

# VERMONT SUICIDE PREVENTION & INTERVENTION PROTOCOLS FOR LAW ENFORCEMENT PROFESSIONALS

- CONTEXT
- KNOW YOUR EXISTING REQUIREMENTS
- ROLE OF LAW ENFORCEMENT
- SELF-CARE FOR THE HELPING PROFESSIONS

## I. CONTEXT & APPLICATION

The following are suggested protocols, tailored to **LAW ENFORCEMENT PROFESSIONALS** and reviewed and revised by active members of law enforcement professions. These protocols address responding to the threat of and risk for suicide across the lifespan.

**We would like to begin by recognizing that suggesting protocols to law enforcement bodies is complicated,** because all law enforcement organizations and department already have protocols, regulations and standard operating procedures that must be followed, and don't allow a great deal of room for adaptation. Law enforcement professionals are highly trained in crisis response.

While all of the sample protocols are best-practice guidelines, that always need to be adapted to local circumstances, law enforcement more than most professions will have very specific steps they are trained and required to carry out, in a specific sequence. We would greatly appreciate it if you would bring to the attention of the Vermont Suicide Prevention Center, a program of the Center for Health and Learning (info@healthandlearning.org) any statutes or regulations that impact your implementation of suicide response protocols, so that we may add them to the Appendices as a resource for others.

Given the significant difference between law enforcement and other professions, these protocols are different. They focus on outlining the best practices currently recommended for **important considerations to take into account** in responding to a situation in which someone is expressing intent to kill themselves, or who may be at risk of suicide, as opposed to step-by-step guidelines for directly responding to a potential crisis.

We recognize that any step-by-step instructions on actions will be dictated by your department's procedures.

**Most importantly, as a law enforcement professional YOU can play a vital role in helping and advising other local organizations on their protocols.** The sample protocols offered for other professions need to be adapted to take into account how local law enforcement is required to respond, and the local law enforcement resources that exist.

The hope is that these sample protocols will offer a lens through which to view your department's procedures, to increase effectiveness through application of best practice concepts, and to bring about dialogue with your local community organizations on what they can expect the role of law enforcement to be in a mental health crisis.

### **CONSIDERATIONS FOR PROTOCOL REVIEW**

As you review your current protocols and required procedures and compare them to best practices, some questions to think about:

1. How do our protocols TREAT suicidal individuals?
  - Highly vulnerable and in need of protection?

- At fault for some sort of wrongdoing?
- Similarly to how we respond to criminals?
- A burden on society and public resources?
- In immediate need of institutionalization?

2. Do our protocols treat all interventions with suicidal individuals the same?

- Are we required to carry out the same steps no matter the circumstances?
- Can we alter our approach depending on what we discover at the scene?
- Can we alter our approach depending on the individual?
- Are we required to use handcuffs even if the person is clearly capable of being transported without handcuffs?

Some protocols cannot be changed, but thinking about the messages about suicidal people that underlie your existing protocols can help find places that they can be implemented in a tone and manner that is most supportive.

Consulting directly with individuals who have survived a suicide attempt when reviewing protocols and procedures can greatly inform law enforcement practice, and is recommended whenever possible.

While these protocols are different from other professions due to the nature of law enforcement, the appendices that are attached are helpful for all to review.

- APPENDIX A: Warning Signs
- APPENDIX B: Sample Verbal Responses
- APPENDIX C: When You May be Unsafe
- APPENDIX D: Screening Tools PHQ2, PHQ9
- APPENDIX E: HIPAA & FERPA Guides, Guide to Vermont Court Ordered Treatment
- APPENDIX F: Media Guide
- APPENDIX G: Risk & Protective Factors
- APPENDIX H: Resources

**NOTE:** Law Enforcement Professionals suffer from a higher than average rate of suicide. It is highly recommended that law enforcement agencies consider specific education and prevention activities, and make note of staff needs following community suicide deaths.

## **II. KNOW YOUR EXISTING REQUIREMENTS**

1. Review any existing protocols and standard operating procedures that are required practice.
  - a. Your governing body regulations – departmental, state, local – regarding response to suicide attempts, suicides, events that turn out to involve suicidal individuals, and transportation of suicidal individuals.
  - b. Local mental health, emergency room and hospital regulations concerning delivery of suicidal people.
  - c. State laws concerning response to an individual refusing evaluation and/or refusing transport to a hospital or institution. **Appendix E** contains the *Vermont Court Ordered Treatment* document.
2. Meet with your local Emergency Mental Health Crisis Response Team.
  - a. While it is often assumed that hospitalization is the best and desired result from intervening with a suicidal person, many suicide threats and attempts **do not result in hospitalization**.
    - i. In most instances a suicidal individual needs, and is best served by, direct mental health attention.

