

SUICIDE FIRST AID GUIDELINES FOR INDONESIA



Suicide can be prevented. Most suicidal people do not want to die, they just do not want to live with the pain they are feeling. Helping a suicidal person talk about their thoughts and feelings can help save a life. Do not underestimate your abilities to help a suicidal person, even to save a life.

How can I tell if someone is feeling suicidal?

Anyone could have thoughts of suicide. People thinking about suicide might not seek help directly but do show warning signs, especially to their family and friends. Thus, it is really important that you are able to recognise some of the warning signs for suicide.

Signs a person might be suicidal

A person may show a big change in mood, behaviour or appearance, for example:

- Expressing, in words or actions:
 - hopelessness or feeling that they are worthless and their life is worthless;
 - having no reason to live or no purpose in life;
 - strong sense of feeling alone and cut off;
 - a sense of guilt or self-blame for something that has happened, or belief of being a burden to others (e.g. saying “Others will be better off without me”);
 - feelings of extreme dislike or hatred of oneself;
 - unusually high levels of anxiety or agitation;
 - sleep disturbance – inability to sleep, or need to sleep all the time;
 - desire or hope that they will die (including praying that God may take their life).
- Withdrawing from friends, family or the community including locking oneself in the house or in a particular room; or isolating themselves from interacting with others.
- Sudden or dramatic increase in depressed/sad mood (including crying more than usual or lack of smiling).
- Engaging in self-injurious behaviour such as cutting, burning themselves, poisoning (e.g. drinking mosquito repellent or insecticide) or hitting their head against the wall.
- Decrease of appetite and weight loss not explained by other factors (e.g. diet or sickness).
- Showing loss of interest for the things they used to be interested in.

A person may threaten to hurt or kill themselves, or say that they wish to die, verbally (speaking) or in writing. Watch for:

- Talking or writing about death, dying or suicide (including making unexpected jokes about these topics; leaving a suicidal note, poem or letter; telling significant others that they want to end their life; or stating that they want to disappear or their 'time has come' and/or that it is time to rest).
- Looking for a way to kill themselves (e.g. trying to get pills or poisons, weapons or other means), including asking for information about possible suicide methods (e.g. "Would 100 mg of this kill me?" or "Would I die if I jumped from that building?"). Be aware that people may use different methods to carry out suicide, so pay attention to the presence of any sort of things that could be used for suicide (not just guns, rope, pills but also knives, any kind of poison, kerosene and so on).
- Expressing in words or actions that they feel trapped, there is no way out, or that suicide is the only solution to their problems.
- Longing for deceased loved ones, including being eager to see someone who is no longer alive or increasing visits to their burial site.
- Unusual posts or behaviour in social media, including changing profile picture into something alarming like a black image or a suicide or death symbol, posting a concerning status, leaving group chats or deactivating accounts (as a way to cut themselves off of the others).

A person may behave in ways that are life-threatening or dangerous, for example:

- Rejecting or stopping life-saving medical treatments or medications.
- Refusing to eat for days.

A person may try to set their affairs and relationships in order, for example:

- Giving away valued possessions.
- Asking others to take on responsibility for the care of things under their responsibility (e.g. giving important passwords/PINs).
- Making arrangements for one's own funeral or buying items generally used for funeral (e.g. Islamic blanket).
- Contacting people (e.g. family members or other people they have not spoken to in a long time) to say goodbye, make peace or ask for forgiveness.

People may show one or many of these signs, and some may not show any signs on this list.

If you have noticed some of these warning signs and you are concerned a person may be at risk of suicide, you need to talk to them about your concerns. If you are not sure whether what you have noticed is a reason to be alarmed, you could ask someone who knows the person better than you, if they are worried too or if they know the person's problem.

Getting ready to approach the person

Be aware of your own attitudes, think about how you feel about suicide and how this will impact on your ability to help (e.g. belief that suicide is wrong or that it is an acceptable option in some circumstances). If the person is from a different cultural or religious background to you, remember that they might have beliefs and attitudes about suicide that are different from your own. It may help to learn more about the common cultural (including spiritual and religious) beliefs about suicide and the suicidal person's own attitude.

