

Category	Traits	Action	Further Action
<p><b>Someone wants medical advice</b></p>	<p>Someone calls the helpline asking for medical advice</p> <p>A support group member asks what they should do about a medication change</p> <p>A post on social media invites people to share their thoughts on a prescribed medication.</p>	<p><b>Helpline and TB's</b> No medical advice can be given. No individual's full medical history is known.</p> <p>Personal experiences should not be shared as 'if I were you' examples, as they may not be relevant.</p> <p><b>Nurses</b> Nurses can speak about medical context, but not to individual cases.</p> <p>The nurse helpline can be signposted and encouragement to talk to their HCP or ask for a second opinion</p> <p><b>Support Groups</b> Support Group leads should ensure all group members understand not to share medical information</p> <p><b>Social Media</b> Signpost to endocrine nurses</p>	<p>If a caller demands medical advice, you can say "We can answer general questions about living with pituitary conditions and can't offer medical or emergency advice."</p> <p>If a support group participant gives advice having been reminded not to, the lead should speak to them and remove them if required. This should be reported to the PF office.</p>
<p><b>Someone with a diagnosis calls regularly, or dominates conversation</b></p>	<p>One person repeatedly calls the helpline, asking for the same or similar information.</p> <p>One person asks to speak to the same volunteer or nurse.</p>	<p><b>Helpline, TB's and Nurses</b> Explain service remit limits and if mental health issues mentioned, or long-term anxiety, use mental health signposting (<b>mental health options as statement below</b>)</p>	<p>If the person continues to call, ask for their details...</p> <p><b>caller care plan</b> Gain ID of caller – with agreement but if not, we can implement care plan from number/name given or revealed</p>

		<p>“We aren’t experienced to deal with mental health issues. If you need support for mental health issues, please contact <a href="#">MIND</a>. Helpline: <a href="tel:03001233393">0300 123 3393</a></p> <p>State we are here for practical support, but we are a charity and cannot support everyone.</p> <p>Remind the need for equitable access for all, so helpline calls need to be regulated, and support groups should have time for everyone to speak.</p> <p><b>Support Groups</b> Speak to the person in private, reminding them that all people in the group need to be heard. Signpost the helpline or mental health support as appropriate.</p> <p><b>Social Media leads</b> <i>Communicate that we need to have space for everyone to use the services and everyone must feel comfortable.</i></p> <p><i>Consider best communication route- on phone or private message.</i></p>	<p>The plan determines: length limit of future calls, topics that can be discussed and how often; caller not allowed to speak with a specifically asked for operator/nurse</p> <p>At a group, if a person regularly dominates or makes the group uncomfortable for others the lead should speak to them and remove them if required. This should be reported to the PF office. You can signpost the complaint process if needed.</p>
--	--	---	--

<p><b>Abusive caller or participant</b></p>	<p>Person may be looking for a reaction. They may be diagnosed or undiagnosed.</p> <p>They may use abusive language, be negative or share views in contravention of our code of conduct.</p> <p>At The Pituitary Foundation we believe that our members, every person who works for, or with us, volunteers with us, or otherwise comes into contact with us, should be treated with dignity and respect, and feel that they are in a safe and supportive environment. The Pituitary Foundation recognises its responsibility to create an inclusive culture that does not tolerate inappropriate, discriminatory, offensive or harmful behaviour towards any person who works for, volunteers with, is a member of, or comes into contact with, the charity.</p> <p><b>What to do if you feel threatened</b> If immediate risk or threat of harm within support group setting, call 999 for police. Follow Safeguarding policy to report to SG Lead or deputy</p>	<p><b>Helpline, TB's and Nurses</b> On the helpline state quickly that we don't tolerate abuse or bad language (if used). You can say "I am finding this call hard. I will have to close the call if this continues and invite you to call back another time"</p> <p><b>Support Groups</b> In a group the lead should take them away from others and say that their behaviour is making them feel uncomfortable and is not appropriate for the group.</p> <p>You can signpost mental health options.</p> <p><b>Social media leads</b> On social media the moderator can remove the post and message the individual that this has been done as it contravenes the code of conduct.</p> <p>Staff member speaks to person direct if we have the contact details, or on DM to outline code of conduct. Consider working with another person with lived experience.</p> <p>Consider communicating our actions to other affected people.</p>	<p>If abuse continues the persons details should be noted and the Office informed.</p> <p>You are not required to speak with abusive callers nor tolerate this behaviour.</p> <p>Support group leads may remove them from the group if required.</p>
---	--	--	--

