

Deep Release Online
Professional Training for Counsellors

Losing the Will to Live Working with Suicidal Clients



Understanding Suicide



Until 1961 suicide was a criminal act in the UK



Suicide Act 1961

1961 CHAPTER 60

Suicide Statistics – Global and UK Overview

Global Context (WHO, March 2025)



Over 720,000 people die by suicide worldwide each year



Suicide is the 3rd leading cause of death among those aged 15–29



UK Statistics (ONS, 2023)



6,069 suicides registered in England and Wales – the highest rate since 1999



The male suicide rate reached its highest level since 1999

- Suicide rates were highest among:
 - Males aged 45–49
 - Females aged 50–54
- London had the lowest suicide rate in England

The North West recorded the highest rate, nearly double that of London.



How Common Are Suicidal Thoughts across the Lifetime?

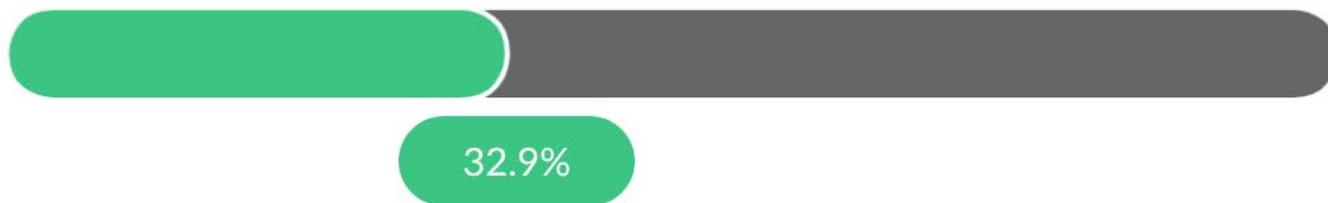
All Adults



16-24 Year Olds



25-34 Year Olds



WHY MIGHT SOMEONE WANT TO TAKE THEIR OWN LIFE?

The risk of suicide is higher when :

- a young person is depressed, or when they have a serious mental illness
- the person is using drugs or alcohol when they are upset (access to weapons)
- they have tried to kill themselves a number of times or have planned for a while how to die without being saved
- If a member of their family has attempted or died from suicide



SUICIDE STATISTICS



Reasons Given

Relationship.....	34%
Mental Health.....	15.5%
Housing/Accom.....	12.4%
Addiction/Alcohol.....	10.3%
Financial.....	8.2%
Employment.....	5.2%
Bereavement.....	4.1%
Sexuality problems.....	3.1%
Legal problems.....	3.1%
Education problems.....	2.1%
Health	2.1%

Methods Used

Overdose.....	24%
Hanging.....	20%
Carbon Monoxide...20%	
Cut wrists.....	8%
Drowning.....	6%
Jumping (height).....	5%
Jumping (moving).....	4%
Firearms.....	3%
Self-burning.....	2%
Other.....	16%

Suicide Risk Factors by Profession



Understanding a client's professional world

Recognise under-reporting

High-stigma professions
(e.g., police, tradespeople) may avoid disclosure

Use profession-specific language

Use client's own terminology, acknowledging
the realities and culture of their profession

Be aware of access

Be aware of access to means
(especially in health, agriculture, or military)

Ask about work

Make occupation a routine
part of risk assessment



Post Office scandal may have led to more than 13 suicides, official inquiry finds

Some 10,000 people entitled to compensation after Post Office bosses 'maintained the fiction' the Horizon system was accurate, the report found

Archie Mitchell Political correspondent • Tuesday 08 July 2025 17:30 BST



Some became seriously ill, struggled with mental health problems, suffered financial hardship, lost their homes or went bankrupt. Even those who were acquitted often found themselves “ostracised” in their communities, and many died before receiving compensation – reports have put the figure at about 350. Some family members also suffered psychiatric and other illnesses and “very significant financial losses.

At least 59 more contemplated suicide, 10 of whom attempted suicide, some more than once.



It's not always about death

- Suicidal expressions or behaviours often communicate *distress, overwhelm* or a *desire for change*, rather than a fixed wish to die
- People may not want to die – they want the pain to stop. Words are no longer enough.
- When someone speaks of wanting to die in therapy, they're often inviting **connection, understanding, validation, safety**.
- **People feeling suicidal may not feel able to reach out – this is a pivotal time for us to reach in, rather than react with fear or avoidance.**



It can feel like an end to pain

- Suicidal thoughts may become a way of regaining a sense of control in a chaotic or hopeless life
- Suicide can feel like the *only option left* to escape emotional pain, abuse, shame or chronic mental or physical health struggles
- *Thinking* about suicide can bring a strange sense of relief – knowing there's an exit if things get worse

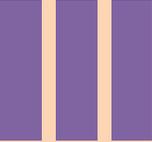


Buddy Group Discussion

Check in with your Buddies to see if there are any Boundary or other issues – leave the group and contact Alex via the Chat if so.

5 minutes





Heather's Story

A Sister's Suicide



THE SUICIDAL VOICE

**You just make your friends
and family feel bad... they'll
be better off without you....**

**Your work doesn't matter
any more... why bother even
trying...**

**What's the point in
anything?**

Richard Heckler (1994)
"Waking up Alive"

Urges to inflict self-harm... take action; intense rage against self

Thoughts planning details of suicide...

