



SUICIDE...

Are you
worried about
someone?

EVERY DAY IN SCOTLAND 2 PEOPLE DIE BY SUICIDE.

For every person who dies by suicide, there are many others thinking about and living with thoughts of suicide every day. There are also friends, family members, loved ones caring for and supporting them on a daily basis. This resource has been created to give practical information to those supporting someone living with thoughts of suicide.

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YOUR ROLE AS A CARER

It is estimated that there are approximately 6 million carers in the UK and around 1.5 million of those carers are supporting someone with a mental health problem. A carer is defined as a person of any age who provides unpaid support to a partner, child, relative or friend who couldn't manage to live independently or whose health or wellbeing would deteriorate without this help. This could be due to frailty, disability or a serious health condition, mental ill health or substance misuse.

Whilst you and the person you are supporting may not see yourself as a formal carer, the support you provide to someone living with thoughts of suicide, or who has attempted suicide previously, may entitle you to similar rights in supporting them.

The supportive role you fulfil for someone with thoughts of suicide may be the only constant support in their life. Friends may lose touch, employment situations may change or end, or, for some, changes in the professional team caring for them may occur. The role you play in that person's support is very important in helping their care to remain consistent. Knowing the person well means it is likely you will have information about how they are managing, and this could be lost if you are not able to be involved in regular discussions about their care and treatment. This makes the role you play in the person's support very important.

UNDERSTANDING SUICIDE

Suicide is the act of intentionally taking your own life. Not all people thinking about suicide actually want to die; instead they may want a way to escape from the pain they are feeling or the circumstances they are facing. Someone thinking of suicide might feel this way all of the time, some of the time or may only have thoughts of suicide every now and then.

Unless you have experienced thoughts of suicide yourself, it can be very difficult to understand how the person is feeling and why they feel this way. Thoughts of suicide can be extremely frightening, both for the person experiencing them and for the people around them.

Thoughts of suicide are unique and different so will affect everyone in different ways. This can make suicidal thoughts even harder to understand for those around as there is no 'one clear set of symptoms', or easy way to 'spot' people who might be thinking about suicide.

We know from what people have told us of their own suicidal thoughts and attempts at suicide, that they are experiencing a number of confusing and conflicting emotions; hopelessness, darkness, unbearable pain, feeling useless and that there is no purpose to life, no reason to go on living.

When someone feels this way, it can be difficult for them to see any way out of their current situation. For you it can be frustrating that they are unable to see the positives in their life; family, children, hopes for the future and so on. It is important to understand that, unless the person can see these as reasons for themselves, they might not be helpful. If the person thinking about suicide can only see their darkness and pain

then that needs to be acknowledged. They will need to be supported through this stage until they are able to see, and voice, their own reasons for keeping going.

Although thoughts of suicide are not the same for all people, painful and stressful experiences, sometimes also involving a loss, are often at the core of suicidal feelings. These experiences don't need to have happened recently, they might have happened years ago.

The person might feel that they are in an impossible situation, that they have difficulties they cannot overcome and that they can't turn to anyone. The person may also feel guilty and ashamed that they feel unable to cope with what is happening to them and how they feel. For them death can seem like the only option or escape.

Some of these life circumstances might be related to:

- Feeling isolated or lonely
- Having a mental health problem or illness
- Breakdown or loss of an important relationship
- Struggling to cope with work, school or home life
- Suffering a bereavement (especially if it is by suicide) or other loss
- Financial issues, loss of a job or facing unemployment
- Going through a significant life change, for example leaving school, retiring, changing job, having a baby, questioning sexuality or identity. Sometimes things which may seem like a 'good thing' in someone's life can add to the stress and pressure they are already trying to cope with.

- Other factors such as facing homelessness, substance misuse issues, being in prison, or suffering abuse (of any kind whether it's physical, emotional, sexual, mental or financial) can also be reasons for a person to think of suicide.

Not all people who have thoughts of suicide will have a mental health problem and in the same way, not everyone who has a diagnosed mental illness will inevitably think of suicide.

However, suicidal thoughts can be more common in people who have mental health problems for a number of reasons:

- Sometimes the medication prescribed as part of treatment can initially make thoughts of suicide worse.
- Sometimes mental health problems can make people feel isolated, ashamed or embarrassed and unable to talk to people about how they are feeling.
- Sometimes a person's mental health may be poor and they might be unable to work, which can lead to some of the other issues mentioned above such as employment issues or money worries.

PHYSICAL CHANGES

In addition to emotional changes you might also notice physical changes which make you worried.

Again, these will vary with each person but some common signs that a person is not coping might be:

- A change in appetite. This might be a significant loss of appetite or an increase in comfort eating. This in turn might lead to weight loss or weight gain.
- A disturbed sleeping pattern. Either sleeping badly/not at all or sleeping too much and being drowsy a lot of the time.
- A lack of interest in what is happening around them. A loss of energy or obviously withdrawing from usual activities and groups of friends.
- Becoming more careless. This could be taking less interest in their personal hygiene or appearance or things like engaging in more risk-taking behaviour.
- Alcohol or drug misuse. This might include an increase in use of alcohol and/or drugs and/or using them at unusual times.

WHAT IF THEY DON'T KNOW WHY THEY FEEL LIKE THIS?

Sometimes a person might feel suicidal and not even be able to identify why they feel that way, or what has brought them to that point. This can be frustrating, especially if everything seems to be going OK on the surface for the person.

It can be difficult if you are worried about the person and are struggling to understand how they are feeling. You might have questions like:

Why do they feel this way?

Why won't they talk to me about what's going on?

Why won't they accept the support that is being offered?

This situation can also be hard for the person thinking about suicide. They may feel guilty about any worry they are causing other people and be reluctant to share what they are feeling as a result. This then makes it harder for them to seek help.

Whether the person is able to identify reasons for their thoughts of suicide or not, there is a huge amount going on for them and they may seem visibly different, or be more difficult to relate to. They may be more withdrawn and irritable and, especially if you are living with the person, this can make things tense within the home environment.

This may cause arguments and make things more difficult between you and the person you are worried about. It may make it harder for either of you to say how you are really feeling and leave you worried that anything you do, or say, might make the situation worse.

WHATEVER THE
PERSON'S REASON
FOR THINKING
ABOUT SUICIDE,
THE MOST
IMPORTANT THING
YOU CAN DO IS
TO BE THERE FOR
THEM.

Whatever the person's reason for thinking about suicide, the most important thing you can do is to be there for them. There are several ways in which you can do this:

Above all, take them seriously

If you are picking up signs that someone you know might be thinking about suicide, ask them as clearly and directly as you can about it. Asking someone about suicide will not put the idea into their head if they are not already thinking about it. By asking them, instead of waiting for them to tell you how they are feeling, you give them permission to talk about their thoughts of suicide and let them know that it's OK to do so with you.