<p><b>Someone is undiagnosed, but insists they have a pituitary condition</b></p>	<p>Commonly says GP won't help or endocrinology say no diagnosis</p> <p>Repeat calls to all Helplines/TBs</p> <p>Doesn't listen, talks over call taker or other participants</p> <p>Seems to ignore information provided</p>	<p><b>Helpline, TB's and Nurses</b> Explain service remit - we cannot diagnose patients but offer signpost to our resources for condition information.</p> <p>Remind of other callers waiting to get through and have to close call</p> <p><b>Support Groups</b> the group is for pituitary related members (newly or diagnosed) only. For those seeking diagnosis, with genuine symptoms and a certain suspicion (e.g. via GP) of a pituitary condition, this is OK</p> <p><b>Social media leads</b> Refer to point above about dominating conversation and note that services are for diagnosed patients only.</p> <p>Ensure clarity that Facebook groups being independent from us.</p>	<p>If calls continue note any name given and number – utilise caller care plan. Caller care plan rules: For any future calls from this person, their length of call is limited to 10 minutes; they can only call the helplines once per month (?); topics discussed can only be pituitary related; we cannot forward their call to specifically named helpline operator. Agreement of these rules is asked to caller, but if no agreement to follow these, we'll still implement them.</p> <p>We'll keep their details for 6 months on our system.</p>
<p><b>Concern about mental health of caller or participant</b></p>	<p>The person may share that they have mental health considerations at present, or their communication may suggest that they may benefit from support.</p>	<p><b>Helpline, TB's and Nurses</b> Reiterate our support being for pituitary conditions, and signpost mental health support.</p>	

	<p>They may talk about a significant or persistent low mood</p> <p>Is angry or abusive</p> <p>Could be sharing about a family member, partner or child</p>	<p><b>Support Groups</b> Speak to the person in confidence and signpost mental health support.</p> <p><b>Social Media Leads</b> Respond to concerning posts publicly with mental health links and text.</p> <p>If it is a DM then respond via DM with mental health links and text.</p>	
<b>Person is understood to be at risk of self-harm</b>	<p>The person may disclose that they are self-harming or considering self-harm.</p> <p>They may indicate in non-direct ways that they are interested in self-harm, or feel it is something they want to know more about</p> <p>You may see visible scars or indication of self-harm</p>	<p><b>Helpline, TB's and Nurses</b> <b>This tool is produced by MIND for emergency advice or crisis resources, plus their helpline</b> <a href="https://www.mind.org.uk/need-urgent-help/using-this-tool/">https://www.mind.org.uk/need-urgent-help/using-this-tool/</a></p> <p><b>Support Groups – as above</b></p> <p><b>Social Media Leads</b> Follow point above.</p>	
<b>Person is understood to be at risk of suicide</b>	See page 7	<p><b>Helpline, TB's and Nurses</b> See below pages 6-7</p> <p><b>Support Groups</b> See below pages 6-7</p>	

		<p><b>Social Media Leads</b> See below pages 6-7</p> <p>A. If the post is in the past, check in with them and signpost mental health resources.</p> <p>B. if it is a live chat / DM: express that we wish to help and ask their location or their contact, or contact of someone close by, so we can seek support for them.</p>	
<p><b>Person discloses abuse or safeguarding concerns</b></p>	<p>We support and encourage all service users, volunteers and staff to speak up where they have</p> <ul style="list-style-type: none"> <li>• a <b>concern</b> - a worry, issue or doubt about practice or treatment of a service user or colleague, or their circumstances,</li> <li>• a <b>disclosure</b> - information about a person at risk of or suffering from significant harm),</li> <li>• an <b>allegation</b> - the possibility that a volunteer or staff member could cause harm to a person in their care.</li> </ul>	<p><b>All</b> Complete a SG concern form [link] and speak with Pat or in her absence Ren.</p>	<p>Where there is risk of harm to our service users, volunteers or staff, the Designated Safeguarding Lead and deputy are empowered to act accordingly.</p> <ul style="list-style-type: none"> <li>• to log all conversations regarding the issue.</li> <li>• to sign and request signatures on reports and statements.</li> <li>• to seek advice from expert sources.</li> <li>• to share concerns (with consent where required and appropriate) internally with senior staff / Chair of the Board.</li> <li>• to share concerns and make referrals to external agencies such as Social Services, the Police or</li> </ul>

