VERMONT SUICIDE PREVENTION INTERVENTION PROTOCOLS FOR MENTAL HEALTH & SUBSTANCE ABUSE PROFESSIONALS

- **CONTEXT & RESOURCES**
- **RESPONDING TO A THREAT OF SUICIDE: IN PERSON**
- **RESPONDING TO A THREAT OF SUICIDE: REMOTELY**
- **RESPONDING TO A PERSON AT RISK OF SUICIDE**

I. CONTEXT & RESOURCES

CONTEXT:

Prevention is applied to three situations: 1) immediate threat of suicide in person, 2) immediate threat of suicide remotely, and 3) recognizing and responding to suicidal ideation and risk behaviors.

The following are **suggested suicide prevention and intervention protocols,** based in best practices, tailored to **Mental Health & Substance Abuse Professionals**. These sample protocols have been reviewed by professionals in the field of mental health and substance abuse counseling.

We recognize that suggesting protocols for mental health and substance abuse counselors is complicated, as frequently these professionals are employed by agencies that have existing protocol structures in place. Therefore, we emphasize **before any other steps**, that clinicians integrating best practice recommendations find out if your agency/organization has an existing crisis response team, crisis policies and procedures, or if there are state or local laws about certain actions you may need to take during crises.

This outline can give you, and your agency and community, **guidance in creating your own protocols** based on research conducted by professionals in the field of suicide prevention and intervention.

In the course of performing professional duties, **Mental Health & Substance Abuse Counseling** may be the profession most likely to interact with individuals at risk for suicidal behavior, given the fact that an estimated 90% of people who die by suicide have a mental illness, often undiagnosed and untreated. Therefore, clinicians may in their daily work encounter a person attempting a suicide, at risk for suicidal behavior, or be one of the first on the scene following a suicide attempt or a death by suicide. This protocol covers intervention during a suicidal crisis, and prevention of suicidal behavior. This is a companion document to *SUICIDE POSTVENTION PROTOCOLS FOR **MENTAL HEALTH & SUBSTANCE ABUSE PROFESSIONALS***, offering guidance on response after an attempted suicide and/or a death by suicide.

Current Best Practice recommends that suicide be addressed directly with all patients/clients. The Zero Suicide framework (http://zerosuicide.actionallianceforsuicideprevention.org/) advocates implementing suicide safe practices throughout systems of care.

From asking directly, to referring for services, to helping a patient make a safety plan, there are a number of excellent resources available for clinicians, for working directly with suicidal patients, including the following:

ONLINE TOOL FOR SMART PHONES: The SAMHSA "SUICIDE SAFE" app is available for all smart phones, whatever the platform. This app is an online version of SAMHSA's previously-released Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) "pocket guide" with additional information and resources added. It is an excellent,

user-friendly app intended to be used by clinicians as an educational resource, and is highly recommended. It is available for free from GooglePlay or the iTunes Store.

QUICK GUIDES FOR FREE DOWNLOAD:

- Safety Plan QUICK GUIDE for Clinicians. Published by the Department of Veteran Affairs. One page folded guide, downloaded from: http://www.mentalhealth.va.gov/docs/vasafetyplancolor.pdf
- Safety Planning: A Quick Guide for Clinicians. Published by the Suicide Prevention Resource Center. Two page guide, downloaded from: http://www.sprc.org/sites/sprc.org/files/SafetyPlanningGuide.pdf
- Patient Safety Plan Template. One page simple template for immediately safety lists. http://www.sprc.org/sites/sprc.org/files/SafetyPlanTemplate.pdf

COMPLETE TOOLKITS FOR FREE DOWNLOAD:

- Zero Suicide Toolkit: Suicide Care in Systems Framework. http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/taskforces/ClinicalCareInterventionReport.pdf

WEBINARS & ONLINE LEARNING AT NO COST:

- Zero Suicide provides webinars, e-learning workshops, and Power Point presentations, available at: http://zerosuicide.actionallianceforsuicideprevention.org/

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.

