

Supporting someone in chambers who might be suicidal



Wellbeing
at the Bar

Supporting someone in chambers who might be suicidal

We do not expect any reader of this resource to feel fully equipped to give advice/provide solutions to someone who is suicidal. This guide is designed to ensure you know the basics of what to say and how you can help, albeit in a limited way.

This advice may on first reading seem counter intuitive (that you are 'putting ideas in someone's head') but it is based on guidance from experts in this field.

We don't want individual members of chambers, clerks or chambers staff to feel they are responsible for an individual who is suicidal. Your main goal should be to encourage the individual concerned to seek the expert advice of a doctor.

Anybody can become suicidal at any time, but there are some signs to bear in mind:

- Social withdrawal
- Increased sick leave or unexplained absence
- Out of character behaviour

If someone is hinting or you suspect they are at risk of suicide

Ask them directly and calmly.

Say, "You sound like you might have been thinking of killing yourself. Have you?"

You will get one of three responses:

1. They may deny it and attempt to convince you otherwise.

Respond positively, but express concern for their wellbeing. Where possible, ask if they would appreciate any support from you or others, and if so, make referrals e.g. GPs and family members. Be clear that such action is a very permanent solution to what may be a temporary problem and that support is available to manage any issues.

2. They evade the question or hesitate before denying it.

Express genuine concern about their wellbeing, and emphasise their worth and impact to you and other members of chambers. State kindly and without judgment that losing this individual would distress you and others. Thinking long-term, try and discuss what might help the individual e.g. referral to the GP.

3. They will admit to feeling suicidal.

Acknowledge their feelings by saying: "I'm so sorry to hear it's gotten that bad. I don't want you to die and neither do your family or colleagues." You may add: "I understand that ending the pain might seem like the right thing to do, but sometimes sadness, depression and trauma can make the mind think there is no way out, but it might be worth trying some other, less permanent alternatives."

Ask them how long they have been feeling this way? (Generally the longer, the more at risk they are. Also, it is worth noting that some people become suicidal very quickly i.e. young men).

Have they decided when they would do it? (If they have locked in a date, especially a meaningful anniversary, make a note of it and take steps highlighted in the care plan before this date).

Do they have the means with them right now? If the answer is 'Yes', this is a trigger for immediate intervention with or without their consent. If the answer is 'no', you may wish to proceed with a care plan with their help. Contact their family, friend, their GP, or take appropriate steps where necessary as indicated by the care plan.

Other questions that can help include:

- Does anyone else know about this?
- Is there someone you would like to be able to discuss this with? (These questions will make them think of significant others who may be able to help, and identify useful support networks). Encourage them to speak to these people.
- Have you felt like this before? If so, what happened then? This lets you know they have been here before and it might be useful to remind them how they got through it last time.

Care Plan

A kind, understanding response is required.

End any of these conversations by enacting a care plan. Offer your assistance with implementing it immediately.

The care plan may include but not be restricted to:

- Informing family members or friends.
- Calling a 24 hour help line right away.
- Immediate GP referral with time (preferably same day) appointment booked*.
- Hospital or mental health ward admission.
- Arrange leave.
- Discuss possible redistribution of work for any scheduled absences.
- Arrange and pursue follow up, to keep the individual connected to chambers.
- Agree with the individual what other members of chambers should be told.

*If someone in this position is struggling to see their doctor, this is such a serious situation that it is prioritised by the NHS and they can get same day access if they ask for the Duty Doctor.

[Developing a Health Care plan with prior consents for colleagues with a diagnosed condition](#)

When the person is recovered and ready to return to work:

- Invite the individual to come in before they are due to return to work for a preliminary discussion of their wishes and expectations.

- Ask for their medical assessment and any indication given by their doctor about treatment and returning to work.
- Consider any possible work triggers, and develop a plan for that.
- Support, but treat the individual as normally as possible when they return to work.

Fitness to Practice

If someone has expressed suicidal tendency they may fall within the criteria of being unfit to discharge their professional duties (see C1, C2, 10, 15). You may need to invoke 'safeguarding' action to prevent a breach arising. If you form the opinion that someone poses a 'serious risk to the public' then Part 2 of the Code of Conduct may apply (see rC65-68 page 54-56). Part 5 section E of the BSB Handbook sets out further guidance (page 243). Ethics advice and guidance is available from the Bar Council's confidential Ethics Helpline. The Bar Council's Wellbeing Working Group may also be able to assist your evaluation.

Resources

Samaritans <http://www.samaritans.org> Phone 116 123

www.mind.org.uk phone 03001233393 or text 86463

Lawcare <https://www.lawcare.org.uk/> 0800 279 6888

Your Employee Assistance Programme, if you have one.

These resources have been developed with the assistance of Robyn Bradey. Robyn is an Australian Mental Health Accredited Social worker who provides clinical supervision to mental health professionals. She is currently the Mental Health consultant and trainer for the Law Society of NSW, Legal Aid. The ODPP, the CDPP, state and Commonwealth government departments, the tribunals and Ombudsmen, RACS and some law firms.