You can stop all this...

Drive across the central carriageway - you can make it look like an accident...

You can cut your wrists...

You have to get hold of some pills... then go to a hotel...

Calm, rational, obsessive, indicating complete loss of feeling for the self

Injunctions to carry out the suicide plans... thoughts baiting the person to commit suicide; extreme thought constriction (tunnel vision)

You've thought about this long enough!

Just get it over with...

It's the only way out...

You'll be at peace....

THE SUICIDAL TRANCE



- Pain and suffering remain unaddressed
- The person withdraws to protect themselves from further hurt and to hide their suffering
- Ultimately the trance narrows their perspective and hope dies,

“The trance marks the moment at which the world becomes devoid of all possibilities except one: suicide.”

Richard Heckler (1994), “Waking up Alive”

THE SUICIDAL TRANCE

- **Their reservoirs of faith, trust, and hope have run dry**
- **It seems logical that suicide is a reasonable response to pain**
- **Hopeless resignation is frustrating and frightening for family and friends – and the counsellor**
- **It seems there is no force strong enough to persuade the person otherwise**
- **As the suicidal trance intensifies, it becomes more insistent that they finally complete the act**



THE SUICIDAL VOICE

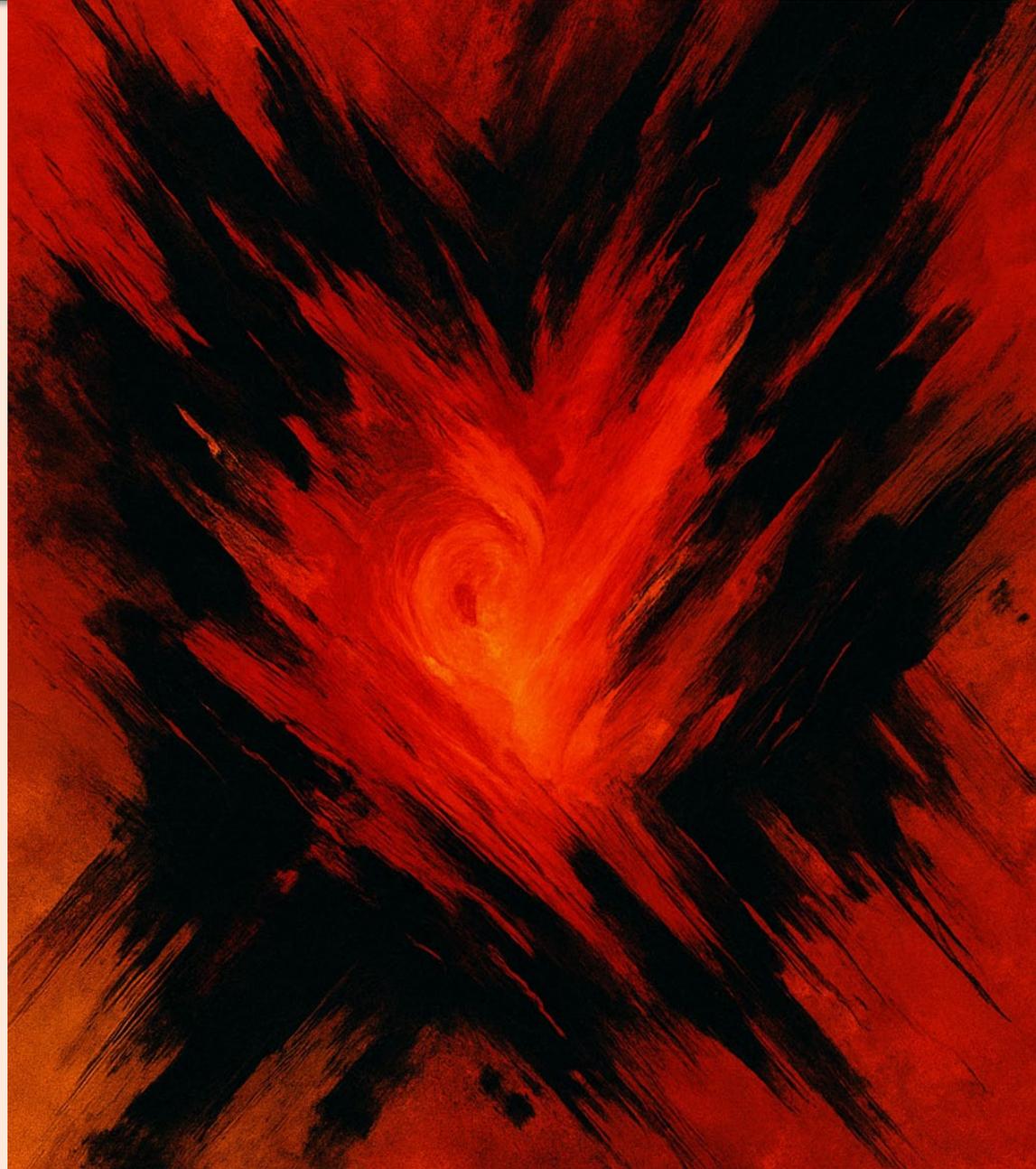
- ***Stay separate from other people***
- ***Don't tell anyone what you are planning***
- ***Shut down your emotional feelings for yourself and other people***
- ***Be angry when things get in the way of your plans***
- ***Just get on with it!***

Drives them to the point of action



ONE MORE THING...