Many of the steps in these protocols rely on a solid basic knowledge of the warning signs of suicidal thoughts and actions, along with risk and protective factors, and basic facts about suicide. These protocols outline **WHAT** to do, but it is important to understand **WHY, HOW** and **WHEN** these steps are used. Therefore, along with the resources above, an important part of these guidelines is a straightforward summary of these topics, included in these appendices:

- 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
- APPENDIX F: Media Guide
- APPENDIX G: Risk & Protective Factors
- APPENDIX H: Resource

SPECIAL NOTE: INTOXICATION AND SUBSTANCES

When looking over these protocols, take into account that a person expressing suicidal intent or risk may be under the influence of substances, including alcohol, drugs, and/or prescription medications. If you believe a person in crisis is drunk, high, or otherwise compromised, and they show suicidal intent or make suicidal statements, treat the situation as an **immediate emergency, and call 911**.

SPECIAL NOTE: HIPPA EXCLUSIONS

As providers of health services, many in mental health and substance abuse care settings are very aware of and concerned about the **Health Insurance Portability and Accountability Act**, that sets down rules and regulations on the sharing of Personal Health Information. When dealing with suicide it is important to be aware that HIPPA has

very specific exclusions that apply directly to emergency circumstances. These exclusions allow the sharing of Personal Health Information when:

- Provider has a good faith belief that the patient poses a threat to the health or safety of self or others, AND
- Provider has a good faith belief that the person the information is released to is reasonably able to prevent or lessen that threat.

Attached in **Appendix E** are summaries of HIPPA and FERPA regulations, as well as the *Vermont Court Ordered Treatment* guidance.

II. RESPONDING TO A THREAT OF SUICIDE IN PERSON

A threat of suicide occurs if a person expresses a direct intent to harm oneself. The person may or may not be in possession of lethal means, and it may be initially unclear if lethal means are present.

STEP ONE: Take the Threat Seriously

1. Remain calm. Speak calmly, slowly, and in a normal tone of voice.

2. Address the person directly and state that you believe them and you would like to help.

3. If the person does not know you, tell them that you are a professional. If it seems like identifying your profession might upset the person rather than reassure them, you can always keep it very simple, such as "I work with people who are in a lot of pain. I might be able to help."

STEP TWO: Assess Immediate Safety

1. DO YOU FEEL SAFE? Trust your gut instinct.
    a. If YES, you feel safe and there is no danger to you or others, go to Number 2 below – "Look for guns/weapons."
    b. **If NO, and you and/or others are IN DANGER, CALL 911 immediately**.
        i. Tell the 911 operator if there is a weapon.
        ii. If you can't call 911, speak to another person by name and tell them to call 911. *"Jane, please go out into the hall and call 911."* Tell them there is a weapon.
        iii. Clear the scene.
        iv. Try to withdraw and get to safety.
    c. If you can withdraw, **WAIT FOR EMERGENCY HELP TO ARRIVE**.
    d. If you cannot safely withdraw, try to keep the person as calm as possible.
    e. **DO NOT ATTEMPT TO DISARM AN ARMED PERSON YOURSELF.**
        i. **ONLY if, for your safety, you must act** before emergency help arrives, speak calmly at a normal volume and firmly tell the person to hand the gun to you, or to put it down.
        ii. Don't shout or speak angrily or aggressively.
        iii. Be gently directive. Don't ask; tell them to give it to you. *"John, hand me the gun."*
        iv. If you can get the weapon from them, secure it – unload it, lock it away and hold onto the key, keep it on your person.
        v. Ask if there are any other guns. Secure them as well.
    f. Stay alert to chances to withdraw to safety.
    g. **WAIT FOR EMERGENCY HELP TO ARRIVE**.

2. Look for guns or other weapons.
    a. Is there a gun, an explosive, or some other instantly deadly weapon somewhere nearby, even if the person is not holding it or threatening to use it?
    b. If you can't see any, ask the person if there are any guns or weapons nearby, or in the house.
    c. If there are NO guns or other weapons nearby in easy reach, go on to **STEP THREE – Stay with Them.**
    d. **If there is a gun, explosive, or weapon somewhere nearby**, you are still in **IMMEDIATE DANGER**.
        i. Return to Number 1 directly above – **"Call 911 immediately."**
        ii. Best practice recommends you still call 911 even if you strongly believe you are safe.
            1. **If they are threatening suicide, they are not thinking clearly and can be unpredictable.** They might do things you would never expect from them.

