

Preventing Suicide in Lincolnshire



Lincolnshire Suicide Prevention Toolkit



Developed by the Lincolnshire County Council Suicide Prevention Team

PreventingSuicideinLincolnshire@lincolnshire.gov.uk

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4-step conversation to save a life

1. Recognising the signs

Behavioural	Isolating themselves, Sorting out important bills or creating a will, Researching methods of suicide, Increase in risk taking behaviours
Verbal	Expressing thoughts such as 'You'd be better off without me', Talking about taking their own life
Emotional	Ongoing feelings of hopelessness, Loss of interest in things once enjoyed, Extreme mood swings, Irritability/anger without cause
Psychological	Difficulty concentrating, Forgetfulness, Negative thoughts, Low mood or depression, Heightened anxiety
Physical	Noticeable changes in weight, Constant tiredness and lack of energy, Digestive trouble, Disrupted sleep, Episodes of fear or panic

2. Ask

What to ask

Ask direct questions "I've noticed you've been struggling lately. Are you having thoughts about suicide?"

How to ask

Use a caring and non-judgemental tone. Speak calmly and don't interrupt. Ensure that you have the conversation in a private and comfortable environment.

What to avoid

Saying things like 'Doing something silly' as they can cause confusion. Don't brush off their feelings, let them know their pain is real.

Asking an individual about suicide does not increase the risk- it opens the door to support

3. Listen

You don't need to have all the answers. Just being there and listening with care can be lifesaving

Be Present and Attentive- Give them your full attention. Use open body language and eye contact to show you're engaged. Let them speak at their own pace without interrupting.

Show compassion and reassurance- Let them know 'I'm here for you.' Reassure them that help is available and things can improve.

Listen Without Judgment- Avoid reacting with shock, disbelief, or criticism. Don't try to immediately fix their problems.



4. Support

If there is an immediate suicide risk

- Stay calm and remain with the person
- Listen attentively and offer reassurance
- Keep them safe and remove anything harmful
- Call 999 for urgent assistance

If there is not an immediate suicide risk

- Show support and encourage coping strategies
- Guide them to access professional help
- Engage with trusted family or friends
- Signpost to support

There is support available

NHS 111 (option 2) mental health support line, Samaritans 116 123
For local support scan the QR code



1. Purpose of the toolkit

This toolkit provides guidance for individuals in any setting on how to support someone who may be considering suicide or whose safety you are concerned about. It offers a practical overview of how to recognise warning signs, appropriate questions to ask, effective listening strategies, and available resources for support.ⁱ

This document is intended as a guidance resource to support learning and awareness. It does not replace formal training. For best practice, we recommend completing an accredited training course alongside using this guide.

You do not have to be able to **solve an individual's problems**, but this tool kit will guide you in offering **support and signposting** someone to help.¹

2. What is suicide?

Suicide refers to the act of an individual intentionally ending their own life. It may result from mental health challenges or other traumatic or adverse experiences that lead a person to feel trapped with 'no way out.' Suicide is often a response to intense emotional distress and an attempt to escape overwhelming pain. Feelings of self-loathing, hopelessness, and isolation can cloud judgment, making it difficult for individuals to see options beyond their suffering. Despite their desire to find relief from emotional pain, many individuals experiencing suicidal thoughts also feel conflicted about taking such action.ⁱⁱ

'Suicide is rarely the result of a single life event or factor but can be understood as a complex interplay of biological, psychological and environmental factors that leave a person feeling desperate and hopeless about life.'

Risk factors to suicide

Suicide is not a mental health problem but is linked to mental distress. There are many different reasons that can increase an individual's vulnerability to suicidal thoughts, including but not limited to:

- Difficult life events such as experiencing trauma or abuse
- Upsetting or life changing events e.g. a relationship breakdown, bereavement, or job loss
- Drug or alcohol use
- Gambling addiction
- Social isolation
- Mental health conditions including depression
- History of self-harm
- Physical health conditions including chronic pain or a serious disability
- Financial difficulty and economic adversity

Thoughts and feelings suicidal people may experience

Individuals experience feelings of suicidal thoughts in various ways. Some may find it difficult to cope with intense emotions and thoughts or feel misunderstood by family and friends. Others might feel disconnected from their usual self and contemplate such actions because they find it challenging to continue with their current circumstances. These feelings can develop gradually over time or fluctuate in intensity from moment to moment.ⁱⁱⁱ

Conflicting thoughts

Some individuals may experience conflicting emotions regarding their loved ones. They might feel that life could be better without them yet simultaneously worry about causing them distress. These competing feelings can fluctuate as they contemplate making serious life decisions.^{iv}

Category	Thoughts and feelings
Hopelessness & despair	<ul style="list-style-type: none">• Feeling that life has lost its meaning• Believing nothing will improve• Feeling desperate
Self-Worth & Identity	<ul style="list-style-type: none">• Struggling with self-acceptance• Feeling useless or unwanted• Believing they are flawed or unattractive
Isolation & Disconnection	<ul style="list-style-type: none">• Feeling emotionally detached• Believing others don't understand them• Feeling unloved by family
Preoccupation with Death	<ul style="list-style-type: none">• Thinking death might offer peace• Fascination with dying• Feeling life isn't worth living
Burden & Guilt	<ul style="list-style-type: none">• Thinking they're a burden• Believing others would be better off without them
Emotional Overwhelm	<ul style="list-style-type: none">• Overwhelmed by negative thoughts• Experiencing intense sadness or crying frequently
Loss of Future Perspective	<ul style="list-style-type: none">• Inability to imagine the future• Feeling stuck with no way out• Not wanting to make future plans