- Freud suggested that all suicides represent both a wish to die, and the intent to harm those the suicidal person thinks has caused the unbearable pain (Menninger *“murder turned inward”*)
- Intense anger—often stemming from perceived rejection, abandonment, or betrayal— can lead to suicide as a final expression of protest or retaliation against others who have caused their pain
- Suicide notes may carry a message for survivors to make them feel guilty, or the act may be timed with a specific date
- This can be seen as ultimate punishment



Buddy Group Discussion

Share your responses to the teaching and Heather's story. Keep yourself safe, but share personally and professionally as appropriate.

15 minutes



Take a break! 5 minutes



5:00



Risk Assessment



MYTHS AND FACTS ABOUT SUICIDE

- People who talk about suicide won't really do it**
FACT: Many who die by suicide have talked about it beforehand. All talk of suicide should be taken seriously.
- Talking about suicide will plant the idea in someone's head**
FACT: Talking openly and honestly about suicide can help save a life. It reduces stigma and encourages people to seek help.
- People who say they are suicidal are just looking for attention**
FACT: Suicidal thoughts are a sign of extreme distress. They typically want to stop pain – their own or other people's, and they can't think of another way out. Seeking help is a brave step, not attention-seeking.
- Only people with mental illness think about suicide**
FACT: While mental illness is a risk factor, anyone can struggle with suicidal thoughts, especially during a crisis.

RISK ASSESSMENT RED FLAGS



VERBAL SIGNS:

*"I can't go on",
"Nothing matters any more",
"I'm thinking of ending it all..."*



BECOMING DEPRESSED OR WITHDRAWN



BEHAVING RECKLESSLY



**GETTING AFFAIRS IN ORDER/
GIVING AWAY VALUED POSSESSIONS**



**SHOWING A MARKED CHANGE
IN BEHAVIOUR, ATTITUDES
OR APPEARANCE**





**ABUSING DRUGS OR
ALCOHOL**



**SUFFERING A MAJOR LOSS
OR LIFE CHANGE**

INCREASED RISK IF...

- ✓ **Male**
- ✓ **Mental Illness**
- ✓ **Family history of suicide or violence**
- ✓ **Sexual or physical abuse**
- ✓ **Death of a close friend or family member**
- ✓ **Divorce or separation, ending a relationship**
- ✓ **Failing academic performance, impending exams/results**
- ✓ **Job loss / problems at work**
- ✓ **Impending legal action**
- ✓ **Recent imprisonment or upcoming release**



Research has indicated that undiagnosed depression has been the primary factor related to suicide attempts in various populations, including the elderly (65+), college students, and adolescents.

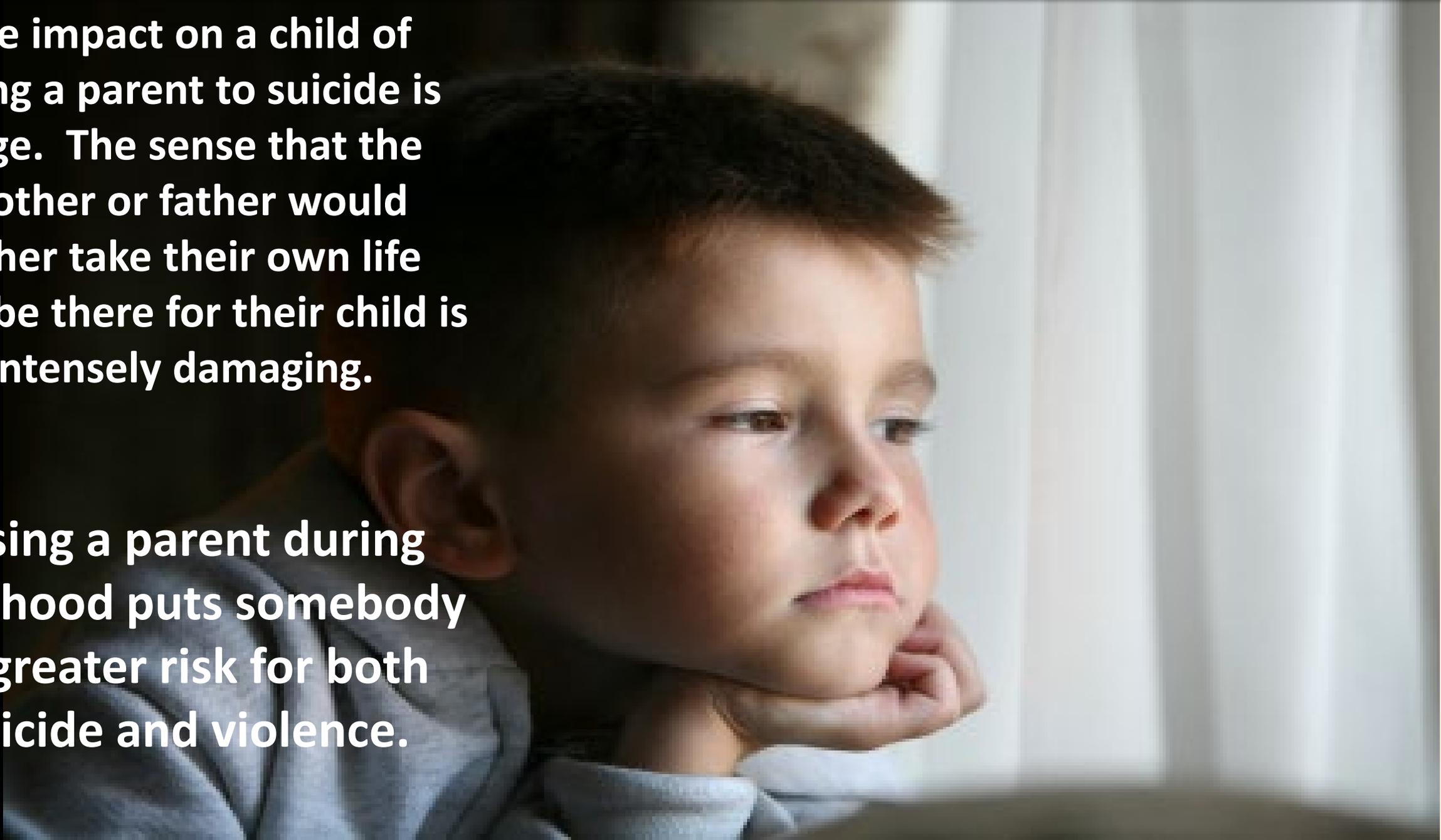
The symptoms of feelings of burdensomeness, worthlessness, hopelessness, helplessness and intermittent insomnia are highly correlated with attempted and completed suicides.