Choose a private place to talk with the person. If you feel you are unable to ask the person about suicidal thoughts, find someone else who can.

Making the approach

Act quickly if you think someone is considering suicide. Even if you only have a mild suspicion that the person is having suicidal thoughts, you should still approach them.

You should have some suicide crisis resources or service on hand before starting a conversation with someone who might be having suicidal thoughts (e.g. suicide or other help service contact, suicide first aid guidelines). Choose a time to talk to the person when there is sufficient time to discuss their concerns.

Avoid raising the topic of suicide with the person during an argument or if they are really upset because this may end up prompting a negative reaction and distancing them.

Be aware that the person may not want to talk with you, or you might have difficulty connecting with them. If this happens, you should offer to help them find someone else to talk to.

Asking about thoughts of suicide

Anyone could have thoughts of suicide. If you think someone might be having suicidal thoughts, you should ask that person directly. Unless someone tells you, the only way to know if they are thinking about suicide is to ask.

Know that it is more important to ask about suicidal thoughts than to be concerned about the exact wording. You should ask the person about suicidal thoughts, even if you feel uncomfortable doing so. Respect the suicidal person and not try to take charge of the situation.

Begin the conversation by asking the person about how they are feeling. Allow the person time to discuss their negative feelings before asking about suicidal thoughts. Be patient and give the suicidal person time to get to the topic about their suicidal thoughts. Ask that person indirectly at first (i.e. "Do you ever wish you did not wake up in the morning?") and then ask them directly. **For example, you could ask:**

“Are you having thoughts of suicide?” or

“Are you thinking about killing yourself/taking your life?”

Talking about suicide will not 'put the idea' into someone's head. Instead, asking the person about suicidal thoughts will give them the chance to talk about their problems and show them that somebody cares.

It is important to not react negatively, e.g. show judgment, shock, panic or anger. Do your best to appear calm, confident and empathic, as this may have a reassuring effect on the suicidal person.

Never let the suicidal person convince you that it is not serious or that they can handle it on their own, if you are still worried after having asked them.

Talking about suicide does not 'put the idea' into someone's head.

Box 1

Dealing with communication difficulties

It is more important to genuinely want to help than to be of the same age, gender or cultural/religious background as the person. However, if you think the person is uncomfortable interacting with you due to differences in age group, gender, language, caste/class, religion and/or ethnic and cultural backgrounds, you should ask the person if they would prefer to talk to someone more like themselves.

You should be aware that stigma associated with suicide might refrain the person from disclosing suicidal thoughts and seeking help. Males may be less likely to express their emotions. When asked, they may not openly disclose previous suicide attempts and instead state, for example, that they had an accident like “an accidental overdose of medication or poison”. Females from some religious or cultural backgrounds may not be in a position to seek professional help on their own and, therefore, family members may need to be involved. All these can act as barriers to opening up and disclosing suicidal intentions. However, these barriers should not stop you from trying to talk to the person if you have concerns.

If the person is having trouble communicating with you, you should ask simple question and, if necessary, repeat what you have said.

How should I talk with someone who is suicidal?

Tell the person that you care, are there for them and want to help, and that you do not want them to die and lose you. Your care does not have to always come in the form of physical presence, but also through the phone.

Do not let the fear of saying the wrong words or of not saying the perfect words stop you from encouraging the person to talk.

Consider the suicidal person's spiritual/religious beliefs and values and refer to these to try to change their mind about suicide and to prevent the person from taking their life. However, you should remember that during a crisis, the person might not like to be advised and you should not give judgmental spiritual/religious advice (e.g. killing yourself is a sin). Be supportive and understanding of the person and listen to them with all your attention. Avoid telling the person just to "be patient" as they might feel not understood. Do not try to just distract the suicidal person like saying "let's go out".

Do not give judgmental advice like suicide is a sin.

Suicidal thoughts and behaviours are often a plea for help and a desperate attempt to escape from problems and distressing feelings. You should give the person a chance to talk about those feelings (e.g. allow them to cry, express anger or scream) and their reasons for wanting to die. Explore the person's attitude towards suicide (e.g. suicide is a heroic thing to do). Discuss relationship issues, including sexual interaction concerns and interpersonal/domestic violence, especially with females.