People commonly think that because a person is talking about suicide regularly, they'll never act upon those thoughts. It is very important that no matter how often someone mentions suicide you treat it seriously each time. Whether they are serious about acting on their thoughts this time or not, letting them you know you take them seriously will help to ensure they get support when they need it most.

Be willing to talk and listen

This can be a scary and difficult conversation to have with someone close to you, and there may be all sorts of reasons you might not want to get involved. You might be worried that you offend them, that they will react badly or get upset. Or perhaps you're worried that they will say 'YES' and that you will be left with the responsibility of 'fixing' them or their problems. If you want guidance on how to ask someone about suicide, visit www.samh.org.uk for information and advice.

Don't take responsibility for 'fixing' things

It is very important to remember that, no matter what your relationship with the person, you cannot be fully responsible for their life, or for fixing whatever problems that have brought them to this point. The best thing you can do is let them know you are prepared to listen to whatever they need to talk about.

Listening allows the person to say whatever is going on for them out loud and to know that someone has heard them. This can be hard to do (and sometimes very hard to hear) but may help the person to realise just how much is going on and maybe even begin to recognise that they do need help.

Don't try to cope alone

It is also important that you do not end up trying to deal with this alone. You should not promise the person secrecy as you do not want to be left alone with the responsibility for them and their thoughts of suicide. You will also want to encourage them to seek professional help and promising secrecy will prevent either of you being able to do this without breaking their trust.

If possible, you want to connect the person to further help as quickly as possible. There is more information later in this booklet on some of the sources of help and professional support available.

A note about self-harm...

A lot of people associate self-harming behaviour and suicide as one and the same thing when, in fact, they can mean very different things for people. Whilst some academic studies show us that there is a relationship between suicide and self-harm and that self-harm can indicate thoughts of suicide, for many people self-harming behaviour might actually be a way to keep themselves alive.

This is something which can be very difficult to understand, especially if the person is visibly harming themselves. However, for some people self-harm or self-injury can be their way of trying to release some of the pain they feel is building up inside them.

Although this may seem like an unhealthy way of coping, perhaps even a dangerous one, it is important that you do not try to stop the person from using self-harm as their release. Whatever the person's reasons for self-harming, it is part of how they are dealing with things. The most important thing you can do is be supportive, encourage them to seek ways of getting help and, if possible, find out a bit more about the reasons behind why they are self-harming. Asking about the reasons might help enable the person to start talking about them and ultimately might help them to be able to stop, or at least manage their self-harm in a way that helps them to cope without causing themselves serious injury.

YOUR OWN THOUGHTS AND FEELINGS

You will probably also be experiencing a huge range of feelings and emotions in trying to support the person you care about. Many people who are supporting someone who is suicidal say they feel guilty that they can't 'fix things'. They feel alone in trying to deal with the person and their pain, frustrated that they can't get the person to open up to them and sometimes hopeless, confused, alone or ashamed themselves.

Your situation may be different again as supporting someone who is thinking about suicide will affect people in different ways.

Often when suicide affects a family, friend or loved one it can come 'out of the blue' and as a great shock to all those concerned. People may wonder if they should have spotted that something was wrong, and if they could have done anything differently. There is also the question of how to support someone who may be living with thoughts of suicide on an ongoing basis.

We hope this booklet will explain some of the rights you may have, and outline ways of working with the different professionals and organisations who may become involved in the person's care and treatment.

For many people, thoughts of suicide will be a recurring issue and one which has a huge impact on both their life, and those around them. This booklet will provide you with help and advice relating to supporting somebody who has thoughts of suicide. It also looks at ways you can get support for yourself and look after your own wellbeing.

Whilst not all people who experience thoughts of suicide will have a mental illness or diagnosis, it is likely that in the course of seeking professional help and advice you will come into contact with a number of different services. We have included information to help you understand the different roles they play, and to explain what your rights are in the event you come into contact with them.

CRISIS SITUATIONS

Thoughts of suicide can mean people react in unusual and unpredictable ways, and at times of crisis this can have a huge impact on relationships with those who are closest to them. It may sound back-to-front but for many people who are thinking about suicide, whilst they may not be certain that they want to stay alive, they may also not be sure that they want to die. This means they are in a difficult position where they are torn between living and dying. This decision can be made more difficult as other factors and life circumstances change.

If the person does not feel they have any control over this decision, or are losing control of other aspects of their lives then their plan for suicide can actually become something to focus on, something that they have the ability to take control of and that they may be afraid to tell anyone about in case it is taken away from them.

The changing nature of suicidal thoughts can at times cause sudden crises. These can happen at any time and may occur when the services that a person would normally use for support are not available. If this is the case, it may mean you, as the carer, have to respond. This can be very stressful as immediate, and appropriate, professional support is not always available. At times, these situations can also escalate quickly and it can be difficult to know where to turn to get the best and most immediate help.

When a crisis happens you may also be under a lot of pressure and it can be very frustrating if you do not feel you are getting the professional support you need, for you or the person you care about. Below are some suggestions about how to work through an immediate crisis situation.

They focus on keeping the person as safe as possible until professional help is available. Every situation will be different as people's thoughts of suicide are different and may escalate in different ways.

It can be easier to work through a crisis situation if you can try to be prepared for it in advance. Some people might call this a 'crisis plan'; you may also hear others use the term 'advanced statement'. This means working with the person, whilst they are feeling well, to make a plan for what they would like to happen in the event that they reach a point where they feel compelled to act on their thoughts.

Planning for Crisis

The plan can be as simple or as detailed as you need it to be and might include information such as:

- An agreed person to contact in an emergency. This could be their GP, Community Psychiatric Nurse, Social Worker etc.
- What to do in the event of a crisis escalating beyond your, or their control. Are they happy to agree to be taken to hospital if necessary? If not, this may require the Police to become involved in the person's care and it can be useful if they are aware of this prior to a crisis developing.
- This can also be a useful time to discuss issues of confidentiality. Agree what information can, and cannot, be shared with you and others involved during a crisis. The ability for both you and the person experiencing suicidal thoughts to be involved in their care and treatment during a crisis is important. You will likely know the person well and can provide both practical and emotional support at this time.

- If the person in crisis is also aware of their rights and the action that is likely to be taken, it may help them to remain calmer and cooperate with the intervention being put in place.
- It might be helpful for you to write down the crisis plan and keep it in a safe place. If emergency services do become involved, this means there is a record of the person's wishes.

De-escalating a Crisis Situation

Sometimes knowing some basic techniques to calm a person down and what may make the situation worse can help. This does not mean you need specific crisis training, and it may be difficult when you care about the person, but the following suggestions may help you prevent a situation from escalating until you can get further support or the crisis passes.

