Transcription of BACP Suicide risk guidance video June 2024   
  
Working with suicidal clients.  
  
Important changes to good practice guidance.   
  
Current research shows that risk-assessment tools and scales don't accurately predict suicide risk. That comprehensive, client-centred risk assessment, formulation, and safety planning is more effective in preventing suicide. Access the research evidence that informed the development of NICE guidelines 225 and Scotland and Northern Ireland Suicide strategies, by searching NG225 at NICE.org.uk. We've updated our good practice in action resources to reflect these developments. These resources include GPiA 042: Working with suicidal clients in the counselling professions. GPiA 120: Working with risk within the counselling professions. We'll continue to develop our GPiA resources to reflect the latest research on suicide risk assessment and management. You can find the full list of our GPiA resources by searching Good Practice in Action on our website. Watch this short video from Professor Andrew Reeves summarising the updated guidance.

Hello, my name is Andrew Reeves. I'm a BACP senior counsellor and psychotherapist. I also wrote the guidance for good practice in working with clients who are suicidal. As we know, the guidance changed about how we should work with clients who have suicidal thoughts or feelings. As counsellors, we've been working in this way for many, many years. That is, kind of focusing on the experiences of the client and helping them understand more fully what their experiences mean to them and how they can keep themselves safe.

We've also been using risk assessment tools because this has been seen for a long time as the main way of working with such clients. The guidance that's been issued, however, warns against using such tools. What I intend to do here is to go through that guidance with you to explain what good, current practice is now saying. The changes made to the guidance in working with clients at risk of suicide are probably not too inconsistent with how we work as counsellors, anyway. The National Institute for Health and Care issued their guidance. What I'm going to do is just run through some of that here. Before I do, it's worth just remembering the context in which we work with clients who are suicidal. In that there are many different factors that we need to take into account and talk directly to our clients about. Obviously, our work in context is really important. Such organisations will have guidance, policies, and procedures that it's important that we should follow in those situations.

Our personal perspectives are important, too. We can use supervision to explore them more fully. To make sure that we don't inadvertently act out our views about suicide or what we think about what the client should do. We should instead be directed by good practice and what is best for the client at that particular point. We need to remember that, as counsellors, we're not working in a vacuum. Whilst we focus on the actual direct work between us and our clients in the room, which, of course, is critically important, because that's what counselling is about. We also work in a context.

There are other services, mental health services, crisis intervention services, other, broader third-sector services that may be important to the client. as well as, of course, their family and friends. who can be important sources of support at times of crisis. As BACP members, we work to the ethical framework. It's important that we regularly review our practice to make sure it remains consistent with the ethical framework around working with risk. If in doubt, it's important to speak to our managers, our colleagues, and indeed, our supervisors. About what that might mean for our work.

Working with suicide can be really anxiety-provoking. The fear of getting it wrong, of not spotting something when we should do, or perhaps intervening too much, when somebody is exploring something more generalised. These anxieties are really normal and are understandable. Again, supervision is a really important space where we can explore these.

Broader policies and procedures, and good practice guidance, which we're talking about today, can help inform our practice additionally. The whole notion of risk assessment, and this is what I'm going to talk about in a minute because risk assessment has been typically seen to be the use of risk assessment tools. We are now guided strongly against using such tools in our work. Our contract is important. We need to be absolutely clear with our clients about the limitations of our confidentiality. What steps we would take, ideally, collaboratively, with our client, should we be concerned? Of course, the evidence base.

The guidance issued by NICE draws directly on a review of the evidence, and what forms good practice. So, what does the guidance currently say? In the new guidance, it says, 'Do not use risk assessment tools and scales to predict future suicide or repetition of self-harm. Do not use risk assessment tools and scales to determine who should and should not be offered treatment, or who should be discharged from a service. Do not use global risk stratification into low, medium, or high risk to predict future suicide or repetition of self-harm.' What that means is, we shouldn't be using such tools to determine levels of risk, and to make decisions between those levels of risk. 'Do not use global risk stratification into low, medium, or high risk to determine who should and should be offered treatment, and who should be discharged.'

Instead, we should focus the assessment on the person's needs and how to support their immediate and long-term psychological and physical safety. 'Mental health professionals should undertake a risk formulation as part of a psychosocial assessment.' NICE go on to define a risk formulation as, 'A collaborative process between the person who has self-harmed and a mental health professional, that aims to summarise the person's current risks and difficulties, and understand why they are happening, in order to inform a treatment plan. Formulation typically includes taking into consideration historical factors and experiences, more recent problems, and existing strengths and resources.'

We should aim to create a written, prioritised list of coping strategies and all the resources of support that the person who has self-harmed can use to alleviate the crisis. Components can include recognising warning signs, listing coping strategies, involving family and friends, contacting mental health services, and limiting access to self-harming methods. As we can see, the guidance is entirely consistent with how we work as counsellors. The most important thing to remember is, if you have any concerns at all about your client's safety, ask your client directly. Always ask the suicide question openly and honestly and clearly with your client. Then, you can work with their response. I understand that this can be a cause of real anxiety for practitioners. Which is why it's important to talk to your supervisors. BACP also offer an excellent range of resources, including the good practice in action guidance, online resources, and the ethics help desk. If you're ever concerned, please reach out and talk to somebody.

For more information, search Exploring suicidal risk with clients on our website.

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