Avoid telling the person just to "be patient" as they might feel not understood.

Understand the cultural reasons behind suicide, such as that according to certain cultures, suicide is considered to be a more respectable choice than being a burden to others. Thus, consider their cultural background and values when offering assistance to them.

Ask the suicidal person what they are thinking and feeling. Tell them that you want to hear whatever they have to say. Let the person know it is okay to talk about things that might be painful, even if it is hard. However, understand that there might be things they cannot disclose, such as secrets that are unsafe to share.

Reassure the suicidal person that it's okay to feel the way they do. Make them aware that thoughts of suicide are common, many people have them at some stage in their lives, and that it is possible to receive help. Accept what the person is saying without agreeing or disagreeing with their behaviour or point of view. Recognise and be understanding and respectful of the suffering of the person. Allow the person to discuss their feelings and explain their reasons for wanting to die. A person may feel better because they have told someone what they are thinking and feeling.

You should check with the person if they favour company in silence or favour talking over silence. Express care through appropriate physical contact like putting a hand on their shoulder, holding their hand or a gentle hug. Hugs can help alleviate psychological burden. However, do not touch the person (e.g. hug or hold hands) without their permission or unless you have a close personal relationship with them.

Point out to the person that fact that they are still alive and talking to you about their feelings, means that they are not quite sure about suicide and that is a positive thing.

Remember to thank the suicidal person for sharing their feelings with you and talk about the courage it takes to do this.

Reassure the person that thoughts of suicide are common, that many people have them at some stage in their lives, and that it is possible to receive help.

See **Box 2** Listening tips and **Box 3** What not to do

Box 2

Listening tips

- *Be patient and remain calm and in control while the suicidal person is talking about their feelings.*
- *Listen to the person and encourage them to do most of the talking. If you must share your thoughts, do it without expressing judgment.*
- *Find out more about the suicidal thoughts and feelings and the problems behind them by asking open questions that cannot be answered with a simple 'yes' or 'no'.*
- *Keep in mind that asking too many questions can bring on anxiety (nervousness, fear) in the person. Show you are listening by repeating back to the person what they are saying.*
- *Clarify important points with the person so that you know they understand.*
- *Express empathy for the suicidal person (e.g. "I understand how you feel.")*

Box 3

What not to do

Don't

- argue or debate with the person about their thoughts of suicide or whether suicide is right or wrong.
- dismiss the suicidal person's problems, or compare their problems to someone else's.
- show you are not interested or show a negative attitude through your body language.
- challenge the person to carry out their threats by daring them.
- try to take control and be directive, unless the person is at immediate risk.
- offer false hope, or make unrealistic promises.
- make the person feel guilty about wanting to die (e.g. by saying "Aren't you ashamed to run away from life?" or "Committing suicide is a sin!").

Do not avoid using the word 'suicide'. It is important to discuss the issue directly without fear or expressing negative judgment. Speak about suicide using appropriate language (e.g. using the terms 'suicide' or 'die by suicide') and avoid using terms to describe suicide that promote negative attitudes, such as 'commit suicide' (meaning it is a crime or sin) or referring to past suicide attempts as having 'failed' or been 'unsuccessful' (meaning death would have been a positive outcome) or using judgmental words like 'crazy'.

How can I tell how urgent the situation is?

Take all thoughts of suicide seriously and take action. Do not dismiss the person's thoughts as 'attention seeking' or a 'cry for help'. Determine the urgency of taking action based on identifying suicide warning signs, including the number and nature of warning signs, and major risk factors and reasons for suicide (e.g. recent stressful event, being neglected, domestic violence, mental illness, alcohol misuse, or previous suicide attempt).

Determine whether someone has definite intentions to take their life, or whether they have been having more unclear suicidal thoughts, like "What's the point of going on?"

