

VERMONT MODEL SUICIDE RESPONSE PROTOCOLS

INTRODUCTION

These documents provide **example protocols** based on the **current evidence-based best practices** in the field of suicide prevention and postvention. These are designed to offer you a template to guide your thinking about how to respond to a suicide crisis.

These are **living documents** that are reviewed by professionals in the fields represented here, and undergo regular revisions as new research is made available and recommendations change. We recommend checking back for updates and new recommendations.

These documents were compiled following extensive review of literature and samples widely available, including materials from:

- American Association for Emergency Psychiatry
- American Association of Suicidology
- American Foundation for Suicide Prevention
- Depression and Bipolar Support Alliance
- Emergency Nurses Association
- Hazelwood School District, Missouri
- Maine Department of Health and Human Services
 - Maine Youth Suicide Prevention Program
- Massachusetts General Hospital
- Minnesota Department of Human Services
- National Alliance for Mental Health – New Hampshire
- National Association of State Mental Health Program Directors, Virginia
- Queensland Government Department of Communities, Australia
- Sources of Strength
- Substance Abuse and Mental Health Services Administration
- Suicide Prevention Coalition of Warren and Clinton Counties, Ohio
- Suicide Prevention Resource Center
- The Trevor Project
- Working Minds – Carson J. Spencer Foundation

UTILIZING BEST PRACTICE EXAMPLES

Depending on your profession or your relationship to a suicidal individual, your course of action may be different from someone else's – a police officer will respond in a different manner than a long-time friend, who will respond differently than a work supervisor or a social worker.

The important message to remember is that EVERYONE plays a role in preventing suicide. Thinking about how to respond in advance of a crisis is the best way for everyone to prepare.

These protocol examples are offered as **suggested templates only**. We recommend you read and discuss them, then apply them in the way that works best for your circumstances. These are research-based best practices, but their application will depend on the systems and resources available and the legal requirements in your organization or community.

Only YOUR community and professional organizations can decide what protocols will actually work in your area.

When creating or refining protocols, there are two vital **FIRST STEPS**:

1. FIND OUT WHAT ALREADY EXISTS.

- Find out if your business, community, organization, police force, ambulance crew, church, etc., **already has a crisis response protocol**.
- Find out **what resources are available** in your community in the event of a suicide crisis.

2. BUILD ON EXISTING PROTOCOLS AND RESOURCES.

- If protocols already exist, **integrate any new protocol changes** with the existing documents. Even if you end up completely rewriting the protocol, it is important to start with what people may already know and remember.
- Protocols will only work if they are **based in the reality of the resources** that exist in your community and organizations.

Starting new protocols without reading and integrating the old, or writing up procedures to call on resources that may not always be available in your community or organization, can create confusion in a crisis situation – exactly what protocols are designed to avoid.

RECOMMENDATIONS

Vermont has a range of communities of varying sizes and resources. Some cities have many municipal resources and organizations set up to help with mental health crises. Other communities are part of a broader “network” of rural services that may have many areas to cover, or may be far enough away to make immediate response difficult.

We know that this means there is no “one size fits all” protocol for every town in Vermont. Some broader recommendations as you think about responding to possible suicide crises in your local area or your organization:

Consider forming a Community Crisis Response Team:

Your community may already have one. If not, think about involving a representative from the closest:

- Law enforcement agency
- Mental health organizations or individual practitioners
- Emergency medical services
- Elder care institutions
- Faith communities
- Primary care and hospitals
- Substance Abuse treatment centers
- Youth serving professionals/organizations
- School – a school nurse is often a great resource, as data indicates the school nurse is often a primary person interacting with youth in suicidal crisis

Resources to check on in your community BEFORE writing up a protocol:

- Do you have a state mental health services office nearby? How far away is it? Are there other emergency response mental health professionals? Check on the phone numbers, hours, and services of potential mental health supporters.
- What is your local hospital’s emergency room procedure when an individual is suicidal, or possibly suicidal?
- If you do not have a town police force, who covers your law enforcement? A county sheriff’s office? Find out how they respond to a suicide emergency.
- Do your EMTs have set protocols for working with suicidal individuals?
- Does your local school have protocols in place?

Resources to Assist You:

The Vermont Department of Mental Health oversees suicide prevention in Vermont. The Vermont Suicide Prevention Center, a program of Center for Health & Learning, was created to help communities and individuals prevent, and plan to respond to, suicide. Communities may need help with:

- Organizing community meetings.
- Training community members and professionals in suicide prevention and response skills.
- Strategizing about how your community can make the most of limited resources.

For more information about resources available, contact:

Vermont Department of Mental Health, Nick Nichols, (802) 828-3824, www.mentalhealth.vermont.gov

Vermont Suicide Prevention Center at the Center for Health and Learning: 802-254-6590, info@healthandlearning.org