

*Keep safe and carry on:
coping with suicidal
feelings*

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Introduction

Who this booklet is for

This booklet is for people who have considered ending their life. This is called a suicidal crisis, which may have happened recently, or in the past. Sometimes people have on-going suicidal ideas that get stronger or weaker depending on how they feel.

The booklet may also be helpful for relatives or friends, who have supported someone who has suffered suicidal feelings. It offers practical advice on keeping safe and helping others understand how best to support you. It gives a practical understanding of what happens in crisis, and offers techniques to help.

The booklet is divided into different parts.

- Part 1 gives practical advice on staying safe during periods of feeling suicidal.
- Part 2 explores how suicidal crisis can develop.
- Part 3 gives advice on building up healthier coping to prevent further crisis.
- Part 4 is written for relatives, carers and friends of people who have felt suicidal.
- Part 5 contains worksheets which can be copied and used to help develop new ways of thinking and behaving.

Ideally, you should be working with a trained mental health professional, who can guide and support you through the techniques. The booklet is based on Cognitive Behavioural Therapy (CBT). If you have tried CBT already, and felt that it didn't work for you – give it another chance. You might find approaches in this booklet which you have not tried before and the timing might be better now. If you still don't find it helpful, don't give up as there are other forms of therapy that may be helpful to you. Go to your GP and talk through the options.

It may take a few hours to read this booklet and work through the exercises. This is time well spent. It's worth stopping and thinking before you make any big decisions about your life. It can help to pause for thought. The people

around you also deserve this, as suicide has repercussions for relatives, carers, friends and acquaintances.

Please remember that safety comes first. If you feel that you are in suicidal crisis now, then please talk to your GP, The Samaritans or a trained mental health professional. Please get help before you make any final decisions about your life. Often people suffer with suicidal ideas in silence. Sharing your thoughts and feelings will allow you to get the help and support you need to get better. To keep safe and carry on.

There are contact details for helpful organisations at the end of this booklet.

There is hope for change. Many people find it hard to talk about feeling suicidal, as it is a taboo subject. It's important to remember that there is help available. You are not alone. Although suicidal feelings are common, many people recover and find other ways of solving life's challenges.

Suicidal thoughts tend to come and go: most people with suicidal thoughts believe life is very bad at the time. However, most people find that their suicidal thoughts pass if they can just survive the present. Circumstances may feel quite different in the future. People can and do get better.

Whilst there is no magic cure, the techniques here can help. With some time, effort and guidance, they could help you.

Cognitive behavioural therapy in a nutshell

The ideas in this booklet come from Cognitive Behavioural Therapy (CBT). Here are some key points about this therapy:

First, changes in our emotion are linked to our thoughts (or beliefs) about events:

Emotion = event + thoughts (or beliefs) about event

Different people can think differently about the same event. For example, if someone sees a friend walking down the road, and they don't smile, there are a number of interpretations. One person may think, 'I've been snubbed!' and feel angry. Another may think, 'I've done something wrong and she doesn't like me anymore!' and feel worried. Yet another person may think, 'She is dreamy today and in a world of her own!' and may find this funny. So, it is not just an event that causes emotion but our thoughts about that event.

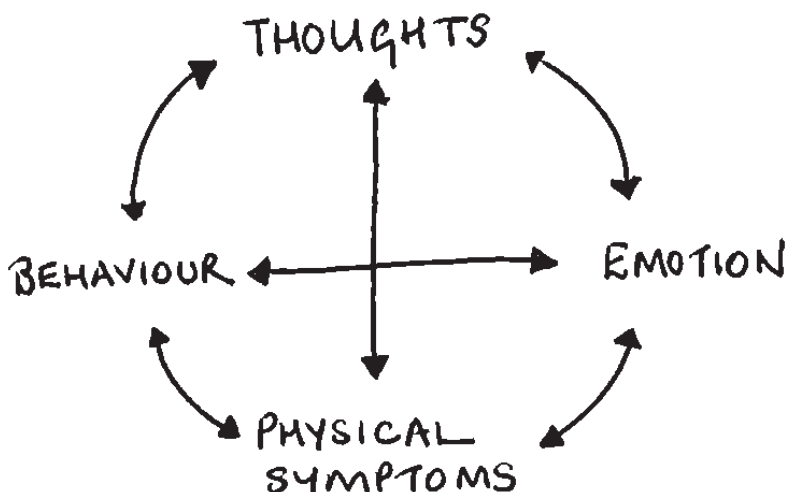
Second, our thoughts are thoughts and not facts. Similarly, mental images can feel true but they are not automatically facts:

Thoughts and images \neq Facts

Although our interpretations can feel true, they can be mistaken. This happens to everyone from time to time. It's part of being human. Our thoughts can trick us. For example, someone who has had a lot of bad luck may think they're to blame for anything that goes wrong. So, if we're distressed, we need to check our thoughts are right before acting. We might have got the story wrong. Negative thoughts and images should be treated with caution.

Thirdly, our mind and body are linked. Changes in thoughts affect moods and behaviour:

Thoughts link to emotion, physical symptoms and behaviour.



Let's go back to our example, where a person who sees the friend who doesn't smile at them. If that person thinks 'I've done something and she doesn't like me anymore!', then they'll feel sad and worried. They may notice physical symptoms such as a racing heart, churning stomach or a sinking feeling. This may affect their behaviour – they may start avoiding that friend. Knowing that mind, body and behaviour are linked is helpful. It means that we can change how we react by testing out our thoughts, and changing our behaviour.

Suicidal feelings

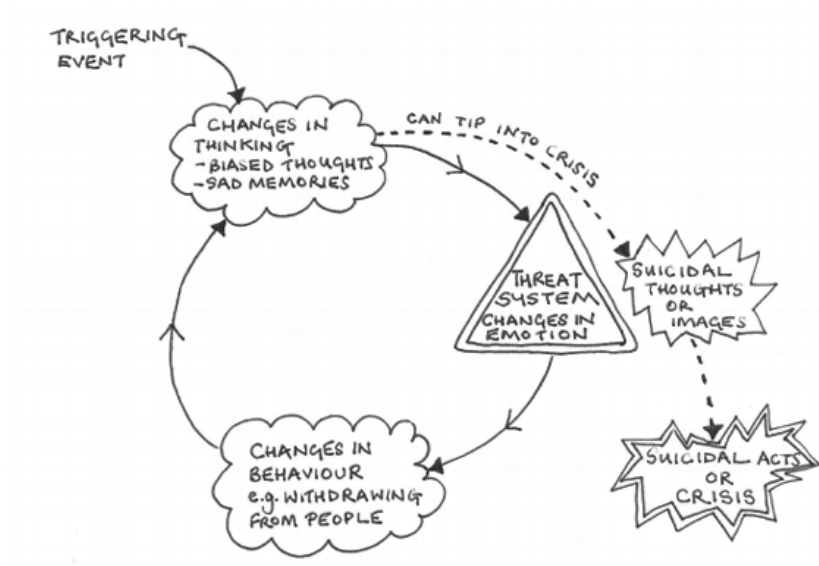
A CBT approach helps us understand what happens when people feel suicidal. There is usually an event which triggers suicidal feelings. Triggering events can cause changes in thinking, behaviour and emotion. When people feel low they are prone to negative thoughts and emotions.

Suicidal feelings are not the same as suicidal actions. Thoughts do not automatically lead to action. However, suicidal feelings should be taken seriously and it is important to talk to someone about how you are feeling.

Someone who is feeling suicidal may notice the following changes:

- Mood changes – feelings of hopelessness; anxiety; mood swings; rage; anger or vengefulness. Some people can feel calm once they have made a decision to kill themselves but this does NOT mean it is the right decision for them.
- Thoughts – an increase in suicidal ideas; thinking there are no reasons to live; that things cannot change; that high standards have not been reached. There can also be changes in thinking processes too. For instance, people may find it hard to solve problems; they may obsess about things (rumination); or have thinking biases.
- Images – an increase in suicidal images which feel compelling. Some images may be frightening or distressing. Some may lead to a sense of calm, and feel ‘reassuring’. If people believe such images are right and should be acted upon, then this is particularly worrying.
- Physical symptoms – agitation; low energy; low motivation; insomnia; tense muscles; aches/pains; shaking; forgetfulness.
- Behaviours – impulsive or reckless acts; using drugs or alcohol; withdrawal from friends or family; poor sleep or sleeping too much; poor diet; making suicidal plans.

Negative thoughts and emotions can mislead people into feeling that suicide is the only choice. Suicidal thinking, lowered mood and risky behaviours feed off each other. You can see this cycle in the next diagram.



Here the person thinks, ‘What’s the point in living?’ and they feel depressed. Once depressed, they withdraw from people; they stop eating well; they drink too much alcohol. This in turn, makes them feel worse, and increases thoughts about whether it is worth living. This sets up a vicious cycle, which can spiral downwards.

You can find more detail about this in **Part 2**.

But first, let’s think about some practical ways to break this cycle and stay safe. Please move on to **Part 1, Keeping safe**.

