

does not inhibit an engagement with the expression of suicidality; that we should all remain open to it as a possibility in the students we support. Like most human experience, it is impossible to define the experience of suicidality in concrete ways and thus uncertainty tends to lie at the centre of working with suicidal people. However, supporting ourselves with our own uncertainty can provide the greatest opportunity to remain available to distressed students in theirs. ■

Andrew Reeves is a registered social worker and a BACP accredited counsellor. He has worked in a mental health crisis team as an approved social worker and now works at the University of Liverpool counselling service as a counsellor. He co-authored the BACP Information Sheet on working with suicidal clients.

References

- 1 Shneidman ES. The suicidal mind. Oxford: Oxford University Press; 1998.
- 2 British Association for Counselling and Psychotherapy. Ethical framework for good practice in counselling and psychotherapy. Rugby: BACP; 2002.
- 3 Range LM, MacIntyre DI, Rutherford D, Billie S, Payne B, Knott E, Brown M, Foster CL. Suicide in special populations and circumstances: a review. *Aggression and Violent Behavior*. 1997;2:53-63.
- 4 Leenaars AA. Psychotherapy with suicidal people: a person-centred approach. Chichester: Wiley; 2004.
- 5 Department of Health. Saving lives: our healthier nation. London: HMSO; 1999.
- 6 Reeves A, Seber P. Working with suicidal clients – Information Sheet P7. Rugby: BACP; 2004.
- 7 Fox R, Cooper M. The effects of suicide on the private practitioner: a professional and personal perspective. *Clinical Social Work Journal*. 1998;26:143-57.
- 8 Pompili M, Mancinelli I, Tatarelli R. Confrontarsi con il suicidio del paziente./Dealing with patient suicide. *Minerva Psichiatrica*. 2002;43:181-6. And Pompili M, Mancinelli I, Tatarelli R. Oltre la sfida terapeutica: Sulle problematiche controtransferenziali con il paziente a rischio di suicidio./ Beyond the therapeutic challenge: on countertransference problems with the patient at risk of committing suicide. *Psichiatria e Psicoterapia Analitica*. 2002;21:217-28.
- 9 Reeves A, Mintz R. The experience of counsellors who work with suicidal clients: an exploratory study. *Counselling and Psychotherapy Research*. 2001;2:37-42.
- 10 Richards BM. Impact upon therapy and the therapist when working with suicidal patients: some transference and countertransference aspects. *British Journal of Guidance and Counselling*. 2000;28:325-37.

HOPEline helpline w

HOPElineUK, a new helpline for parents concerned about young people at risk of suicide, is run by voluntary organisation, PAPYRUS. The importance of supporting those with suicidal tendencies...

PAPYRUS is a voluntary organisation founded in 1997 by parents whose sons or daughters had taken their own lives. It is committed to the prevention of young suicide and to the promotion of good mental health and emotional wellbeing. PAPYRUS members, many of whom have lost children to suicide, identified, in our report *Making use of hindsight*, a great need for the type of service offered by our new helpline, HOPElineUK. A number of telephone helplines exist throughout the UK to support those bereaved by suicide, to which we regularly refer people. HOPElineUK, however, offers professional help, practical advice and support to the parents, carers, teachers, professionals and friends of young people at risk of suicide. It is these people who are in a unique position to notice the early signs of suicidal tendencies. They are also more likely to look for and ask for support than the young people who are directly at risk of suicide and, most importantly, it is these people that, with guidance, are in the best position to prevent the suicide of a young person. This fact apart, the helpline will of course respond to those who call because they themselves are suicidal.

The PAPYRUS office was receiving an ever-increasing number of calls and emails from parents, families, carers and professionals who were anxious about a young person's suicidal behaviour, some of whom were referred to us by other helplines.

Example of a recent call

The mother of a 13 year old girl who had tried to commit suicide, called saying that there was no appointment with the family GP until the following week, and wanting to know what she could do until then. Does she have to stay awake all night to make

UK – suicide with a difference

Parents, carers, teachers, professionals and friends at risk of suicide, was launched in September 2005. Coordinator **Tony Cox** here highlights the people who are most likely to notice the early signs of

sure her daughter doesn't try again?

Many of these callers were extremely concerned at the lack of professional advice readily available on how to deal with young, emotionally distressed people on the 'front line'. HOPELineUK is there to address this concern. The recently published National Institute for Health and Clinical Excellence (NICE) guidelines on the management of self-harming behaviour also point to a need for this service.

GPs are the traditional first option for any health problem. However, formal medical examination and treatment are often avoided by young people and are not always appropriate in initial stages, as an unfamiliar face and environment can arouse feelings of fear and anxiety, further exacerbating emotional distress.

In contrast, however, those who are closest to a young person at risk of suicide such as family, friends and some professionals may be unaware of how best to approach a young person in distress and what their options are. Many are worried about 'making things worse', which makes them nervous and of little help to the young person in distress.

This confidential helpline provides appropriate expert advice to parents and others dealing with a suicidal or distressed young person. We believe that it will contribute greatly to bridging the gap between those in close contact

with the child or young person, and the knowledge and experience required in addressing and taking effective action.

What the service provides

- Practical advice on how best to support a vulnerable or mentally disturbed young person within the home environment.
- Advice about how to communicate effectively and sensitively with a suicidal or emotionally distressed young person.
- Advice about how to broach the emotive issue of visiting a GP to an unreceptive young person at risk.
- Advice about the warning signs of suicidal behaviour.
- What to do when a young person is suspected of being on the verge of trying to kill themselves.
- Guidance on how to support someone who has previously tried to kill himself or herself.
- From a vast database, information and contact details for other support available locally and nationally.

HOPELineUK takes referrals from other organisations – both statutory and from the voluntary sector – and established helplines, in addition to personal referrals.

How does HOPELineUK differ from other helplines?

The major difference is in the level of

experience and qualification of the person who answers the phone. While most helplines operate with volunteers and some operate with permanent, paid, but unqualified staff, HOPELineUK staff are professionally qualified and experienced advisers.

Secondly, HOPELineUK is open outside normal office hours. We currently operate from 7pm to 10pm Monday to Friday and 2pm to 5pm Saturday and Sunday. There is also an opportunity for the adviser to call back someone who rings outside these hours. These hours may be expanded in future depending on the volume of calls received and the available funding.

HOPELineUK is being marketed as a resource for parents and others concerned that someone they know is feeling suicidal. This means that calls are more likely to focus on this specific area of concern. Other helplines take calls on a wide range of issues, such as school work, behaviour difficulties, and relationships and probably are unable to offer the level of understanding and knowledge available from HOPELineUK.

PAPYRUS has consciously never defined the term 'young.' This is because we have had calls from parents who were concerned about their older children, sometimes in their late twenties and beyond. These people are no less anxious because the person they care about is an adult. In fact, because they are the parents of adults, they may have been excluded by many services from being involved.

The position of students is anomalous. There are students who are registered with more than one GP, and others who are not registered at all. Often flatmates, tutors, lecturers and others notice a change in behaviour but have little knowledge of what might indicate a cause for concern. HOPELineUK advisers can give them the information they need to help identify whether they justifiably have a cause for concern and can direct them to where help is available. ■



HOPELineUK: 0870 170 4000