It is also important to monitor your clients' affective and cognitive state upon the introduction of psychotropic medication management. Research has indicated that, as energy and motivation return, your clients may continue to experience those key depressive symptoms that make a suicide attempt more likely.



The impact on a child of losing a parent to suicide is huge. The sense that the mother or father would rather take their own life than be there for their child is intensely damaging.

Losing a parent during childhood puts somebody at greater risk for both suicide and violence.



Staying safe from suicide

Best practice guidance for safety assessment, formulation and management



Current research shows that risk assessment tools and scales don't accurately predict suicide risk, and that comprehensive, client-centered risk assessment, formulation and safety planning is more effective in preventing suicide.

GPiA 042 : Working with suicidal clients in the counselling professions
GPiA 120: Working with risk within the counselling professions

- DO NOT use risk assessment tools and scales to predict future suicide or repetition of self-harm
- DO NOT use risk assessment tools and scales to determine who should and should not be offered treatment or who should be discharged
- DO NOT use global risk stratification into low, medium or high risk to predict future suicide or repetition of self-harm
- DO NOT use global risk stratification into low, medium or high risk to determine who should be offered treatment or who should be discharged.
- Focus the assessment on the person's needs and how to support their immediate and long-term psychosocial and physical safety
- Mental health professionals should undertake a risk formulation as part of every psychosocial assessment



Moral, Ethical and Legal Considerations



MORAL AND ETHICAL CONSIDERATIONS

- Counsellor faced with ethical dilemma: respect client's autonomy or seek to preserve life.
 - ***Life is the most valuable thing we possess – the sanctity of life is self-evident.***
 - Anyone who questions this is in crisis, ill or in some way 'abnormal'.
 - Mental health professionals tend to support this – suicidal feelings 'short-lived' and people need to be protected when they are evident.
-
- ***Suicide is the ultimate expression of someone's choice of how to live or die and should be respected.***
 - Any coercive attempt to prevent suicide contradicts the concept of individuals as moral agents who are ultimately responsible for their own actions.



PETRUSHKA CLARKSON – EXTRACTS FROM LAST LETTER



I believe that it is a basic human right to decide when you want to die. I have understood that my research of recent years retains its continuity and integrity.

I could have done better, but I could certainly have done worse.

I am grateful and feel blessed by my life's gifts. I have loved and been loved like few other women I have ever met.

Fortune – I have made some but not been interested enough not to just give it away.

Fame – didn't like it. Wasn't suited to it. Researched it. Hurt me more than helped me. Even on such a minor scale. Read it.

JUNE 2006

“Premeditated suicide”

I've been to wonder-full places, had amazing experiences and interacted with beauty. I have been happier than I ever imagined humans could be in these last years. I've had a sufficiency. My tummy for life is full and pc wants to go home now. Yes, fear (of survival), grief, anger, but mostly peacefulness, mostly joy, gratitude and love mostly.

<http://petruskaclarkson.blogspot.com/2006/07/#115259829061694093>

MORAL AND ETHICAL CONSIDERATIONS

- Client who has eg terminal cancer and who chooses to die when and how they wish. Clearly acting under own volition, not influenced by others.
- It is illegal to assist them in any way. (Hospitalisation would not be enforced.)