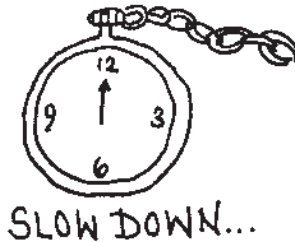
Part 1 – Keeping safe

This section focuses on keeping safe now. There are ideas about how to manage the changes that happen in thoughts, emotions and behaviour during suicidal crisis. There are:

- immediate things you can do
- pre-planned things you can do to keep safe

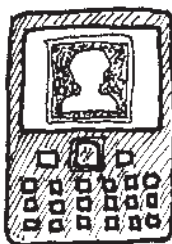
These pre-planned techniques can be practised beforehand, so that when you need to use them urgently, you know what to do. This is like practising a fire drill, so you know what to do in a real emergency.

The key message from this section is to buy yourself time. Suicidal crisis can develop fast. Slow yourself down to keep yourself safe. You don't have to make a decision right now, and certainly not when your judgment is clouded. Delay your decision until you've a chance to think it through clearly and discuss it with other people.



Seeking help

Identify people you can get in touch with. Keep a list of those people. If one person is unavailable, then move on to the next person on your list.



It can help to have a ‘coded message’ in advance. You can use this to signal to others that you need urgent help. This can be useful if you find it hard to explain that you’re feeling suicidal. The message could have keywords or simple sentences, such as ‘I need help’, ‘Feeling risky’ or ‘I’m on red alert’. This code can be used for a phone call or text message. Agree the message with people in advance. Keep the number of crisis services to hand too, such as The Samaritans. Put the numbers into your mobile phone now (or a written list) so that they’ll be there if you need them.

If you’re becoming suicidal, access help quickly:

- Family – Which family members or friends can you approach? Who can you talk to, or who is a good person to offer practical support (such as going out with you if you are feeling unconfident)?
- Friendship, faith or voluntary networks – You may have a circle of friends who you can talk to when you are feeling vulnerable. You may be part of a faith community. It may feel hard to approach a faith leader about how you’re feeling, but many leaders will want to help. You may be interested in voluntary mental health organisations.
- Services – Which services can you use in advance of becoming unwell? Keep the names and numbers of professionals or organisations easily to hand.

Coping with risky behaviours



When you feel suicidal, you may behave in risky ways without realising it. This is because suicidal thinking, lowered mood and risky behaviours feed off each other. Certain risky behaviours can make you feel worse, so it's important reduce them. Try these:

- Buy time – delay any decisions about life and death until you're in a better frame of mind.
- Get rid of ways of harming yourself – having ways to harm yourself is very risky, if you're having intense thoughts and feelings. One way of keeping safe is to remove obvious methods. For instance, hand over stocks of medication which can be fatal in overdose; keeping alcohol out of the home; removing sharp objects. These simple strategies can be life-saving.
- Choose to avoid media stories, depressing films or music – suicidal thoughts can be very intense. It can be tempting to focus on stories, films or music about depression or suicide. Beware of this, as it can fuel low mood and intense thoughts. It's better to avoid stories around suicide or tragedy, as it can intensify hopelessness and despair.
- Avoid internet sites which promote suicidal ideas – it's not advisable to visit such websites at any time, but particularly not during suicidal crisis. Avoid sites which promote suicide. These can feed a sense of hopelessness and appear to give 'permission' for suicide to people in vulnerable states.
- Do the opposite – often when people feel suicidal, they want to be alone and feel withdrawn. But doing the opposite can help. Even if

you don't feel like it, spending time with people who love you, or doing activity, can help to make you feel safer. This can give a more balanced perspective on life, and your place in it.

- Lift your mood by getting active – getting moving can break into the vicious cycle of rumination and low mood. Anything physical, such as walking, running or gardening can help.

Coping with intense thoughts



When you feel suicidal, your thoughts can be biased, meaning you only see the negative side of the story. Your thinking isn't as reliable as usual. Bad thoughts may feel true, but this does not mean that they are true. Breaking into the vicious cycle of negative thinking is important, so you can make balanced, healthy choices. The following techniques can help:

- Remember the downside of suicide – you may have forgotten the disadvantages of suicide because of your state of mind. Things that other people have said about the downside of dying are that they would miss their families; they would hate to make their families and relatives suffer; they would never get the chance to see whether life improves; suicide can be physically painful and traumatic; if suicide goes wrong, you may be left with permanent physical or mental damage; worry about what is on the other side of death; you can't change your mind and come back.
- Remember reasons to live – beware of thinking biases! Your decisions may be clouded by depression. Think broadly about things and people that matter to you. Consider family, friends and other relatives. Think about your values. Consider what contribution you make to the lives of others, and what could be lost by your death. There are many people who have faced terrible problems but later on their circumstances have improved as they have come through tough times. Though it may be hard to believe right now, it is

possible for you to do the same. See Part 3 on **reasons to live**, which goes into more detail, on p.25

- Stop ruminating– repetitive thoughts can be very powerful during suicidal crisis. You may think continuously or persistently about distressing images or thoughts. These thoughts can feel hard to stop or ignore. Often people withdraw from activities to focus on thoughts, and this can drive mood down further. Break this cycle through activity, which can distract from unhelpful thinking.

Coping with intense emotions and physical feelings



These techniques soothe high emotion by focussing outside the body or paying attention to hopeful thoughts. They engage the senses (touch, sight, hearing, taste and smell):

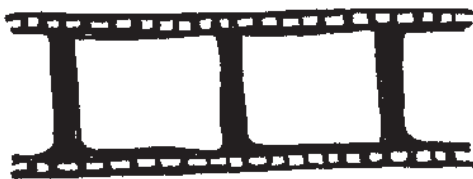
- Being kind to yourself – when people feel suicidal, they may feel they’ve failed or that they don’t matter to anyone. At these times, self-compassion is hugely important, and can help to switch off self-criticism. At these moments, try being kind to yourself. Be your own friend. Even if you find it hard, try to soothe those parts of yourself that are hurting. These moments of pain will pass. Try to survive them now.
- Get out and get active – this is a simple and powerful way to feel better. Engage your senses. If you have green spaces near you (a garden or park), walk there and notice all the sounds, smells and sights that you can. What can you hear? Birds? Traffic? People? What can you smell? Nice smells? Nasty ones? Allow yourself to experience them. What can you see? Describe it to yourself in detail. Focus outwards for these moments. If upsetting thoughts arise,

gently notice them and let them pass. You can deal with them later. Be where you are now. This is called ‘mindful awareness’.

- Use a crisis kit – This idea is developed later in Part 3, and it’s best to have a kit prepared in advance. This kit should contain lots of items which use your senses. These can help you to soothe yourself. There can be photographs of people you love, music, scents, poems, bath oils or things you can taste (e.g. peppermint tea bags; zingy sweets etc.). Using your kit can help to draw your attention away from high emotion and calm down. Here are some examples that other people have used:
 - Watching films like ‘It’s a Wonderful Life’ with James Stewart. This film is about a man in despair, who is thinking of ending his life. An angel helps him think through what this would actually mean, and helps to save his life.
 - Listening to music. There are many pieces of music that invoke hope, which focus on hope for the future in the face of challenges. There are also many examples of hope in classical music, such as Vaughn Williams ‘The Lark Ascending’.
 - Reading poetry, such as ‘Invictus’ by William Henley; ‘Desiderata’ by Max Ehrmann ; ‘No man is an Island’ by John Donne .
 - Prayer – even if you are not religious, you can still find beauty and hope in prayers such as ‘The Serenity Prayer’ by Reinhold Niebuhr. Alternatively, if you practice a faith, talk to a leader in your religious community about helpful prayers.

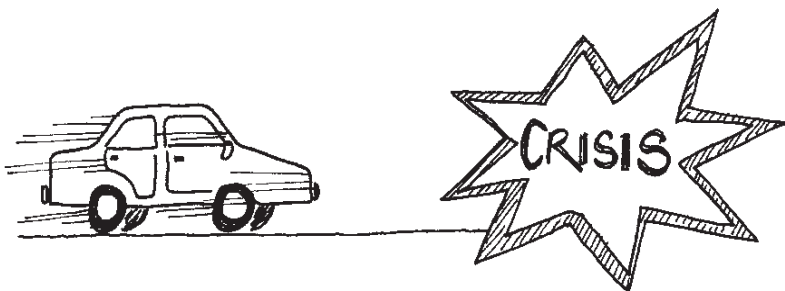
Survive this moment. The next moment may be better.

