**Facilitators Notes – Suicide prevention and response training for ENPS – 28 October 2021**

**10:00 – 10:40hrs**

* Introduce myself
* Introductory ‘virtual’ ball throw to each participant to introduce themselves
* Familiarity with functions on Zoom and online safe learning space
* Hand signals/ gestures
* Workshop agenda and flow
* Quiz questions – insert into Zoom. Have people hold up different coloured pieces of paper in front of the camera, or write in the chat box their answers. Answer each question as it is answered.
  1. True/ False: Talking about suicide with someone risks encouraging her/ him to attempt to take their own life.
  2. True/ False: Suicide is illegal in 42 countries around the world.
  3. True/ False: People who are self-harming (e.g., cutting fore/ upper arms and legs) will go on to attempt suicide.
  4. True/ False: Suicide remains a highly stigmatised topics in many societies, families and communities.
  5. True/ False: Suicide is the fourth leading cause of death for young persons (aged 15-29yrs).
  6. How many Natinal Societies reported having programmes/ initiatives to support people at risk of suicide. Options: 10, 20, 40, 70+
  7. True/ False: Females engage in more suicide attempts than males
  8. True/ False: Middle aged men have highest rates of suicide
  9. True/ False: Addressing suicide is in the Sustainable Development Goals
  10. True/ False: Anti-bullying initiatives can help prevent people attempting suicide.

**10:40 - 11:00hrs** Terminology and definitions.

Randomly split participants into 5 breakout room groups. Give each group a term to discuss and define.

10mins group work to come up with a definition.

Come back to plenary and each group scribe to write their definition in the chat box for further discussion.

Powerpoint slide with definitions at the end of session.

Groups:

* **One: Suicide** (Definition: When someone intentionally takes their own life)
* **Two: Suicidal behaviour** (Definition: Actions that a person might take to attempt to take their own life).
* **Three: Self-harm** (Definition: When someone hurts themselves on purpose, for example, by cutting or burning their skin or flesh, or poisoning. Self-harm is not necessarily suicidal behaviour; it is important to explore what the self-harm actions mean with the affected person. The most important distinction between self-harm and suicidal behaviour is the intent to take one’s life.
* **Four: Suicidal ideation** (Definition: When someone is thinking about taking their own life).
* **Five: Suicide attempts** (Definition: When someone actively attempts to take their own life).

**11:00 – 11:20hrs** Research

Suicide rates during C-19 pandemic and Movement Suicide survey (2 ppt slide and WHO infographic)

**11:20 – 11:30hrs** BREAK

**11:30 – 12:00hrs** Barriers to accessing care and support. Overcoming stigma

Ask participants to write in the chat some barriers that may prevent individuals or families from seeking support. Discuss some of their inputs.

* Religious restrictions on suicide
* Community or societal views of people who commit suicide
* Perceived shame or humiliation if failed suicide attempt
* Suicide is illegal in some countries around the world
* Perceived sense of failing at life

How can we overcome these barriers? Breakout rooms (randomly assigned).

* It starts with a conversation……… and listening to the answer
* Work with religious and other community leaders to decrease the shame and guilt associated with attempting suicide and being a family member of a person who died by suicide.
* Decrimnalise the act of attempting suicide.
* Briefings to the media and Journalists on how to convey stories about suicide and statistics (not to sensationalise suicide attempts or completed suicides). Families right to privacy.
* School teachers and school counsellors – life skills, personal, social and health education through schools to talk about suicide, suicidal thoughts and attempts. What to do if a friend/ peer is thinking about suicide etc.
* Provide information on where people can access help ‘in times of difficulty’ – use other terms apart from suicide. Emphasise support options (e.g., talking to a friend) rather than distress. Empathy! It starts with a conversation.

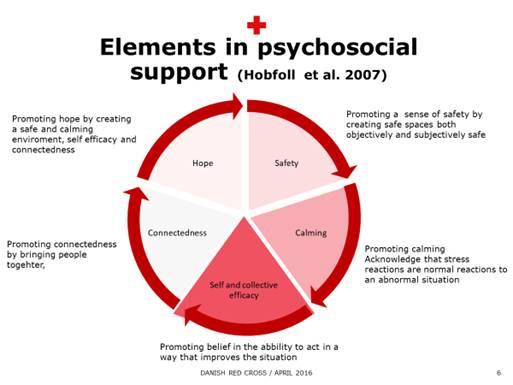
Show video (6mins).