About suicide and neurodiverse individuals

Neurodivergent individuals are those whose neurological functioning differs from what is considered 'typical.' This includes individuals with conditions such as autism, attention deficit hyperactivity disorder (ADHD), dyslexia, and other neurological variations.^v

Neurodiverse individuals are statistically more likely to experience thoughts of suicide or die by suicide compared to the general population. When a neurodiverse person is experiencing suicidal feelings, they may not exhibit the typical signs that are commonly observed in non-autistic individuals.^{vi} This is because:

- Neurodiverse people have differences in communicating, expressing emotions, and interacting with other people.
- Some neurodiverse people find it difficult to communicate their thoughts or struggle to find words to express their emotions, known as alexithymia.
- Structure and routine may mean that someone appears fine from the outside when they may be struggling.
- Some people might not want to talk about it.

The increased risk is not attributable solely to neurodivergence but results from the complex interaction of biological, psychological, and social factors. These include challenges in obtaining appropriate care, experiences of bullying or social exclusion, co-occurring mental health conditions, and ongoing stress related to navigating a world that may not be accommodating of their needs.^{vii}



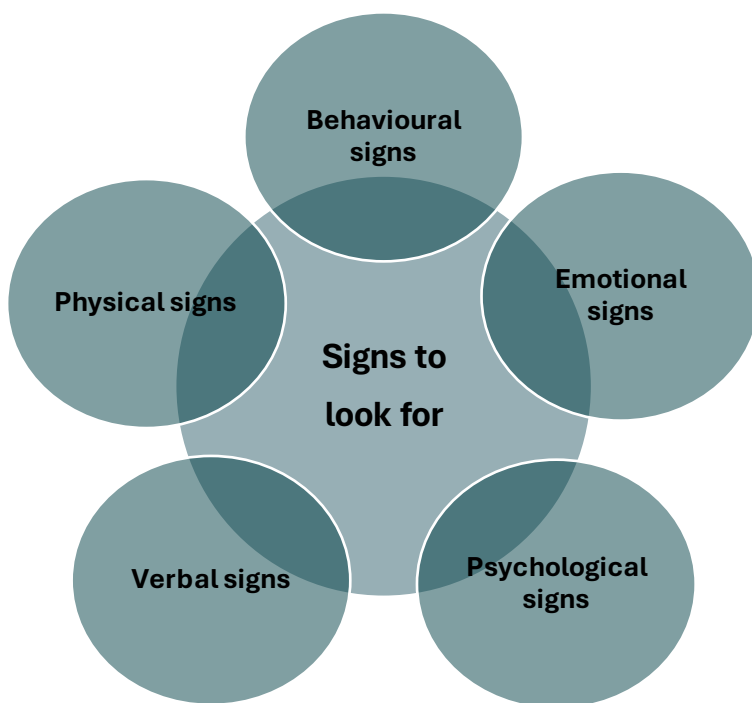
Understanding the triggers that might cause someone to attempt suicide

A trigger refers to various factors, such as environmental conditions or specific situations that may provoke a response. Suicidal thoughts and behaviours can start or are 'triggered' when individuals at risk encounter stressful events, become overwhelmed, or perceive suicide as the only means of alleviating their pain. The severity of stress caused by an event can differ significantly among individuals, as coping mechanisms and perspectives vary greatly. What may appear minor to one person may feel overwhelming or insurmountable to another.^{viii}

Associated triggers that individuals may experience may include the following:



3. Recognising the signs of suicide



Emotional distress whether stemming from unmet needs or difficulty managing life's challenges can sometimes result in suicidal thoughts or behaviours. This distress may present in various forms, some of which are subtle or even hidden.

Recognising the signs that someone may be experiencing suicidal thoughts is an important initial step in providing appropriate support. Although everyone is different, there are some key signs to look out for that may suggest someone is facing difficulties.¹

Behavioural signs	Verbal signs	Emotional signs	Psychological signs	Physical signs
<ul style="list-style-type: none"> • Isolating themselves or distancing themselves from people. • Making sure all bills are paid, and family affairs are in order. • Researching how to attempt to take their own life. • Displaying a sudden calmness. • Talking about death, or about taking their own life. 	<ul style="list-style-type: none"> • Expressing thoughts such as "You would be better off without me," "I am just a burden to everyone," or "You won't have to worry about me anymore." • Talking about death or taking their own life. 	<ul style="list-style-type: none"> • Deep ongoing feelings of hopelessness or emptiness. • Loss of interest in things they once enjoyed. • Crying frequently or seeming emotionally overwhelmed. • Extreme mood swings. • Irritability, anger, or agitation without clear cause. 	<ul style="list-style-type: none"> • Inability to concentrate. • Difficulty focusing. • Forgetfulness or memory gaps. • Persistent negative thoughts. • Constant worrying. • Low mood or depression. • Heightened anxiety. • Feeling unclear or easily distracted. • Recurring disagreements or conflicts. 	<ul style="list-style-type: none"> • Unexplained health problems. • Noticeable changes in weight. • Persistent tiredness or lack of energy. • Digestive troubles. • Episodes of panic or fear. • Recurring aches and pains. • Disrupted sleep/difficulty sleeping. • Evident signs of burnout.