2. Having a deadly weapon anywhere nearby is dangerous when someone is upset and not thinking clearly.

iii. **WAIT FOR EMERGENCY HELP TO ARRIVE.**

3. If the immediate scene is safe:
   a. **AS A TRAINED PROFESSIONAL**, you may be in a position to help this person and de-escalate the crisis.
      i. You will be best able to assess if you can help the person right there and then.
      ii. If you are unsure, call the Emergency Mental Health Crisis Team.
   b. TRUST your professional judgment.

- **I AM ABLE** to help directly.
  i. Assess if you need to activate the Crisis Team at your agency or organization before going any further. If the level of crisis calls for it, contact your internal Crisis Team and/or the local Emergency Mental Health Crisis Team before going further.
  ii. Proceed to **STEP FOUR – SCREENING** below.

- **I AM NOT** the right person to help directly.
  i. That's fine – you are not expected to be able to help in every crisis. DO NOT try to take on a role that you are not comfortable taking.
  ii. Activate your organization's crisis response team.
  iii. If you are able, contact the person's mental health professional if they have one.
  iv. Call your local Emergency Mental Health Crisis team.
  v. If you are unable to reach anyone and believe the person is a danger to themselves, call 911.
  vi. Identify that you have a suicidal person present.
  vii. If transport of a suicidal person is appropriate to your position, follow the transportation protocol for your profession.
    - LAW ENFORCEMENT RECOMMENDS ALWAYS USING EMERGENCY TRANSPORTATION FOR TRANSPORT OF POTENTIALLY SUICIDAL INDIVIDUALS. This may not always be possible or feasible in rural areas.
  viii. If not transporting the person, stay with them until help arrives. **Do not leave the person alone**.
  ix. Proceed to **STEP THREE – WAIT FOR EMERGENCY ASSISTANCE below**.

STEP THREE: Wait for Emergency Assistance or Transport

1. Stay with the person until emergency assistance has arrived, or until they have been transported to a safe location such as a hospital or their own counselor's office.

2. Continue to interact with the person as your professional training dictates: calm voice, active listening, reassurance that you are hearing them and that you can see they are in a great deal of pain.

3. Do as instructed by professional personnel when they arrive.

4. STOP. Proceed to **STEP FIVE – DOCUMENT**.

STEP FOUR: Screening

If the immediate scene is safe, an assessment of the person's need for further evaluation and/or immediate treatment is appropriate. As a trained professional, you are in a position to conduct this screening.

1. **Assess the immediacy of the danger with two specific questions**:
    a. "Do you have a plan for how to carry out suicide?"
    b. "Do you have access to the means to carry out suicide?"

2. If the person **has a plan and/or has access to lethal means**, treat as an immediate mental health emergency.
    a. If you are trained in emergency counseling, continue to evaluate the individual yourself and proceed to **NUMBER 3 below**.
    b. If you are not prepared to conduct emergency counseling yourself, contact your local Emergency Mental Health Crisis Team.
    c. After contacting the EMHCT, stay with the person until someone from the crisis team arrives, or until you are certain the person has been transported to a safe location for further evaluation.
    d. Follow the policies of your organization on whether or not you can transport a suicidal individual.
    e. STOP. Proceed to **STEP FIVE – DOCUMENT**.

3. Screen the individual for safety according to your professional training.
    a. If you deem the individual does not need immediate treatment, proceed to **NUMBER 9 below.**
    b. If you deem the individual needs immediate treatment, proceed to **NUMBER 4 below.**

4. If you deem the individual needs immediate treatment, discuss this with them.
    a. If they **refuse**, proceed immediately below – **NUMBER 5** for an adult**,** and **NUMBER 6** for a minor.
    b. If they **agree**, proceed to **NUMBER 7** for an adult, and **NUMBER 8** for a minor**.**

5. **ADULT REFUSAL OF FURTHER TREATMENT**: If the person is over 18 and **refuses treatment you deem necessary**, you must make a determination on level of safety.
    a. If in your professional opinion the individual remains a danger to themselves or others, contact law enforcement (call 911). **See Appendix E for the Vermont Court Ordered Treatment guidelines.**
    b. If an adult refuses further treatment but does not meet the criteria for involuntary evaluation, discuss safety steps with them.
        i. Is there another person they feel safe with? Can you assist them with calling that person?
        ii. If you can assist in calling another, tell the other your concerns for the safety of the caller and your strong recommendation for follow-up evaluation.
        iii. STOP. Proceed to **STEP FIVE – DOCUMENT.**