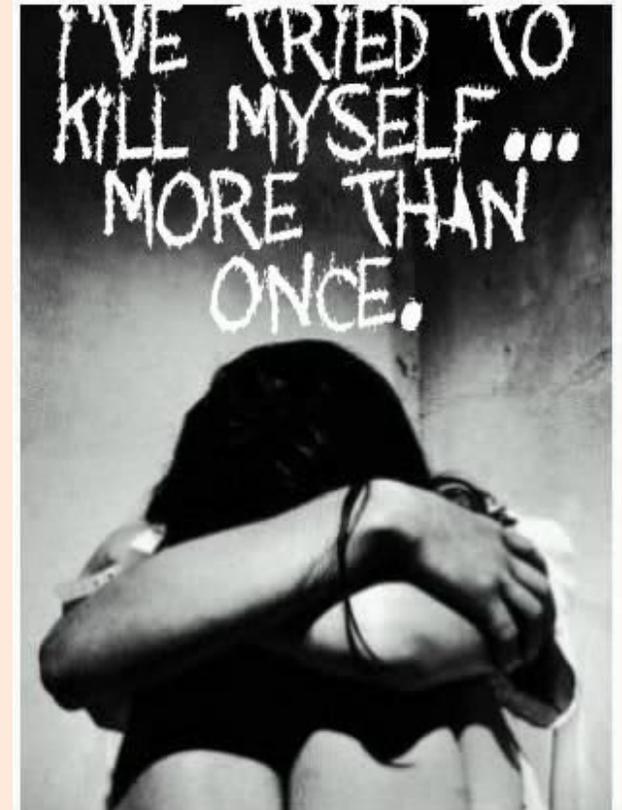
“A person who aids, abets, counsels or procures the suicide of another or an attempt by another to commit suicide, shall be liable on conviction on indictment to imprisonment for a term not exceeding 14 years.”
(Suicide Act 1961)

- It is well established in English law that adults have the right to refuse treatment even if to do so would result in their own death.



MORAL AND ETHICAL CONSIDERATIONS

- **Client who is depressed and overwhelmed by painful experiences and wants out.**
- In most US states counsellors are required to breach confidentiality to report a client's suicidal intent. There is no equivalent requirement in Britain.
 - A Counsellor could be liable for substantial damages for loss of earnings if the client's career were to be adversely affected by
 - inappropriate disclosure.



MORAL AND ETHICAL CONSIDERATIONS

“The fact that the therapist is having difficulty in containing their own anxiety is not a sufficient reason to breach a client’s confidentiality...”

“If an adult client, with mental capacity, is contemplating suicide and actively forbids a therapist to seek additional help, the therapist is under a general legal obligation to respect the client’s confidence.”



The Terminally Ill Adults (End of Life) Bill

In a historic vote, MPs have approved a bill which would pave the way for huge social change by giving terminally ill adults in England and Wales the right to end their own lives. The Bill was backed by 314 votes to 291, will now go to the House of Lords for further scrutiny.



- Life expectancy of 6 months or less, meeting strict criteria
- Mentally competent, aged 18 or over, resident in England and Wales, with a terminal diagnosis from 2 independent doctors
- Formal declaration to the High Court, witnessed by multiple individuals
- Extensive medical assessments to ensure the decision is voluntary and informed

Significant ethical and moral debates surrounding

- personal autonomy
 - the sanctity of life
 - safeguards for vulnerable individuals
- Assisted dying requires the patient to self-administer life-ending medication
 - Euthanasia involves direct action by a doctor



Buddy Group Discussion

How are you feeling about the client's autonomy, vs the suggestion that they are mentally ill to want to die? What is your own response to the 'End of Life' bill?

15 minutes



Take a break! 5 minutes



5:00



**Questions
Comments
Discussion**

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◦ ·

The Counsellor's Experience



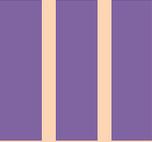
Consent, Confidentiality and the Sharing of Information

- Seek consent to share information
- Have regard to the law, rules and regulations
- Always act in the patient's best interest
- Record all discussion and activities
- Ensure service user confidentiality is respected

Practitioners are bound by law and professional guidelines to protect confidential (personal and sensitive) information about individuals, unless there is a significant risk to the individual, the public or children. When a significant risk to safety is imminent and not sharing information appears likely to result in death or serious injury, then relevant information can and should be shared with those people for whom consent has been given to share, applying clinical and professional judgement. Sharing information is a crucial consideration in situations of suicide risk.

TIGHTROPES & SAFETY NETS (University of Leicester, 2010)





Jackie's Story

*Fighting the
Urge to Die*

“All suicidal people are ambivalent; part of them wants to die, but part of them wants to live as well... And if you can connect with and help strengthen that part of them that wants to live, then you’re on the right track...”

“Making yourself a real person to them is important because that strengthens the connection. What you’re trying to build is trust: you want them to see you as a safe haven, as well as the attachment for them that they may never have had...”

Lisa Firestone PhD





Therapeutic Responses





Care for the Client Care for Yourself



WHEN A CLIENT IS SUICIDAL



The client wants to die

The stakes are higher

The boundaries are more flexible

- Makes the therapist want to get rid of her
- Makes family and friends want to get rid of her
- We need to keep connection
- We need to inspire hope
- Contact between sessions, checking up on them
- Shepherding them through, teaching them ways of coping

NB: Apparent improvement in health may mask the reality – don't assume that just because they appear better that they are.