Individuals experiencing thoughts of suicide may not say anything at all about their feelings but may instead exhibit behavioural signs indicating they are at immediate risk.

For instance, someone who has been visibly distressed for several weeks may suddenly appear calm and seem to be managing their previous concerns. However, this change in behaviour can sometimes indicate that the individual has made a decision to end their life and has accepted this as their only option, which may lead to an attempt.

Recognising the signs in Neurodivergent individuals

Neurodivergent individuals (including those with autism, ADHD, dyslexia, dyspraxia, and other conditions) may experience and express distress differently. Recognising these differences and adapting your approach can make conversations more supportive and inclusive.

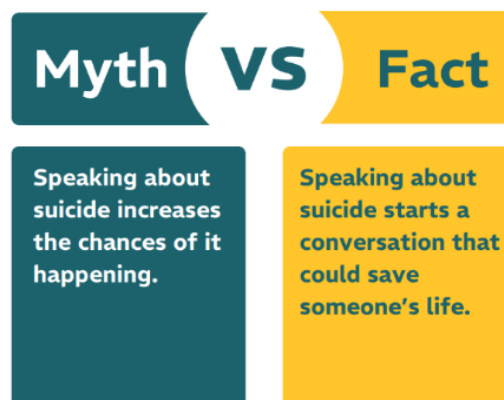
- **Varied indicators of distress:** Withdrawal into routines, masking emotions, or engaging in repetitive behaviours may signify a crisis.
- **Sensory overload:** Increased sensitivity to noise, light, or touch can exacerbate feelings of overwhelm.
- **Disruption of routine:** Sudden changes to established routines or special interests may suggest heightened vulnerability.

Key Fact

Recent research indicates a potential association between masking behaviours and an elevated risk of suicidality among neurodiverse individuals. Masking, also referred to as camouflaging, involves the conscious or unconscious concealment of autistic traits.^{ix}

4. The role of conversation

Evidence shows that asking individuals about suicidal thoughts can be a protective measure. By directly inquiring about their mental state, you create an opportunity for them to share their feelings openly. This encourages open communication and can provide essential support.^x



Asking about suicide

Asking someone about suicidal thoughts can be a protective measure. By directly inquiring about their wellbeing, you provide an opportunity for them to share their feelings openly. This openness can foster a supportive dialogue. Individuals who have experienced suicidal thoughts often describe it as a significant relief to have a safe space to discuss their feelings. Ensure that you speak calmly and clearly. Use a caring, non-judgemental approach.^{xi}

Having a **non-judgmental** approach involves refraining from forming negative opinions, criticism, or biases. It is about listening and observing with openness and respect, rather than making assumptions or imposing your own values.

Awareness of an individual's emotional state allows you to respond appropriately, with sensitivity and empathy.

During such conversations, it is vital to avoid language that could be triggering. If someone shares that they are experiencing suicidal thoughts, their concerns must be taken seriously and addressed with care.^{xii}

When asking someone who is neurodivergent if they are feeling suicidal, the principles are the same as for anyone; direct, compassionate, and respectful but with some adaptations to communication style that can make the conversation safer and clearer.

How are you?

It's important to check in with each other.



Asking someone how they are, and how they are out of 10 can help people to open up and start talking.



Key Fact

You are not expected to fix someone's problems. However, if you feel comfortable, you can offer your support and encourage them to share their feelings. If you do not feel equipped to help directly, you can still guide them by sharing helpful information and suggesting places or people they can go to for the appropriate support.

Where to ask

Engaging in a respectful conversation with someone whose behaviour has changed in a concerning way is always appropriate. While it may feel intimidating to address the issue, it is important to initiate the discussion as soon as possible.

Ensure that the individual feels safe and comfortable in their environment. Choose a private setting and a suitable time where you can speak openly and without interruptions. Be mindful to set aside ample time for the conversation, allowing the person to feel they have your full attention and support.



Adapting communication style

Supporting neurodivergent individuals involves ensuring that conversations are clear, respectful, and accessible. Recognising that neurodiversity entails different ways of processing information, emotions, and social cues, adapting our communication styles can help minimise misunderstandings and enhance the effectiveness of support.

- Use simple wording.
- Avoid metaphors or abstract language that may be harder to interpret.
- If the person prefers written communication, consider offering to write the question down.
- Allow for extra processing time and for the individual to formulate responses. Providing pauses and allowing silence demonstrates patience and respect.
- Find a quiet space that is away from noisy or overstimulating environments, as it will help to minimise stress and facilitate better focus.

Key reasons for adapting communication

Clarity of Language: Some neurodivergent individuals may find abstract phrases, metaphors, or euphemisms confusing. Utilising clear and specific language helps ensure the message is easily understood.

Processing Time: Individuals with autism or ADHD, for example, may require additional time to process information and formulate responses. Providing pauses and allowing silence demonstrates patience and respect.

Sensory Sensitivities: Noisy or overstimulating environments can make communication difficult. Selecting calm, quiet spaces can minimise stress and facilitate better focus.