Coping with intense images

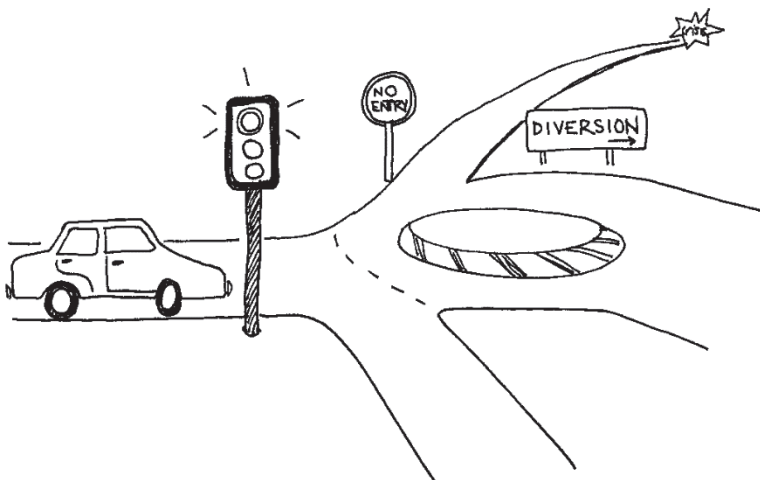


Imagery can seem very ‘real’, because they can make us feel emotional. We may also think that the images say true things about our lives, other people and the future. For instance, someone who is nervous about flying on a plane might have images of the plane crashing. These may cause more fear and the person may think that the image might come true. However, the image is in the person’s mind.

Remember that it is ‘just an image’ in the way that a movie is not real. Knowing this can help to change your reaction to suicidal images. Again, buy yourself time. The speed from feeling low to suicidal can be like a car that is accelerating from 0 to 60 miles per hour very quickly.



Slow down, so you can think clearly about other ways to react to challenges. So rather than accelerating fast, apply the brakes, stop at traffic lights, change course or take a safe diversion.



- Increase your negative reactions to suicidal images – sometimes people feel that their suicidal images are positive and that they seem to ‘give permission’ to take suicidal actions. For instance, someone may think they are a burden to others, and only think about how it might be a good thing if they died. They might ignore the whole story, such as the bad consequences of their death on other people. In order to balance up thinking, focus on deterrent images. Think about things that you know will put you off suicide. For example, one person imagined his grandchild crying if she found out he had died.
- Avoid situations linked to your suicidal images – suicidal imagery can feel compelling. If you’re suffering with strong images, then stay away from places where you feel at risk. For instance, if you imagine seeing yourself taking an overdose, then give your tablets to someone you can trust, or talk to your GP about daily dispensing of medication.
- Imagine less harmful endings to images – practise an alternative image to stay safe. For example, if someone experiences an image of jumping off a bridge, then they could change the image. They could think about stepping away from the bridge, and walking away. They might imagine meeting a loved one. They might make the ending of the image less serious, for instance, changing the bridge to a pavement so that they imagine safely stepping off the curb.

- Develop hopeful images – hopeful images can be a powerful tool to help soothe yourself. Some people carry photos of places or inspiring figures. Others imagine friends or relatives coaching them through bad patches. Hope is linked to the possibility of a better future. There are many symbols of hope in religious teachings, art, music, drama and literature; lighted candles, doves, angels and images of spring are just a few. You could develop your own symbols of hope.

It's very common to experience strong images during crisis; using imagery techniques can help to make these images feel less powerful.

Coping with real life challenges - problem solving



You may be facing several problems at the same time, and feel overwhelmed by where to begin sorting things out. In these difficult situations, break things down into more manageable steps. Deal with one thing at a time. Seek help from a friend or professional to see your way through the difficulties you are facing. The following steps can help to systematically solve problems.

1. Identify the problem – talk to others you know and trust if this is hard to do. If you can't do this, then talk to your GP or trained mental health professional. Try to be as specific as possible about the problem.
2. Suggest a number of solutions to the problem. Do not censor yourself. Write down at least six ideas, even if they sound 'strange'. Working with another person can be very useful. Two heads are usually better than one. You may want to sleep on your list and come back to it after 24 hours to see if you would add any other potential solutions to it.
3. Make a list of pros and cons for each solution you have come up with.
4. When you have done this, look at your list and choose the solution which has the most pros and the least cons.

5. Having chosen, think about whether this is a realistic solution to try. If so, make a plan. What you need to make it work? How will you do it? Who do you need to help? When will you try it? How long do you need to try it for?
6. Having planned out the above, try it out. Give your solution a reasonable amount of time to work.
7. Review what happened. Did it work completely, partially or not at all? What have you learnt? What went well? What was tricky?

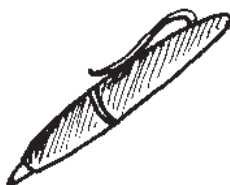
If it has worked – brilliant!

If not, don't lose heart – you can try to work out why and retry.

If the solution did not work at all, move to the second favourite idea and try that one instead.

These steps work best with problems you have power to change. If the problem is not something which you can change by yourself, then contact organisations that can help you. This could be the case if you need help with finances or housing, or help to escape from bullying or abuse.

Have a safety plan



Safety planning is really important if you've ever had a suicidal crisis. You can deal with setbacks more quickly because you're prepared for them.

All the techniques in this section can be summarised into a safety plan. An example of a safety plan is shown next. As you can see, it has sections on typical triggers and warning signs to watch out for. It also outlines coping strategies and who to talk to.

You can find a blank safety plan in Part 5.

Safety plan

Watch for triggers

- Working too hard
- Being stressed by demands at home
- Rows with people close to me

Warning signs when I need to use the safety plan:

- Thinking 'people hate me'
- Can't get out of bed
- Thinking 'I can't take this anymore'
- Wanting to hurt myself
- Feeling desperate

Coping strategies (things I can do on my own):

- Look at my reasons to live list
- Focus on hopeful techniques (listen to inspiring music list)
- Watch for thinking biases, especially taking things personally
- Make myself stay active – do the hoovering; walk the dogs
- Get regular sleep – bed by 10.30pm, get up at 7am. No catnaps.

Getting in touch with my network:

- Call my best friends, Kate and Abi, use my codeword to signal I feel bad
- Talk to my sister
- Speak to my Mum

Getting in touch with services (9-5 pm):

- Make an appointment with my GP – telephone number
- Get in touch with my psychologist – telephone number

Getting in touch with out of hours help:

- Call the Samaritans – telephone number
- Call the mental health crisis team – telephone number:

This plan can be condensed into a crisis card. You can take this with you wherever you go. Then you have vital information to hand, should you need it. You can find a blank copy in Part 5.

KEY POINTS – PART 1

- Suicidal feelings can be triggered by events that cause changes in thoughts, feelings and behaviours.
 - Safety must come first – buy time for yourself, don't make big decisions.
 - Tell other people how you are feeling and get support. Get professional help.
 - Make a safety plan.
 - Your thinking may be biased when you feel suicidal. Watch out for thinking errors and strong images. They are not facts.
 - Different techniques work for different people. Don't be dispirited if it takes time to find out what works for you.
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Part 2 – Understanding crisis

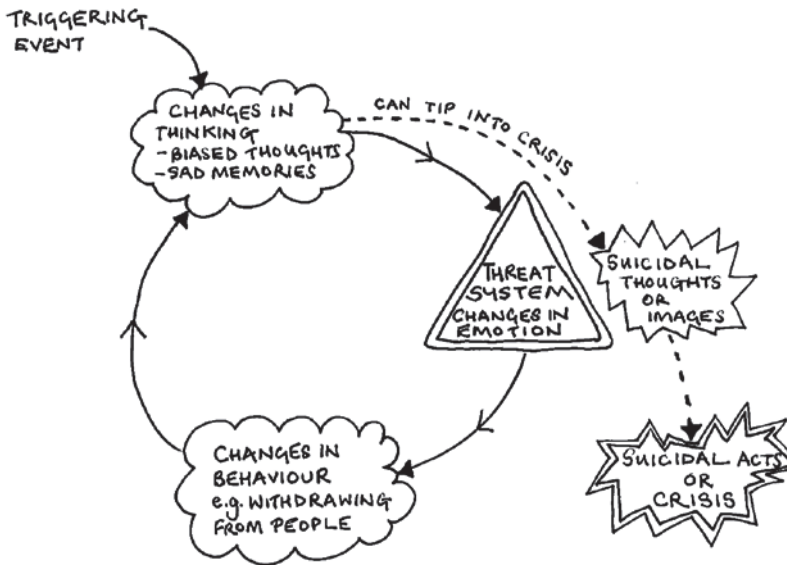
This section explains how suicidal crisis builds up. By understanding key points about crisis, you can learn to recognise it is happening.

It can help to think back and work out what triggers and warning signs there were the last time you felt suicidal. This helps you to watch for similar patterns in future, and deal with them sooner. Consider talking this through with a professional.

By understanding what happens, you have more chance of using helpful ways of coping. These are covered in more detail in Part 3.

The vicious cycle

The illustration shows how suicidal crisis can develop. We'll look at this in detail.



Triggers

The starting point of this cycle is the **trigger**. As shown, a triggering event can lead to negative thoughts and beliefs being switched on.

Suicidal feelings don't come out of the blue. There's often one or several triggering events, thoughts or memories which lead to crisis. Sometimes these are big stresses. For example:

- Severe mental health problems such as depression, bipolar disorder or psychosis
- Substance or alcohol misuse
- Redundancy
- Family conflict
- Medical illness, especially if severe or life threatening
- Trauma or abuse

Sometimes subtle triggers, or seemingly 'minor' events, can switch on intense negative beliefs.

What are some of your common triggers?

