

SUICIDE AWARENESS POLICY AND PRACTICE GUIDELINES

for working with adults

YOU MAY NEED TO CONTACT THE CLIENT'S GP OR DIAL 999 FOR IMMEDIATE ASSISTANCE, IF YOU ASSESS THE RISK AS ACUTE.

KEY STEPS:

- 1. Assess the risk: passive ideation or active intent**
- 2. Establish client's plans for immediately after your session**
- 3. Support the client to seek specialist help now, by supporting them to access an urgent GP appointment or dialling 999**
- 4. If the client is unwilling to seek support and you consider they are at immediate risk, explain that you have an ethical duty to take action to avoid them coming to harm. Tell them you are going to call their GP or 999**
- 5. Speak to your Supervisor and update your Area Manager as soon as you can after the session**

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POLICY FRAMEWORK AND CONTEXT

PURPOSE

To outline to all Cruse Scotland Volunteers and Staff Members the current procedures and protocol for working with clients who have expressed suicidal thoughts and/or behaviour. This policy is a reference and guide and is not a suitable substitute for training or for consulting supervision.

SCOPE

This policy and the associated guidelines apply to all Cruse Scotland volunteers and staff members who come into direct contact with adult clients. This policy does not apply to working with children and young people under the age of 16.

CONTEXT

Cruse Scotland volunteers may encounter **active** or **passive** suicidality when in contact with clients, through either direct discussion or while completing the Initial Client Interview questionnaire.

This policy includes practice guidelines on suicide awareness for all Cruse Scotland volunteers, including Helpline. These practice guidelines aim to offer support to any Cruse Scotland volunteer who is working with a client having suicidal thoughts in this very difficult situation.

It is recognised that some volunteers may work to other codes of conduct and practice relating to their professional activity, and that this Cruse Scotland policy may contrast with policies that they use in other organisations. It applies specifically when working with Cruse Scotland clients.

COMPETENCY/TRAINING

All Cruse Scotland volunteers who work directly with clients will have undertaken the required Cruse Scotland training and induction as necessary for the role. They will also undertake regular supervision for their Cruse Scotland work and are committed to Continuing Professional Development (CPD) every year.

Working with suicidal clients can affect volunteers. Cruse Scotland encourages volunteers to recognise:

- the limit of their responsibility
- that Cruse Scotland as a voluntary organisation must work within a framework where it can support its clients, potential clients and volunteers only as far as its resources allow
- any adverse impacts that working regularly with suicidal clients may be having on them and explore this with their Supervisor and Area Manager.

Cruse Scotland offers a module on Suicide Prevention within the [LearnPro](#) online learning CPD system and encourages all volunteers to complete this module.

DEFINING SUICIDALITY

Suicidality, suicidal ideation, or thoughts of suicide can appear in two forms: passive and active.

Passive Suicidality

This is when someone has thoughts of wanting to be 'gone' or dead, without any clear plan for how to take their own life. Passive suicidality may be expressed by statements like:

- 'I just wish I could disappear.'
- 'I wish I could snap my fingers and be gone.'
- 'I don't see the point anymore.'

They want the distress they feel to end, however they do not have the intention to complete suicide, and they do not have a plan for how to do it.

Active Suicidality

This is when someone has thoughts of being dead or 'gone' and they have a plan to take their own life and the means to do it.

The statements they make may be similar to passive suicidality but there is the addition of a plan. That makes the key difference and changes the suicidality from passive to active.

ETHICS

Cruse Scotland is an organisational member of COSCA and, as such, all volunteers work to the [COSCA Statement of Ethics and Code of Practice](#). Volunteers and staff should ensure they are familiar with this Statement and Code. There are several specific elements that are particularly relevant to working with clients who present with suicidal ideation. These include:

Contracts

- A member will state clearly at the onset of the working relationship with a client any terms, conditions, methods of practice, and extent of confidentiality.
- A member will ensure that all contractual elements are understood by the client, and that they are maintained throughout the course of the working relationship.