Stay calm

Keeping calm with a relaxed tone and body language can help the person to keep calm themselves.

Listen carefully to the person

Let them talk and try not to interrupt. This will allow them to feel more in control of the situation.

Do not invade their personal space

The natural reaction when someone we care about is very distressed is to want to get them out of danger, especially if they are threatening to act on their thoughts of suicide and are in a dangerous situation, or have something which could cause them harm. As hard as it can be, give the person space and try not to make sudden movements which could panic them.

Work out a way of keeping safe with the person

There may already be a 'safety plan' in place which you can use. If not, trying to make some form of agreement which helps keep them immediately safe will be helpful. Ask the person to focus on what they think will help right now to control the situation and how they are feeling. If they are able to identify these things themselves, it will be more likely to work for them.

You don't need to try for long periods of safety, it's enough to agree measures which keep the person out of immediate danger and allows you time to access formal support. It is important that, wherever possible, the person who is in crisis is able to tell you what they need and what they are agreeing to, as this will help you both to know how well they understand the situation.

Above all, you must keep yourself safe

If you believe the person is in immediate danger call 999. If you believe you are at any risk of harm, remove yourself from the situation until help has arrived.

A crisis involving someone with thoughts of suicide can be very distressing for both you and them. At times a crisis may lead to a person acting on their thoughts and attempting suicide. Nothing can ever fully prepare you for a crisis situation involving someone you care about and it is very important that you make your own support plan to ensure you are able to cope with the impact of the crisis on yourself and the people around you.

ENGAGING WITH OTHER SERVICES

The GP

For most people initial contact with health services will be through your local GP practice. An initial appointment with a GP will usually be required to get a referral to other services, for example; the local Community Mental Health Team and any 'talking therapies' such as psychological services or counselling available through the NHS. Your GP will also be able to provide an initial assessment of physical and mental health and prescribe any initial medications.

In cases of emergency, or crisis, it is still a good idea to try to make an emergency appointment with the person's GP, or their local GP practice, in the first instance. The GP can make an assessment of the person's needs and can arrange for the person to be transferred to psychiatric assessment services if required. A GP can also be part of the emergency detention process if necessary, although this will still require a second medical professional or mental health officer to confirm their decision in most cases.

The GP needs to uphold patient confidentiality. However if you have strong immediate concerns about someone then you should call the GP's surgery, state that you are calling regarding an emergency situation and ask to speak to the GP as soon as possible. Out with normal opening hours you would do this through NHS 24 on 08454 24 24 24. It will be helpful if you can outline clearly to the medical receptionist, GP or NHS 24 nurse adviser:

- *What the situation is*
- *How the person is at risk*
- *How they are behaving*
- *What they are saying*
- *What your fears are*

If you think they are going to attempt suicide, or attempt to harm someone else, then say that explicitly.

If you feel able stay until the person speaks with a GP. It should be noted that if the person you are supporting states that they don't want you to stay while they speak to the GP, then you will be asked to leave the room.

If this happens, remember that the person you are supporting is in an extremely low and dark place and that they have reached this stage because they are not able to cope with everything they are faced with just now. They may appreciate your help deeply but feel more able to talk to the doctor on their own at that point in time. In the event you are unable to get medical help from the GP or NHS 24 and you are immediately concerned for the person, you may need to consider making contact with emergency services yourself.

Emergency Services

There may be times when you are faced with a crisis involving someone thinking about, or acting on their thoughts of suicide and you are concerned for their immediate safety. The following is a brief guide to the role of the emergency services in helping to keep the person safe, and what you can expect from them if you dial 999.

Scottish Ambulance Service (SAS)

The public, police, NHS24, local GP, anybody, can access the ambulance service in an emergency by dialling 999. How the SAS respond to the call will depend on the information available to them when the call is made. For example if a 999 call is made by a member of the public, it will be triaged by the operator on the phone, meaning it will be assessed according to priority and a decision made on the appropriate response.

In most cases, if an ambulance is called by a medical practitioner, including a member of the Psychiatric Assessment Team (PAT), they will respond by treating the situation as an emergency. If the person experiencing thoughts of suicide will agree to treatment the ambulance staff will assess any wounds or damage the person has caused to themselves and, if necessary, will transport the person to the nearest hospital for further treatment or assessment.

It is important to remember that Ambulance Service crew cannot assess a person's capacity on their own and therefore they do not have the right to remove someone from the scene of the emergency without that person's permission. If a decision needs to be taken to remove that person from the situation against their will, the only people with the power to physically remove someone are the Police or a GP (who can start procedures outlined in the Psychiatric Emergency Plan). More information on the powers of the Police in a crisis/emergency situation is available below.

The Police

The main role of the police in situations involving someone thinking about suicide is to assess the seriousness of the situation and provide support to any other agencies involved in looking after the person.

In certain circumstances, the police will become involved where someone is thinking about, or attempting, suicide if the situation becomes unsafe and there is a risk of harm to the person or other people around them. They may also become involved if there is suspicion that a crime has been committed or if there is a high level of aggression which they need to contain.

When the police become involved in a crisis situation they may need to remove the person to a place of safety. This can include Accident & Emergency or a local psychiatric care facility. The purpose of removing somebody must be to enable a Mental Health Assessment to be carried out. However there are occasionally circumstances where this is not possible and the person in crisis has to be taken to a police station. This usually happens where the person has consumed alcohol and/or drugs and there is no alternative place of safety available.

It should be noted that the police can only remove a person to a place of safety when that person is found in a public place – they should not remove somebody from a private residence (unless a crime has been committed).

In any circumstances where the police are responsible for the removal of a person they must inform:

- The local authority in whose area the place of safety is situated, and;
- The nearest relative of the person being removed (unless this is not feasible, in which case it could be a person who resides with or provides care to the person).

Accident & Emergency

Where there has been a physical injury as the result of a suicide attempt it is likely that the person will need to attend Accident & Emergency for treatment.

The protocol for what happens in these situations will vary depending on your local hospital. It may be worth asking if they have a copy of their procedures available so you understand the local procedure.

Ideally, once a person attends A&E following a suicide attempt, a member of the Psychiatric Assessment Team (PAT) should conduct an assessment. If someone has been brought to A&E by the police, the police officers will stay with the person in the A&E department until the assessment is complete.