Triggering events can cause changes in thinking, behaviour and emotion. As already seen, someone who is feeling suicidal may notice changes in:

- Mood
- Thoughts
- Images
- Physical symptoms
- Behaviours

These changes can make a person feel stuck in negative cycles – but cycles can be broken. We will now focus in on these changes in more detail, looking at each heading in the diagram in turn.

Changes in thinking

- **Biased thinking, the magnetic pull:** We often take mental short cuts. This type of thinking is based on past experiences rather than purely on the here and now.



We're all prone to thinking biases. They can skew thinking in unhelpful ways and lead us to behave in unhelpful ways. Thinking biases can combine with negative thoughts and changes in memory, to switch on intense emotions. These thinking biases can feel very strong, almost having a 'magnetic' pull. This can lead to strong emotion and make it feel like suicide is the only option.

Types of thinking bias are shown below:

- **Personalising** – this is taking things personally. For instance, somebody feels they have to take the blame for events. This can happen when someone has been unfairly criticised or made to take responsibility beyond their years. Unsurprisingly, being self-critical causes distress and is common in people who feel suicidal.
- **Confirmation bias** – this is when we interpret events to confirm our beliefs. For instance someone who thinks they are 'worthless' and 'pathetic' may think that they are getting criticised all the time. Even if they get a compliment, rather than feeling happy, they feel worse. The person may unconsciously destroy the compliment by thinking, 'They didn't mean it, it was a fluke.'
- **Over-generalising** – this is where we make a general rule from a specific event. Words like 'always', 'never' and 'nobody ever...' give clues that it is happening. This bias can mean that things seem much worse than they really are.
- **Mind reading** – this is when people believe they know what someone else is thinking. For instance, someone promises to call you and then doesn't. The 'mind reader' would assume that they are being ignored and might think, 'They hate me' when that is not what the other person thinks at all.

- **Predicting the future** – this is when we predict what the future holds. This is common in suicidal crisis, when people believe the future is completely bleak. This can lead to hopelessness. It is really important to watch out for hopelessness, as such thoughts can feel very real BUT THEY ARE NOT. None of us can predict what is ahead of us, and the future is always open to change.
 - **Discounting the positive** – this is where we assume positive events don't count. Through this process, good things can seem to sour or we may not notice when positive things happen.
 - **Jumping to conclusions** – here, information is added up to make the wrong conclusion. This is captured in the phrase 'Two plus two makes five'. We seldom have all the relevant information that we need, but we often think we do!
 - **Exaggerating/minimising** – this is where something is blown out of proportion or swept under the carpet. For instance, the birthday cake burns and it is 'the end of the world'. This would be an example of exaggerating the consequences of this incident. An example of minimising would be to shrink the importance of kind or loving acts, to focus and magnify a negative event.
 - **All or nothing thinking** - This is where thinking becomes extreme. Either everything is completely good or completely bad, with nothing in-between. Words or phrases, like 'should', 'must', 'ought' and 'have to' are often clues to this rigid thinking. Life is rarely all or nothing, black or white. There are usually shades of grey in-between. This kind of thinking can be linked to perfectionism. Perfectionism is when people feel things must be right in every way, and if they are not, then it is a disaster or they have failed.
 - **Emotional reasoning** – this is most easily explained in the phrase, 'I feel bad so things must be bad'. Here, there is a bias towards seeing feelings as facts. There are clearly times when it is important to trust your feelings. Feelings are designed to give us important information, which could be key to survival. However, there are times when feelings can mislead us. I might feel scared of the dark, but this doesn't mean that there is something to fear. I might have a great feeling that I am going to win the lottery, but that does not make it true.
- **Rumination:** People can end up going over and over certain thoughts (rumination) and inadvertently make them stronger. It is worth becoming familiar with thinking biases, so that you can spot them. Longer term, this

can help to prevent suicidal feelings because you'll start to know when to question some of your judgements.

Which thinking biases do you recognise from your own thinking? Why not circle them on the list above?

Mental shortcuts can work against us, so we come to the worst conclusion. Broadening our thinking lets a wider range of information get through so that we can reach more balanced conclusions. You will find information about this in Part 3.

- **Sad memories and the domino effect:** Mood and memory are linked. Changes in mood can set up a 'domino' effect, where memories re-surface. For instance, when you see a comedy, you may feel happier and remember happier events. The mood centre in the brain is activated and happy memories are switched on. However, if you see a sad film, you might remember sad events more easily.



Changes in memory link can be powerfully switched on when people are vulnerable. For example, Janet became depressed after her divorce. As her mood lowered, she remembered more sad events from her life. If someone seemed off-hand with her, her thinking went from, 'They've been cold towards me', to, 'Nobody cares about me', to, 'I am not lovable', to, 'I will always be alone. No-one wants me'.

As well as spiralling negative thoughts, Janet recalled other unhappy events. She felt lower and remembered even more upsetting memories, such as a very painful falling out with a friend and rows with her ex-husband.

This felt like a domino effect where one event triggered another upsetting memory, and another, which set off high emotion for Janet.

- **'Permission giving' thoughts:** There can come a point in the cycle, when someone feels that one more thing is 'the straw that broke the camel's back'. This is the point where the cycle becomes very risky, as the person starts having very strong thoughts or images which appear to 'give permission' for suicide.

Changes in emotion: fight, flight or freeze



Our alarm system to keep safe is known as the fight - flight - freeze system. When we feel threatened we go into fight-flight-freeze mode to protect ourselves. To survive, we slip into one of three modes.

- Fight – is when we might fight back, stand our ground. We might usually do this when we think we face a threat that we feel we can win against, or when we genuinely feel we have no other option.
- Flight – is when we escape or run from the threat. Again, we may make a snap decision to run, when we feel we can get away, and the threat is great.
- Freeze – this is similar to when animals ‘play dead’ as a way of dealing with threat. This can happen when the threat feels overwhelming, and we feel helpless to do anything else. Here, we may do nothing and wait for the threat to pass.

So, these alarm systems are triggered when we feel threatened. In some people, the alarm system is sensitive to threat, particularly if they’ve suffered past threatening experiences. This sensitivity, combined with thinking biases, leads to high emotion very quickly and can trick people into thinking that suicide is the only option.

There are ideas to help you with self-soothing in Part 3.

Changes in behaviours: taking risks

This is when someone starts to use risky behaviour intended to cause self-harm. This could be storing tablets; or making plans to die; looking at pro-suicide websites or any other behaviour that could lead to suicide. At this stage, the person may be very close to a suicidal act (or crisis).

An example: We can look at an example to show how this happens. Dave grew up in a background of high achievement and developed the belief that he always had to be the best. He worked incredibly hard and got a lot of self-worth from work. This was fine when everything was going right.

But Dave was suddenly made redundant. This was a trigger for him to start feeling like a failure (change in thinking). He experienced intense emotion as a result, and found he was feeling intensely sad (change in emotion). He withdrew from seeing friends and lost interest in hobbies. He stopped caring for himself properly (changes in behaviour). All these behaviours sapped his confidence further, leading to a worsening of negative thinking.

His thoughts became more negative. He experienced other shifts in thinking processes, such as ruminating, dwelling or ‘stewing’ on these negative thoughts. He felt trapped, hopeless and worthless. Then his mood worsened and he had more negative thoughts, such as thinking he was a burden to his family. And he tipped into having suicidal thoughts and images for large parts of the day. He began doing risky things, like looking at pro-suicide websites. He was on the brink of crisis but, luckily, he chose to get in touch with his GP. He found it very hard to explain his feelings, so he wrote a note to take with him to his GP. His doctor helped him access specialist help.

In sum, this section has looked at triggering events can lead to negative changes in thinking, emotion and behaviour which become a vicious cycle. This cycle can become intense, leading people to tip into suicidal crisis. It is possible to break this cycle, and make it less strong. This helps to keep people safe.

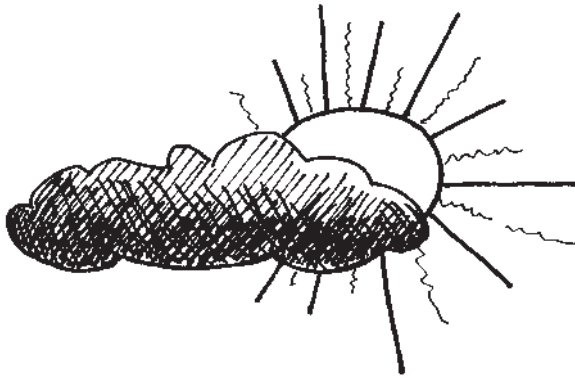
KEY POINTS – PART 2

- Feeling suicidal can be triggered by stressful events.
 - Feeling suicidal is accompanied by changes in thoughts, feelings and behaviours.
 - These changes can lead to a vicious cycle of unhelpful thinking, high emotion and changed behaviour which can tip into a crisis.
 - It is possible to cut into the cycle if you can recognise what is happening and change how you react. Learning to spot patterns is an important tool in preventing crisis.
 - Thinking biases can lead to distress. It is important to watch out for biases.
-

Part 3 – Carrying on: working towards hope and recovery

This section is about how to start feeling well, rather than just trying to stop feeling bad. This way you can build up a positive cycle, to bypass the vicious cycle described in Part 2. It's possible to strengthen healthier coping through rebalancing thoughts and thinking style; healthier behaviours; creating a sense of connection to others and meaning and self-soothing. Switching on healthier coping can prevent suicidal crisis. Developing wellbeing can see us through tough times by building our resilience or mental fitness.