CONNECTING WITH YOUR CLIENT

1. Create a Safe, Non-Judgmental Space

- Be willing to ask openly about suicidal thoughts.
- Express empathy and warmth without panic or judgment
- Allow the client to talk freely without fear of being dismissed or criticised
- Be willing to keep checking in re suicidal thinking

2. Risk Assessment

- Ask direct but sensitive questions about suicidal thoughts, plans, means and intent:
 - *“Have you been thinking about ending your life?”*
 - *“Do you have a plan for how you would do it?”*
 - *“Do you have access to the means?”*
- Assess frequency, intensity, and duration of thoughts

3. Safety Planning

Collaborate to develop a written Safety Plan, including:

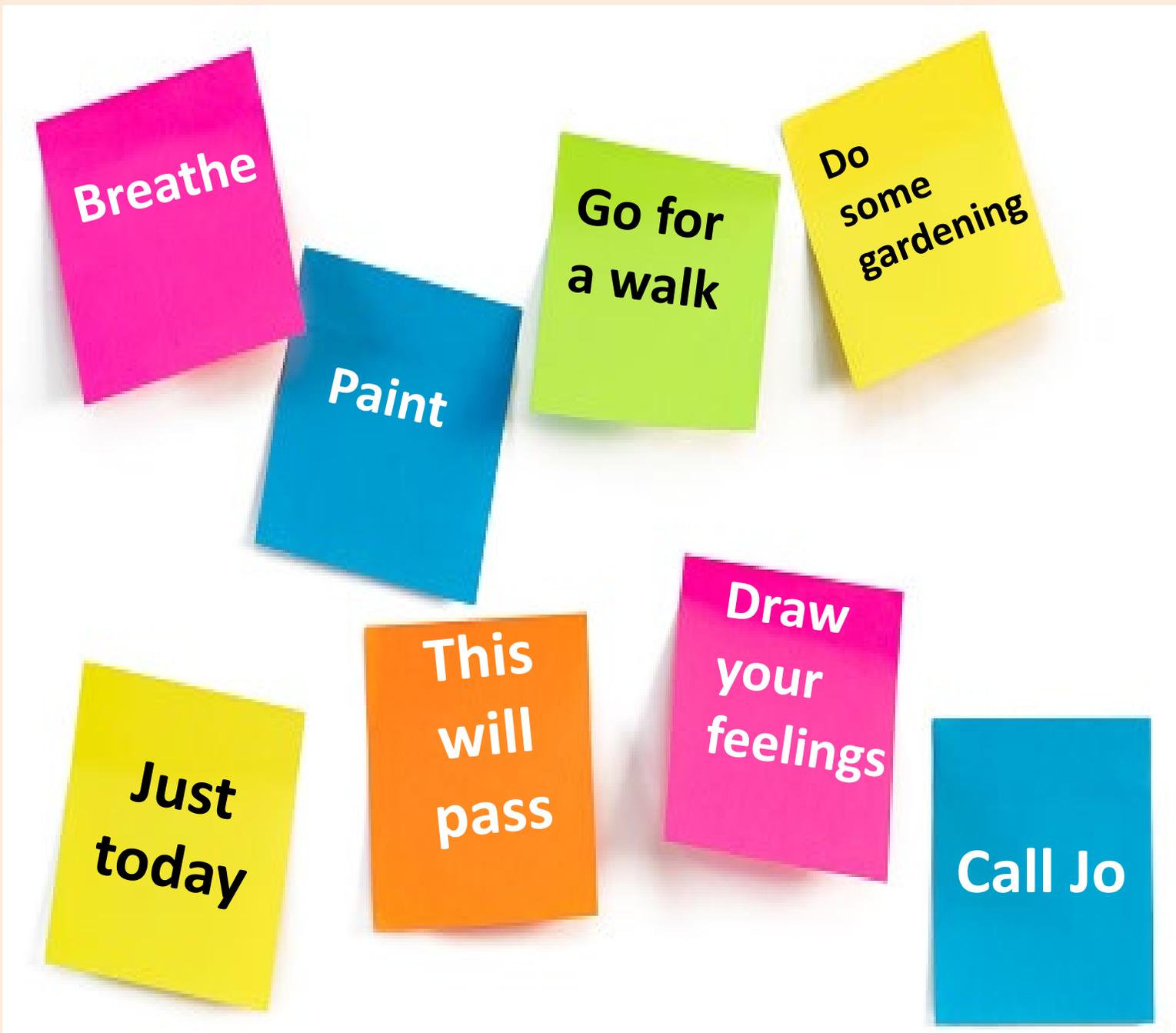
- **Coping strategies**
- **Support contacts (friends, family)**
- **Crisis resources (eg helplines)**
- **Reducing access to means (eg medications)**

Ensure the client has the Safety Plan with them physically or digitally.

When you are feeling actively suicidal, the brain goes offline and you can't think of any strategies you've learnt.

Post-its, cards or a poster can help - you just have to need to go and get them, rather than remember everything.

Keep them in the house, in the car, in your bag, by your bed or anywhere they might be needed.



3. Response (will depend on client/situation)

- What kind of consent do you have to contact friends/family/GP?
- Is there a Mental Health Crisis Team involved?
- Call the emergency services if there's imminent danger - if you are not with the client, find out where they are
- Explain clearly to Emergency Services what your relationship is to the person
- Let your Supervisor know what is happening



Getting the Support You Need

LOOKING AFTER YOURSELF

- **Feeling anxious is a normal, human response to suicide risk; it's ok to be emotionally affected – what matters is learning to manage it constructively**
- **As counsellors, we are responsible for providing support, not for preventing suicide single-handedly; we cannot control all outcomes**
- **What we can do is assess risk, create a supportive space and activate the right resources**
- **Good supervision is vital to reduce anxiety and prevent burnout**
- **Get adequate rest, sleep, nutrition, and downtime; you are allowed to be happy when your client is sad**
- **Prayer, Mindfulness, Support**

“Most of the research shows that if you really dig deep and tune into the client’s perspective, you find it’s their sense of you - that you really do care about them, that you’re willing to go outside the normal boundaries if necessary – that is what’s ultimately important to them...”





