



# Reflective session

Professionals working with Adults



# Introductions

Conall



Emily



Sue



Stephen



# Training Etiquette



- Please mute your mic when not talking.
- Please turn your camera on during this session for us to see each other during discussions.
- Please ask questions or add comments by putting the raise hand icon up or in the chat function if that's more comfortable for you.
- All of your questions are important. Don't be afraid to ask.

# Wellbeing



- This training will discuss matters concerning suicide and self-harm. You may find the sensitive nature of the issues being presented upsetting.
- Please feel free to take a break and turn your camera and sound off.
- Share your thoughts in this session if you wish to do so.
- Seek support from your line manager /mentor /training buddy.
- Surrey Wellbeing and Support Services [Local Services | Healthy Surrey](#)

# What We Are Going To Do Today



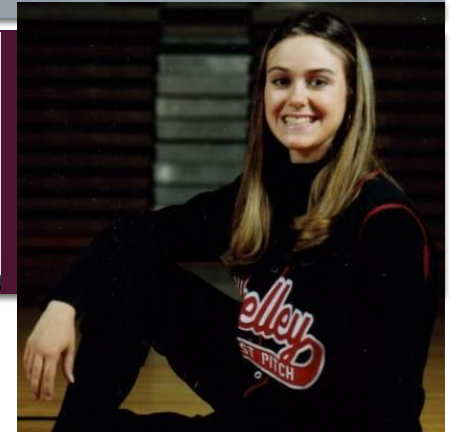
- Today's session is an opportunity to reflect on the learning from your first session
- It is also an opportunity to think about how you will apply learning from the webinar in your own professional practice.
- It is a time to ask further questions and raise any concerns you might have about supporting autistic individuals who are suicidal
- We will share some thought pieces written by autistic people and a parent
- We will look at warning signs and how you can be supportive based on a toolkit written by autistic adults who have suicidal ideation

# Questions To Reflect On



- What do you feel you have learned about why autistic people are more vulnerable and at greater risk of suicide?
- How did the training make you feel? Were there things that surprised you or concerned you?

# Thought piece – Storee Powell



- <https://idrpp.usu.edu/blog/2020/autism-diaries/suicide-prevention-while-being-autistic>
- "My plea to the neurotypical world this suicide prevention month is this: autistic people are who they are. We don't need to be trained like dogs for compliance to make your lives easier while it ends up taking ours away. Accept us now. How we are now. Stop trying to change us. Stop telling us the abuse we receive is our fault because we won't comply or find your standards unfeasible. Instead, ask us how we are feeling and always validate it."
- "Tell us it is ok to not be ok. And when we really tell you how we are doing, don't violate our trust and infantilize us by calling police, telling parents or others we've asked you not to."



# Thought piece Cont.



- <https://idrpp.usu.edu/blog/2020/autism-diaries/suicide-prevention-while-being-autistic>
- "My plea to my fellow autistics: I see you. I feel you. I know the struggle. You are valid and I'm rooting for you. You are not a burden. Your unique perspective makes this world a better place. You can never be replaced. Autistic lives are worth living, and that includes yours."
- "The world is not accepting or accommodating of people like me. This is why Autistic people have high rates of depression, anxiety, PTSD, suicidal ideation and successful suicide attempts. We don't inherently hate ourselves because we are Autistic. We learn to hate ourselves because that is what the world constantly tells us--both implicitly and explicitly."





# Questions to reflect on



How can we include the thoughts and ideas of autistic individuals who are suicidal in our decision-making?

How can we make services more accessible for autistic individuals who are suicidal?

# Blog – Lisa Morgan



- <https://www.autismcrisissupport.com/post/living-with-suicide-ideation>
- "I'm sitting alone. I can hear the clock ticking. I can hear cars out on the road. I'm physically alone, which usually is ok, but not tonight. Tonight it's difficult because I'm also emotionally alone. I feel no connection to another person. The aloneness is palpable. How can I feel so utterly alone in a world with billions of people?"
- My thoughts are with me though. My unwanted, intrusive thoughts about suicide are plentiful in my mind. Where did they come from? How can I get them to go away? It's when I feel the most alone, those thoughts are the loudest. I don't like them, but they stick around anyway. I need help to quiet those thoughts of suicide ideation. I need to hear another person's voice. I could call someone."