Rebalancing thoughts and thinking style



- **Remembering reasons to live:** This section looks at ways to challenge hopelessness by considering reasons to live. You can do this exercise alone, but it is better to do it with a trained mental health professional. Two heads are better than one when making any big decision.

Think about the following questions in turn, and write down your ideas as they come. If you get stuck, come back to it later on and move on to the next question.

- **What would you miss?** First, are there any experiences or things that you would miss? Here are some examples that people have shared:
 - Seasons – seeing all the snowdrops come up in Spring, or walking in the sunshine in Summer

- Music – listening to a favourite band or classical music
- Food or tastes– Indian takeaway, Black Forest gâteau
- Physical sensations – having baths, cuddling pets, walking, playing football, climbing
- Smells – the smell of fresh coffee, baking bread
- Special occasions – a friend or family member’s birthday celebration, going away on holiday

Can you think of your own examples? Write them down.

- **Who would *you* miss?** Who do you care about? If you’re finding it hard to answer this now, think about how you felt before you became distressed. Feelings of love don’t disappear, though they can be clouded when people are troubled.

Who have you felt close to, or cared about?

Would you miss these people? Are there pet animals that you would miss?

Try writing the names of all the people you encounter. Think about who makes a difference to you, even in a small way. For instance, there may be a lady who chats to you at the local shop. Or a man who says ‘hello’ when he is walking his dog. Even these ‘small’ encounters have meaning.

- **Who would miss *you*?** People feeling suicidal mistakenly feel that if they died, friends or relatives would soon ‘move on’ with their lives. In reality, the impacts on relatives are complicated and last for many years. Relatives and friends can experience shame, feelings of rejection, trauma and might even experience suicidal feelings themselves. There can also be complex legal issues related to coroner reports. There is also still stigma about suicide. Think about all the people who’d be affected if you died, and imagine how they might feel. Also, think about everyone who depends on you, including any pets you may have. If you’re part of a community, how would this affect your group? Are you able to talk through your crisis with a spiritual leader, such as a vicar, imam or rabbi?

- **What are your future dreams and plans?** Are there things that you still have on your ‘to do’ list? Many of us have things that we’d like to do. Some want to travel the world, others want qualifications and others dream of seeing their children grow up. Some people want to learn a language, others to paint. The possibilities are endless.

What have you always wanted to do? You would miss the opportunity to do it if you died. You could write down what you still have to do, and talk to someone who can help you work out a way to do it. Break each goal into small steps. What do you need to manage each one?

For example, if you want go on holiday to France think about what steps you need to take to do this:

- Decide on where you want to get to
- Decide your budget
- Decide when you are going and who with
- What do you need to do to get there? (book transport; book accommodation; book insurance; sort out money)
- Who can help you if you don't know what to do?
- Do you need to learn French to help you? If you do, then how can you get to learn some....?

Having an action plan can help you see how to get to your goal more clearly. Use the problem solving steps outlined earlier in this booklet.

• **What have you got to offer others now or in the future?** In crisis, it's easy to forget what you have to offer. This doesn't have to be on the scale of a new invention or being a world leader. You can make a difference to your neighbours and local community. You may be a good listener, and or a caring and loyal friend. You may have skills to offer, either practical or intellectual. Step outside yourself and imagine what others might say about you. Think of asking trusted people how they would describe you and what you have to offer.

• **Is your judgment being clouded by depression?** Your thinking may be biased. Depression can affect memories and judgment. Don't make a dramatic decision about your own life when depressed. Get another opinion - ask a trained professional or good friends to help you.

• **Are there other ways of solving your problems that you have not tried yet?** People can feel trapped and hopeless. Suicide is seen as a way of escaping these problems, and ending pain, rather than a true wish to be dead. Once again, working with a professional or talking with friends can mean that you try other ways of solving your problems. Two heads are better than one, and you may be able to find new ideas. Don't make dramatic

decisions about your safety before you are really sure that you have exhausted all other options.

- **How can you tell what the future holds?** None of us can really tell how our lives will unfold. The person who could truly tell what the future would be rich! The future is not set, and is full of possibility. There are many stories of people who were in despair, who overcame problems and went on to live happy lives.

- **Who inspires you, and if they could give you advice, what would they say?** Many of us have heroes whom we admire. These can be historic figures or people who are alive now. They can be political icons, actors, musicians or spiritual leaders. They can be people known to you personally. They can be religious figures such as Jesus, Buddha, Guru Nanak or the Prophet Mohammed. Thinking about these inspirational people and their example can be extremely helpful when in crisis.

For instance, Maria was inspired by Nelson Mandela. She was impressed by his great humanity and compassion. She knew he'd suffered terribly for his political beliefs, but in the end had survived this and won.

Cynthia was inspired by Tina Turner, who'd also overcome difficulties in her life. Turner had suffered domestic abuse, but was able to leave and forge her own career. Cynthia liked that Turner could sing so powerfully and confidently, despite the troubles she'd faced. She liked how Turner had taken charge of her own life and career.

Inspiring figures show us that it's possible to overcome adversity. Think about the following questions, as you consider your own inspirational person:

- What moves you about their work, teachings or life story?
- Have they had easy lives, or have they known suffering?
- Have they managed to overcome hurdles?
- If so, how have they overcome their problems?
- Do you imagine that they have ever felt hopelessness or despair?
- If they could talk to you now, about your own situation, what do you think they would say to comfort you?
- What advice would they give you?
- What phrase would they give you, to help you keep going?

As well famous inspiring figures, there are many ordinary people who cope with challenges in life. These can be members of your own family or friends. Think about how they've managed to cope with problems. Tom was inspired by his friend, Joe, who had come through hardship and still found time for others, as well as making something of his life.

Are there any ideas that you can use to help you?

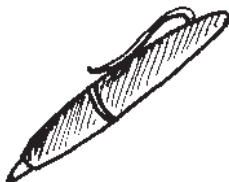
These reasons to live can be written down. Keep this list with you, or have it somewhere you can easily see it at home.

Next, is an example of Cynthia's list:

Reasons to be alive

- My parents want me to feel better and care deeply for me.
- Simon needs me and loves me – even when he is being horrible!
- I might be a Granny one day and I would hate to miss out on that.
- I help my neighbour with her shopping. She needs me.
- My friends care about me and often call to see how I am.
- I love summer and it will be summer again soon. I love the blossoms and visiting the parks.
- I love cooking. I bake a good cake and this gives me pleasure.
- I love Tina Turner's music – she cheers me up. She is someone who has faced troubles and come back from them. She would tell me to keep going, it will get better. She'd say, show yourself some respect!
- When Simon is older, I would like to go back to part time study. I have always wanted to get my GCSE maths, so I can apply for better paid jobs.
- One day, I want to go on holiday to France. I have never been abroad and I would really like to see Paris. I want to see the Eiffel Tower and visit Notre Dame Cathedral.

- **Challenging thought biases**



Remember the key principle of CBT, thoughts are not facts:

Thoughts ≠ Facts

We looked at thought biases earlier. Realising that biases exist, and being able to spot them, can give you control and hope for change. Using a thought record can help you to see themes in your thinking.

For example, Cynthia used thought diaries to learn what triggered her into crisis. She noticed that rows with her teenage son, Simon, led to her feeling suicidal. She'd raid her medicine cabinet and sit, staring at the tablets, feeling an urge to overdose.

An example of her thought record is shown next:

Situation	Negative thoughts and emotions (including belief rating)	Thought biases noted	Evidence against negative thoughts	More helpful thoughts and helpful actions
12 Dec Sitting with tablets, after row with Simon. He has stormed out and said he hates me.	I've failed as a Mum 100% I have ruined his life 90% I can't take this anymore, this is hopeless. I may as well be dead 95% feel despair (90%) panic (100%)	personalising predicting the future over generalising from one row to my whole mothering catastrophising		

Cynthia felt very strong emotions (rated highly for intensity) and experienced distressing negative thoughts. She was able to stop and think about her thinking. She noticed several thought biases that were working against her; realising this helped her pull back from overdose. She worked with a therapist to look at evidence against her negative thoughts. She was able to rethink her original conclusions, and come up with healthier thoughts. She did this using the following questions:

- Are there any other ways of looking at this situation? What would other people say about it?
- What is the evidence for my negative thoughts?
- What thinking biases might be occurring?
- How might these affect how I'm seeing this situation?