**Questions
Comments
Discussion**

Buddy Group Discussions

- Final thoughts
- Where has today left you?
- Share your details with each other if you wish to

5 minutes



UK Suicide Support Resources

SAMARITANS



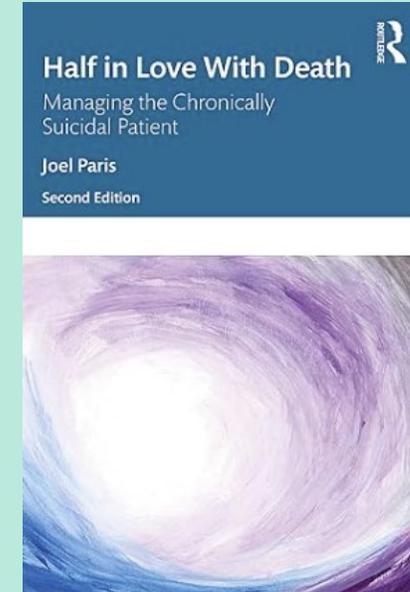
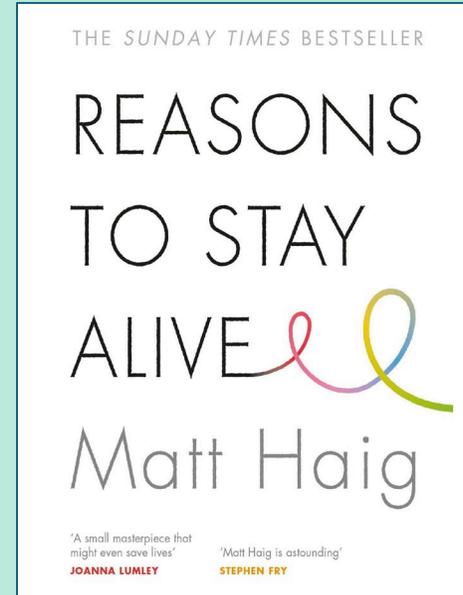
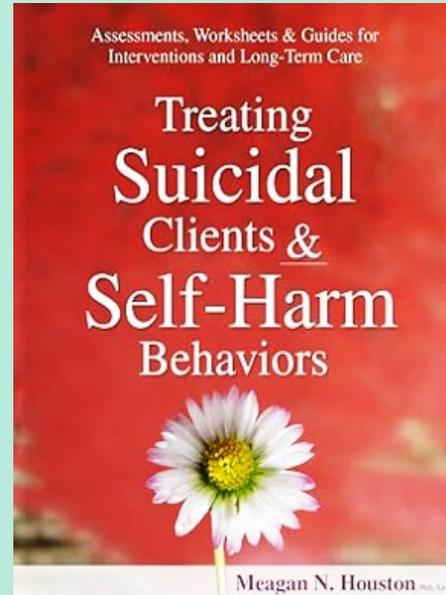
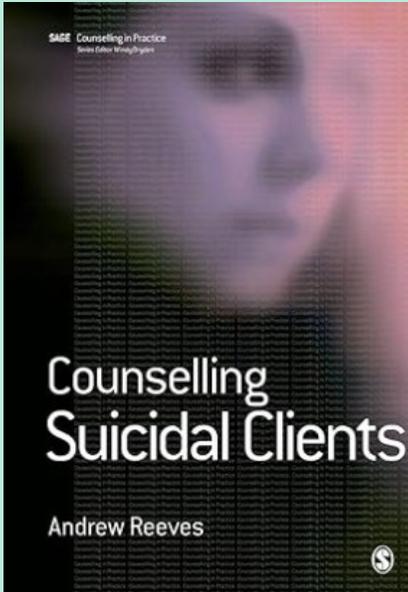
CALM

shout



Printable
sheet on
course
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**GRASSROOTS
SUICIDE PREVENTION**