To do this, ask the suicidal person about issues that affect their immediate safety:

- Whether they have a plan for suicide.
- How they intend to suicide, i.e. ask them direct questions about how, when and where they intend to suicide, including the specific means they intend to use. Beware that the method and specific modality (e.g. quantity of poison) the person plans to use could indicate the seriousness of the suicidal intention (e.g. know how lethal is the drug used by the person to assess the urgency of the risk for suicide).

- Whether they have already taken steps to get what they need to end their life.
- Whether they have ever attempted or planned suicide in the past and what happened in that occasion or, if necessary, ask their significant others (e.g. family members or religious leader).

Ask the person if they have been using drugs or alcohol. If so, you may not believe if they say they are not suicidal. Intoxication (getting drunk or high on drugs) can increase the risk of a person acting on suicidal thoughts.

If the suicidal person says they are hearing voices, ask what the voices are telling them. This is important in case the voices are relevant to their current suicidal thoughts. If the person suffers of a psychotic disorder, you may not believe them if they say they are not suicidal.

Box 4

Be aware:

- about the reasons why some people have thoughts about suicide and why they don't ask for help.
- that there are many more suicide attempts than suicides. But always bear in mind that every suicidal thought is serious, even when the person has a history of suicide attempt.
- of how often suicide occurs, and the possible link between suicide and mental illness. Ask about any family history of mental health problems or suicide. Ask how things are at home and work/school.
- of the risk factors including the risk and possible means for suicide in regards of the person's occupation (e.g. if the person is a health worker who has access to high-dose medication or syringe).
- of different risk factors among a male suicidal person, such as alcohol misuse and substance abuse.
- of different risk factors for a female suicidal person, such as domestic violence.
- that certain groups of people are at higher risk for suicide, such as elderly people who are chronically ill and living alone, people with experience of domestic violence and neglect, and homosexuals and other LGBTs+.
- that increased expression of emotions in males, such as crying or aggressive behaviours, could indicate suicide risk.
- that suicide is never caused by only a single reason or condition like "*pulung gantung*" (i.e. a local myth of a flying bright star seen before someone dies by suicide).

Ask the person how they would like to be supported and if there is anything you can do to help. Even if the suicidal person indicates that they are just looking for attention, you should still offer assistance.

It is also useful to find out what has supported the person in the past and what supports are available to them:

- Have they told anyone about how they are feeling?
- Are there people they can turn to when they need help or support?
- Is there anything important in the person's life that may reduce the immediate risk of suicide (e.g. attachments to children)?
- Have they received help for emotional or mental health problems or are they taking any medication?

Remember that people at the highest risk for acting on thoughts of suicide in the near future are those who have a specific suicide plan (i.e. the means, a place, a time and an intention to do it). However, the lack of a plan for suicide is not a guarantee of safety.

How can I keep the person safe?

Work together with the person to ensure they are safe, instead of acting alone.

Once you have established that a suicide risk is present, you need to take action to keep the person safe.

Never leave someone who is feeling suicidal on their own. You do not need to be with the suicidal person all the time, but should check on them regularly (e.g. ask them or their significant others how they are doing). If you think there is an immediate risk of the person acting on suicidal thoughts, act quickly, even if you are unsure. Work together with the person to ensure they are safe, instead of acting alone to prevent suicide. Unless they indicate conflicts or relational problems with their family, you should tell the

immediate family about the person's intention to suicide. Ask for help from the person's relatives, friends or housemates to ensure the person does not have access to weapons, poisons or other means for suicide.

Get rid of any sort of potential suicidal means (not just guns, rope, pills but also knives, any kind of poison, kerosene and so on).

Suicidal people often believe they have no choice but to die by suicide. Remind the person that they have some control over their suicidal thoughts; these don't have to be acted on and they will pass with time. Clearly state that thoughts of suicide may be associated with a treatable disorder, as this may instill a sense of hope. If the person is at a point of despair, the first aider needs to take control and be directive in ensuring their safety.

Ask the suicidal person to postpone the decision to suicide. Encourage the person to talk about their reasons for dying and their reasons for living.

Acknowledge that they are considering both options and emphasize that living is an option for them. Encourage the person to consider the consequences of suiciding, especially the effect it may have on the people they care about or on their health if they survived the suicide attempt. Tell them that they are loved and would be missed. Remind them that they are worthy and their life is worthy.