Interpreting Social Cues: The individual's eye contact, tone of voice, and body language may not align with typical patterns. Focusing on the person's actual words rather than assumptions about social behaviour helps prevent misunderstandings.

Alternative Communication Methods: Some individuals may prefer to communicate through writing, texting, or visual aids instead of verbal speech. Offering these options supports them in expressing themselves comfortably.

Respect and Inclusion: Adapting communication strategies recognises the validity of neurodivergent experiences. Such efforts demonstrate care, reduce stigma, and foster trust.

The importance of direct questions

Direct questions can:

Encourages honesty: People experiencing suicidal thoughts often feel ashamed or afraid to speak up. Asking directly "*Are you thinking about suicide?*" gives permission to talk openly.

Dispels myths: A common misconception is that asking about suicide might put the idea in someone's head. Research shows this is false and that direct questions do not increase risk.

Identifies risk clearly: Vague questions like "*Are you thinking of hurting yourself?*" can be misunderstood. Using clear language such as "*Are you thinking of ending your life?*" ensures you understand their situation.

Provides relief: For many, being asked directly can reduce anxiety. It shows someone is willing to face the reality of their pain, which can feel validating.

Opens the door to support: Once suicidal thoughts are acknowledged, you can guide the person toward professional help, crisis services, or trusted support networks.

Signals care and courage: Addressing suicide directly demonstrates compassion and the willingness to stand alongside them in a difficult moment.

It is always appropriate to engage in a conversation when an individual exhibits a behaviour change that raises concern.

Be brave and respectful	<ul style="list-style-type: none">• If you suspect a person is considering suicide you could ask direct questions such as "Are you thinking about attempting suicide?"
Try not to trivialise the situation	<ul style="list-style-type: none">• Its important not to trivialise the situation by softening the question. Asking questions such as "You're not thinking of doing anything silly are you?" may lead the person to become emotional or defensive and not feeling as though they are being taken seriously.

What to avoid

- Avoid euphemisms like “doing something silly” or “hurting yourself” as this can cause confusion.
- Avoid minimising their feelings (“You have so much to live for”) instead, validate their pain by acknowledging and accepting how they are feeling: ‘It is okay to feel like this.’

Why it matters

- Asking directly shows you care and are willing to talk about difficult things.
- It gives the person permission to open up and seek help.
- It can interrupt a cycle of isolation and hopelessness.

Remember!

Your role is to listen, show care and connect them with professional and personal support. Sometimes the most powerful thing you can do is simply say: *“You’re not alone in this. Let’s find someone who can help you through it.”*

If you believe the individual is in immediate danger, engaging in a conversation is critical, or alternatively, please contact emergency services immediately by dialling 999.



Words matter

Suicide is a subject that requires sensitive and compassionate discussion. When engaging in a conversation it is important to choose our words carefully- not only to be respectful but also to promote understanding and support. This guide helps you become more mindful of the words you use so you can avoid unintentionally reinforcing stigma that might stop someone from reaching out for help.

Instead of this....	Say this instead...	Why it matters
Commit /committed suicide	died by suicide / took their own life	“Commit” implies criminality and reinforces stigma. Neutral terms reduce shame.
successful/unsuccessful suicide	Fatal / non-fatal suicidal behaviour / suicide attempt	“Successful” implies achievement. Clinical terms are more accurate and respectful.
completed/failed suicide	fatal/non-fatal suicidal behaviour / suicide attempt	Same as above, avoids value laden language.
epidemic, skyrocketing	rise / increase	“Epidemic” can cause panic and imply contagion. Neutral terms promote calm dialogue.
<Name> is suicidal	<Name> is experiencing suicidal thoughts / facing suicide	Avoids defining someone by their thoughts; emphasises it as an experience.
He is suicidal	He is experiencing suicidal thoughts.	Same as above, person-first language shows respect.
They are a schizophrenic	They have schizophrenia / are living with schizophrenia	Puts the person before the condition; avoids dehumanisation.
They are mentally ill	People with mental illness	Person first language promotes dignity and respect.
<Substance> addicts	People with addiction / people addicted to <Substance>	Same as above avoids labelling and stigma.

These recommendations have been informed by the Canadian Psychiatric Association’s Media Guidelines for Reporting on Suicide.

Stigmatising language around suicide is deeply ingrained. If you catch yourself using harmful terms, correct them aloud and explain why. Small efforts like this can drive meaningful change in how we talk about mental health.

Staying calm when talking to an individual thinking of suicide

In challenging situations, like talking with someone who may be considering suicide, it is natural to feel stressed, anxious, or upset. Remaining calm is a crucial first step in effectively providing support and assistance. Staying calm helps you assess situations so that you can listen and support the person without judgement.^{xiii} It is important to reassure the individual that you genuinely care and are available to support them. Offer assistance in finding appropriate services and maintain a non-judgmental attitude toward their actions or thoughts. These approaches can help the individual feel supported and valued.

Reminder

You are not expected to solve each individual's problems, just listening is powerful. Conversations may involve sensitive or difficult topics, so take care of your own wellbeing when supporting others.