Her answers are shown below:

Situation	Negative thoughts and emotions (including belief rating)	Thought biases noted	Evidence against negative thoughts	More helpful thoughts and helpful actions
12 Dec Sitting with tablets, after row with Simon. He has stormed out and said he hates me.	I've failed as a Mum 100% I have ruined his life 90% I can't take this anymore, this is hopeless. I may as well be dead 95% feel despair (90%) panic (100%)	personalising predicting the future over generalising from one row to my whole mothering catastrophising	-Simon's a teenager. Lots of teenagers say they hate their parents -friends say I'm a good Mum -he's doing ok. I can't say that I've ruined his life when he's only 15. -If I killed myself, he'd feel terrible guilt. I can't do that to my son.	I have not failed as a Mum. Most parents find teenagers a challenge and I am doing this on my own. It is bound to be tough. Simon does love me, but is on an emotional rollercoaster himself. Take it a step at a time. Don't rise to his behaviour. (60-70%)

Cynthia kept practising this technique. Keeping a diary helped show there was a repeated pattern to her thinking. When confronted with challenges, she jumped to the worst conclusion about her parenting. Once she saw this familiar pattern building, she could step back from negative thoughts more easily.

Building balanced thinking

Positive Diary keeping can help you learn to think about yourself in a more healthy way. Here, you identify your negative self-beliefs, and develop the opposite phrase. Basically, you try to ‘turn the negative belief on its head’.

We can return to our earlier example and look at Dave’s situation. He felt his only value was through what he did at work. With the guidance of a therapist, he realised that he felt ‘defective’, that he was not a proper person. He compensated by working hard and achieving. When he lost his job, he felt that his life began crumbling around him. Dave and his therapist worked out that:

- he felt unlovable. He thought that people only liked him for his status.
- he felt that redundancy was evidence that he was defective. Thinking biases kicked in and he was minimising his achievements and magnifying his ‘failings’.

He and his therapist worked out a healthy self-belief. Dave came up with ‘I am likeable for me’ and ‘I am a competent person’. Dave’s therapist suggested that he collected information that went against his old ideas about himself. At the beginning of this task, he rated his belief in both the positive beliefs as low, no more than 20% for either. He had to make himself notice evidence that ran against his old beliefs, through gathering evidence to support new beliefs.

He kept a diary sheet:

Positive belief: I am likeable for me

Several of my friends are staying in touch with me even though I have no job

Chris took me out for a meal

John asked me to go for a long bike ride with him

Bill has called a couple of times to see how I am

My neighbour thanked me for putting out her bins. She said it was kind, as she is having hip problems.

My wife said it was lovely to see me smiling, and I even cracked a joke. She said she likes my sense of humour.

Dave was tasked with finding as much evidence as possible every single day. His self- beliefs improved to around 50% over several weeks. Dave also built strengths into his diary keeping. He'd become so used to paying attention to what he thought he was doing wrong, that he ignored his strengths. Some personal strengths that we can overlook are listed below:

- Hopefulness
- Interest in the world
- Love of learning
- Open mindedness
- Courage
- Honesty
- Modesty
- Self-control
- Warmth towards others
- Community mindedness

Dave started to notice when he displayed his personal strengths in everyday life. This helped him to reconnect with his personal values, and find his 'true

self'. Building evidence of personal strengths, helpful beliefs and positive events (no matter how small) can refocus your attention towards building hope. Whilst he had some way to go, he could see that working on his problems helped support healthier self-esteem and reduced negative beliefs. Whilst he had still needed to find work, at least he felt more confident about looking for a job.

Healthier behaviours

- **Healing through doing:** You may have lost confidence or interest in things that you used to enjoy. Your attention may have turned inwards, making you feel overwhelmed. One way to break into this unhelpful cycle is to use activity to heal. This can reduce rumination, and enhance a sense of personal wellbeing and purpose.

It's helpful if the activity needs concentration. It's hard to play tennis and think. It's difficult to sing a song and dwell on inner thoughts. However, these activities do not suit everyone. Some prefer quieter pursuits such as gardening, walking or cooking. Though it's possible to dwell on negative thoughts whilst doing these activities, it's also possible to become more absorbed in the behaviour by focussing on what you are doing. This is called mindful awareness: 'be here now' and really focus on what you are doing. Think of activities that you might try and plan into your day. You might find it helpful to write things on a calendar or wall planner. Try things that you might enjoy, such as walking, exercise or seeing others socially. Also put in things that might be less enjoyable but give you a sense of achieving something – hoovering, making a meal, cleaning the windows. This is all activity and movement that can help.

Keep a note of how much you enjoyed each thing you did, and how much achievement you felt. You can even write these as a score out of 10. This will help you see what makes a difference to you. It'll also help you to notice whether things are changing.

- **Test out new ways of behaving:** When people feel distressed their negative beliefs can drive unhelpful behaviours. For instance, if someone really believes that others don't care for them, they are likely to isolate themselves. They may turn down offers of company, avoid conversations or avoid eye contact with others.

It's possible to shift these old patterns of behaviour. Try experimenting with new ways of reacting. For instance, Maria often avoided eye contact during conversations. She experimented with smiling, saying hello and looking at people's faces. This felt scary and was out of her 'comfort zone'. She was

testing out what would happen. She was surprised at how positive the responses were – several people smiled back at her and said ‘hello’ too. This kind of experiment can be a powerful and direct way of challenging negative thoughts.

Worksheet – Maria’s behavioural experiment

Thought to be tested	Experiment	What happened and what you learnt
People will think I am weird if I look at them. They will not smile back or will look at me like I am crazy.	When walking around town, I will try to look at people, smile and say ‘hello’ in the shops.	A couple of people didn’t smile back, but they just look surprised. Six people did smile, and some of those said hello as well. Didn’t expect this! It made me feel good. Maybe if I try this more often, I will feel better.

You can set up your own experiments, or work with the guidance of a trained professional. You can find a blank worksheet in Part 5.

• **Working towards better self-care:** When people are distressed, they may not care for themselves properly. You may have noticed problematic changes in your sleep and appetite. You may find you’re using unhealthy behaviours to feel better. This can include abusing alcohol, drugs, misusing prescribed medications and social withdrawal.

- Eating well and at regular intervals is crucial for good mood and energy. Eating unhealthy foods can mean that blood sugar levels are too high or low. This can worsen mood and energy levels. Too much caffeine can cause irritability or anxiety. Not drinking enough water can cause headaches and reduce concentration levels. This booklet is not able to advise on nutrition, but you can talk to your GP or practice nurse about diet, or even be referred to a dietician, who can

help you establish a healthy eating pattern. See also The British Heart Foundation - Website address: www.bhf.org.uk

- Sleep – people often notice big changes in their sleep. Some find they have no energy and are sleeping too much. Others notice that they're agitated and ruminating at night. They experience broken sleep. Again, a good routine around sleep is really important. Sleep is a learnt behaviour, so you can retrain your body to sleep at night. A regular bedtime and wake time (avoiding day time naps); a wind down routine before bed; avoiding caffeine; relaxation. These can all be useful ways to learn to rest. For those who worry at night, keeping a notepad and pen by the bed can help to capture night-time worries that can be looked at in the daytime. Talk to your GP or a trained professional if you have poor sleep.
- Exercise – a healthy body is linked to a healthy mind. Regular exercise can release endorphins (feel good chemicals in the brain), increase stamina, reduce stress and improve self-esteem. Think about building in regular exercise, building up gently. If you have any physical health issues, take advice from your GP before starting. Organisations such as the British Heart Foundation have advice on building up an exercise programme. You don't have to choose something tough like high impact aerobics – walking is good exercise and cheaper than gym membership! There are many organisations that walk for health and enjoyment, such as The Rambler's Association, Green Gym and Health walks. The British Heart Foundation Website also has helpful information.
- Drugs and alcohol – if you're using alcohol, drugs or medicines in a potentially destructive way, then it's really important to get professional help. These substances can alter judgment and make it easier to reach crisis point. Alcohol depresses mood and can make you feel worse. Drugs, alcohol and medicines are also potentially lethal substances in overdose, particularly if you have another underlying medical condition. Talk to your GP, who can refer you to specialist services if needed. There are also organisations such as Alcoholics Anonymous who provide help and a support network to make the change towards a healthier life.

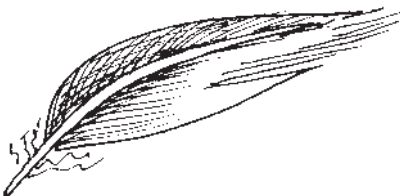
To summarise, routines and good self-care are crucial to feeling better. A good book to read is the mental health guide, *Manage Your Mind* by Gillian Butler, Nick Grey and Tony Hope, which contains many ideas for building up healthier self-care. These routines are really helpful for wellbeing, so try weaving them into your daily life.

Connection to others and meaning

People in despair have often lost their sense of belonging to a community. Spending positive time with others is protective of mental health. If you find it hard to talk, then join group activities where there is limited chatting, but you still get a chance to be around others. This could be a gym class, a choir, book group or conservation society. Joining community groups can give you a sense of purpose and connectedness to others. Your local library will have details of local clubs.

Developing spirituality is vital for wellbeing. This can help people to find hope, purpose and connection with others. This can restore balance between mind, body and relationships. This does not mean that you have to be religious, though many do find practising a faith can be a powerful support. If faith is not for you, there's still a place for finding your own values and sense of purpose. You can still find ways of putting good into the community and helping other people or your local environment in some way.