If you know that they have dreams or goals, remind the person about them, as it may discourage them of their suicide intention. Encourage them to stay alive so that they can make them come true. If their ideals or dreams cannot be met, you should help them to find more realistic and achievable ones.

Remind them that they are worthy and their life is worthy.

Ask about the problems the person is facing and how you can help. Reassure them that there are other alternatives and solutions to problems or ways of coping instead of suicide. Dispute the idea that suicide is the best or most viable solution. Without minimizing or comparing their problems, help them put their problems into perspective by reminding them that other people with worse problems still choose to live. By talking about specific problems, you can help the person to feel hope that there are ways of dealing with the difficulties that seem never ending. **Ask about the problem, try to identify available resources, suggest solutions and help the person to make a plan of action.**

In order to reduce suicide risk, it is important to help them to try to solve their problems. Reassure them that problems shall pass with time and with our attempt to solve them. Offer to help them with positive practical strategies or tasks to solve the problem. This can give the person a chance to spend some time dealing with their situation or give them a chance for some rest. Help the suicidal person to make plans or set goals for the future. You can also help by educating the person's family members or their religious/spiritual leader about the suicide warning signs, risk and how they should assist the person.

Reassure them that there are other alternatives and solutions to problems instead of suicide.

When talking to the suicidal person, focus on the things that will keep them safe for now, rather than the things that put them at risk. Talk about the good qualities they have, their hopes for the future, and other reasons to live. Encourage the person to think about their personal strengths and qualities, and the positive things in their life. **If you discuss with the person the negative and positive sides of their life, you should persuade them to believe that staying alive is the best option.**

Find something to do together until the crisis has passed. Encourage the person to take part in an activity that they have found has helped them cope in the past or that they enjoy. Make a list with the person of other things they can do to distract themselves, especially things that are relatively easy to do and that will increase a sense of control and achievement. Encourage the person to undertake some relaxing activities, such as taking a hot bath, going for a long walk or reading something enjoyable; or to do something active like going for a walk, swim or a jog. You may offer yourself to join, if needed. If the person is religious and practicing (e.g. reading holy book, pray, etc.), encourage their spiritual/religious practices. Also encourage the person to spend time with their significant others (e.g. family, friends or religious leaders).

You can also do something pleasant for/with the person. For example, cooking a favourite meal, watching a movie or listening to music with them.

Make sure that potentially harmful items are not available to the suicidal person. Remove access to them, after you gain their trust and if it is safe to do so. If the suicidal person refuses to hand over the things that might be used for suicide, try to remove the person from the risky environment. If the suicidal person wants to be left alone, and can assure you of their safety, you should agree.

With the person's agreement, you should inform a mental health professional or, if not available, a community mental health worker (i.e. mental health cadre or Puskesmas) in the area about the situation. Offer to accompany them for a rather short period of time (e.g. overnight). If the suicidal person agreed to be accompanied within a specified period of time, arrange a clear rule of communication (e.g. the person needs to text you every time the suicide thoughts appear, or to respond immediately if you ask them their condition).

If the conversation is taking place on the phone, calm them down and check with them if there is someone nearby they can contact to be with them and ask to wait for someone to arrive. Encourage them to remove potentially harmful items from their sight. **If necessary**, contact emergency services so the person is not alone. If you have to contact the police, inform them that the person is suicidal in order to help them respond appropriately.

Work out a plan to help keep the suicidal person safe (see Box 5 Safety plan). Involve the person as much as possible in decisions about the plan. However, do not assume that a safety plan is enough to keep the suicidal person safe.

Remember that even though you can offer support, you are not responsible for the actions or behaviours of someone else, and cannot control what they might decide to do.

See Box 5. Safety Plan

Box 5

Safety plan

A safety plan is an agreement between the suicidal person and the first aider that involves actions to keep the person safe. Only make a safety plan with someone you know well. If the person agrees, you should involve someone the person trusts in developing the safety plan, e.g. friend, family member, professional or religious or community leader.