For further information on how to look after yourself when supporting others, see [section 9](#)

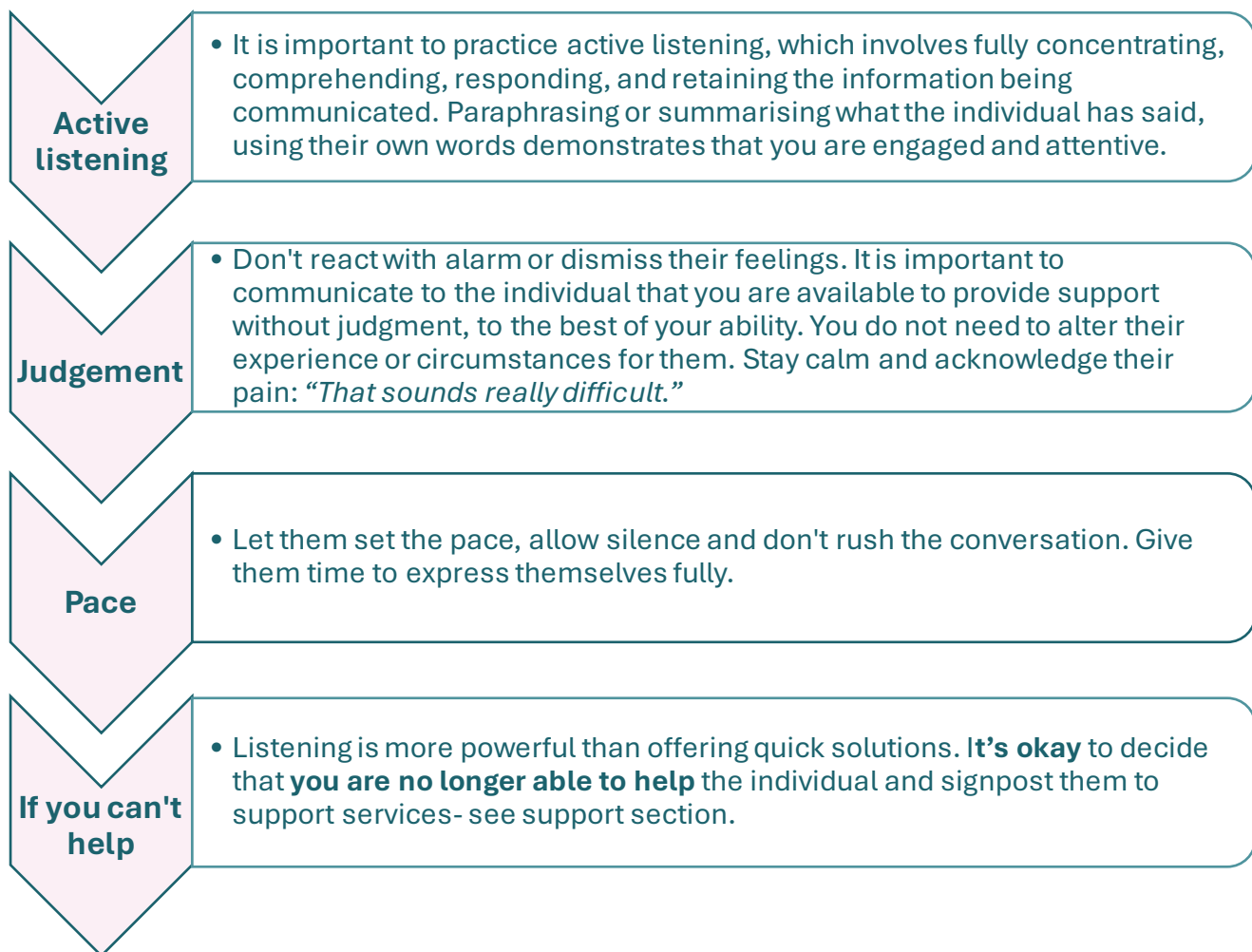
Consent and confidentiality

If the individual you are speaking with chooses to share how they are feeling, it is generally more effective to listen attentively and ask open ended questions to gain clarification. It is important to avoid offering advice or opinions, as your role is not to resolve the issue or provide solutions. Be transparent about confidentiality from the outset. Explain that while you will respect their privacy, there are limits when safety is at risk. Their health, safety, and wellbeing take priority over keeping information private. Clarify that if they disclose plans to harm themselves or others, you may need to share this information with appropriate professionals or emergency services.

Outline who might be informed (e.g., mental health crisis teams, GP, emergency services) and clarify that only the essential information required to ensure their safety will be shared. Emphasise that this is done to protect them, not to punish or judge. Being clear about these boundaries helps preserve trust which can be fragile and difficult to rebuild once lost.

Whenever possible, their consent should be obtained before sharing information. However, if organisational policies require disclosure, information may be shared without consent. While informed consent is the preferred approach and is central to privacy and data protection standards, a duty of care overrides confidentiality when there is a risk to life.^{xiv}

5. How to listen



Respect coping behaviours



Stimming, fidgeting, or utilising sensory tools are common self-regulation strategies used by many neurodivergent individuals. These behaviours are not indicative of disrespect, avoidance, or disengagement; rather, they serve as methods for managing intense emotions, sensory input, or anxiety.

- **Stimming:** Repetitive movements or sounds (such as rocking, hand-flapping, humming, or tapping) can serve as a means of reducing stress and promoting comfort.
- **Fidgeting:** Utilising items like stress balls, fidget spinners, or pens can enhance focus and assist with emotional regulation.
- **Sensory tools:** Weighted blankets, noise cancelling headphones, or textured objects may help soothe the nervous system and foster a sense of security.