Self-soothing for high emotion



Suicidal crisis can involve intense emotions which are hard to dampen down. It helps to learn ways of calming your emotions, as this can prevent you reaching crisis. The following methods are aimed at self-soothing, or learning to calm your body and mind:

- Be a friend to yourself – imagine being your own coach, helping yourself through difficult periods. If this doesn't suit you, you can always imagine an inspiring figure supporting you. The key idea is that, whoever you imagine as a coach or supporting person has your best interests at heart. This imagination based tool you to connect to the healthy part of you. Imagine what your coach would advise to get you through a tough time.
- Make yourself a crisis kit – Keep a box filled with special items to look at when you're feeling upset. The kit should contain things that engage all senses (smell, touch, sight, taste and hearing). You could

put some favourite music onto a CD or playlist on your mobile phone to lift your mood and give you hope. Smell is a very powerful sense and can link into memory. You might keep a bottle of your favourite perfume or essential oil in your kit. Similarly, tastes can be calming, such as peppermint tea. Or tastes can distract away from intense emotions, such as lemon juice. Photographs of people or places that are special to you can be helpful. Pieces of inspirational writing or poetry can help you to step into a calmer place. Stimulating touch can also be helpful. A heat bag or something soft to cuddle can all have a positive effect.

- Use positive imagery – this technique links to imagination. Think of images that help you to get perspective on your problems. One person trained herself to imagine the universe when she felt distress. She imagined herself floating through vast expanses of space, watching the planets, supernovas and constellations of stars. This image worked for her because she could ‘shrink’ the size of her problems when she thought about the timeless expanse of the universe.

Another person imagined a scene from Harry Potter. For this person, overwhelming emotion felt like ‘dementors’. He remembered a scene in the film, when Harry casts a powerful protective charm that shields him from these frightening figures. Using these imaginative tools can be powerful devices against negative thoughts and emotions.

- Find a reason to laugh - laughter is powerful and cathartic. Having a bank of DVDs or comic novels that you use can be a helpful way of getting perspective. Laughter can break all sorts of tense moments. Learning to laugh in a controlled way can be a good training for taking life’s challenges less seriously. We can often see ourselves in some comic characters, and this can also help us feel more human. For instance, Janet promised herself half an hour of comedy every evening. She watched an episode of a series each night, even though sometimes she didn’t feel like laughing. She watched some episodes of Miranda, Outnumbered and Frasier. Eventually, she was able to get into a routine of ‘half an hour off from everything’ and allow herself some respite from life’s troubles, just to laugh.
- Be mindful or focus on the now – Taking a mindful approach to life can be enormously helpful. This stance encourages a non-judgemental attitude to emotion. It encourages acceptance and observation of the emotions that we experience as they happen. We simply need to be here now, present in the moment. We do not need

to dive into those emotions, nor do we need to avoid them. Just let them be. Here we have a choice to take an observer position on thoughts and emotions. This simple shift in viewpoint can be very powerful. It can mean we let emotions pass through us, rather than feeling at their mercy. By accepting and ‘surfing’ emotions, they have less power over us. Focus on what you are doing. It is possible to mindfully wash dishes; mindfully eat a meal; mindfully be with people. You need to make sure that you are ‘here now’, and gently draw yourself from negative thoughts. Although this is a simple concept, it can be hard to do in practice, but this is normal. You can talk to your GP about referral for mindfulness-based therapy including getting a CD-tutorial to help you practise training. It just takes time and repetition to develop this skill. See the resources section of this booklet for further reading.

Carrying on

We’re nearly at the end of this booklet, and I hope that you’ve found the information useful. Do talk to someone. Although it is hard to talk about feeling suicidal, it is really important to get help. If you’re not currently seeing a mental health professional, talk to your GP about being referred to someone who can help you. They will be able to guide you through the techniques in this booklet. They will also be able to support you in talking with family members about how they can help you.

KEY POINTS – PART 3

- It is important to work towards a healthier lifestyle to prevent suicidal feelings in the future
- You can improve your thoughts through monitoring and challenging negative thoughts
- You can also use problem solving techniques for thinking through practical challenges
- You can learn healthier coping through building new routines, being active and testing out new ways of behaving. A balanced lifestyle is key to good health

- You can improve your emotions through learning to self soothe by connecting with the outside world using your senses. You can also use imagery to self soothe.
 - Pay attention to your spiritual life. Think about who you really are and who you want to be. Build a sense of meaning and purpose. Seek guidance and support on this.
-

Part 4 – For relatives, carers and friends

When someone you care about tries to take their own life, it is shocking and upsetting. It can provoke many feelings, such as fear, anger, guilt and helplessness. You may have many questions like, ‘Should I have done something more?’, ‘Is it my fault?’ and ‘Why could they not talk to me?’ Relatives and friends can feel that they are in some way responsible for a relative’s suicidal feelings. They may worry about being judged by others (whether friends, relatives or professionals).

These feelings are natural and understandable.

However, it’s important to remember:

- You’re a valuable part of your relative’s recovery but you are not responsible for that recovery.
- Your relative’s thoughts and feelings will have been heavily biased at the time they felt suicidal. Their judgments will not have been as rational as when they feel well. In this state, they may have felt that suicide was their only choice.
- Your relative’s behaviour is unlikely to reflect how much they love you. It’s more likely that they felt they were a burden, rather than rejecting you.

Talk to your relative’s mental health network about their care plan, and make sure they get your views on times when your relative has become unwell.

Also talk to your relative’s care network or your GP about whether you’re entitled to a carer’s assessment. This can identify whether there are any services that may be helpful to you. You may also be entitled to financial assistance. You can also contact The Citizen’s Advice Bureau which can give you advice on state benefits and finances.

Some differences between repeated self-harm and suicide

Some people repeatedly self-harm, using methods such as cutting, burning or reckless use of substances. It can be hard for relatives and friends to understand whether this behaviour is part of suicidal crisis, where a person intends to die.

Self-harm is a serious issue, and it is important to talk to your GP about getting help.

Many people who repeatedly self-harm do not intend to die. They may feel the need for release from emotional pain. Even so, such behaviour can still sometimes “go wrong” resulting in death. This risk can lead to carers and friends or family being very concerned. So even if someone repeatedly self-harms, they should seek help from their GP or mental health services, particularly if the methods they use are potentially dangerous.

If someone believes that what they are doing will kill them and they wish to die, then they or relatives/carers/ friends should urgently access professional help via their GP. If it is difficult to get hold of a GP quickly, then contact emergency services or go to your local A&E for help.

Targeted focus on risk

Hopefully, the earlier sections of this booklet will have been useful to your relative and they will be developing a safety plan. It is helpful if your relative and a professional can talk to you about any early signs you have noticed when your relative has become unwell before. It also helps if they can share their plan with you.

This will help you to have a targeted focus on risk, rather than feeling you have to watch your relative 24 hours per day. If you know what specific danger signs are, it may help you to relax a little, as well as allowing your relative to lead a more normal life.

Specific risk signs can include:

- Becoming very quiet, withdrawn or emotionally distant
- A worsening of mood
- Saying things that sound like your relative is feeling hopeless, such as ‘What’s the point?’, ‘I can’t take this anymore’ or ‘Nothing seems to go right’
- Explicitly expressing suicidal feelings
- Saying odd things, as though they are saying goodbye such as, ‘I might not be here then’, ‘You’d be better off without me’ or making declarations of love which are unusual, ‘I just need to tell you how much I love you’
- Seeming to put their affairs in order, such as sudden interest in writing a will, or handing down objects of sentimental value
- Spending long periods on the internet. If you are concerned that your relative is looking at pro-suicide websites, ask them what they have been looking at or check on the recent history web search

- Watching, reading or listening to material that could worsen suicidal feelings, and is of a suicidal nature
- Not taking medication regularly (which can be a sign that tablets or liquids are being stored for overdose)

This list is not exhaustive and you may have noticed other risky signs that are not listed here. Seek urgent professional help and advice if you feel your relative is at risk. Do not carry this responsibility alone. Read the section in Part 1 about risky behaviour and focus on limiting access to means of suicide.

Suggestions for helping your relative

- Staying calm – try to be as calm as possible about your relative’s feelings. If they sense your distress, hurt or anger then this may stop them talking about their feelings. This is very hard as a relative, but it can give space for them to be more honest about what is going on for them. It is ok to ask them if they are having suicidal thoughts and ideas. It is better to talk about it, and talking will not make it more likely that your relative will hurt themselves.
- Working together to remove the means to harm – if your relative is willing to do so, it is better to have a conversation about removing means. In this way, there is less danger of them feeling like they are a burden or that they have to be watched. Again, feeling this way can drive feelings underground. You may not be able to remove all means from your home, but getting rid of the most obvious ones could reduce temptation to self-harm.
- Obvious means are things like secure storage or removal of tablets (prescribed medications and over the counter medicines like paracetamol), limiting alcohol kept in the house, limiting harmful products like bleach and pesticides and if you have a gun licence, making sure that guns are securely locked away and that your relative is not in charge of the key during vulnerable periods. If they drive, it may be more helpful to take public transport during risky periods. However, if they feel at risk in railway stations, it may be useful to avoid this and use buses instead.
- Hopefully your relative will be able to talk about any specific methods they have thought about, and this will mean that professionals can work with you to look at targeted avoidance.
- Avoid blame – again this can be hard when you are in the middle of a tough situation. Try not to look for someone to blame (yourself or

others) for what is happening. It will not help to move things forward.