**The Stay Alive app
Stay Alive booklets**

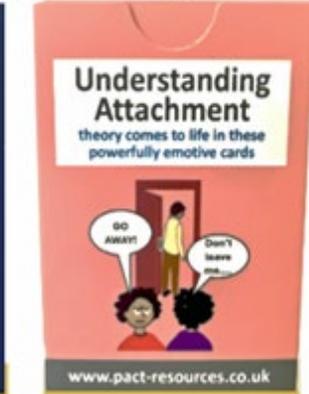
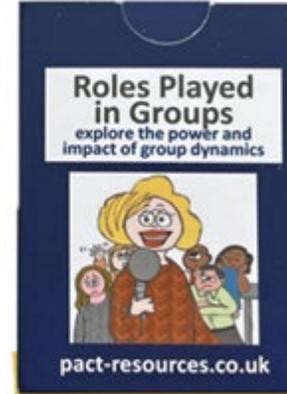
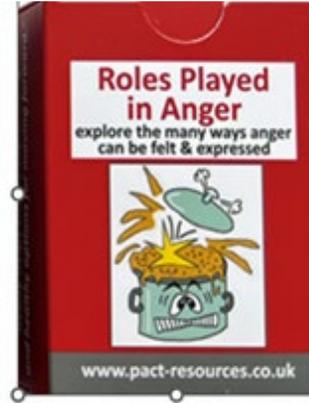
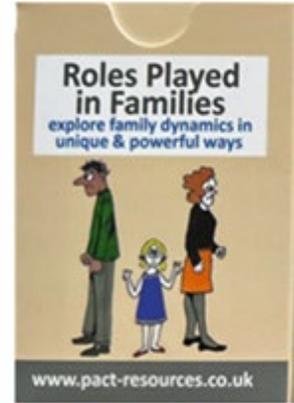
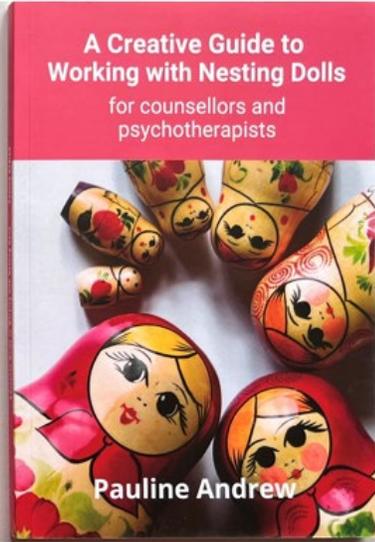
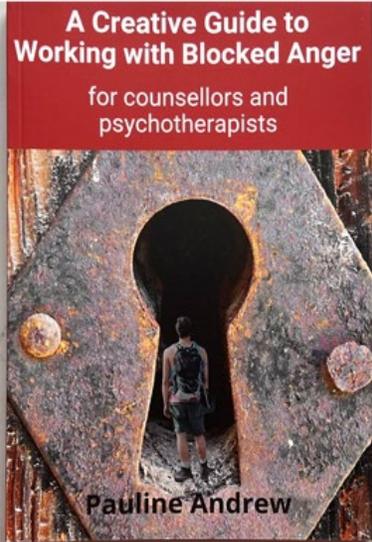
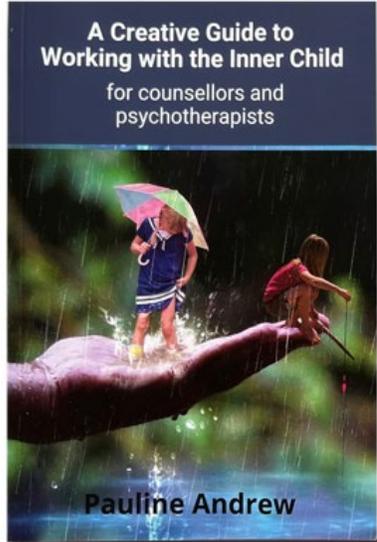
<https://prevent-suicide.org.uk/stay-alive-app-grassroots-suicide-prevention/>



Resources

PACT-RESOURCES.CO.UK

ORIGINAL & CREATIVE
COUNSELLING RESOURCES





**Sand Tray
Web App**



**The Wheel of
Life**



**Erikson's Life
Stages**



**Erikson's for
Adolescents**



**Roles Played in
Families**



**Core Needs in
Families**



**Roles Played in
Anger**



**Roles Played in
Groups**

pact-resources-online.co.uk



**The In-Out
Model**



**Nesting
Dolls**



**Understanding
Attachment**



HARD FEELINGS

HARD FEELINGS

empathy cards for counsellors

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CARDS TO SHARE DIFFICULT EMOTIONS TOGETHER

hardfeelingscards.co.uk

When the feelings are too hard...

And I can't tell you...



HARD FEELINGS





NURTURE & RELAX DAY

for counsellors

Eastbrookend Country Park, Romford RM7 0SS

Sat July 19 09:30am - 3.30pm

-  **Create & play:** have some fun, make some nice things
-  **Gentle guided meditation:** relax, be still, decompress
-  **Embodied nature walk with an Equine therapist:** may include horses!
-  **Friendship & care:** support & a listening ear available



Big Bird says
come
& play!

CPD CERT
INCLUDED 

yummy!

Please book via the link below

£65, including materials, complimentary tea & coffee & HOMEMADE CAKE



Deep Release Norfolk *Working Creatively with the Inner Child in Counselling*

with Pauline Andrew

30th August 2025



Deep Release Norfolk *Toxic, Tense or just Touch?* *A Fresh look at Relationships*

with Dr Chris & Pauline Andrew

1st November 2025

Book your place today! deeprelease.org.uk



Moor Hall, Cookham, 12-14th September 2025



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Private group · 4.3K members



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@paulineandrewcreativecouns7756 · 3.02K subscribers · 67 videos

Discover ways of working creatively in counselling with Pauline Andrew. Pauline has a uni...more

deerelease.org.uk/7main and 1 more link



Brain, Body and Beyond

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Please send
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Thank you so much for joining us and supporting our work! If you have found the day helpful, please would like leave some feedback in the Deep Release Facebook group, or send us an email at info@deeprelease.org.uk. It would mean so much to us! 😊

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Thank you