



# Responding to suicide in refugees and asylum seekers

Supporting health staff to respond to and manage  
suicide risk in refugees and asylum seekers.



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# About this resource

This resource contains information to support health staff respond to and manage suicide risk in refugees and asylum seekers.

## USING THIS RESOURCE

The information in this resource is designed to support suicide prevention in refugees and asylum seekers. It is recommended that this information is used in conjunction with advice from health professionals and resources. A list of helpful resources is located at the end of this fact sheet.

## SUICIDE IN DIFFERENT CULTURES

Suicide may not be discussed openly in some cultures. Asking directly about suicide may not be appropriate depending on the client's background and beliefs.

Allow the client to lead the conversation around mental health to gauge if they are open to discussing suicide. Asking open-ended questions about emotional health or general health may be a good first step to start the conversation.

## RESPONDING TO SUICIDE RISK

There are a number of factors which must be considered before initiating conversations about suicide with refugees and asylum seekers. It is important to understand the risks and vulnerabilities to suicide, fear and stigma associated with mental health problems, and varying traditions when discussing suicide. Be aware of your own personal beliefs and position when responding to suicide risk to ensure you provide support without judgement.

Responding to suicide risk:

1. Ensure the person is in a place where they feel safe. If initiating a conversation with someone to determine suicidal thoughts, do it in private rather than in a group setting.
2. Ask the person if they are thinking of suicide.

## IMMEDIATE SUICIDE RISK

If the person admits to having suicidal thoughts, establish if they have a suicide plan.

1. Ask the person if they have a suicide plan. This is important. People who have made a plan are at immediate suicide risk.
2. Ask the person if they have thought about how they would take their own life? Where? When? How?
3. Ask the person if they have anything in their possession that may be used as a means of suicide that needs to be removed.

## NOT AT IMMEDIATE SUICIDE RISK

If the person is not in imminent risk, or has not yet developed a plan, then you can support them by:

- With their permission, contacting a support person who can be with them
- Starting to make a safety plan
- Making a firm follow-up appointment for the next day/few days
- Reminding them you are there to support them
- Involve or refer other support services that might be appropriate.

## SAFETY PLANNING

A safety plan should be a step-by-step plan that lists the clients coping strategies, reasons for living and support in one place. The aim is that the client has the ability to work through the steps until they feel safe. Safety plans are not final and can be continuously reviewed.

Safety planning is a collaborative process with the consumer at the centre. They need to feel like they have ownership of their plan for it to be of any use, and it should be meaningful to them.

Designing a safety plan should be led by the person at risk. This ensures they feel in control of their care and what strategies are best suited to them.

- Identify key activities or contacts that can assist the person when they are at immediate suicide risk.
- Work with the person at risk to identify strategies they can use to help get them through certain times that may trigger a suicidal response. This may be talking with someone they trust, connecting with nature, listening to music, and holding photos of people close to them etc.
- Establish a list of reasons for living that the person can reflect on when required.
- Work closely with transcultural experts and advisors whenever possible to develop this safety plan and provide wrap around care.
- Make sure the person knows of at least one culturally appropriate professional contact to call in a crisis. Show them how to access this service, as well as interpreting services which may be needed to support communication. Ensure they have a safe, private space to be able to call for support.

Consider how cultural beliefs may shape the client's interactions with others in a suicidal crisis. An example would be due to cultural reasons, a female client would only be permitted to seek help from another female.

## CONVERSATION SUPPORT

When having a conversation with someone who may be at risk of suicide, it may be helpful to:

- Consider the impact of their cultural background, values and beliefs on the conversation
- Offer and encourage use of interpreters
- Let them speak in their own time
- Have an open mind
- Ask open-ended questions
- Use non-verbal cues like eye contact and nodding while they are talking
- Use examples to help convey what you are saying
- Let them know that lots of people think about suicide and that its okay to talk about those feelings
- Offer to contact a support person to help them after a difficult conversation
- Thank them for telling you about their suicidality. Make help-seeking a positive experience.

**Asking someone if they are thinking about suicide does not increase suicide risk.**



## WHAT IF THE PERSON DOES NOT WANT TO TALK?

The person at risk may not be ready to talk right now. Don't pressure them and acknowledge that it's their personal choice whether they want to have a conversation about suicide.

- Ensure the person knows they can talk to you in future if they have concerns about their mental health or their safety.
- Offer the person the opportunity to talk to someone that they know and trust. They may feel more comfortable talking to someone they have a strong connection with such as a peer worker or a community figure. They may also prefer to seek support from a confidential helpline, their GP or a counsellor.
- The person might prefer to talk to you if they have someone in the room with them to help make the conversation less daunting.
- Make a firm commitment with the person to arrange a follow up meeting in a few days to check on their mental health and wellbeing.
- Keep looking for opportunities to have a future conversation about suicide with the client. It might not be the right time now, but that doesn't mean that they won't change their mind in future if they want to talk.
- With the client's consent, ensure that appropriate supports and networks are aware of your concerns.

## SETTING BOUNDARIES

It's important to recognise your own professional and personal boundaries when supporting people who are at risk of suicide and understand where your support stops and others need to step in. Tell the consumer you may not have all the answers for them right now but you can find people who can help them. This helps you stay safe yourself and helps reinforce trust by not over-promising.

Practicing self-care and checking in with how you are feeling is important for all health workers and people working in suicide prevention.

**Sometimes, a client may tell you that they are experiencing physical pain as an explanation for mental illness or psychological distress. It is important to treat this person's physical pain first and then attempt to explore the cause of this pain further and uncover any underlying psychological concerns.**



### Further information

**Conversations Matter:** [conversationsmatter.com.au](https://www.conversationsmatter.com.au)

**Service for the Treatment and Rehabilitation of Torture and Trauma Survivors:** [startts.org.au](https://www.startts.org.au)

**Asylum Seeker Resource Centre:** [asrc.org.au](https://www.asrc.org.au)

**NSW Transcultural Mental Health Centre:** [dhi.health.nsw.gov.au/transcultural-mental-health-centre](https://dhi.health.nsw.gov.au/transcultural-mental-health-centre)