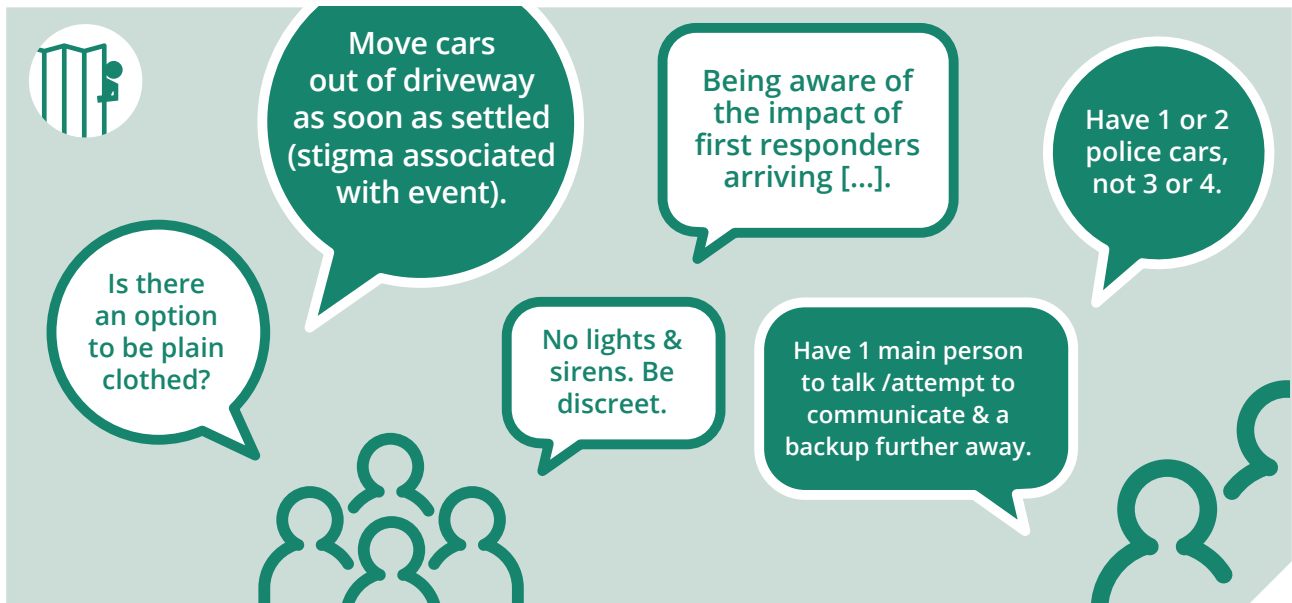
How can police or ambulance assist someone experiencing a suicidal crisis or imminent attempt?

Attendees identified a range of do's, don'ts and system factors that were important in improving first responses to someone experiencing a suicidal crisis or imminent attempt.

DO'S

Enact a proportional and discreet response

Workshop attendees emphasised that first responders should focus on providing a discreet and proportional response when attending to an individual who was experiencing a suicidal crisis. Several specific suggestions were made about ways this could be achieved, for example, through plain clothes responses, and limiting the use of lights and sirens.



Attendees suggested ways of ensuring a proportional and discreet response to someone in a suicide crisis or at risk of imminent attempt.

Communicate empathetically

Workshop attendees highlighted that first responders should be unrushed, use appropriate and non-judgmental language, convey calmness and empathy, and utilise active listening skills when engaging with a person who is experiencing a suicidal crisis.



Attendees' views on how first responders can communicate with empathy with someone in a suicide crisis or at risk of imminent attempt

Be mindful of context

Attendees highlighted the importance of first responders being informed about, and sensitive to, the relevant history and context of the person in crisis. This included being able to access relevant information about any history of domestic violence or history of refusing care. Cross-cultural awareness, particularly being sensitive to the impacts of responding within Aboriginal and/or Torres Strait Islander communities, was also highlighted.



Attendees' views on the importance of context to interactions between first responders and individuals within the community

Be mindful of, and facilitate, social connections

Workshop attendees identified the importance of first responders helping someone experiencing a suicidal crisis to identify and connect with their own support persons. Sensitivity to social context extended to the need for first responders to be mindful of the needs of others (including people and pets) who may need care or support during, or in the aftermath, of a suicidal crisis.