6. Support

Your response should be guided by whether the individual is at immediate risk to their life or not.

Responding to Suicide Risk

IMMEDIATE RISK	NON-IMMEDIATE RISK
	
<ul style="list-style-type: none">• Stay calm and remain with the person• Listen attentively and offer reassurance• Keep them safe by removing means where possible• Call 999 for urgent assistance	<ul style="list-style-type: none">• Show support and encourage coping strategies• Help them access professional help• Mobilise trusted friends or family• Stay in touch and follow up regularly• NHS 111 option 2

Responding to Immediate Suicide Risk

If you feel there is an immediate suicide risk from the conversation with the individual, follow the crisis response below.

Remember- If someone is in danger of harming themselves right away, it is acceptable to share information without consent, if this is necessary to help to protect them from harm. See section [consent and confidentiality](#).

Prompt action is crucial when an individual is in immediate danger. It is important to ask the individual if they have a specific plan, access to means, and a defined timeline, as determined intent with available means indicates a higher risk than vague thoughts.

Limiting access to potential means such as medications, firearms, ligature points, or high-risk areas can reduce the likelihood of impulsive actions. It is important to involve trusted people such as family members, close friends, healthcare professionals, or community support workers, who can offer emotional support and help monitor the individual's wellbeing. Contact with these supporters should take place through agreed, secure methods, including direct phone calls, scheduled check ins, or established professional referral pathways, with confidentiality and sensitivity maintained at all times. Suicide intervention focuses on ensuring immediate safety and providing support until professional care can be accessed.

A calm, structured response is essential whether someone is at urgent risk or has shared suicidal thoughts. Disclosure is a serious warning sign and must be treated with care. While suicidal crises are often temporary, the person may not see this. These crises can stem from sudden stress or long-term struggles, and those affected may feel suicide is their only escape. Timely intervention can save lives.

CRISIS RESPONSE

Immediate next steps:

- Stay calm- how you respond matters
- Stay with them- do not leave them
- **If in immediate danger- call 999**
- Remove access to means- if safe to do so
- Get help - professional support.

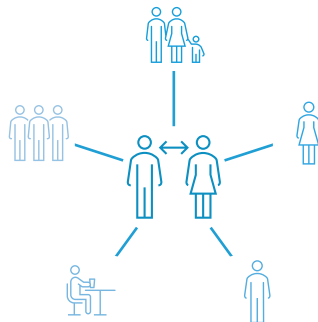
Support for individuals that are not at immediate risk

There are numerous ways to offer support to someone experiencing suicidal thoughts. This can include simply listening, engaging in conversation, and encouraging them to reach out to others. Support might involve guiding them toward relevant organisations, offering informal help from friends or family, or a combination of both.

Building trust is essential for someone who may be feeling suicidal. Assist them in identifying individuals they trust and who can provide support such as friends, family members, mentors, community leaders, or faith-based contacts, if appropriate. Encourage them to identify at least one person they feel comfortable reaching out to.

You might also suggest practical steps to promote their wellbeing, such as coping strategies like breathing exercises, grounding techniques, journaling, listening to calming music, or establishing small, manageable routines (e.g., regular meals, sufficient rest, short walks).

You may be the one having this conversation, but you don't need to carry the responsibility by yourself. You are not alone, and neither is the person you're talking with. The following resources can provide support.



Informal Resources	<ul style="list-style-type: none">• Friends• Family• Neighbours• Community groups
Formal Resources	<ul style="list-style-type: none">• Crisis helplines (available 24/7 in many countries)• NHS 111 (option 2) mental health support line• Primary care• Employee Assistance Programme• Emergency services if they are in immediate danger-999

What to consider when offering support

Refrain from providing generic reassurances or forcing solutions

- These include expressions such as "things will improve," "life is too short," or attempts to address every issue. It may be difficult for the individual to be open and honest with you, so it is important to listen carefully and respond without judgment.
- Additionally, empathetic listening is essential. Open ended questions demonstrate your attentiveness by reflecting on their statements and seek clarification to ensure understanding. Refrain from immediately offering solutions; instead, give them the opportunity to fully share their concerns first.

Don't minimise the persons feelings

- This often occurs when statements such as "it's just a phase," "you'll grow out of it," or "why is that even bothering you?" are said. Take the time to consider the perspective of the individual, focusing on their feelings and experiences rather than your own.

Give them space and time

- If they feel unable to speak at that moment, acknowledge the significance of what they have shared and arrange a time to discuss further. While it may be challenging and difficult to listen, it is important to understand their reasons for considering such actions before concentrating on potential reasons for hope and recovery.

How to guide people to support resources

It is important to encourage individuals to seek appropriate support so that the underlying issues contributing to their thoughts of suicide can be addressed. Keep in mind that thoughts of suicide often stem from underlying challenges such as mental ill health and life events. It is important to offer options to the individual and assist them in accessing the necessary services or support. You might consider accompanying them to their GP (General Practitioner) or sitting with them as they make the call, as this can help foster their confidence. A GP will listen and take the situation seriously. They will assess the level of risk, and ensure the individual gets appropriate support. This may include an urgent referral to mental health services, safety planning, and follow up care.