Involve family/significant others who have a positive relationship with the suicidal person in developing the safety plan. If the person has a grown-up son/daughter, ask if you can talk with their son/daughter and assure them to involve their son/daughter in developing the safety plan. The plan should be developed taking into account the suicidal person's sociocultural (including spiritual/religious) background. Work with the suicidal person to create plans to ensure their safety for the next 24, 48 and 72 hours.

The safety plan should:

- *Include an agreement that the person does not attempt suicide.*
- *Include an agreement that the person does not use any alcohol or other drugs.*
- *Focus more on what the suicidal person should do rather than what they should not do. If the suicidal person refuses to open themselves up, the safety plan developed with the person should focus on attainable actions.*
- *Clearly outline what will be done, who will be doing it, and when it will be carried out.*
- *Include 24-hour safety contacts that the person agrees to call if they are feeling suicidal (such as the person's doctor or mental health care professional, a suicide helpline or crisis line, as well as friends and family members who will help in an emergency).*
- *The contact number should be kept somewhere accessible to the person: Ask the person to keep a list of safety contacts with them and agree to call someone if they are feeling suicidal.*

If the suicidal person won't make a safety plan, it is not safe to leave them alone for any period of time and you should make sure someone stays close by the person (in the same room, in visual contact) and get help from other people (e.g. family, close friends, trusted people) immediately. If necessary, get professional help.

Finally, help the person decide who they should contact if they become suicidal again in the future.

What about professional and other help?

Reassure the person by letting them know that we all go through tough times and need support and that reaching out for help is the first step to feeling better.

Ask the person if they would like for you to contact someone for them such as a friend, family member, or trusted religious, spiritual or community leader.

Encourage the person to get suitable professional help as soon as possible (e.g. a mental health professional or someone at a mental health service) and, if necessary, offer help to access them. If the person agrees, you might identify their significant others (family or friends) and contact them to accompany the person. Don't assume that the person will get better without help or that they will seek help on their own. Find out about the resources and services available to help a person who is considering suicide, including nearest emergency services, police station, mental health professionals (e.g. primary care psychologists) or suicide hotline, if available.

Provide this information to the suicidal person and discuss help-seeking options with them.

Ask the person for permission to contact their regular doctor or, if applicable, mental health professional about your concerns. If possible, the health professional contacted should be someone the suicidal person already knows and trusts. Offer to accompany them to a doctor, mental health professional or other help services (e.g. peer support). Take them to the nearest safe place (e.g. church, hospital, or police station), **if necessary**.

What if the suicidal person is reluctant or refuses to seek help?

Keep encouraging them to get help. Make sure someone who is close to the suicidal person is aware of the situation (i.e. a close friend or family member). Convince them that they need help during a crisis and that they will not be judged or blamed for seeing a mental health professional.

If necessary, call nearest police station, primary care centre, suicide hotline or other health professional and ask for advice on the situation, without letting the person know. If needed, take the suicidal person to a hospital emergency department. If you have to call the police, inform them that the person is suicidal in order to help them respond appropriately.

It is particularly important to ensure that an adolescent/minor receives help from a health professional, support group or a relevant community organization. Seek the permission of the adolescent that you will contact a specific person within a specified timeframe. If you are unable to persuade them to get help, you should get assistance from someone they trust, such as a helpline or a mental health professional. If the risk of them acting on their suicidal thought is high, get them to phone an emergency number (i.e. emergency services, a suicide

helpline, emergency mental health services, police, Puskesmas). If they won't do it themselves, you should call the emergency number for them.

Be prepared that the person may get angry and feel betrayed by your attempt to prevent their suicide or help them get professional help.

What if the suicidal person has a weapon?

You should ask them to hand over the weapon, or try to take it away from them, but make sure you do not put yourself in any danger. If needed, seek help from family members, neighbours or others to remove it.

If the person agrees to give you the things they intend using to kill themselves, you should remove it from risky places or dispose them right away. If the person agrees to hand over the means of suicide on the condition that they can have them back if they want them, you should argue the point with them for as long as it takes but tell the person that you will keep it. You may throw it away with the person's permission. Otherwise, if the person wants to get it back at some point, there needs to be a contract in regards of the time and condition when it will be safe for the person to have it back. If the safe condition cannot be reached, you may continue to keep it.