The infographic features a light green background with a white border. On the left, there is a circular icon containing three stylized human figures connected by lines. To its right is a large white speech bubble with a green border containing the text: "When arrive ask questions about who are their natural supports and arrange for them to attend (family, friends, others)." In the center, there is a green line-art icon of a person standing next to a child and a dog. To the right of this icon is another white speech bubble with a green border containing the text: "Who else is around – children, dogs, who needs care (matter to the person)."

Attendees' views on the importance of social connections and supports

Utilise resources of lived experience

Workshop attendees highlighted the importance of first responders utilising resources of lived experience, including engaging with separate organisations that could provide peer support services.

Help facilitate connections with other parts of the health system

Workshop attendees wanted first responders to help facilitate connections with other parts of the health system, both in terms of facilitating information sharing with health care professionals during a crisis event, and also facilitating contact with an individual's regular care provider, whoever that may be.



The infographic features a light green background with a white border. On the left, there is a circular icon containing a network of stylized human figures connected by lines. To its right is a large white speech bubble with a green border containing the text: "Ambos to ask – anything they need to know for handover to HHS." In the center, there is a green line-art icon of three stylized human figures. To the right of this icon is another white speech bubble with a green border containing the text: "Contact their regular care provider."

Attendees' views on facilitating connections with other parts of the health system

Feedback and follow-up

Workshop attendees described how, during a crisis, an individual might be provided with helpful information, but that this might not sink in, in the spur of the moment. Thus, it was important that first responders follow up with family and individuals following a crisis event, to ensure that they were informed and connected to available supports and services.

⊗ DON'TS

Don't use excessive force

One key don't was identified by attendees. Consistent with the importance of a proportional and discreet response, workshop attendees identified that it was important that the police did not use excessive force when engaging with someone in suicide crisis or at risk of an imminent attempt.



Attendees' views on the use of excessive force

⚙ SYSTEMS FACTORS

In addition to do's and don'ts relating to individual interactions, attendees highlighted system factors that were important to enhancing suicide crisis responses.

Create a specialist suicide response division

Workshop attendees identified the need for specialist response undertaken by specially trained police or ambulance responders. Some attendees were in favour of co-responder models, in which a mental health clinician attended an emergency alongside police or ambulance responders.

Establish routine suicide intervention training

Workshop attendees identified the importance of suicide prevention intervention training being provided to all first responders, as well as triple-zero operators.

Create support options that do not rely on emergency departments

Workshop attendees identified the benefit of having mental health clinicians attend crises, alongside first responders, in order to assess the need for further care. Some workshop attendees also highlighted the need to create alternative care options to emergency departments, for people in crisis. One example of an alternative that was given was of a "safe-haven café".



Safe-haven café's provide an alternative point of care to emergency departments for people experiencing mental health or suicide crises. Originating in the UK, safe-haven café's are staffed by clinical and peer support workers who provide respite services and resources to those in need.

(Source: <https://www.bettercare.vic.gov.au/our-work/innovation-fund/innovation-projects/Browse-all-projects-listing/safe-haven-cafe-for-mental-health>).

[Make available] crisis service that is not hospital (safe haven café).

Mental health clinician attend with ambulance to provide assessment and need for attending ED.

Attendees' views on alternative options to emergency department admissions

QUESTION How can police or ambulance assist someone who has been recently bereaved by suicide?

Attendees identified a range of do's, don'ts and system factors that were important in improving first responses to someone who has been recently bereaved by suicide. There was some overlap in needs relating to the two types of event (crisis and death), for example, the importance of exercising discretion, the significance of language and communication, the role of responders in connecting those in need to appropriate supports, and the value of following up with those in need.

✓ DO'S

Try to minimise visibility when attending a residence to deliver news

Workshop attendees who considered what was important in responding to a bereavement pointed to the need for discretion and respect for autonomy and privacy when attending a residence to deliver news of a suicide death. By minimising visibility, first responders give those who are grieving the power to decide if, when and how they share information about a suicide death.

Try to minimise visibility when attending to give family/ person options as to what and how they share rather than it being community knowledge.

Attendees' views on minimising visibility when attending a residence to deliver news of a suicide death

Deliver message with warmth, empathy and compassion

Attendees emphasised that delivering information about a suicide death needed to be understood as a life changing event and that delivering this message needed to be done with warmth, empathy and compassion. Attendees highlighted the value of responders sitting and waiting with a person until other supports could be identified and established.



