



GATWICK DETAINEES WELFARE GROUP

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Policy title	Guidelines for staff and volunteers visiting suicidal detainees
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Guidelines for staff and volunteers visiting suicidal detainees

People in detention at Tinsley House and Brook House are objectively in a very difficult and stressful situation, where they do not know what will happen to them or when. They are very likely to experience low mood from the start but feelings of despair often develop more gradually. Suicidal thoughts can also be expressions of conditions such as depression and post-traumatic stress disorder. Research on suicide attempts in prisons indicates that certain events can trigger suicidal or self-harming behaviour: stressful court appearances, anniversaries, transfers to other institutions, disciplinary hearings and expected visits that don't take place.

If someone tells you they are having suicidal thoughts, it is always something to be taken seriously and responsibly, even though you might feel it is not necessarily a statement of their intent. It is not useful to dismiss someone's suicidal feeling as being "just a cry for help"; it is more accurate to think of them expressing a "cry of pain". Very few GDWG visitors or staff have any background in mental health, but this does not mean we cannot support suicidal detainees both effectively and with compassion. Knowing they are not alone with their despair can mean a great deal. At least one training course a year focussed on mental health is offered to GDWG staff and volunteers, who are encouraged to take up this opportunity to learn more. The following book is also very informative: "Cry of Pain: understanding suicide and the suicidal mind", Mark Williams, Piatkus: London, 2014. A copy for loan is in the GDWG office

Staff and volunteers tend to share similar concerns about suicide, such as:

- What are the real indicators that someone is serious about committing suicide and not just feeling low?
- What should we say to detainees expressing suicidal thoughts?
- What should we do? Should we tell anyone?
- How can we cope with our own reactions?

The following guidelines address each of these points in turn:

1. What are the real indicators?

Here are some signs to look out for, common to those experiencing depression and having suicidal thoughts. It is unlikely that an individual will demonstrate them all:

- Withdrawal from the company of others
- Self-neglect
- Weight loss
- Poor concentration
- Slowness of speech and motion
- Sleep disturbance
- Refraining from activities and association with others
- Marked change of character
- Not taking prescribed medication either because it is not available or by choice
- Lack of motivation about planning for the future
- Hopelessness about the future
- Tidying up affairs, such as giving possessions away
- Concrete plans about how to carry out suicide
- History of suicide attempts

Please bear in mind that other than the last three points, all of the above could also be experienced by people who are in a difficult situation but not necessarily suicidal, and shouldn't be seen in isolation as evidence of suicidal ideation. People with psychotic behaviour (eg. hearing voices, seeing visions, jumbled speech, having abnormal ideas, experiencing their thoughts being controlled by others, etc) are also at higher risk of feeling suicidal and self-harming behaviour. If someone has previously been seriously suicidal or has someone in their family or a close friend who has been seriously suicidal or killed themselves, then they are at greater risk of harming themselves.

2. What should we say to detainees expressing suicidal thoughts?

Be aware that unless we have experienced utter despair in our own lives, we cannot truly understand what it is like to feel suicidal. Language problems may arise but even if your every word is not understood, the way you say things will transmit your intention. It is important that the detainee feels that you are listening carefully and taking them seriously. Try not to say dismissive things like *"Things can't be that bad"*, and do not try to jolly them out of it.

Here are a few suggestions that you might find appropriate to use:

- You can show that you care and are taking your detainee seriously by statements such as *“What you say to me shows me how you really feel”* or *“I realise now how bad you are feeling.”*
- You can open up a conversation if your detainee is reluctant to talk by asking, *“Are you feeling low?”*
- If you think your detainee is having serious suicidal thoughts, it is good to check out with them how far their thinking has gone with questions like: *“Have you thought it would be better if you were dead in the last week? Have you made any definite plans to end your life? If so, what plans have you made? Do you think you can keep yourself safe until my next visit/next week/tomorrow?”*
- It may initially feel intrusive to ask such personal questions, but if the detainee can be encouraged to open up, they are likely to feel less alone and it is also easier to judge how seriously depressed they are. It may be sometimes helpful to ask, gently, what has stopped them killing or harming themselves in the past when they have felt as desperate as this.

It can be our instinct to say, *‘Please don’t do that’* if someone says they are planning to harm themselves. On the one hand, this demonstrates to someone that you care and it would matter to you if they self-harmed. However, be careful not to place additional pressure on a detainee.

3. What should we do?

- Bear in mind your detainee’s state of mind each time you visit, checking for signs of despair or possible suicidal risk, noting any significant changes in their mood, behaviour or demeanour.
- Encourage your detainee’s involvement in activities - so as not to withdraw into themselves. Don’t persist with this if the person you are visiting is clear they are not interested.
- Be non-judgmental, non-threatening and empathetic, allowing the detainee to talk openly and freely. You can help by listening and bearing witness to their anguish, letting them know you care and they are not alone. Just being there for the person and listening in an accepting way can help them feel less isolated and frightened.
- Check if there is practical assistance you can offer such as calling solicitors or family members. By modelling the action the detainee would carry out if feeling well, you are again emphasising that you are together with them and reminding them of the practicalities of their situation.

- When a detainee is expressing difficulty in dealing with the future, then it might help to talk about safe subjects connected to the past. For example, looking at ways in which they have been strong previously may help them become more resilient now.
- With the detainee, come up with a step by step plan for when they are feeling suicidal. Ask them to write down who they would contact first, including that person's contact details. If that person isn't there, who would they contact next – and so on. For example, they could find an officer they relate well to, speak to religious staff or call our office. Remind the detainee that the Samaritans visit each centre twice a month.
- Ask the detainee if they would like one of the GDWG caseworkers to contact Medical Justice to request a psychiatric assessment which could be a first positive step to move their case forward.
- Ask the detainee if they would like one of the GDWG caseworkers to contact G4S with a view to them seeing one of the health care staff, or being placed under supervision (in practice this means being confined to their room with the lights left on 24/7).

Under normal circumstances, everything a detainee tells us remains confidential within GDWG. However, the GDWG leaflet given to each detainee explains that we cannot keep that confidentiality if a detainee is thought to be a risk to him/herself or others. As well as wanting to avoid a detainee doing serious harm to themselves, it is not right for a visitor alone to hold the responsibility of knowing someone is intending to end their life. This responsibility must be shared with a member of GDWG staff who will then take further action. We should also think of the risk to GDWG's reputation if we do not share important information appropriately and someone is seriously hurt.

If your detainee tells you of a concrete plan to end their life which they are intending to put into action as soon as you leave, you must let them know that this is information you must pass on to someone. In GDWG office hours, once the visit is over, ring the Director's mobile number (07804903157) and inform her of your concerns. She will then consider the circumstances with you and, if appropriate, will either call the person in detention to ask what they would like done or will contact the relevant team in the removal centre concerned. If you are visiting outside office hours, and you get no reply from the Director, please call the Chair of Trustees (07801950306).

4. Support for Visitors

Please do not feel that you have to keep what you are hearing to yourself. Talk straight away to a member of GDWG staff on the attached list, or call your buddy or Area Group Co-ordinator - they are there to advise and support you. If you wish, they can arrange for you to visit your detainee with another visitor or with one of the office staff to support you.

Share your concerns and feelings at local group support meetings, and talk to family and friends (remembering the detainee's right to confidentiality). You are encouraging a detainee to access social support, and we recommend you do the same for yourself.

Don't feel insecure about your abilities. Reflect on how the detainee you are visiting would be without your support – having you means they are not alone. Remember that there are things over which you can have no control.