- ii. The immediate involvement of the Emergency Mental Health Crisis Response Team can greatly improve the outcomes for all concerned.
  - b. If your department does not already have a standing arrangement covering how, when and why to contact the Mental Health Crisis Response Team, it is **STRONGLY RECOMMENDED** that this be the first step in enhancing suicide response.
    - i. What is the procedure when there is a known threat of suicide?
    - ii. What is the procedure when you arrive on the scene and discover there is a threat of suicide?
  - c. Best practices across the spectrum emphasize the improved outcomes from a suicide threat or attempt, for both the person in crisis and all of the crisis responders including law enforcement, when a coordinated response between all emergency workers is provided for in protocols on all sides, and organizations work in partnership.
- 3. As above with the Emergency Mental Health Team, meet with your local Emergency Medical Services to promote smooth coordination of services.
- 4. Review the remainder of the best practices information in this document, and the resources provided for you in the appendices, and assess if there are ways to apply best practices to your required procedures, even if you cannot change a given procedure.

### **III. ROLE OF LAW ENFORCEMENT IN SUICIDE PREVENTION/INTERVENTION**

While suicide prevention may not be one of the first “duties” that comes to mind for law enforcement professionals, as a trusted crisis responder that people often reach out to first, law enforcement has broad roles that significantly interact with suicide prevention, and specific roles when called to respond to a suicidal crisis, including a threat of suicide, an attempt in process, or an attempt that has happened but has not resulted in death.

- 1. **BROAD ROLE:** Focus on public safety. Law enforcement professionals play a significant role in preventing and intervening in suicide through one of the most basic of law enforcement duties, protecting the public.
- 2. **BROAD ROLE:** Responding to calls involving a known or unknown suicide risk.
  - a. Suicide attempt in process.
  - b. Person threatening suicide, even if not actively attempting.
  - c. Domestic violence or domestic disturbance.
  - d. Person in possession of a weapon.
  - e. Person under the influence of substances.
  - f. Any event where an individual is actively provoking a lethal response from a police officer, also known as “suicide by cop.”
- 3. **BROAD ROLE:** Protecting the vulnerable.
  - a. People attempting or threatening suicide are often among society’s most vulnerable, and most in need of protection.
    - i. An estimated 90% of people who attempt or die by suicide are suffering from a mental illness, often undiagnosed and untreated.
    - ii. Some populations are known to be at higher risk, such as:
      - 1. Middle-aged non-Hispanic white men, especially those who have immediate access to firearms.
      - 2. Lesbian, Gay, Bisexual, Transgender and Queer individuals, especially youth.
      - 3. Former and active military, especially those with recent field service or who have suffered head trauma.
      - 4. Law enforcement professionals.

- b. The most vulnerable moment of a suicidal crisis – when the person decides to act on their feelings – is often brief.
          - i. The crisis moment can pass if anything slows down the process, providing even a small window of time for the immediate intensity to pass.
          - ii. An offer of help from one of society’s most-recognized protectors can significantly impact a moment of intense crisis.
          - iii. Most people do not truly wish to die, but are in such pain that they can only see one possibility in that moment. They are most often experiencing impaired judgment from mental illness or intoxication/substance abuse.
4. **SPECIFIC ROLE:** Identifying a Threat or Risk of Suicide  
 Given the wide range of crisis calls that law enforcement receive, responding officers may be in the position of evaluating suicidal intent and deciding level of risk.
- a. Take any threat of suicide seriously, and treat it as sufficient reason to ask more about suicide risk.
  - b. Remember that every situation is different – treat every threat as serious, even if you have responded to a suicide call(s) regarding the same person in the past, and you believe that they don’t really intend to kill themselves.
  - c. Get to know the warning signs of suicidal thoughts and behaviors. **(Appendix A)**
5. **SPECIFIC ROLE:** Safety of All / Lethal Means  
 Law enforcement plays the role of ensuring the safety of everyone present.
- a. DO NOT leave the suicidal person alone at any time.
  - b. Take away any lethal means at hand – firearms, other weapons, drugs, poisons – and secure them.
  - c. Keep the person away from potential lethal means that may not be obvious – bathroom medicine cabinet, kitchen knives, unlocked window from an upper floor.
  - d. Ask directly about the possible presence of other lethal means – additional guns in the garage or basement, other stashes of medication.
6. **SPECIFIC ROLE:** Assess Need for Medical Treatment  
 Law enforcement may be the only resources called, and may arrive before EMS or arrive to find that EMS has not been contacted. Law enforcement professionals reviewing these protocols emphasized that their responsibility is to clear the scene and alert EMS when it is safe for them to proceed.
- a. Call Emergency Medical Services.
  - b. Give life-saving first aid.
  - c. Give clearance to EMS to enter scene when appropriate.
7. **SPECIFIC ROLE:** Assess Need for Mental Health Assistance  
 Remember that an estimated 90% of people who attempt or go on to die by suicide are suffering from a mental illness, often undiagnosed and untreated. Law enforcement may need to get immediate assistance from mental health professionals.
- a. Call in an officer with mental health training, a mental health professional, or a crisis intervention worker.
  - b. Contact your local Mental Health Crisis Response Team.
  - c. In some cases, a law enforcement officer with no mental health training will need to respond to a suicide crisis without additional help. Review the best practice recommendations for working one-on-one with a suicidal individual:
    - i. Take the person – and their attempt – seriously. No matter what your past experiences with the person may be.