- Don't take things personally – it can feel very hurtful or rejecting when a relative feels suicidal. Try not to take things personally. Your relative may be in despair, but they are not likely to be thinking rationally either. It is not a good time to treat their judgment of you as a fact.
- Know when to ask for help – relatives, carers and friends can feel intensely emotional when they see their relatives in distress. This does not mean that you feel burdened or do not love them. It does mean that you're human and that you need a break. There's no shame in asking for help and taking some time out. You'll be a better support for your relative if you feel well rested.
- Don't over-focus on your relative – if your relative has been suicidal before, it can feel frightening. Many people feel very anxious about leaving their relative for fear of them trying to kill themselves. However, there is a risk here too – your relative may feel like more of a burden or that their quality of life is further compromised. Try to give them space and try to keep life as normal as possible. That said, it is helpful to know what warning signs to look out for so that you can act quickly if needed.
- Do a first aid course – no-one wants to think about finding a relative who is seriously injured or who is not breathing. However, if you are ever confronted with this, it is better to have rehearsed some basic life-saving skills such as resuscitation. If you ever have to call an ambulance, then the operator will also talk you through what to do. If you are interested in first aid classes, then get in touch with your local St John's Ambulance who run excellent courses.

Suggestions for helping yourself

- Support yourself – take time out. You cannot be with your relative 24 hours per day, 7 days per week. If you try to do this it could also impact on your relative negatively, by leading him or her to think that they're a burden to you, or too ill to recover. Make sure you are eating regularly and well, getting exercise and regular sleep.
- Talk – this can be hard when there is a stigma around talking about suicidal feelings and behaviour. It can then be hard to find your own supportive network, where you can talk about your feelings. Your relative may not want you to talk to friends or other relatives about what has happened, because of their own feelings of embarrassment.

If it's hard to talk to your own friends or family, think about accessing psychological help through your GP. This is especially true if you feel traumatised by what has happened.

- Focus on hope and recovery – you may have read earlier sections in the booklet about the importance of hope. This has a key role in recovery. Be kind to yourself. There are things you can do to support your relative and take care of yourself. It is possible to move beyond pain and despair to live a satisfying, positive life. Find things that support your sense of meaning and purpose, and which help you carry on.



Summary

It can be very painful to see a relative in despair. You are a valuable source of support to your relative, but you cannot carry all the responsibility for their recovery. Do make use of local supports, whether they are professional or they include your own family and friends. Using strategies to help you work with your relative on targeted problems could help you have the confidence to live as normally as possible.

Part 5 – Worksheets

Worksheet 1: Safety plan

Watch for triggers:

Warning signs when I need to use the safety plan:

Coping strategies (things I can do on my own):

Getting in touch with my network:

Getting in touch with services (9-5 pm):

- Make an appointment with my GP - telephone number
- Get in touch with

Getting in touch with out of hours help:

- Call the Samaritans – telephone number

Worksheet 2: Crisis card – safety plan to go
WARNING SIGNS:
COPING TOOLS:
FAMILY/FRIENDS:
EMERGENCY CONTACTS:

Worksheet 3: Reasons to be alive

- Who would you miss? Who do you care about?
- Who would miss you?
- What are your future dreams and plans?
- What have you got to offer others now or in the future?
- Is your judgment being clouded by depression?
- Are there other ways of solving your problems that you have not tried yet?
- How can you tell what the future holds?
- Who inspires you, and if they could give you advice, what would they say?

Worksheet 4: Thought record				
Situation	Negative thoughts and emotions (including belief rating)	Thought biases noted	Evidence against negative thoughts	More helpful thoughts and helpful actions

Worksheet 5: Positive diary keeping – positive belief

*I am looking for evidence for the new idea/belief
that* _____

Worksheet 6: Problem solving

1. Identify the problem –

2. Suggest **a number of solutions** to the problem. Do not censor yourself. Write down at least six ideas.

3. Make a list of **pros and cons** for each solution you have come up with.

4. When you have done this, look at your list and see which solution looks like it has the most pros and the least cons.

5. Having chosen this, think about whether this is a **realistic** solution to try. Make a plan. Think about what you need to make it work? How will you do it? Who do you need to help? When will you try it? How long do you need to try it for?

6. Having planned out the above, **try** it out. Think about giving your solution a reasonable amount of time to work.

7. **Review.** What happened? Did it work completely, partially or not at all? What have you learnt? What went well? What was tricky?

If it has worked – brilliant!

If not, don't lose heart – you can try to work out why and retry.

If the solution did not work at all, move to the second favourite idea and try that one instead.

Next steps:

	Worksheet 7: Activity schedule						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
5 - 6 AM							
6 - 7 AM							
7 - 8 AM							
8 - 9 AM							
9 - 10 AM							
10 - 11 AM							
11- 12 AM							
12 - 1 PM							
1- 2 PM							
2 - 3 PM							

3 - 4 PM							
4 - 5 PM							
5 - 6 PM							
6 - 7 PM							
7 - 8 PM							
8 - 9 PM							
9 - 10 PM							
10 - 11 PM							
11 - 12 PM							
12 - 1 AM							

Worksheet 8: Behavioural experiments		
Thought to be tested	Experiment	What happened and what you learnt

More resources

Further reading

If you would like to read more about CBT self-help methods, you may find the following books helpful.

- **10 days to great self-esteem** by David Burns (2000). Vermilion
- **Manage your mind: the mental fitness guide** by Gillian Butler, Nick Grey and Tony Hope (2018). Oxford University Press
- **Mind over mood** by Dennis Greenberger and Christine Padesky (1995). Guilford Press
- **Flourish: a visionary new understanding of happiness and well-being** by Martin Seligman (2011). Nicholas Brealey Publishing

Resources

If you have internet access (most main libraries offer access if you do not have it at home), you might like to check out the following web sites. Please note that while correct at the time of publication, this information may change.

- The Samaritans: www.samaritans.org tel: 116 123
- MIND: www.mind.org.uk tel: 0300 123 3393
- Rethink: www.rethink.org tel: 0300 5000 927
- Depression Alliance, a national UK charity: www.depressionalliance.org
- The British Heart Foundation: www.bhf.org.uk
- Citizen's Advice Bureau: www.citizensadvice.org.uk
- St John's Ambulance: www.sja.org.uk

Getting professional help

If you want to get further help with your difficulties, CBT is available through the NHS in most areas, although this may involve waiting for treatment in some areas. In most cases you will need to be referred by your GP who will also be able to advise you on what treatments are available in your area and what the waiting time is likely to be.

If you are considering getting therapy independently, the British Association for Behavioural and Cognitive Psychotherapies (BABCP) has a directory of accredited CBT therapists. These are people who have had approved training and supervision in CBT. You can find out about accredited therapists by visiting the BABCP website at <http://www.babcp.com> and clicking on 'Find a therapist'.

OCTC

For a full list of other Oxford Cognitive Therapy Centre booklets about a variety of problems, visit our website at www.octc.co.uk or contact us at:

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Acknowledgements

Many people have helped with the writing of this booklet. Most of all I would like to thank the clients who kindly provided very important feedback. Thanks also to Professor Keith Hawton, Professor Emily Holmes, Susie Hales, Karen Lascelles, Dr Laurence Leaver, Ian and Yasmin Gilders, Nick Pike, Dr Olga Tsatalou, Alan Archibald, Dr Helen Kennerly, Martina Mueller and Alison Croft for their helpful comments.

The CBT methods in this booklet have been strongly influenced by the pioneering work of other therapists.

- Arnoud Arntz, Hannie van Genderenn and Jolijn Drost (2009). *Schema Therapy for Borderline Personality Disorder*. Wiley Blackwell
- Butler, G., & Holmes, E. A. (2009). Imagery and the self following childhood trauma: Observations concerning the use of drawings and external images. In L. Stopa (Ed.), *Imagery and the threatened self: Perspectives on mental imagery and the self in cognitive therapy*. Hove: Routledge. pp. 166-180.
- Holmes, E. A., Crane, C. Fennell, M.J.V., Williams, J.M.G (2007) Imagery about suicide in depression –‘Flash –forwards’? in *Journal of Behaviour Therapy and Experimental Psychiatry*, 38, pp. 423-434.
- Martin Seligman (2011) *Flourish*. London: Nicholas Brealey Publishing
- Amy Wenzel, Gregory K. Brown and Aaron T. Beck (2009) *Cognitive Therapy for suicidal patients: scientific and clinical applications*. APA: Washington DC

Note: Case examples in this booklet are based on common clinical experience over a number of years. They do not refer to specific individuals.

Suicidal feelings are not uncommon and in the extreme, people may feel that they have no alternative but to act on these. This booklet shows that there is hope for recovery by managing suicidal feelings in a range of ways. Based on the principles of cognitive behaviour therapy, it contains strategies from current research and best clinical practice. It is written to avoid jargon and can be useful to patients, family members, carers and clinicians alike.

With practice, time and support, the ideas described here can help to restore a sense of hope and meaning.

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ISBN 978-1-907036-19-4



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