If the first aider can't get the suicidal person to agree to hand over the means of suicide, emergency services must be contacted immediately.

What if the person wants me to promise not to tell anyone else?

Try to convince the person that it is better to not keep their suicidal intentions a secret but to talk to someone else (e.g. a professional or a family member). Explain the reasons, such as: "I care about you too much to keep a secret like this. You need help and I am here to help you get it". If the person is a minor, you must make their guardians (i.e. the family or significant elders) aware of the person's intention to kill themselves. Do not try take on the person's responsibilities yourself. Let the person know that no matter how hard you tried, the main responsibility is still theirs.

Treat the person with respect and involve them in decisions about who else knows about the suicidal crisis and which details should be kept confidential. If you decide to involve a professional or someone else, let the person know you are doing this and explain that it is necessary to ensure their safety or someone else's.

If they refuse to give permission to disclose information about their suicidal thoughts, you may need to breach their confidentiality to ensure their safety. For instance, if there is imminent risk and a suicidal adolescent/minor asks you to promise to keep the discussion about suicide a secret, you should agree, but if absolutely necessary to keep the person safe, tell someone who can ensure their safety anyway. You should not keep the person's suicidal thoughts a secret from potential helpers, but should discuss with the potential helpers about the person's suicidal thought and how to help, but not other details that are confidential.

You should keep in mind that it is much better to have the person angry at you for sharing their suicidal thoughts without their permission in order to obtain help than to lose the person to suicide.

What should I do if the person has acted on suicidal thoughts?

If the suicidal person has already harmed themselves, give them first aid, call emergency services and ask for an ambulance.

Remember, despite our best efforts, it is not always possible to prevent suicide.

Self-injury for reasons other than suicide

Never assume that a person who self-harms is suicidal, as some people injure themselves for reasons other than suicide. If you are unsure whether injuries are due to a suicide attempt, you should ask the person directly.

For some people, self-injury is intended to relieve unbearable anguish, to stop feeling numb or other emotional reasons. This can be distressing to see. There are *First aid guidelines for non-suicidal self-injury* (<http://mhfa.com.au/file/1142/download>) which, although not developed specifically for people in Indonesia, can help you to understand and assist if this is occurring.

Take care of yourself

Do not put yourself at risk while offering support to a suicidal person (e.g. if the suicidal person becomes violent). After helping someone who is suicidal, make sure you take appropriate self-care. Providing support and assistance to a suicidal person is exhausting and it is therefore important to take care of yourself.

AN IMPORTANT NOTE

Purpose of these Guidelines

These guidelines are designed to help members of the public to provide first aid to someone in Indonesia who is at risk of suicide. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves.

Development of the Guidelines

The guidelines are based on the expert opinions of a panel of experts with professional and lived experience with mental health and suicide prevention in Indonesia about how to help someone who may be at risk of suicide. The methodology was based on Ross AM, Jorm AF, Kelly CM. Re-development of mental health first aid guidelines for suicidal ideation and behaviour: A Delphi study (<https://mhfa.com.au/cms/mental-health-first-aid-guidelines-project>).

The questionnaire used at the initial phase of this Delphi study was based on the questionnaires used for the Suicide First Aid guidelines for Asian countries and migrant and refugee populations led by Colucci, E. and listed in <https://movie-ment.org/suicide-first-aid-guidelines/>

How to use these Guidelines

These guidelines are a general set of recommendations about how you can help someone in Indonesia who may be at risk of suicide. Each individual is unique and it is important to tailor your support to that person's needs. These recommendations, therefore, may not be appropriate for every person who may be at risk of suicide.

More resources about how to discuss suicide are available at www.conversationsmatter.com.au Although not developed specifically for people in Indonesia, first aiders may find them useful.

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These guidelines (English and Bahasa Indonesia versions) can be downloaded from CPMH website
(www.cpmh.psikologi.ugm.ac.id)

All Suicide First Aid Guidelines can be downloaded from
<https://movie-ment.org/suicide-first-aid-guidelines/>



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