



World Suicide Prevention Day 10 September 2025

World Suicide Prevention Day, coordinated by the International Association for Suicide Prevention and supported by the World Health Organisation, is marked annually on 10 September. It is a moment to reflect on the global impact of suicide, to remember those lost, and to recommit ourselves to prevention through awareness, compassion, and action.

In the UK, suicide remains a leading cause of death among people under 35. Health and social care staff are not immune, working in environments of high stress, trauma exposure, and shift disruption significantly increases risk. Security officers, frontline staff, and clinicians may also encounter suicidal crises directly in hospitals, mental health settings, and emergency departments.

UK Context

- 5,500+ suicides registered in England and Wales in 2023 (ONS).
- Men account for three-quarters of suicides.
- Healthcare workers, including nurses, doctors, and security staff, face higher risk due to stress, trauma, and shift patterns.
- Each suicide has ripple effects across families, communities, and healthcare teams.

Why This Matters to Healthcare Security and Safety

IAHSS UK recognises that healthcare security professionals are often first responders, not just to violence and aggression, but also to patients, visitors, or staff in emotional crisis. Our unique position at the frontline places us in daily contact with vulnerable individuals. Suicide prevention is not just a clinical issue; it is a shared responsibility across the healthcare workforce.

Key Areas of Relevance

- **Early Intervention:** Security staff often encounter individuals at points of acute distress (e.g., emergency departments, car parks, public spaces on hospital grounds).
- **Trauma-Informed Approach:** Compassion, calm presence, and non-judgemental engagement can de-escalate immediate risk.
- **Openness Matters:** Talking about suicide does not “put the idea into someone’s head.” Don’t panic about saying the “wrong” thing, silence is more harmful than an imperfect conversation.
- **Suicidal Thoughts ≠ Mental Illness:** Many people, at some point, experience suicidal thoughts when overwhelmed. This does not mean they are mentally unwell. Recognising this reduces stigma and opens safe conversations.

- **Staff Wellbeing:** Exposure to crises can affect our own mental health, peer support and debriefing are essential.
- **Collaboration:** Security, clinical, and management teams must use shared language and coordinated protocols.

What We Can Do

- **Stay Informed:** Know the signs of distress: withdrawal, hopelessness, agitation, and understand the escalation pathways in your workplace. Familiarise yourself with local and national resources so you can guide people to the right support.
- **Promote Awareness:** Share evidence-based resources from Samaritans, NHS Every Mind Matters, and Zero Suicide Alliance with colleagues. Use team briefings, newsletters, or informal conversations to normalise discussions around suicide prevention.
- **Talk Openly:** Ask direct but compassionate questions when concerned: *"Are you thinking about suicide?"* Remember: talking about suicide does not cause suicide, it shows care and can save lives.
- **Challenge Stigma:** Remind colleagues that suicidal thoughts are more common than people realise, and not always linked to mental illness. Model non-judgemental attitudes, respond with empathy, not shock or blame. Use respectful, person-centred language: say *"a person died by suicide"* instead of *"committed suicide."*
- **Challenge Media and Language:** Be mindful of how suicide is spoken about in workplaces, reports, or the media. Inaccurate or sensational reporting can increase stigma and distress. Support responsible reporting standards such as those promoted by Samaritans' *Media Guidelines for Reporting Suicide*. Encourage colleagues and organisations to use language that promotes dignity and reduces shame.
- **Support Colleagues:** Check in on teammates regularly, especially after a difficult incident. Create psychological safety by making it acceptable to say "I'm not okay." Offer to listen, not to fix, sometimes being present is the most powerful support.

Having a Conversation with Someone in Distress

Every staff member, whether in clinical or security roles may find themselves speaking with someone in suicidal crisis. You don't have to be a mental health professional: a compassionate, open conversation can save lives.

How to Start the Conversation

- **Notice and approach:** Look for changes in behaviour, withdrawal, agitation, crying, pacing, or appearing hopeless. Approach gently, without rushing, and ensure safety (choose a calm, private space if possible).
- **Be open and calm:** Your body language matters as much as your words. Sit or stand at the same level, keep your tone steady and respectful, and position yourself in a way that feels safe for both of you. Use an open posture, uncrossed arms, relaxed shoulders, facing the person, to signal interest and willingness to listen. Even small gestures, like leaning in slightly or nodding, can show that you are engaged and present.

- **Use simple, caring language:** Avoid jargon or clinical terms. Acknowledge what you see:
 - *"I've noticed you seem really upset, and I'm concerned about you. would you like to talk?,*
 - *"Sometimes when people feel this way, they think about suicide. Are you having thoughts like that?"*
 - Asking directly shows care. It will not "put the idea" into their head.