6. **MINOR REFUSAL OF FURTHER TREATMENT**: If the person is **UNDER 18** and **refuses treatment**, you must make a determination on level of safety. **See Appendix E for the Vermont Court Ordered Treatment guidelines, and for HIPAA/FERPA guidelines on releasing information to parents/guardians.**
    a. If in your professional opinion the youth remains an imminent danger to themselves or others, a parent or guardian can authorize a treatment.
    b. If you believe danger to self or another is imminent, tell the youth you must call their parent(s), guardian or the police.
    c. Unless the situation is immediately life threatening, the youth's parent(s)/guardian must consent to treatment. **See Appendix E for the Vermont Court Ordered Treatment guidelines, and for HIPAA/FERPA guidelines on releasing information to parents/guardians.**

7. **ADULT ACCEPTANCE OF FURTHER TREATMENT**: If an adult **AGREES** to voluntary treatment, contact your local Emergency Mental Health Crisis Team and follow their directions. Proceed to **STEP FIVE – DOCUMENT**.

8. **MINOR ACCEPTANCE OF FURTHER TREATMENT**: If a minor **AGREES** to come in for voluntary treatment, contact your local Emergency Mental Health Crisis Team and follow their directions.
    a. Unless you deem this an immediate life-threatening emergency, the parent(s)/guardian needs to consent to treatment.
    b. Proceed to **STEP FIVE – DOCUMENT**.

9. If the person has suicidal thoughts/ideation and **does not have a plan or access to means**, continue the screening process according to your screening tool and your professional training. The Zero Suicide framework recommends the Columbia Suicide Severity Rating Scale as a tool.
    a. If you determine that immediate treatment is indicated despite the lack of plan/means, **RETURN TO NUMBER 4** directly above.
    b. If through your screening process and ongoing interaction the individual de-escalates and/or you are confident they are no longer a risk to themselves or others, discuss safety steps.
        i. Is there another person they feel safe with? Can you assist them with calling that person?
        ii. If you can assist in calling another, tell the other your concerns for the safety of the caller and your strong recommendation that the individual not be left alone and that follow up care be conducted.
        iii. In the absence of another person, review steps to ensure continued safety.
            1. Use Safety Planning procedures – current best practice recommends the standard Safety Planning process available through SAMHSA's Suicide Safe app and the SAMHSA SAFE-T Card.
            2. Review steps they will take if the crisis escalates again and have them repeat the steps back to you to ensure they understand.
            3. Set a specific time to be in contact again the next day.
            4. Review steps they will take to follow up with their mental health professional and have them repeat the steps back to you to ensure they understand.
    c. Proceed to **STEP FIVE – DOCUMENT**.

STEP FIVE: Document

1. Following an emergency response, write up everything you remember about the event.

2. Document each step taken. This may be important for your organization for record-keeping and/or liability purposes.

3. Once you have your entire account of the event recorded, determine what forms need to be filled out for your agency, for law enforcement or emergency personnel, or for the state.

STEP SIX: Follow-up

Current research indicates that individuals who have attempted suicide, or who experience a suicidal crisis requiring inpatient or emergency room admittance, benefit from contact from care personnel following the crisis. Follow the policy of your organization regarding whether or not this is allowed and/or appropriate.

If it is appropriate to your role, attempt to make contact with the person in the days following the crisis. Any small contact may significantly benefit that person: a phone call to say hello, a check in to say "how are you doing?" or a postcard in the mail expressing that you are thinking about them and wishing them well.

III. RESPONDING TO A THREAT OF SUICIDE REMOTELY

A threat of suicide occurs if a person expresses a direct intent to harm oneself. The person may or may not be in possession of lethal means, and it may be initially unclear if lethal means are present.

Given the nature of your profession frequently calls for assisting individuals in crisis, Mental Health and Substance Abuse Professionals may be more likely than most to receive contact from a suicidal individual via telephone, or in today's increasingly digital formats, via email, text or instant message.

