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Even nurses aren't immune to the stigma of suicide

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<http://dx.doi.org/10.7748/ns.31.9.29.s25>

Title	Even nurses aren't immune to the stigma of suicide
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Type	Article
URL	This version is available at: http://usir.salford.ac.uk/id/eprint/47927/
Published Date	2016

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In England, one person dies every two hours as a result of suicide and is the leading cause of death (Office for National Statistics, 2014a) for young people, both male **and** female in the UK. Every year around 1,600 (Office for National Statistics, 2014b) children and young people aged 10 to 34 take their own lives.

Childline received an average of one call every 30 minutes from UK children with suicidal thoughts last year, the NSPCC has said. Youngsters plagued by suicidal thoughts contacted Childline 19,481 times - more than double the number five years ago. Childline said, in its annual report, that it was receiving about 53 calls a day about suicide.

Suicide stigma has been perpetuated from a religious and legal standpoint for centuries (Tadros & Jolley, 2001).

Current literature acknowledges that numerous people are affected in some way by each individual suicide (Cerel et al, 2014). In addition to the suffering caused by the immediate loss of a loved one to suicide, those bereaved often need to contend with the social stigma that accompanies suicide, compounding their grief and negatively influencing the recovery process (Cvinar, 2005).

When someone takes their own life, the effect on their family and friends is devastating. Suicide can also have a profound effect on the local community. Many others involved in providing support and care will feel the impact.

It is important that there is effective and timely support for families bereaved or affected by suicide and by the aftermath of a suicide. Ensuring it is available to all and delivered by people with appropriate and effective skills

The stigma associated with suicide results in bereaved people feeling that they are unable to talk about the death of their loved one openly and freely. Families and relatives can often feel guarded in the dialogue that they have with others. This silencing potentially denies those who are bereaved the opportunity to make sense of their loss, maintain connections with their loved one or share memories of happier times. (Peters et al 2016, Maple et al 2010)

Raising an awareness of the available professional and voluntary support is needed at an early age to ensure that the knowledge base is embedded prior to its potential need to be accessed. School PHSE lessons are very well placed to discuss issues related to mental health and wellbeing without the risk of “putting suicidal thoughts into someone’s head”. Availability of resources that can be easily accessed and taken on an ad hoc / anonymous basis without having to request them from teachers, support staff or admin teams can prevent the avoidance of self-help and self-referrals to Helplines and support groups.

The unrestricted availability of Professional Suicide Prevention Advisers is essential to help keep vulnerable young people safe. Through their patient provision of information and formulation of safety plans they can connect with the callers via different forms of media enabling an open and honest conversation. Text messaging is an example of how a ‘caller’ may overcome the barrier of it being too painful to say the words ‘suicidal’ and support conversations through messaging in an arena of openness and honest expression of their darkest thoughts feelings without fear of rejection, disappointment, judgement or stigma in the responses given.

Professional Suicide Prevention Advisers are also there to offer support for families, friends and colleagues who are concerned about someone who may be at risk of suicide. POPYRUS HOPELINE is an example of such a support and enable the signposting parents to sources of information on signs of emotional problems and risk. Although there are sources of help readily available, stigma is a very real barrier to seeking help.

World Suicide Prevention Day is an ideal time to inspire people to work towards the goal of developing creative new methods for eradicating stigma. POPYRUS launched their **#TalkThroughTheTaboo** campaign to mark this year’s **World Suicide Prevention Day** which took place on Saturday 10 September. The aim of their campaign was to raise awareness and make some noise about young suicide - a subject where silence dominates. Suicidal feelings do not have to end in suicide – talking openly about suicide saves lives. The more we talk about suicide openly the sooner we reduce the fear and stigma that surrounds it.

Alongside the reduction of stigma surrounding suicide we need to ensure that the media deliver sensitive approaches to suicide and suicidal behaviour. The media can have a significant influence on behaviour and attitudes of individuals so it is essential that they maintain sensitive,

responsible reporting and portrayal of suicide and suicidal behaviour in the media. Within this world of social media and easily accessible internet resources ensuring that the internet industry remove content that encourages suicide and as a replacement they provide ready access to suicide prevention services.

There are very significant difficulties for family members and friends recognising and responding to a suicidal crisis. Signs and communications of suicidal crisis are rarely clear: they are often oblique, ambiguous and difficult to interpret. Relatives and friends may already recognise that something is seriously wrong but may be afraid to intervene for fear of saying or doing 'the wrong thing' that would lead to the damaging of relationships or even raising suicide risks.

Training and awareness raising has a role in preventing suicide, information delivered should highlight the ambiguous nature of warning signs and should focus on helping people to acknowledge and overcome their fears about intervening. POPYRUS Conversation Starters can aid those first steps to commencing a conversation with someone you are worried about. It can be a difficult thing to do BUT talking about suicide saves lives. Death is not the inevitable result from suicidal feelings.

Suicide awareness and education or training programmes are available for anyone to access for a minimal cost. They teach attendees how to recognise and respond to the warning signs for suicide in themselves or in others. These can be delivered in a variety of settings (such as schools, colleges, workplaces and job centres). There are several training programmes available including Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid, Safe Start and training carried out by Samaritans and POPYRUS to name just a couple. It would be beneficial for all frontline services, all emergency first responders, nursing and allied health training programmes to have suicide awareness sessions built into their academic programmes as they may be the ones who recognise those initial signs of risk or 'invitations' to ask for help.

There is no shame in reaching out for help if you are feeling stressed, depressed or experiencing suicidal crisis in some form. Remember there is someone there to listen to you and to support you.