There are several possible outcomes from a PAT assessment:

a) The person may be assessed as having a mental disorder and requiring admission to hospital. If this is the case then the police will no longer be required and the person will be admitted to hospital.

b) If the person is assessed as having a mental health problem but with no need for admission to hospital, an assessment of their needs should be undertaken. This should include any considerations of emergency involvement and any social work or housing needs the person may have in order to keep them safe. It is important to bear in mind that in many cases if the person is not assessed as needing urgent action then a referral to other mental health services (such as the Community Mental Health Team) may be made for a later date.

c) If a person is assessed as having no mental health disorder, no crime has been committed and the person is not seen to have any community care or other needs they will be discharged from A&E once any physical injuries have been treated.

d) It is also important to be aware that if a person who attends A&E is under the influence of alcohol and/or drugs the PAT team may find it difficult to make a reasonable assessment of their mental health and their needs.

If it is decided that the person is too heavily 'under the influence' and an assessment is not possible at this time,

the person should be offered a follow-up assessment at a later time.

This can again be hard for families and carers as the person with thoughts of suicide can be left in a vulnerable state without formal support.

Please note at the time of writing Police Scotland and each individual NHS Board will have its own procedure and protocol for dealing with pre-hospital and emergency care and although these plans will be similar, this should only be taken as guidance to be followed up with services in your own area.

MENTAL HEALTH SERVICES

Experiencing suicidal thoughts does not automatically mean that a person has a mental illness, or that they require support from mental health services. However it is possible that the person you care about may be referred to mental health services so that an assessment of their mental wellbeing can be made, and to establish whether there is any care or support that can be offered.

Whilst it may be a relief that the person you care about is receiving support from a professional service, you may find that you become excluded from the process due to issues around confidentiality.

The need for informal carers to be consulted and informed about the care of people with mental health problems has been recognised and reflected in the Mental Health (Care and Treatment) (Scotland) Act 2003. This legislation governs the legal boundaries of care provided to people who have a mental disorder:

A mental disorder means any mental illness, personality disorder, or learning disability however caused or manifested.

Under the powers of the Act, practitioners should be able to:

- Give you the information you need to help care for the person.
- Listen to your views about how the Act is applied to the person's care.
- Take your needs and circumstances into account.

The Act helps to recognise the crucial role of relatives and informal carers in the support and treatment of people with mental health problems. However, at times there can be a conflict for health and social care professionals in trying to balance your involvement, for the benefit of the person, against that person's own right to confidentiality. This can be frustrating as it may mean you are unable to get all of the available information about the person's care. As a result this can leave you feeling very left out, unable to help and unsupported.

If you request information about the care and/or treatment of the person you are supporting, there is a standard process, which all professionals must go through, to allow them to safely provide the right amount of information:

Assessing capacity

The medical or social care practitioner responsible for the person's treatment must firstly 'assess the person's capacity to give or withhold consent on the sharing of their personal information'. This means that the professional, usually a doctor, social worker or other mental health professional, will discuss and assess the person's current mental and physical health and decide whether they are capable of making decisions about their own care and treatment at this time.

They will also discuss what information the person is happy to share with you and other people who are involved in their support. Any decision will only relate to information about this particular treatment decision, and not the full treatment plan for the person. This means that a person's care plan and treatment options may be reviewed and if you wish to be involved you will need to request to be part of the process each time.

If there is any doubt about the person's capacity to make this decision then a second opinion will be sought from another doctor, social worker or mental health worker, or a multidisciplinary care team conference will be called to assess and confirm whether the person has capacity.

If the person IS deemed to have capacity to consent

The doctor or social worker will discuss and agree with the person the kind of information they are comfortable to share with anyone outside of their professional care team. This will include what is able to be discussed and shared with you, and anybody else involved, and any potential benefits and drawbacks of doing so.

The practitioner should make a clear record of this discussion and, if possible, should get written consent from the person before sharing any information. This will help to make sure that the person's rights to confidentiality are maintained throughout their treatment.

Once made, this decision should be regularly reviewed and any future decisions on informed consent should be planned throughout the person's treatment. This is an ongoing process that the person, you and any other relevant persons should be involved in.

It is important to be aware that if a person has been declared as 'capable' then they have the right to refuse permission for information regarding their treatment and care to be disclosed to anyone outside of the professional care team. They also have the right to refuse any general personal information relating to their care to be shared with anyone else. This can be a difficult position for you, if you are involved in providing their day-to-day care.

If this is the case, and the person does not want any information about their treatment to be shared with you, the mental health professional can still discuss and agree limited information sharing possibilities with the person and you.

Limited information sharing means that even if the person who is unwell does not want to fully disclose the details of their condition and treatment, you should still be able to get whatever general information is available about their diagnosis and treatment at all stages of the assessment and treatment process. Any information should be given in a way that is jargon-free and easy to understand. It may include general information on medical conditions or the effects of certain types of medication which can help you understand some of the reactions and behaviours of the person you are supporting.

If the person IS NOT deemed to have capacity to consent

If the person is declared unable to give their consent then the principles outlined in the 'Adults with Incapacity Act (2000)' will apply. The law in Scotland presumes that in general adults are capable of making personal decisions for themselves and of managing their own affairs.

Importantly, this Act provides a framework to help safeguard the welfare and manage the finances of adults where it has

been decided that they lack the capacity to do so themselves. Where someone has been declared "incapable" this means they are incapable of:

- *Acting on decisions; or*
- *Making decisions; or*
- *Communicating decisions; or*
- *Understanding decisions; or*
- *Retaining the memory of decisions.*

This can relate to any particular issue. This might be due to mental disorder or not being able to communicate decisions because of a physical disability. The Act also gives details of arrangements that can be put in place to give other people authority to make decisions for someone who is unable to do so for themselves. This is called a 'named person'.

The Adults with Incapacity Act (2000) focuses on the needs of the individual and is solutions focused. This means that, in any case, all decisions made should be in the best interests of the individual, and should try to provide a workable solution to meet the person's needs. It also has strong guidelines and restrictions on what a named person can, and cannot, do for the person they are acting on behalf of.

Information about Adults with incapacity is available in the publications section of the Office of the Public Guardian (Scotland) website: www.publicguardian-scotland.gov.uk

CONFIDENTIALITY

These issues of confidentiality can be frustrating and difficult to resolve. In particular, where you are providing ongoing help and support, without payment, to a relative, friend or loved one the need to understand their treatment and support is essential to being able to be involved in their care.

If you are excluded from important discussions about and decisions involving the person, this can have consequences for both you and the person who needs support, and could impact on their practical, financial and personal circumstances. You are often the person who sees the person with thoughts of suicide most regularly and may also notice changes in behaviour, or become aware of times they are not coping. Not being able to share these concerns with professionals can lead to further feelings of isolation, frustration and a lack of understanding of the person's needs. You may feel that professionals do not have a proper understanding of the situation because you have not been a part of any discussions.