STEP ONE: Take the Threat Seriously

1. EMAIL, TEXT OR INSTANT MESSAGE:
    a. Remain calm – respond in a calm reassuring manner just as you would in person.
    b. Tell them you believe them and you would like to help.
    c. Try to move the communication to the telephone or in person if possible – but be prepared that in today's communication environment, many people will resist and continue to use text.
    d. Be extra careful in your typing that your message says what you mean it to say.
        i. On line communication (texting, instant messaging, email) about highly emotional topics can create misunderstandings due to lack of context.
        ii. Texting and instant messaging often contain abbreviations, misspellings, and "autocorrect" errors – especially when we are upset or nervous.
        iii. Texting and instant messaging can create an unrealistic expectation of immediate response at all times.
    e. Remember that you can refer the person to ***Crisis Text***. Anyone can text "LISTEN" to 741-741 and text with a professional crisis responder trained in responding by text. They can text that line AND continue to text with you at the same time.
    f. Whether or not they contact the crisis text line, begin the process outlined in Step Two.

2. TELEPHONE:
    a. Remain calm. Speak calmly, slowly, and in a normal tone of voice.
    b. Say you believe them and you would like to help.

3. "ON THE PHONE" – In the following steps, the statement "on the phone" refers to both verbal phone communication and text phone communication through a smartphone or computer.

STEP TWO: Gather Information

1. Write down information as you ask for it.

2. Even if you have the person's home or cellphone number, immediately ask for the phone number where the person is right now in case you get disconnected.

3. If you do not know the person, ask WHO they are: basics such as name, age, do they have a mental health professional they see.

4. Ask WHERE they are: specific location, physical address, street, type of car/license plate if they are driving.

5. Try to keep the person on the telephone.

STEP THREE: Assess Immediate Safety

1. Assess the immediate safety of the person's surroundings.

2. Ask and/or assess if the person is under the influence of alcohol or drugs. If in your professional opinion the person is under the influence of substances, treat as a medical emergency and call 911 immediately to get an ambulance to the location.
    a. If possible, try to keep the person on the phone while calling for emergency assistance.
        i. Ask someone else to call 911 while you stay on the phone.
        ii. Call 911 from a second phone/cell phone.
        iii. If you have only one phone, tell the person to hang up and call 911, and that you will call them right back. Hang up and call 911 yourself, then call the person back.
    b. Give the emergency services any information you have been able to get about the person's physical state in as much detail as possible and any knowledge you have about what kind of substances they may be using.
    c. STOP. Proceed to **STEP FIVE - DOCUMENT**.

3. Ask the person if they have taken any action yet.
    a. Have they taken any pills or other drugs? If so, what drug? If pills, how many?
    b. Have they injured themselves or anyone else?
    c. Ask if anyone is nearby who can help.

4. If the person **has injured themselves or someone else**, call 911 for an ambulance immediately.
    a. If at all possible, try to keep the person on the phone while calling for emergency assistance by asking someone else to call, or dialing 911 from a second/cell phone.
    b. As above, give the emergency services any information you have been able to get about the person's physical state in as much detail as possible.
    c. STOP. Proceed to **STEP FIVE - DOCUMENT**.

5. If the person **has not acted yet**, ask if there are any weapons present.
    a. If weapons are present call 911 immediately, then call your local Emergency Mental Health Crisis Team. **As above in 2.a.**, if possible keep the person on the telephone while you call 911 from another phone or instruct someone else to call.
    b. Gently but firmly tell the person to put the weapon down, or to move away from the weapon. Do not ask; use their name and be gently directive. For example, in a calm, non-aggressive voice say: *"Joe, put the gun down and talk to me."*
    c. Stay on the telephone with the person until emergency personnel arrive.
    d. Give the emergency services any information you have been able to get about the person's physical state in as much detail as possible.
    e. Contact your local Emergency Mental Health Crisis Team.
    f. STOP. Proceed to **STEP FIVE - DOCUMENT**.

6. If the person has not acted yet, no weapons are present, and they do not appear to be in imminent danger, move on to **STEP FOUR - SCREENING**.

STEP FOUR: Screening

If the individual threatening suicide does not appear to be in **imminent danger** such that you feel the need to send **immediate emergency assistance**, a telephone assessment of their need for evaluation and/or treatment is appropriate. As a trained professional, you are in a position to conduct this screening.