Acknowledge and Validate

- Thank them for sharing: *“I’m really glad you told me how you’re feeling.”*
- Show empathy: *“That sounds incredibly difficult, and you don’t have to go through it alone.”*

Normalise Seeking Help

- Remind them that reaching out is a sign of strength, not weakness.
- Say: *“Many people find it helpful to talk to someone trained to support them.”*

Make It Practical

- Offer to help them look up numbers or websites.
- If appropriate, sit with them while they make a call or send a message.
- Break it into small steps: *“Let’s start by writing down one number you could call.”*

Accessing support on behalf of the individual

Several support services have been outlined in the previous section. These can be readily accessed through the individual's primary care provider, online, or by telephone. It is recommended to encourage the individual to seek appropriate professional assistance first. However, if they request your assistance in accessing support, it is important to obtain their consent to share their information. Please note that other professionals may require verbal or written consent for information sharing. If the individual is in immediate danger to themselves or others, please initiate contact with support services without delay.



7. Support Services



- Call **116 123** to talk to **Samaritans** or email: **jo@samaritans.org** for a reply within 24 hours.
- Text '**SHOUT**' to **85258** to contact the Shout Crisis Text Line, or text "**YM**" if you are under 19.
- If you are under 19, you can also call **0800 1111** to talk to **Childline**. The number will not appear on your phone bill.

For further support services please visit

[How Are You Lincolnshire | Suicide Prevention](#)

8. Suicide prevention in the workplace

When someone in the workplace opens up about experiencing suicidal thoughts or behaviours, it often requires significant courage and reflects a deep level of trust in the person they confide in.

Confidentiality cannot always be assured when an employee shares suicidal thoughts with a colleague or manager. If an employee requests a private discussion, they should be advised that information may need to be shared (whilst being handled with sensitivity) if there is concern for their safety, in accordance with organisational policies. Employers should also provide clear instructions on the appropriate points of contact in such situations (e.g., HR, a senior manager, or occupational health services where available).

It is important to be transparent with someone in crisis about the boundaries of confidentiality, emphasising that their health, safety, and wellbeing take priority. Clarifying the obligations around sharing information and explaining who will be informed and what details will be disclosed helps preserve trust, which can be fragile and difficult to rebuild once lost. Whenever possible, their consent should be obtained before sharing information. However, if organisational policies require disclosure, information may be shared without consent. While informed consent is the preferred approach and is central to privacy and data protection standards, a duty of care overrides confidentiality when there is a risk to life.

Suicide management and safety plans

Safety management is an essential part of an individual's overall care plan. It should be developed collaboratively, focusing on emotional, social, and physical wellbeing, and involve family or trusted individuals where appropriate. Safety management is a dynamic process that evolves over time and includes two key elements: immediate safety actions and longer-term safety planning.

Safety plans should help individuals recognise warning signs, manage crises, and build support networks. They must be based on shared understanding from assessment and formulation, documented clearly, reviewed regularly, and shared where appropriate with family, carers, or trusted others.

For more information on safety management and safety planning, please see the NHS guidance on staying safe from suicide [here](#).

9. Looking after yourself when supporting someone who is suicidal

You are not alone in supporting someone who feels suicidal. Just as they need professional and personal support, so do you. Looking after yourself ensures you can continue to be a steady, compassionate presence

Acknowledge your feelings

- It is normal to feel worried, drained, or even overwhelmed.
- Give yourself permission to notice and accept those emotions without judgment.

Set boundaries

- Be clear about what you can and cannot do.
- You are not responsible for “fixing” everything. Your role is to listen and guide them to professional help.
- Know when to step back and encourage them to reach out to trained professionals.

Seek your own support

- Talk to someone you trust about how you are feeling.
- If you are in a professional role, use supervision or peer support networks.
- Sharing your experience helps prevent isolation and burnout.

Practice self-care

- Maintain routines that keep you grounded: sleep, nutrition, exercise, and relaxation.
- Use calming activities like journaling, meditation, or spending time outdoors.
- Allow yourself breaks after intense conversations.

Know your limits

- Recognise when the situation is beyond what you can manage.
- It is okay to say: *“I care about you, and I think we need more support from a professional.”*
- Protecting your own mental health is just as important as supporting theirs.

Debrief after conversations

- Reflect on what happened and how it made you feel.
- If possible, talk it through with a colleague, mentor, or friend.

Appendix 1- How to ask someone if they are suicidal

Here are some conversation examples demonstrating how to gently and compassionately inquire if someone might be experiencing suicidal thoughts.

Supportive Conversation Script

Step 1: Start with Care

"I've noticed you seem really overwhelmed lately, and I care about how you're feeling. Can we talk about what has been going on?"

Step 2: Ask Directly About Suicide

"Sometimes when people feel this way, they think about ending their life. Are you having any thoughts like that?"

If They Say "YES"

Step 3: Response

"Thank you for telling me. That must feel really hard right now. You are not alone, I want to help keep you safe. Can we talk about what is making you feel this way?"

Next Steps:

- Ask if they have a plan or access to means (e.g., "Have you thought about how you might do this?").
- If there is immediate danger, **call the emergency services (999)** or a crisis line.
- Encourage them to identify someone they trust (friend, family, mentor).
- Offer to stay with them or help connect to professional support.