The Partners in Care campaign has produced a checklist of questions for carers of people with mental health problems, which is designed to help carers get all the information they need about the diagnosis and treatment of the person they care for, whilst still maintaining the person's right to confidentiality. One of the aims of the Partners in Care campaign was to show that if all those involved in the care of people with mental health problems or learning disabilities can work together, a trusting partnership can be developed between carers, patients and professionals which benefits everyone. More information on the Partners in Care campaign is available at www.partnersincare.co.uk

Working alongside this campaign, the Royal College of Psychiatrists has a 'good practice checklist' available on their website: www.rcpsych.ac.uk which gives informal carers advice on what information can be shared with them in a safe way that still benefits the care of the person thinking about suicide. This might be useful if the person you are supporting does not want their own personal care information to be

shared with you directly, but you still want to be able to find out as much as possible about the circumstances of the treatment process in general terms.

One of the most important factors in being able to provide good care is trust. Issues of confidentiality between patients and professionals, carers and patients, and carers and professionals can be difficult, but there should also be opportunities throughout the person's treatment for these to be explored and debated.

In different situations you may need different information. Suicide is complex and individual, and though at times you may need more information from the mental health team involved in the treatment, at others you will want to find ways to speak to and interact with the person you are supporting, in order to gain more information from them directly.

PSYCHIATRIC EMERGENCY PLANNING (PEP)

In each NHS board area in Scotland, there should be a Psychiatric Emergency Plan (PEP) in place. This is a document created with the involvement of lots of agencies in the local area including Police, Ambulance Services, Fire and Rescue, local hospitals, Accident & Emergency departments, independent service providers, mental health and social work services, carers and local mental health service users.

The purpose of the Psychiatric Emergency Plan is to ensure that all agencies understand their role in relation to a person who is in mental health crisis. The local PEP for your area should set out procedures which help to manage the transfer of

someone in crisis, in a way which causes the least possible distress and disturbance for the person and their carers, whilst making sure the situation is as safe as possible.

Whilst the circumstances of the situation will vary (the person in crisis may be at home or in public) the outcome is usually the same. The person in crisis will be taken for a psychiatric assessment, at an agreed location as per the PEP, to establish what care and support they need at that time, and in the future. The assessment may happen at Accident & Emergency or the person may be taken to the local psychiatric care facility.

Please note if the person in crisis has consumed alcohol or drugs it may not be possible for an assessment to take place, and alternative care may be sought for the person to keep them safe until such time as an assessment can be arranged.

USE OF DETENTION

In certain circumstances, the decision may be taken that the person is not able to be left alone because of the risk to their own life, or the lives of others. This is not a decision which will be taken lightly and can only be made by certain mental health professionals. If detention is to be used, it will usually be for as short a period as possible and should be in the best interests of the person. It should be handled in a way which causes the least possible distress to the person concerned.

Circumstances for Detention

If a person is deemed to be at risk outwith a hospital setting (i.e. within the community), the first point of contact will normally be the person's Primary Care practice. If this is during normal working hours, the person's GP should make arrangements to assess the person, either at the local surgery or

by visiting the person if they cannot, or are unwilling to, attend the practice themselves.

If it is likely that the person needs to be detained without their consent, the GP should then contact the duty Mental Health Officer (MHO) to attend and be part of the assessment process.

If the situation happens 'out of hours' then contact will usually be made with the local Out Of Hours mental health social work service. This will usually involve the local Psychiatric Assessment Team, either at A&E or within the community setting itself, and must also involve direct consultation with a duty MHO before detention can be agreed.

Short Term Detention Certificate

In all of the above situations, the preferred method of securing the person will be to use a Short Term Detention Certificate. This is preferred because it can only be granted by a specialist in Psychiatry and the consent of a MHO is always required. This allows the person who is subject to detention, and any 'named persons', a greater set of rights to appeal against the decision.

In order for a Short Term Detention Certificate to be granted, the following criteria must be met:

- The person must be assessed as having a mental disorder
- The person's ability to make medical decisions is significantly impaired as a result of their mental disorder.
- It is necessary to detain the person in a hospital to either treat the person or to determine what best treatment should be given.

- There would be significant risk to the health, safety or welfare of the patient or safety of anyone else, if the person were not detained.

If a Short Term Detention Certificate is issued, responsibility for the safe transfer of that person to hospital lies with the medical practitioner who has issued the certificate. The responsibility for the person's care will remain with the doctor issuing the certificate until the person is admitted to hospital and, in general, that transportation will normally be provided by the Ambulance Service.

Emergency Detention Certificate

In rare circumstances, an Emergency Detention Certificate may be issued. This certificate can only be issued by a doctor and should, wherever possible, involve consultation with a MHO.

The criteria for an Emergency Certificate to be issued is:

- The person must be assessed as having a mental disorder
- The person's ability to make medical decisions is significantly impaired as a result of their mental disorder.

In addition to this, the medical practitioner must also be satisfied that:

- Issuing an Emergency Certificate is necessary as a matter of urgency to determine what medical treatment needs to be provided
- There would be a significant risk to the person's health, safety or welfare, or to the safety of others if the person were not detained.

- Issuing a Short Term Detention Certificate would involve an unnecessary delay.
- The doctor must always consult and receive the consent of a MHO, unless it is impracticable to do so.

If the circumstances are so urgent that the medical professional decides there is not enough time to wait for consultation with a MHO, then a GP can issue an emergency detention certificate without consent, but must then provide a report to relevant hospital managers about why consent was not sought before issuing the certificate. This should only ever happen in a genuine emergency, and both the person who has been detained and their nearest relative should receive a copy of that report.

SUPPORT FOR YOU

Dealing with stigma

For many people, talking about suicide is a difficult and uncomfortable topic which can raise issues of fear, ignorance and stigma. You may be struggling yourself to understand how someone you care about can be feeling this way and why they haven't talked to anyone about how they feel.

You might also experience these difficulties within your own community, with people you know. Some people may not know how to react, or may not understand the role you are undertaking, and might be unsure of how to act around the person you are supporting. Negative views and stigma about suicide and mental illness are usually down to a lack of knowledge about the situation. They can be equally upsetting for you if you feel people are forming unfair opinions or making judgements about the person you are supporting.

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In Scotland there is the National Campaign organisation 'see me' which is working to challenge opinions and trying to end the stigma of mental ill health. They have a lot of useful information on their website www.seeme.org.uk

Advocacy

In situations where professionals, or mental health staff, become involved in the person's care, you may feel that your opinions and views are not being taken seriously or into account. There is legislation in place to prevent this from happening but if you feel you, or the person you are supporting, needs extra help and advice in this area, it might be helpful to contact an advocacy organisation.