Attendees' views on delivering messages about a suicide death

Facilitate identification and connection with supports

Workshop attendees highlighted the importance of helping those receiving news of the suicide of a family member or loved one to identify their supports and help them to make contact with support persons. Facilitating connection with supports could include facilitating connections with health or other caring professionals.

Bring other health and caring professionals along

Some workshop attendees considered that bringing health or caring professionals to help deliver the news, or facilitating access to non-aligned third parties (e.g., Standby or lived experience workforce) within a short period of time could be beneficial.

Provide information

Providing information packs, for example a family support pack that included contact numbers of service providers (e.g., *Roses in the Ocean*, Standby, Arbor [Active Response Bereavement Outreach]), was considered by attendees to be beneficial. However, it was highlighted that, in the shock of receiving the news of a death of a loved one, practical assistance and follow-up was necessary to ensure that those who have been bereaved by suicide are properly informed and connected with appropriate supports.

Feedback and follow-up

Workshop attendees emphasised the importance of first responders, preferably those who had delivered news of the death, following up with families and other persons affected in the 24 hours to 7 days following news of a suicide death, to ensure that their support needs were being met. This was due to the fact that information delivered at the time of the event might be missed or not heard due to grief reaction. Provision of contact details of the police officer/s delivering the news, so that any further questions or information could be requested, was also suggested.



Attendees' views on the importance of feedback and follow-up

⊗ DON'TS

Three don'ts were identified. These don'ts were the obverse of the identified do's regarding communication and empathy.

Don't treat this event as a factual exchange of information

Consistent with the importance of delivering news of a suicide death with warmth and empathy, workshop attendees highlighted that it was important that responders did not treat this event as a factual exchange of information.

Don't rush it

Equally, attendees emphasised that delivering news of a suicide death could not be rushed.

Don't search rooms or accommodation unless it is absolutely necessary to do so

Finally, attendees highlighted that police should consider whether it is absolutely necessary to search rooms or accommodation of a person who has died by suicide. Carrying out searches was seen by some attendees as portraying a false and stigmatising idea that a suicide death was subversive or criminal.

⚙ SYSTEMS FACTORS

In addition to do's and don'ts relating to responding to someone who has been bereaved by suicide, attendees highlighted systems factors that were important to enhancing these responses.

Who is best placed to do this job?

Whilst providing practical suggestions regarding how first responders should approach delivering news of a suicide death, attendees nevertheless raised the question as to whether this job really should be the responsibility of the police. Alternatives that were suggested were collaborative responses (e.g., co-response model) or responses by a non-aligned third party, such as a non-government, including lived experience, organisation. This question, of who is best placed to deliver news, was posed but not resolved by workshop attendees.



Attendees' views on who is most suited to delivering news of a suicide death

Provide practical training in communication

Consistent with attendees' emphasis on the importance of training, attendees highlighted the importance of training in communication. Attendees considered that role playing approaches could be beneficial, and specified the importance of using non-clinical language to achieve a more compassionate and empathetic interaction.



Attendees' practical advice on communication in the event of a suicide death

CONCLUSIONS

Eliciting the views of individuals with lived experience of suicide is critical to informing and improving services and responses. Attendees at the Partners in Prevention workshop provided a range of practical suggestions for police and paramedics to follow or avoid when engaging with members of the community who were experiencing a suicide crisis, or those who had been affected by the suicidality or death of a friend or loved one. Attendees also provided valuable insights as to systems level factors that could enhance the first response.

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NEED HELP?

Suicide can be a difficult topic for many people. If you would like to talk with someone, find support, or locate more information, you can contact:

Lifeline 13 11 14
www.lifeline.org.au/gethelp

Suicide Call Back Service
1300 659 467
www.suicidecallbackservice.org.au

MensLine Australia
1300 789 978
www.mensline.org.au

Beyond Blue Support Service
1300 224 636
www.beyondblue.org.au

SANE Australia Helpline
1800 187 263
www.sane.org

QLife (LGBTI)
1800 184 5270
www.qlife.org.au

Kids Helpline
1800 551 800
www.kidshelpline.com.au

Defence Family Helpline
1800 624 608
www.defence.gov.au/dco/defence-helpline.asp