			NSPCC as appropriate to the circumstances.
<b>Person discloses a terrorist or safety risk</b>	Person discloses a situation that poses risk to people's safety	<p><b>All</b> Write down the details that you are told, being as accurate and detailed as possible. You can use your phone to make a voice or note recording.</p> <p>Call 999 if required.</p> <p>If you are physically in a place that is at risk, calmly invite people to exit using the emergency plan.</p>	Pass on recorded details to the PF Office. These may be shared with the police.

Looked at –

<https://www.spuk.org.uk/in-a-crisis/>

<https://www.mentalhealth.org.uk/our-work/public-engagement/suicide-prevention>

Talking about suicide

There are things we can all do in situations where we are worried about someone who we think may be at risk of suicide. Talking can really make a difference.

Here are some suggestions that can help:

Watch out for signs of distress

Decision Tree updates 31/05/23 PM

It's important to watch out for signs of distress and changes in behaviour. If you know someone well, you can often tell if they are behaving in a way that may indicate serious distress. For example, they may be withdrawn, appear unusually dishevelled or change how they make financial or personal plans.

It's ok to ask someone if they're suicidal

There is evidence that shows if you ask someone if they're suicidal, it can help protect them. It's ok to ask someone, "are you having suicidal thoughts?". By asking directly about suicide, you give them permission to tell you how they feel and let them know they are not a burden.

Always listen and take them seriously

If someone does tell you they are having suicidal thoughts, always take them seriously. Try to listen in an unhurried way without distractions. You don't have to be able to solve their problems. The act of listening and being understanding will help. If you can, offer support and encourage them to talk about their feelings.

Arrange to speak to them again

If you can, arrange to speak to them again at a specific time. This will show your ongoing support and will make them feel valued. It also gives them something to look forward to.

Simple actions can help you be there for them

Simple actions can help you be there for someone who is experiencing suicidal thoughts or recovering from an attempt to take their own life. People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing.

Encourage seeking professional support

It's also important to encourage them to seek professional support and know when to step back to look after themselves.

If you are feeling like ending your life or feel unable to keep yourself safe, please call 999 or go to A&E and ask for the contact of the nearest crisis resolution team. These are teams of mental health care professionals who work with people in severe distress. If you feel affected by the content you have read, please see our get help \*page for support.

<https://www.mentalhealth.org.uk/explore-mental-health/get-help>

\*For support in a crisis, Text Shout to 85258.



If you're experiencing a personal crisis, are unable to cope and need support.

\*Shout can help with urgent issues such as:

- Suicidal thoughts
- Abuse or assault
- Self-harm
- Bullying
- Relationship challenges

The Samaritans offer emotional support 24 hours a day - in full confidence. Call 116 123 - it's FREE. Or email [jo@samaritans.org.uk](mailto:jo@samaritans.org.uk).