Advocacy works to provide an individual with a voice to ensure that their needs and wishes are made known, their views respected, and their rights protected. See the 'useful contacts' section of this booklet for more information on advocacy.

Finding Support

It can also be helpful to speak to people who are in a similar situation to you. Whilst everyone's experience will be different, you may find that people facing similar situations can learn a lot from sharing these experiences. In the same way that thoughts of suicide can be hard to understand unless it is something you have experienced, it can be equally difficult to understand how you live with, support and care for someone who is thinking of suicide.

There are a number of charities providing support and advice directly to carers and SAMH offer a support and information service for people specifically caring for someone with thoughts of suicide. More information is available in the 'useful contacts' section below or on the SAMH website, www.samh.org.uk.

DEALING WITH FAMILY AND CONFLICT

You may also have to deal with disputes and conflict in your own family. The conflict may be about your role in supporting the person who is living with thoughts of suicide and how best to meet their needs, or the conflict may be about something else entirely. Either way dealing with it may lead to stress and make your role more difficult.

The person you are supporting may have different views about their ability to do something, or what type of support they need, and want, at different times. You may feel that a person who has attempted suicide should not be released from hospital, or should not be allowed to live alone. However, the person may want their independence or may not feel they need the same level of care as you are suggesting. If this is what the person has decided, and the professional care team have agreed that the person is capable of making that decision then this is something that you may need to try to accept and respect.

You may be caring for someone who refuses the treatment you (and others) think they need. For example, they may refuse to take the medication prescribed to them. This may create conflict between the two of you and with the professionals involved in treating them.

If such conflicts are causing problems amongst those informally involved in the person's support there are various ways of seeking help. You might consider talking to someone in your family, circle of friends or community, who has an independent perspective and can look at the dispute in an unbiased way.

You may also find your GP helpful, particularly if they know your family well and understand the background to the dispute. They may also be able to refer you to other sources of help, such as counselling or mediation.

Mediation

Mediation is a process that gives people in dispute a chance to meet together. The aim of the mediation process is to discuss the issues and the context of the dispute with an impartial person, hopefully giving all parties the opportunity to find workable solutions.

Mediation is increasingly used to resolve informal conflicts. It has traditionally been used for marital or business conflicts, but the same techniques can be used for other types of dispute. The mediator acts independently and impartially to help everyone in the situation understand each other's point of view.

Mediators should act in a non-judgmental way, and confidentiality is extremely important. They won't make a decision about the rights or wrongs of the dispute, but try to get those involved to reach their own resolution. In very emotive situations where someone has been living with suicide and there are a lot of intense feelings around this, it may help to talk the situation through with someone outside of the group in dispute to see if a resolution is possible.

Counselling

Counselling may also be worth considering, particularly if the situation with the person is beginning to have an affect on your own mental or physical health. Counselling can help you understand your own emotions, and may make it easier to work with other members of your family to either support

the person, or find a way of working together to deal with the impact on you and your own life.

Sometimes a situation cannot be resolved. If this is the case, you will need to be able to come to terms with that, and find ways of dealing with what is happening on an ongoing basis. It is very important to remember that you cannot 'fix' the person, or be completely responsible for what happens to them. The person has to be prepared to do some of the work and accepting this might help you to be able to see the situation more clearly and accept that there are limits to how far you can go in that process.

BENEFITS AND FINANCIAL SUPPORT

If you are supporting someone who is living with thoughts of suicide, you may fall into the definition of a 'carer'. If you do, there are certain legal rights and entitlements you may benefit from. Knowing what your rights are can help you and the person you are caring for get the support you need.

Your rights as a carer fit into three main categories:

- The right to have your needs as a carer assessed by your local authority
- The right to receive direct payments to allow you to access the services the person needs
- Rights within your own workplace.

As your rights will be based on your own personal circumstances we advise speaking to The Carers Trust for specific guidance in this area. There is a detailed guide to your legal rights and potential benefit entitlements at: www.carers.org/money-benefits

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It may also be helpful to contact your local carers centre for further information and advice on your rights and choices as a carer. A full list of local carers centres is available at www.carers.org/scotland

EMPLOYMENT RIGHTS

If you are working whilst you are carrying out your caring role, it might be helpful to tell your employer about the change in your circumstances. The nature of caring for someone with thoughts of suicide can be unpredictable and can change rapidly at times of crisis. This may mean you need additional support from your employer.

Since 2007 employees have the right to ask for flexible working if they care for an adult who is a relative or lives at the same address as them. Whilst you have the right to ask for flexible work in these circumstances, it is important to bear in mind that employers are not bound to grant these requests. However, they must be able to provide you with a valid business reason for refusing a request for flexible working.

If you are working as well as fulfilling your carer role, your employer may be able to offer you access to their Employee Assistance Programme (EAP). Not all employers will have an EAP but if they do, you can access telephone advice and support and also, usually, counselling services.

If you are working you are also entitled to time off for emergencies as a carer. Also known as time off for dependants, this gives all employees the right to take a 'reasonable' amount of time off work to deal with an emergency involving someone who is dependent on them to provide care.

Whether the time off is paid or not is decided by the employer and there will also usually need to be discussion and agreement with your employer over what constitutes 'reasonable' time off.

Examples of an emergency:

- A disruption or breakdown in care arrangements
- The death of a dependant
- If a dependant becomes unwell or has been assaulted
- To make longer term arrangements for a dependant who is ill or injured (but not to provide long term care themselves)

A dependant could be a mother, father, son, daughter, parent or anyone who lives with you and who is solely dependent on you. In order to use this time off, you must tell your employer as soon as possible after an emergency situation has occurred.

LOOKING AFTER YOUR OWN HEALTH AND WELLBEING

Being a carer is hard work and it is important that you look after yourself. There are a lot of demands on you and it can be difficult to find time for yourself. It is regularly documented that whilst many carers gain great personal satisfaction from being part of someone's care and treatment, it can take its toll and cause stress. This can leave you feeling unable to cope and provide the support the person needs. If this stress isn't managed, you could end up unwell yourself and unable to provide care and support to the person you are caring for.

It has been well reported that carers, as a group, will experience adverse affects on their physical and mental health more often than the general population.

40% of carers have been diagnosed as having significant distress and depression levels. There can be restrictions on your own social activities and networks and restrictions on your ability to work as much as you would have before. This section provides some ideas for keeping well.

Talk to someone

Dealing with suicide, whether on a one-off basis or as a constant issue, with someone you care about is hugely difficult and upsetting. It is important that you don't try to bottle things up as this will have an impact on your own ability to cope. Speak to someone you trust about how you are feeling, maybe consider speaking to your own GP and see if there is any support available to you.