UNICEF STATE of the WORLDS CHILDREN REPORT video on mental health: *On My Mind: One Question Can Change Everything* - <https://youtu.be/RFu1aFtuboA>

**12:00 – 12:30hrs** Hobfoll Principles – Safe space, supportive communication skills and calming

An overall framework of understanding are the five principles for prevention of immediate and mid-term trauma intervention will always be at the back of our minds." Show the Hobfoll Principles on a ppt.

Make a flip or on-line circle divided into five parts with text above: Promoting a sense of: safety, calming, self-efficacy and collective efficacy, connectedness and hope.

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Safey and calming – active listening, trusting relationships and supportive communication skills.

Avoid asking ‘Why’ did this happen? Or ‘why did you think this way?’

**12:30 – 13:00hrs** LUNCH BREAK

**13:00 – 14:00hrs How can we apply the Hobfoll Principles in our work?**

BRC Safer Conversations video: <https://youtu.be/-3jLiU1FgiQ> (7 mins)

Energiser: Stand, stretch, twirl around and sit back down again.

**13:10 – 13:35hrs (30mins)**

Split off into breakout rooms (randomly assigned across 4 groups).

Each group to discuss how they can apply one of the Hobfoll principles to a person who has confided in them that they wish to take their own life, or have previously attempted to do so.

* Group 1: How can you promote a sense of safety? (Build trust, trusting relationships)
* Group 2: How can you calm a distressed person?
* Group 3: How to create hope?
* Group 4: How to give them a sense of control (self & collective efficacy)?

**13:40 – 14:00hrs** Feedback from groups. Each group to feedback on one Principle area in plenary.

5mins/ group

**14:00 – 14:15hrs** The importance of social support and social connections (related to connectedness in Hobfoll Principles approach).

* Ask the participants to get a plain piece of paper, a pen and or colouring pencils. Ask them to draw a picture of themselves in the middle of the paper and then write or draw significant others around them, like a spider diagram. You can also group people if you wish e.g., placing work colleagues, in one corner, friends, family, church/ activity groups in another, to develop their own personalised social mapping or sociogram.
* All participants to hold up their paper on the screen.

**14:15 – 14:30hrs** BREAK

**14:30 – 15:15hrs** **Risk Assessments and Safety Planning**

Powerpoint slide

* Emergency
* Imminent
* At risk

Guidance recommends safety plans, which should be:

* + Accessible
  + Simple
  + Flexible
  + Owned by the individual
  + Safety plan must be co-created, in order to be most effective.
* Safety plans need to be reviewed regularly
* Safety plans have been shown to decrease suicidal behaviour

Key questions to work through (ppt slide):

1. Have they felt like this before?
2. What helped get them through it in the past?
3. What might help them get through it right now? (perhaps remembering positive aspects of life like photos, people, pets, holidays, special places)
4. Could they imagine feeling the same way next month or next year? Feelings of suicide can be temporary and can change over time.
5. Can the situation be made safer by removing triggers? (e.g., painful reminders, dangerous objects or substances, be accompanied, distracting activities)
6. Can they think of anyone else who is there for them? (e.g., include family, friends, neighbours, 24-hour helplines, websites & local supports, clergy/ religious/ tribal leaders).

Break into pairs and have them practice how to go through a safety plan and risk assessment (see suggested script on pages 27-28 in IFRC Suicide preventing during C-19 resource.

Contact and Safety Planning Cards (create for volunteers) – ppt slide

1. List warning signs of suicide

* Lack of concern for personal welfare
* Disengagement
* Interest in themes of death and violence
* Strong feelings of hopelessness

1. Coping strategies/ safety planning
2. List of available supports in immediate area (referral contacts/ service mapping)
3. Short contact & referral form for those at ‘imminent’ or ‘at risk’ of attempting suicide

**15:15 – 15:45hrs Self-care**

These conversations can be one of the most difficult encounters to bear witness to, can elicit strong emotions and leave the us with an over developed sense of responsibility

* It is very natural to wonder ‘I should or could have done more’.
* It is important not to mirror their sense of isolation, maximise support and advice whenever you can
* Remember the importance of involving others
* Avoid worrying about saying the ‘wrong’ thing – an effective response is more about listening with empathy, compassion and understanding

Related energiser: Ask participants to stand up in front of their computers, wrap their arms around themselves and give themselves a hug!

PS Centre Facebook page Friday exercises: <https://www.facebook.com/Psychosocial.Center>