During the Conversation

- **Listen more than you talk:** Give the person space to express themselves in their own words. Allow for silence, it often takes time for people to gather their thoughts or feel safe to speak. Resist the urge to interrupt, fill gaps, or "jump in" with solutions too quickly.
- **Show compassion:** Use simple signals of care: nodding, leaning slightly forward, maintaining gentle eye contact. Acknowledge what they're telling you:
 - *"That sounds really painful"*
 - *"I can hear how much you're struggling."*
 Avoid dismissive phrases such as :"
 - *Don't be silly,"*
 - *"It could be worse,"*
 - *"You'll get over it."* These can shut the conversation down.
- **Don't panic about "wrong words":** You don't need a perfect script. Being genuine is more important than polished language. It's okay to say: *"I'm not sure what to say, but I want to listen and be here with you."* What matters most is your presence and willingness to engage, not clinical expertise.
- **Normalise and validate:** Reassure them that suicidal thoughts are not uncommon, especially during times of crisis, loss, or overwhelming stress. Emphasise that having thoughts of suicide does not always mean they have a mental illness. Examples of validation include:
 - *"Many people have thoughts like this when life feels unbearable, you are not alone."*
 - *"It makes sense that you're feeling this way, given everything you're dealing with."*
- **Promote safety:** Encourage them to stay connected with supportive people (friends, family, trusted colleagues). Ask gentle questions that build safety: *"Who do you feel able to reach out to right now?"*. Avoid making unrealistic promises like keeping everything secret if there's immediate risk, explain that safety sometimes means involving others who can help. Offer to stay with them until further support is in place.

Promoting Hope

- **Highlight strengths:** Remind the person of times they have coped with challenges in the past, even if small. Use their own words if possible: *"Earlier you told me you managed something similar before, what helped then?"* Reinforce qualities such as courage, resilience, or the fact they were able to talk to you now: *"It took a lot of strength to tell me this."*
- **Offer practical next steps:** Provide choices rather than directives, to help them feel more in control. Keep the options simple and achievable in the moment.
 - *"Would you like me to sit with you while we call a friend or family member?"*
 - *"Shall we let the nurse know together so you don't have to explain it twice?"*
 - *"There are support lines we could call right now, would you like me to share the number?"*
- **Reassure:** Remind them that suicidal thoughts are not unusual, and that help is available. Emphasise that reaching out is a positive and important step, not a weakness. Use phrases that counter hopelessness:
 - *"You are not alone in this, support is here for you."*
 - *"I'm glad you told me; you don't have to go through this on your own."*
 - **Stay if risk is immediate:** If someone discloses an intention or plan to end their life, do not leave them alone. Stay calm and grounded to help reduce their distress. Involve clinical staff, crisis teams, or emergency response according to local protocols, but remain with the person until help is secured. Afterward, ensure you debrief with colleagues or use wellbeing resources to process your own emotions.

If You Are Worried About Immediate Risk

- **Stay with the person:** Do not leave them alone, even briefly. Your calm presence can reduce feelings of isolation and stop them from acting impulsively. Position yourself in a supportive but safe way, close enough to show care, but maintaining personal safety if the person is agitated. Use steady, reassuring phrases: *"I'll stay with you until we get the right support."*
- **Alert clinical staff or emergency response:** If you are in a hospital or healthcare facility, contact the responsible nurse, doctor, or mental health crisis team immediately. If outside of a clinical setting and risk is imminent, call 999 for emergency services. Be clear and concise: describe what the person has said or done, what risks are present (plans, means, or intent), and any immediate safety concerns.
- **Follow organisational crisis procedures:** Every organisation will have agreed protocols, ensure you know and follow them. This may include activating an emergency call system, contacting security control, or completing risk documentation. Do not promise confidentiality if someone's life is at risk. Instead, explain gently: *"I may need to share this with colleagues so we can keep you safe."*
- **Protect your own wellbeing:** Supporting someone in suicidal crisis can be emotionally demanding. Seek out debriefing, supervision, or peer support afterwards. Recognise that

it's normal to feel shaken or upset. looking after yourself enables you to keep supporting others.

Suicide does not discriminate by profession, country, or background, it touches us all. On this World Suicide Prevention Day, IAHSS UK Chapter stands with our international colleagues to reaffirm that prevention is possible and hope is powerful.

You don't have to be a mental health professional to make a difference, being present, asking with care, and listening without judgement are acts of protection. By talking openly, challenging stigma, and standing alongside both patients and colleagues in distress, we lead with compassion.

Every member of our community has the power to make a difference. Together, we can turn moments of despair into moments of connection, and moments of silence into conversations that save lives. Together, across borders and disciplines, we can create safer, kinder environments where life is protected and valued.

World Suicide Prevention Day

10th September

Suicide prevention helplines

CALM - Campaign Against Living Miserably

Support for anyone thinking about suicide

Call 0800 58 58 58

Online chat www.thecalmzone.net

5pm-midnight 365 days a year

SAMARITANS

Support for anyone who needs to talk about anything

Call 116 123 24/7

Email jo@samaritans.org

SANEline

For anyone concerned about their mental health or supporting someone else

Call 0300 304 7000

4.30pm-10.30pm 365 days a year

SHOUT

A text service for anyone who identifies as being in crisis

Text 85258 24/7

Child Line

A counselling service for under 18's

Call 0800 1111

Online chat www.childline.org.uk

Young Minds

ParentLine

A helpline for parents worried about their children's mental health

Call 0808 802 5544

Mon-Fri 9.30-4pm

PAPYRUS Prevention of Young Suicide, HOPELineUK

Advice and information for anyone under the age of 35 with thoughts of suicide, or anyone concerned about another

Call 0800 068 4141

Text 07860039967

Email pat@papyrus-uk.org

Mon-Fri 10-10pm, Weekends and Bank holidays 2-10pm

Kooth - www.kooth.com

An online counselling service that provides vulnerable young people, between the ages of 11 and 25, with advice and support for emotional or mental health concerns



mhl

mental health learning