If you don't feel you can talk about it with anyone, it might help to write down how you feel or keep a diary of your experiences. If you don't want to discuss how you're feeling with anyone you know, you can also contact SAMH who have trained staff and volunteers who can listen and give support and guidance on ways to look after your own mental health and help you in your caring role.

Keep active

Trying to take some exercise can be hard but keeping physically fit will give you more energy to support the person and may help you to sleep better too. No matter how involved in your carer role you are, you need to make sure to take some time for yourself to get a bit of respite from the situation.

Eat properly

Trying to eat a balanced diet can give you more energy and can help with your own mood if you are feeling tired, run down or even depressed coping with the person's thoughts of suicide.

Use alcohol and drugs safely

Although alcohol and drugs can make you feel better for a short time, in the long run they can make you more depressed and less able to cope. You may also wish to consider keeping alcohol and drugs out of your own environment for the safety of the person with thoughts of suicide.

Try to do something you enjoy

It can be hard to get any time to yourself if you are trying to support someone through a crisis or ongoing thoughts of suicide. Taking some regular time to do something you really enjoy, either by yourself or involving the person, such as reading or a hobby can be beneficial to helping you cope with the day-to-day stress of caring for someone with thoughts of suicide.

Make use of support

See the 'useful contacts' section of this booklet for advice on carers groups, helplines and other supports available to you.

Getting a break

Often when you are caring for someone you may struggle to find the time to do any of these things to look after yourself. There are services available to carers which offer breaks and respite care so that you can take time out whilst still leaving the person with support.

HELP DIRECTORY

For when you need urgent help for someone:

THE GP OR COMMUNITY PSYCHIATRIC NURSE

Contact Number

Write your contact details here

Opening hours

Most GP surgeries have standard office opening times, e.g. 9am–5pm. At other times call NHS 24 for medical attention.

If the person you are supporting has a Community Psychiatric Nurse, ask them what number to call for emergencies during the day and at night.

How they can help

The person's GP or Community Psychiatric Nurse can talk to them about how they are feeling and arrange treatment and support for them.

They will also accept calls on an emergency basis from carers.

Whoever calls the GP or CPN should explain clearly that the person is suicidal and describe to them how bad it is so they can help.

Is This For Emergencies? Yes

NHS 24

Contact Number 08454 24 24 24

Opening hours 24 hours a day

How they can help

When you call NHS 24 you will be asked to outline the situation and a discussion will be arranged with a nurse adviser. The nurse adviser can arrange emergency medical attention for the person you are supporting if needed.

They will also accept calls on an emergency basis from carers.

Is This For Emergencies? Yes

EMERGENCY SERVICES

Contact Number 999

Opening hours 24 hours a day

How they can help

When you call up emergency services try to stay calm and describe to the adviser what is going on.

Emergency services can arrange to send an ambulance if one is needed, or could send police to check on the wellbeing of the person you are supporting if they are close to committing suicide.

An alternative would be to visit your local hospital if you are able to get the person you are supporting there.

Is This For Emergencies? Yes

For when you need to talk to someone

The experience of supporting someone who is thinking of suicide can be extremely challenging and exhausting. It can also often be isolating, as it can take a lot of your time, energy and emotional investment, making it more difficult to sustain other relationships. Remember that if you don't have trusted people around you in your life to talk to right now, there are telephone numbers you can call for help and support. A stranger can listen to you in a way that a family member might find difficult. But family and friends can be lifesavers, so try if you can to stay connected with people while you are a carer.

A TRUSTED PERSON

Contact Number:

Write your contact details here

Try to share with someone you know what it is like for you on a day-to-day basis, supporting your relative or friend. Once you have shared this, you can go back to them when you next need to talk. Check with them if they mind you calling them late or through the day.

How they can help:

People you trust can help keep you grounded when things are most challenging with the person you are supporting. Choose your trusted people carefully if you can. Everyone is different, and while some people may listen, support and help you de-stress, others may add to your stress with views and opinions of their own.

CARERS TRUST

Contact: www.carers.org

How they can help:

Carers Trust provides 24-hour access to information, advice and peer support for carers wherever they live in the UK, via an online community of carers. The discussion boards, blogs and chat room give carers the opportunity to share experiences, seek advice and meet others in a similar position.

SAMH COMMUNITY SUPPORT NETWORK (CSN) SERVICE

Contact Number: 0141 530 1098 email: csn@samh.org.uk

Opening Hours: Monday – Friday, 9am–5pm

How they can help:

The Community Support Network Service (CSN) is for friends, family members and carers who are living with, or supporting someone who is suicidal. Support is offered across Scotland and is available on an individual, group and remote basis.

If you are based in Angus or South Aberdeenshire and would like to access support from our Angus/Aberdeenshire Community Support Network you can call 07850 213735 or 01674 676494 or email cscangus@samh.org.uk

CARERS UK – SCOTLAND – THE VOICE OF CARERS

Contact: 0808 808 7777 or their website www.carersuk.org/scotland

Opening hours: The telephone helpline is open 10am– 4pm Monday to Friday.

How they can help:

Carers Scotland is a charity set up to support people who care for an elderly relative, a sick friend or a disabled family member. They are part of Carers UK.

CITIZENS ADVICE SCOTLAND – PATIENT ADVICE AND SUPPORT SERVICE (PASS)

Contact: Call 0808 800 9060 or visit www.patientadvice.scot.nhs.uk (for more information on accessing the service)

Opening hours: Monday – Friday 9am–8pm and Saturday 10am–2pm

How they can help:

The Patient Advice and Support Service (PASS) is an independent service which provides free, accessible and confidential advice and support to patients, their carers and families about NHS healthcare. The service is provided by the Citizens Advice Scotland and you can access it from any Citizens Advice Bureau in Scotland.

CITIZENS ADVICE DIRECT

Contact: Call Citizens Advice Direct on 0808 800 9060 or visit www.citizensadvice.org.uk

Opening hours: Monday – Friday 9am–8pm and Saturday 10am–2pm

How they can help:

Phone Citizens Advice Direct for advice over the telephone

YOUR LOCAL CITIZENS ADVICE BUREAU

Website: www.cas.org.uk/bureaux

How it can help:

Find your local bureau for face to face advice and support with accessing your rights.

CITIZEN'S ADVICE GUIDE

Website: www.adviceguide.org.uk/scotland.htm

How it can help:

Self-help information and tools from Citizens Advice, relevant to Scotland.

CARE INFO SCOTLAND

Contact: 0845 600 1001 or their website www.careinfoscotland.co.uk

Opening hours: The telephone helpline is open 8am – 10pm 7 days a week.

How they can help:

Care Info Scotland provide information on the care of older people in Scotland. Includes useful information on what to expect from a Carer's Assessment.