Safety

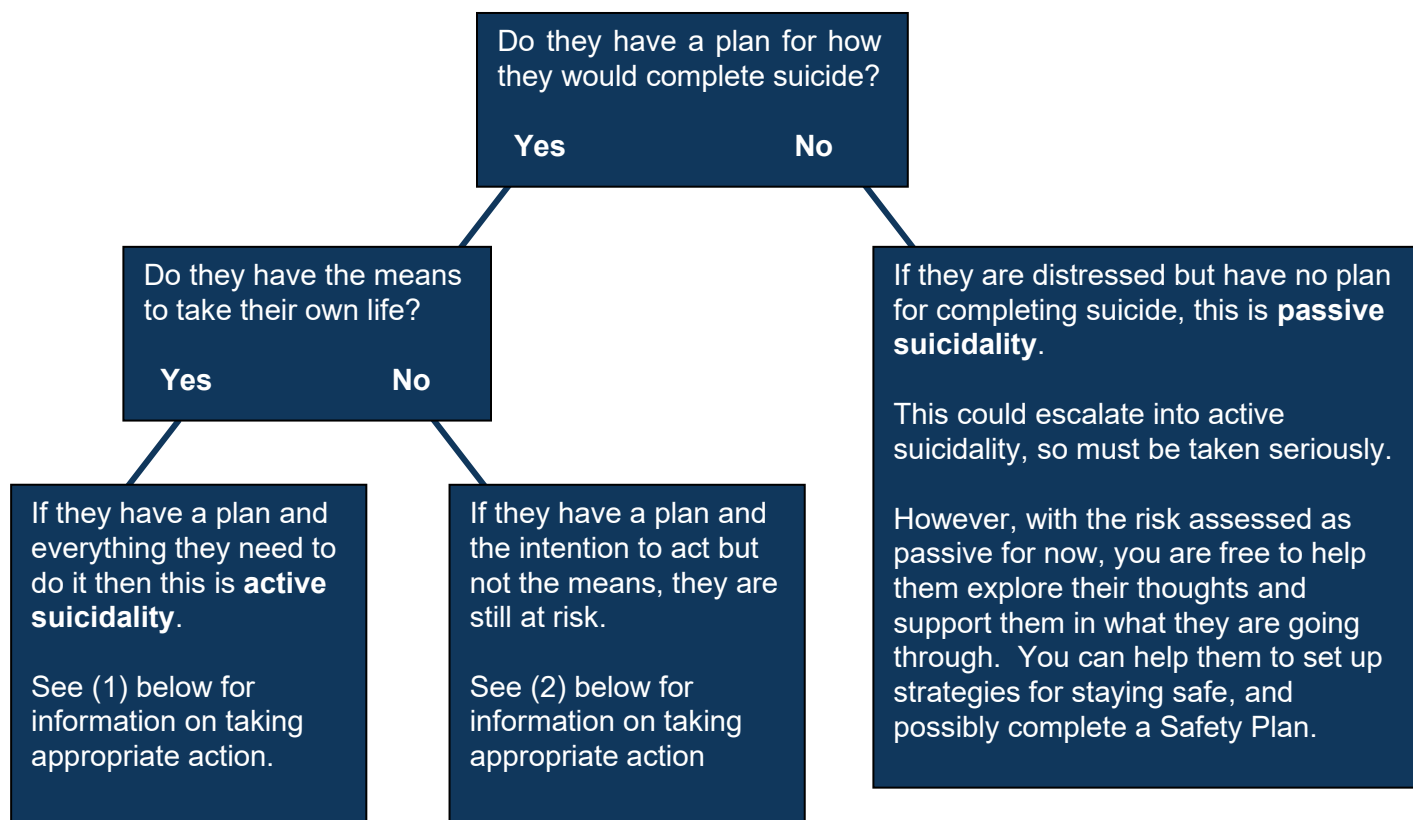
- During the provision of their services, members will take all reasonable measures to ensure the physical and psychological safety of their clients.
- Organisational members are responsible for ensuring the physical and psychological safety of their workers involved in providing services to clients.
- Client-work supervision is used by members as part of the process of ensuring practitioner and client safety within the working relationship.

Confidentiality

- A member will not disclose any information about a client to a third party without the permission of the client. When such agreement is sought, the member will explain to the client how the information will be communicated and for what purpose.
- Exceptionally, a member may disclose information obtained during the working relationship with their client in the interests of the safety of the client and/or others. In advance of this disclosure, whenever practicable, the client's permission will be sought, and the client-work supervisor consulted.