# Blog – Lisa Morgan



- "Here are some suggestions on what *not* to say to someone who is suicidal:
  - Everything will be ok. No, it's not ok, nothing is ok. In the moment this feels dismissive and condescending.
  - You have so much to be thankful for... which may be true, but the suicide ideation remains. It doesn't go away because there are things to be thankful for any more than a person with a fatal disease can make *it* go away by being thankful for what *they have*. For me, suicide ideation is not a feeling or a personal fault. It's an intrusive thought process of the brain.
  - You just need to think about good things. That is not going to help. It's like telling a person who is paralyzed that if they think enough about good things, they will be able to get up and walk."



# Blog – Lisa Morgan



- "And here are some suggestions for what to say to a person struggling with suicide ideation.
  - I'm glad you called. After reaching out, it feels comforting to know it was ok to call.
  - You matter. With all the negative thoughts swirling around in the mind of someone with suicide ideation, hearing that they matter can make a huge difference in the way they view themselves in the moment.
  - I love and care about you. Oh! A connection to another person has just been made. Telling someone they are loved and cared for is one of the best things to say."



# Blog by Trevor Stevens: Polly's Experiences



Polly had struggled with anxiety and low moods throughout school and had gone through various Associations that provided talking therapy. Unprovoked, her mental health started to spiral and she suffered a severe depressive episode. She became dependent on self-harm. She opened up to her Head of Year who was incredible in supporting her. This teacher contacted services immediately and did all she could to get Polly the help she needed. She stayed behind after school for hours if Polly ever felt unsafe and got cover for her lesson when Polly was in crisis. She made sure Polly told her father how she was feeling. As Polly's situation became more serious and she became increasingly suicidal her teacher gave her yet more of her time. She would phone Polly in the evening if she felt she was going to hurt herself. When Polly first attempted suicide she checked on Polly's closest friends to ensure they were coping.



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# Blog by Trevor Stevens – The Teacher’s Response

## What lessons can be learned?

1. **Polly’s teacher took charge.** She saw a young person in distress and didn’t leave her to find a solution to her own mental health problems.
2. **She found ways to make Polly open up:** “I was trying to get a balance between leading her to saying things but also just giving her the space to say things.”
3. **She understood that Polly felt guilty:** “Any time she did start opening up, she would initially close back up and say she felt that she was attention-seeking.”
4. **She wasn’t afraid to challenge Polly** and run the risk of upsetting her if she knew it was in Polly’s best interests. For example, when Polly lied her way out of hospital: “I could see, and I knew, and I asked her what she’d told them to be discharged and **I know that’s quite an intrusive question** but I knew she hadn’t told them the truth.”
5. **She understood the importance of family** and made sure Polly opened up to her father even though it was painful for her to do so.
6. **She knew that she had to share her insights in order to keep Polly safe.**
7. **She realised that care requires persistence and continuity.**
8. **She knew that Polly would continue to need support in the future.**

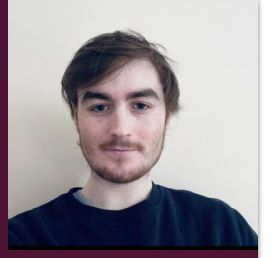
# Warning signs



- Can you think of some warning signs which indicate that an autistic person is thinking about taking their own life?



# Warning signs



- ***Some of these signs include:***
- Sudden or increased withdrawal
- No words to communicate acute distress
- Current traumatic event, reported by self or others
- Marked increase in rate and/or severity of self-harm
- Worsening in levels of symptoms of anxiety and/or depression

# Warning signs



- What preventative steps have you learned you can take?
- What changes have you made/ are planning to make in your workplace or home?

# Questions to reflect on continued



- Are there any areas of concern that you still have about supporting autistic individuals who are suicidal? If so, please specify what they are and what information would help.
- Do you feel that you have some useful tools to help you develop a support plan?



# Questions and Answers



**Thank you.**

**Any further questions?**