If They Say "NO"

Response: *"I am glad to hear that. It sounds like things are still really tough, though. What has been the hardest part for you?"*

Next Steps:

- Continue listening without judgment.
- Offer coping strategies (breathing exercises, listening to relaxing music, taking some gentle exercise).
- Suggest reaching out to supportive people or organisations.

Step 4: Provide Resources

"There are people who can help right now. Would you like me to share some numbers or websites for support?"

Examples:

- **Samaritans (UK):** 116 123
- **Text Support:** Text "SHOUT" to 85258 (UK)
- **NHS 111 Option 2**

Appendix 2: How to encourage someone to seek support

Scenario 1: They disclose that they are suicidal

Response

"Thank you for trusting me with that. You don't have to face this alone. There are people who can help right now. Would you feel comfortable talking to someone you trust, like a friend or family member?"

If they hesitate:

*"If that feels hard, we can look at other options together. There is a free, confidential helpline like Samaritans (116 123) or you can text SHOUT to 85258. I can stay with you while you reach **out if that helps.**"*

Scenario 2: They are unsure about getting help

Response

"I hear that you're not sure about talking to someone. That's okay, it can feel overwhelming. But reaching out doesn't mean you have to solve everything today. It's just one step toward feeling safer. Would you like me to share a few options, and you can choose what feels right?"

Scenario 3: They refuse professional help

Response

"I understand you don't want to call a helpline right now. Is there someone in your life you trust- maybe a friend, family member, or mentor who could be with you? Having someone nearby can make things feel less heavy."

If they still refuse:

"I'll stay here with you for as long as you need. When you're ready, we can look at small steps together."

Scenario 4: They agree to seek help

Response

"That's a really positive step. Who would you like to reach out to first, a friend, family member, or a professional service? I can help you find the number or even sit with you while you make the call."

Scenario 5: They are in immediate danger

Response

"I'm really concerned for your safety right now. I think it's important we get help immediately. I can call emergency services or a crisis team with you. You're not alone and I'll stay with you until you're safe."

Appendix 3: How the individual can seek support- what can they say on the phone to Samaritans

If someone needs to seek support about feeling suicidal but doesn't know what to say, here are practical steps and examples to make it easier:

Start Simple -You do not need the perfect words

You can begin with a short, honest statement. Examples:

- *"I'm really struggling right now and I need help."*
- *"I've been having thoughts of ending my life."*
- *"I don't feel safe with myself."*
- *"I'm not okay and I don't know what to do."*

If You are Calling a Helpline

You can say:

- *"I'm not sure how to start, but I'm feeling suicidal."*
- *"I need someone to talk to because I'm thinking about ending my life."*

Helpline staff are trained to guide the conversation, so you don't need to explain everything at once.

Use Text or Chat if Talking Feels Hard

If speaking feels overwhelming, you can:

- **Text SHOUT to 85258** (UK) for free, confidential support.
- Use online chat services like **Samaritans** or **Mind**.
- Write down what you want to say and read it out when you call.

or you cannot speak at all:

- Write a note or text: *"I need help. I'm thinking about suicide."*
- Show it to someone you trust or send it to a crisis service.

Here is a written example of a conversation when someone reaches out to the Samaritans.

Caller:

"Hi... I'm not really sure how to start this. I just... I feel like I can't cope anymore. I've been thinking about ending my life."

Samaritans Volunteer:

"Thank you for telling me that. It sounds like things feel really overwhelming right now. I'm here to listen, so take your time. Can you tell me a bit more about what's been going on?"

Caller:

"Everything just feels too much. I don't see a way out."

Volunteer:

"I hear how hopeless this feels for you. You are not alone right now, I'm here with you. What has been the hardest part for you today?"

Caller:

"I just feel like I've let everyone down."

Volunteer:

"It sounds like you're carrying a lot of pressure and pain. Talking about this is a really brave step. Would it help to explore what is making you feel this way and what might help you feel safer right now?"

Caller:

"I don't know... I just want the pain to stop."

Volunteer:

"I understand. Wanting the pain to stop makes sense when things feel unbearable. We can talk about ways to get through this moment together. You don't have to face this alone."

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- ⁱ [Lincolnshire Suicide Prevention Strategy - Lincolnshire Health Intelligence Hub](#)
- ⁱⁱ [Suicide - Mental Health UK](#)
- ⁱⁱⁱ [Exploring Thoughts and Feelings Inside a Suicidal Mind | Psychiatric Times](#)
- ^{iv} [Understanding suicidal thoughts and feelings | Mind](#)
- ^v [What Does Neurodiversity Mean? Definition and Examples - Priory](#)
- ^{vi} [Autism and autistic traits in those who died by suicide in England | The British Journal of Psychiatry | Cambridge Core](#)
- ^{vii} [Neurodiversity and Suicide Prevention](#)
- ^{viii} [Triggers of Suicidal Behavior](#)
- ^{ix} <https://pubmed.ncbi.nlm.nih.gov/31820344/>
- ^x [Supporting someone with suicidal thoughts | Samaritans](#)
- ^{xi} [Supporting someone with suicidal thoughts | Samaritans](#)
- ^{xii} [Supporting someone who self-harms](#)
- ^{xiii} [Offering support to someone you're worried is suicidal | NHS inform](#)
- ^{xiv} [Confidentiality and public interest disclosure: A framework to evaluate UK healthcare professional regulatory guidance](#)