PRACTICE GUIDELINES – MANAGING SUICIDAL RISK

ASSESSING RISK



ACTIVE SUICIDALITY ACTION

(1) When they have a Plan AND have identified the Means

1. Explain your ethical responsibilities and the limits to confidentiality.
2. Encourage the client to make an urgent appointment with their GP, or to call NHS 24 on 111 if out of hours, or to call 999 for themselves.
3. If they will not seek help and you assess the risk as high, tell them you will contact their GP (if you have the details) or phone 999 to request a welfare check on their behalf. Let them know they will be kept informed of what we are disclosing and to whom (as far as is possible).
4. Ask if there will be anyone with them at home after your session. Encourage them to speak to that person about how to stay safe.
5. If the client leaves suddenly, you should phone 999 to request a welfare check.
6. Speak to your Supervisor and Area Manager as soon as possible.

(2) When they have a Plan but have NOT identified the Means

1. Explain your ethical responsibilities and the limits to confidentiality.
2. Help them with safety planning, encouraging them to make a plan to keep safe and keep their thoughts from becoming action oriented.
3. If appropriate, let them know that you look forward to being with them at your next session.
4. Encourage them to call the Samaritans or Breathing Space etc. if necessary.
5. Encourage them to make an urgent appointment with their GP.

DOCUMENTING THE INCIDENT

Using the Adult Safeguarding Reporting Form (found on [LearnPro](#) Library Resources) thoroughly document all actions taken and advise your Area Manager at the earliest opportunity.

VOLUNTEER WELLBEING

Cruse Scotland aims to fully support volunteers working with a client who presents with suicidal risk. Supervision is a key source for support for this and you should discuss your experience with your Cruse Scotland supervisor at the first opportunity.

QUESTIONS

Any questions about the content or implications of this document can be addressed to your Area manager, the Director of Client Services or the Chief Executive Officer.

Appendices

Appendix 1

GUIDELINES FOR CLIENTS AT HIGHER RISK

Some clients present at higher risk of suicide at their Initial Client Interview (ICI). This is identified by the **combined scores of Questions 7 and 10 being SIX or above.**

The following guidelines may be helpful for volunteers seeing clients in this category:

1. Pay particular attention to contracting, establishing boundaries and outlining confidentiality terms, and the possible exceptions to the volunteer maintaining confidentiality.
2. This first session establishes the relationship with the client, and it is important that the volunteer uses a comfortable and familiar format, so as to put the client at ease as far as possible. Establish how the client has been feeling since their ICI – have there been any changes for better/worse or are things much the same?
3. Take note of the mood and state of mind of the client during the process, to determine the approach taken with whether to revisit ICI questions 7 and 10, which could potentially be upsetting to the client.
4. It is important for the volunteer to be as direct as possible with the client (without being blunt), and to explore their risk score.

Ask the client if they would be willing to revisit the ICI risk questions, and explain that this could help work out whether or not there have been any changes:

“Do you still experience thoughts about ending your life?” (Q7)

“Are you still doing risky things because you don’t care what happens to you?” (Q10)

Explore the frequency and intensity of these thoughts and feelings in a similar way to the ICI process:

not at all	0
only occasionally	1
sometimes	2
often	3
all of the time	4

SUICIDE WARNING SIGNS

Suicide prevention starts with recognising the warning signs and taking them seriously.

Talking about suicide	Any talk about suicide, wanting to die, or self-harm such as, “I wish I hadn’t been born”, “I’d be better off dead”, or ‘You’d be better off without me’.
Seeking out lethal means	Having access to, talking about, or they expressing interested in getting hold of a way to take their own life.
Preoccupation with dying	An unusual focus on death, dying or violence. Writing poems or stories about wanting to be dead or posting about this on social media.
No hope for the future	Feelings of helplessness, hopelessness and being trapped (“There’s no way out”). Belief that things will never get better or change.
Self-loathing, self-hatred	Feelings of worthlessness, guilt, shame and self-hatred. Feeling like a burden (“Everyone would be better off without me.”)
Getting affairs in order	Making out a Will. Giving away prized possessions. Making arrangements for the care of pets or family members.
Saying goodbye	Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won’t be seen again.
Withdrawing from others	Withdrawing from friends and family, increasing social isolation, desire to be left alone.
Self Destructive behaviour	Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a “death wish”.
Sudden sense of calm	A sudden sense of calm and happiness after being extremely depressed can indicate that the person has made the decision to take their own life.

For information on what to say and how to support someone, see Appendix 3: Helpline Suicide Procedure

HELPLINE SUICIDE PROCEDURE

If at any point during a conversation, you need staff to listen in, please reach out to the staff member on shift. The following below is a guideline to help support you through any challenging conversations where safety is a concern.