WWW.GOV.UK

Contact:

www.gov.uk and search for Carers

Carer's Allowance Unit: 0845 608 4321

Opening hours: Carers Allowance Unit is open Monday to Thursday 8.30 am to 5.00 pm, Friday 8.30 am to 4.30 pm (phone)

How they can help:

The GOV.UK website has extensive information on benefits available for carers and the facility to apply for Carer's Allowance, Disability Living Allowance, Attendance Allowance etc online. This service is available at www.gov.uk/benefits-adviser

THE MONEY ADVICE SERVICE

Contact: 0300 500 5000 or visit www.moneyadvice.org.uk

Opening hours: Monday to Friday, 8am – 8pm and Saturday, 9am – 1pm

How they can help:

Free unbiased, independent advice on money and debt issues.

SHARED CARE SCOTLAND

Contact: 01383 622462 or their website
www.sharedcarescotland.org.uk

Opening hours: Monday – Friday, 9am – 5pm

How they can help:

Shared Care Scotland is a national charity that works to improve the quality, choice and availability of short break (respite care) provision across Scotland, for the benefit of carers and the people they care for. Information is displayed on their website regarding particular streams of funding towards carer breaks and respite care, and you can search for relevant opportunities online.

Patient and Carer Rights

THE MENTAL WELFARE COMMISSION FOR SCOTLAND (MWC)

Contact: 0800 389 6809 or visit
www.mwscot.org.uk

Opening hours: The telephone helpline is open Mon-Thu 9am - 5pm and Friday 9.30am - 4.30pm.

How they can help:

The Mental Welfare Commission promote the welfare, and safeguard the rights, of people who have a mental illness, learning disability and other related conditions. They ensure that when restrictions are placed on people to provide care and treatment, this is done in a way that is both legal and ethical.

Help dealing with addiction and dependency issues

KNOW THE SCORE

Contact: 0800 587 587 9 or visit
www.knowthescore.info

Opening hours: 8am - 11pm daily

Visit the website at www.knowthescore.info

How they can help:

Speak to someone confidentially about tackling drug dependency and addiction.

SCOTTISH FAMILIES AFFECTED BY DRUGS

Contact: 0808 010 1011 or email
helpline@sfad.org.uk

Visit the website at www.sfad.org.uk

Opening hours: The helpline is open Monday to Friday from 9am – 11pm and from 5pm to 11pm on Saturday and Sundays.

How they can help:

Scottish Families Affected By Drugs support families across Scotland who are affected by drugs misuse and raise awareness of the issues affecting them. In addition to support available via their helpline the organisation also facilitates a network of local support groups across Scotland.

DRINKLINE

Contact: 0800 7 314 314 or use online tools:
www.drinksarter.org

Opening hours: 8am - 11pm daily

How they can help:

Speak to someone confidentially about tackling alcohol dependency and addiction.

Help dealing with relationships

THE RELATIONSHIP HELPLINE

Contact: 0808 802 2088 or visit www.scottishmarriagecare.org

Opening hours: Monday - Thursday 9am - 8pm, Friday 9am - 5pm. Information and appointment request form online 24 hours a day

How they can help:

Through their Counselling service, Relationship and Stepfamily Helpline or Early Intervention programmes, Scottish marriage care will work with you to strengthen and improve your relationships and family life.

FAMILY MEDIATION

Website: Search for a mediation service at - www.familymediationhelpline.co.uk

How it can help:

Search for family mediation services in your area at this website. Community mediation services are free of charge in some areas, but not all of them undertake family mediation, so you may need to check this in your own area. There are also private mediation services that charge you for their mediation. It's important to discuss charges and any help towards costs which may be available before you start the process.

MOODSCOPE

Website: www.moodscope.com

How it can help:

You can use this website for free to track how you are feeling day-to-day. The website will generate feedback to you on how you are doing and will send you regular emails with tips and suggestions, encouraging you to visit the website again to rate your mood. You can also share your results with up to 5 other people. This facility may also help you understand the person you are supporting. If they want to use this service, then they can select to say that they will share information with you.

Help for how you are feeling

LIVING LIFE

Contact: 0800 328 9655

Opening hours: Monday -Friday 1pm - 9pm or visit: www.nhs24.com/UsefulResources/LivingLife

How they can help:

Living Life is an NHS Service providing support over the telephone based on the Cognitive Behavioural Therapy model of therapy.

Cognitive Behavioural Therapy is all about looking at your patterns of thought and how to improve them.

Depending on your area, you can either access 'Guided Self Help' or more in depth telephone counselling.

ACTION ON DEPRESSION

Contact: www.actionondepression.org

Opening hours: Online cognitive behavioural therapy available 24 hours.

Local support groups at scheduled times

How they can help:

A wide range of different resources for taking action on your depression

CRUSE BEREAVEMENT

Contact: 0845 600 2227 or visit www.crusescotland.org.uk/index.html

How they can help:

Cruse provide help with bereavement through one-to-one counselling sessions which will enable you to work through your grief. Or it may be that you need reassurance that others have been through the same anguish and despair and would like to read some reassuring stories or get some advice.

STEPS FOR STRESS

Contact: www.stepsforstress.org

Opening hours: Available online 24 hours a day

How they can help:

A simple guide to stressing less and enjoying life more. A good range of resources including videos.

MOODJUICE

Contact: www.moodjuice.scot.nhs.uk

Opening hours: Available online 24 hours a day

How they can help:

Online self-help guides

MOODGYM

Contact: www.moodgym.anu.edu.au/welcome

Opening hours: Available online 24 hours a day

How they can help:

An online self-help resource based on Cognitive Behavioural Therapy.

KEEP WELL SCOTLAND

Contact: www.keepwellscotland.org.uk

How they can help:

A Keep Well health check is free, and typically takes 30 to 40 minutes. It is for eligible 40 to 64 year olds at participating GP practices in Scotland and will involve meeting with a nurse to discuss your overall wellbeing.

A Keep Well health check is:

- Holistic, addressing various areas of your health and wellbeing
- Designed to provide support and advice which can help you make your own healthier lifestyle choices.

A Keep Well health check includes:

- A physical check up
- General questions about your health and lifestyle
- An opportunity for you to ask about any other health related problems or worries you may have

IT'S GOOD TO TALK

Contact: www.itsgoodtotalk.org.uk

Opening hours: Available online 24 hours a day

How they can help:

Read about the benefits of talking therapy and what to expect when you arrange to speak to a counsellor. You can also search for private counsellors in the UK.

FOR MORE INFORMATION ON SERVICES AVAILABLE IN YOUR AREA, CALL OR EMAIL US.

SAMH

CONTACT 0141 530 1000

OR EMAIL INFO@SAMH.ORG.UK



for Scotland's mental health

Scottish Charity No SC008897.

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