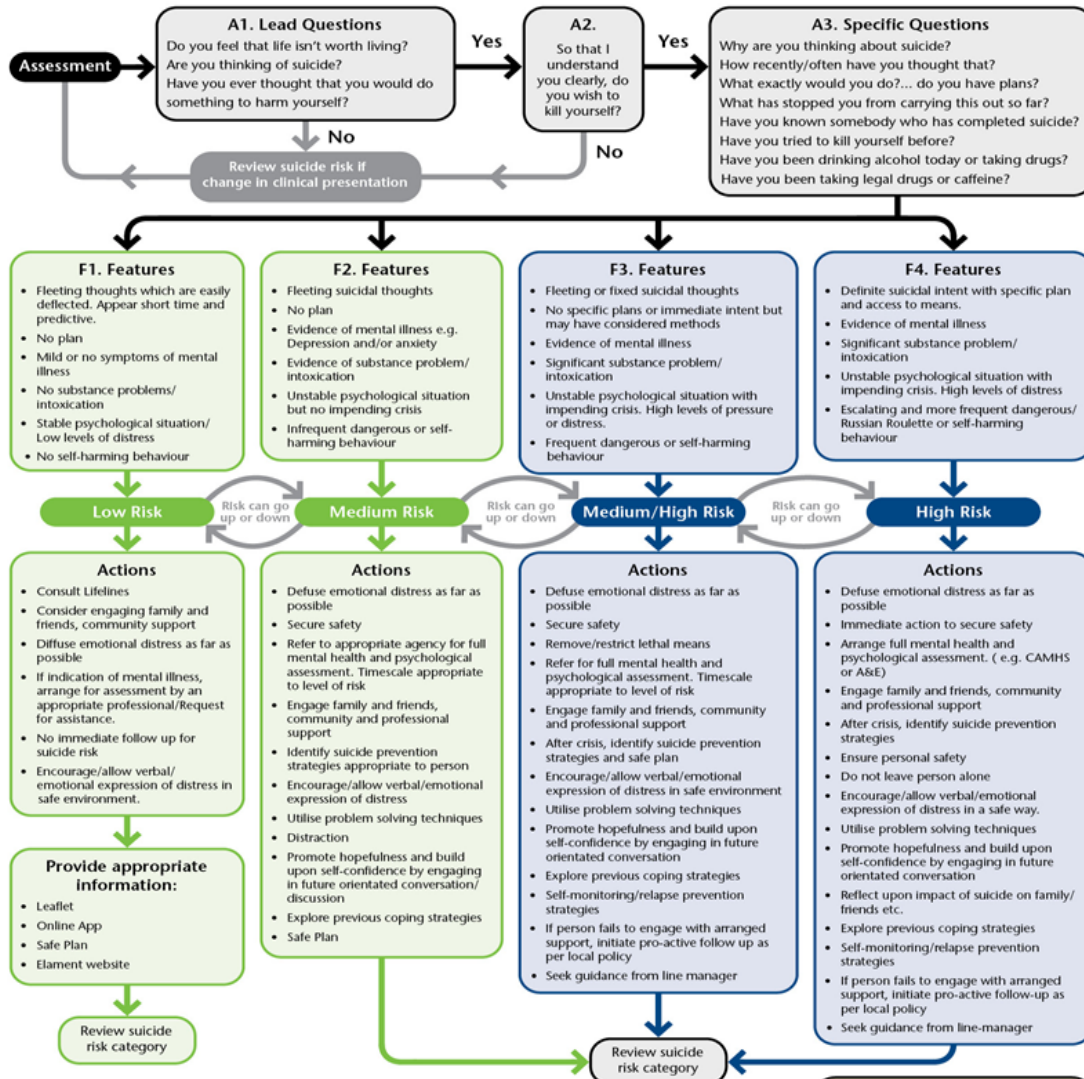
<https://www.mind.org.uk/need-urgent-help/using-this-tool/>

References

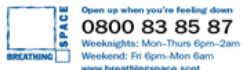
1 Cited from Supporting someone with suicidal thoughts, <https://www.samaritans.org/how-we-can-help/if-youre-worried-about-someo...>

# Suicide Assessment and Treatment Pathway

This pathway should be used in conjunction with the Supporting Guidance document



This pathway is intended as guidance only and staff should use their professional judgement when making decisions



**If not in contact with Mental Health services consider referral to:**  
• General practitioner  
• Accident and Emergency (Psychiatric Assessment Team)  
• Assessment: Home, Hospital, Emergency (CAMHS)

**At all levels of risk**  
• ensure compliance with Child Protection Guidance  
• record suicide risk, action taken, those involved and review risk in future if change in clinical presentation

**In consultation with the person,**