Where a caller states they have suicidal thoughts:

Assess

1. How long have they felt this way?
2. What are the thoughts they have?
3. Do they have a plan in place to act on, or are these thoughts?
4. Have they told anyone about these thoughts before?
5. Is anyone in the home with them currently? (If at home, if not at home, try to see where they currently are)

Plan

1. Help them with safety planning, encouraging them to make a plan to keep safe and keep their thoughts from becoming action oriented.
2. Support the caller to identify some healthy coping strategies/mechanisms to avoid acting on thoughts
3. Confirm they have ability to reach out to GP or mental health professional to further explore mental health support based on what they told you
4. Check that they have ability to contact someone before acting on thoughts, should they continue or get worse

Conclude

1. Reflect with caller being brave in being open and honest about thoughts
2. Confirm what they plan to do after you end the call
3. Remind them we are here for them when they wish to call back about grief support
4. Provide numbers such as Samaritans, Breathing Space, or any other relevant sign posting for them, for their mental health or to have access to support in the late night if needed
5. Document/Record summary of convo in client file (if relevant)

Where a caller states they intend to complete suicide or can't keep safe

Message staff in the first instance so you have staff support to navigate the call and staff to listen in the call

Assess

1. Explore what is causing them to complete suicide
2. Ask what their plan is or what they have done before calling (overdose, self harm)
3. Encourage them to safe plan with you (see steps under 'Plan' above)
4. If they are unable to safe plan with you, or are unable to confirm keeping safe, let them know we will need to get them appropriate support immediately as we have a duty of care.

5. Message staff immediately to ask for them to listen in, letting them know that a client is unable to keep safe
6. Confirm their current location if possible
7. Provide important information in the chat to staff such as client ID number, or first/surname, address, phone number, date of birth-any identifying information that emergency services would need
8. Listen for guidelines from staff on Call Handling whilst 101 or 999 support is being put in place for the caller, communication will be through web chat via Call Handling.
9. Make sure the caller is aware we are contacting emergency services for them
10. Following staff on shift's lead, ending the call so appropriate care can take place

Debriefing

After engaging in a call where suicidal ideation happens, you will have a debrief with staff. Depending on the severity of the situation, staff might want to chat with you over the phone to reflect on the initial conversation as well as check in with you for your own well-being.

If you need a few minutes of quiet/silence before having a debrief with staff on shift, please let us know in the call handling message

FURTHER RESOURCES

For urgent help or support, the following services are available:

- **[Samaritans](#)**: **116 123** – 24 hours a day, 365 days a year. If you need someone to talk to, they listen. They won't judge or tell you what to do.
- **[Breathing Space](#)**: **0800 83 85 87** – 6pm to 2am, every day of year. A telephone service for anyone experiencing low mood, anxiety or depression.
- **[Saneline](#)**: **0300 304 7000** – 4pm to 10pm, every day of year. Support and information for anyone experiencing or caring for someone with mental health issues.

For non-urgent support and information about mental health:

[SAMH](#): **0344 800 0550** – 9am to 6pm, Monday to Friday. For those seeking support, looking for more information, or just wanting to have a chat about mental health.

Alternatively

Other services for people facing a mental health crisis include:

- **Doctor** (GP), their out-of-hours service, or **NHS 24** – dial 111.
- **Community Mental Health** team (for people who are already receiving support in this way and have someone to contact there).
- **Mental Health Assessment Service** provided by the local Health Board, for people experiencing an acute mental health crisis.
- **Social Work Emergency Service** of the Local Council. Contact details can usually be found on their website.
- **Dialling 999** if there is an immediate and serious risk of harm to self or others. The Police are likely to be sent as first responders.

Leaflets and Information Available to Download

[NHS Health Scotland – The art of conversation](#)

<https://health-in-mind.org.uk/wp-content/uploads/2023/03/The-Art-of-Conversation.pdf>

[SAMH Suicide Prevention](#)

<https://www.samh.org.uk/about-mental-health/suicide/suicide-prevention>

[SAMH After Suicide](#)

<https://www.samh.org.uk/about-mental-health/suicide/after-a-suicide>

[SAMH Lived Experience of Suicide](#)

<https://www.samh.org.uk/about-mental-health/suicide/lived-experience-of-suicide-prevention>

[Scottish Public Health Observatory Introduction and Policy Context](#)

<https://www.scotpho.org.uk/health-conditions/suicide/introduction-and-policy-context>

Policy Change Sheet

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