- ii. LISTEN. Listen carefully to what the person is saying and try to identify what the driving reason for the suicidal behavior might be – it may not be what it looks like on the “surface.”
- iii. Listen for the driving emotion under the words – is the person angry? hopeless? bereft? This can help a great deal in figuring out what the reasons for the suicidal behavior are, and can help in responding in a way that may encourage the person to reconsider.
- iv. Establish rapport. Let them know you believe them and believe that their threat is serious. Remind them you are listening to them by repeating back what they’ve told you, and asking them if you understand them correctly.
- v. Talk in a calm, accepting, non-confrontational, and supportive manner.
- vi. Encourage the person to talk about how he or she is feeling. Acknowledge the feelings and do not judge them.
- vii. Ask DIRECT questions about suicide: “Are you thinking about killing yourself?” and “Do you have a plan?” REMEMBER: *Asking a person about suicide **will not** encourage him or her to attempt it or “give them the idea.”*
- viii. Continue to remind the person you are there to help, and that there are alternatives to suicide that may be hard to see right in this moment, but do exist.
- ix. Don’t fall into the common mistake of empty reassurance: simply telling the person “everything will be okay” or making light of the person’s experiences by saying “it’s really not that bad.” Whatever is going on for the individual in the moment is bad enough to them that it feels like a life or death issue. Treat it with that level of respect even it seems inconsequential or easily solved to you.
- x. While they may sound similar, **there is a big difference between saying “everything will be okay” and saying “there are alternatives that you just might not be able to see right now.”** The first says to the suicidal person that you don’t think their problems are serious, and that you are assuming you know their situation better than they do. The second reminds them that they are in control and only they know what a solution for them really looks like. It says there are always solutions that they might come to later, with help, if they can just make it through this intense moment of crisis that feels so hopeless.
- xi. Help them talk through potential alternatives. Suggest ideas, but don’t assume that any one idea is the “right one” or that the person will agree.
- xii. Be immediately positive and supportive if the person changes their mind and accepts help. While officers must of course be concerned primarily with safety of all present, confirming to the person that they made the right decision, even if you need to take them into custody, is an important support step.

8. SPECIFIC ROLE: Transportation/Transportation Arrangements

Law enforcement may be transporting an individual to a hospital or treatment center, or arranging to have the person transported by ambulance.

- a. Bring any items that may indicate what the person might have taken or swallowed – pill bottles, alcohol bottles, etc. – to help the medical/mental health professionals in treatment decisions.
- b. If the person refuses transport for treatment, know your state’s laws. Reference **Appendix E** for *Vermont’s Court Ordered Treatment* guidelines.
- c. It is recognized that some law enforcement agencies have strict protocols in place regarding the use of handcuffs when transporting. Current best practices and consultation with suicide attempt survivors emphasizes that use of handcuffs and other restraints is highly traumatic for individuals in a suicidal crisis and can worsen their crisis and eventual outcomes. Examine your agency’s protocols and determine where there is room to respond in a manner that will best protect the suicidal individual in the short- and long-term.

- d. Talk to your local hospitals. Find out in advance what their protocol is if someone is brought in involuntarily, and how you can work together for the best safety of the person, given the restrictions your professions face. Prepare in advance with the professionals you will be interacting with during a crisis.
9. **SPECIFIC ROLE: Documentation**  
Law enforcement professionals are trained in documenting everything about a specific scene/event. Best practices emphasize documenting the scene of a suicide attempt with an eye toward any information at all that could help with the assessment and treatment of the person by medical and mental health professionals.
10. **A SPECIFIC ROLE FOR CONSIDERATION: Follow-up**  
Best practices are now telling us that contact – even brief contact – after the crisis is very helpful.
- a. Consider if contact after the crisis with the person is appropriate to your role – ask a supervisor.
  - b. As with many protocol issues, police are in a different situation from other professions – you might check in with the person’s caretakers (family member, counselor, doctor) if you can, to ask if a short contact would be appropriate.
  - c. Brief contact can take the form of a phone call, short visit, or brief note – all forms of post-crisis contact that demonstrate care about how things are going has been shown to have a positive effect in reducing second attempts and in participating in follow-up care.

#### **IV. SELF CARE FOR THE HELPING PROFESSIONS**

One of the hardest steps for many who work in professions devoted to helping others is to recognize and act on the need to take care of yourself.

- 1. Recognize that you need support, too.
  - a. You have had a difficult experience, even if you are not close to the person who has attempted suicide.
  - b. Being at the scene of an attempted suicide or working with people after an attempt is difficult and can be traumatic, even for people who are trained to do it and who have done it in the past.
  - c. You may need to delay your own personal reactions to the experience, or to the topic of suicide in general, which creates psychological strain.
  - d. Even if this work is part of your job and you have done it many times in the past, if you find yourself struggling for any reason at all, ASK FOR HELP.
- 2. Access your organization’s resources: Employee Assistance Program, referrals, on-staff counselors.
- 3. Don’t ignore your own experience in an attempt to serve others.
  - a. As you go about your job, pay attention to your own responses and emotional reactions to the attempt.
  - b. If you realize that you are not able to fill your role or continue to provide support to others because of your own responses, or if you need additional support in your duties, talk to your supervisor.