1. **Assess the immediacy of the danger with two specific questions**:

a. "Do you have a plan for how to carry out a suicide?"
b. "Do you have access to the means to carry out a suicide?"

2. If the person **has a plan and/or has access to lethal means**, treat as an immediate mental health emergency.

3. Ask the person to come in for an evaluation immediately.
   a. If they refuse, proceed immediately below – **NUMBER 4** for an adult, and **NUMBER 5** for a minor.
   b. If they agree, proceed to **NUMBER 6** for an adult, and **NUMBER 7** for a minor**.**

4. **ADULT REFUSAL OF EVALUATION**: If the person is over 18 and **refuses evaluation**, you must make a determination on level of safety.
   a. If in your professional opinion the individual remains an imminent danger to themselves or others, contact law enforcement (call 911) for involuntary evaluation/treatment. **See Appendix E.**
   b. If an adult refuses further evaluation or treatment but does not meet the criteria for involuntary transport/evaluation, discuss safety steps with them.
      - Is there another person they feel safe with? Can you assist them with calling that person?
      - If you can assist in calling another, tell the other your concerns for the safety of the caller and your strong recommendation for follow-up evaluation.
      - STOP. Proceed to **STEP FIVE – DOCUMENT.**

5. **MINOR REFUSAL OF EVALUATION**: If the person is **UNDER 18** and **refuses evaluation**, you must make a determination on level of safety.
   a. If in your professional opinion the individual remains an imminent danger to themselves or others, a parent or guardian can authorize an evaluation. **See Appendix E.**
   b. If you believe danger to self or another is imminent, tell the youth you must call their parent(s), guardian or the police.
   c. Unless the situation is immediately life threatening, the youth's parent(s)/guardian must consent to treatment. **See Appendix E.**

6. **ADULT ACCEPTANCE OF EVALUATION**: If an adult **AGREES** to come in for voluntary evaluation, proceed according to your organization's policy.
   a. Whether coming to you or meeting at a separate location, discuss transportation – is there a safe way for this person to get to the meeting location? Is there someone who can drive them?
   b. Follow your organization's transportation policies.
   c. If there are no other safe transportation options, review emergency transportation with the individual – Emergency Mental Health Crisis Team or law enforcement transport.
   d. Contact your local Emergency Mental Health Crisis Team.
   e. Call the person's mental health professional if someone other than yourself.
   f. Ensure the person arrives at the designated location.
   g. Proceed to **STEP FIVE – DOCUMENT**.

7. **MINOR ACCEPTANCE OF EVALUATION**: If a minor **AGREES** to come in for voluntary evaluation, proceed according to your organization's policy.
   a. Unless you deem this an immediate life-threatening emergency, the parent(s)/guardian needs to consent to treatment. **See Appendix E.**
   b. Whether coming to you or meeting at a separate location, discuss transportation – is there a safe way for the youth to get to the meeting location? Is there someone who can drive them?
   c. Follow your organization's transportation policies.

d. If there are no other safe transportation options, review emergency transportation with the individual – Emergency Mental Health Crisis Team or law enforcement transport.
e. Contact your local Emergency Mental Health Crisis Team.
f. Call the youth's mental health professional if someone other than yourself.
g. Ensure the youth arrives at the designated location.
h. Proceed to **STEP FIVE – DOCUMENT**.

8. If the person has suicidal thoughts/ideation and **does not have a plan or access to means**, continue the screening process according to your screening tool and your professional training. The Zero Suicide framework recommends the Columbia Suicide Severity Rating Scale as a tool.
    a. If you determine that immediate evaluation or treatment is indicated despite the lack of plan/means, ask the individual to come in for evaluation either with you, or with the local Emergency Mental Health Crisis Team. **RETURN TO NUMBERS 4 THROUGH 7** directly above depending on the individual's age and whether or not they agree to evaluation:
        - For an adult refusing evaluation, return to **NUMBER 4** above.
        - For a minor refusing evaluation, return to **NUMBER 5** above.
        - For an adult agreeing to evaluation, return to **NUMBER 6** above.
        - For a minor agreeing to evaluation, return to **NUMBER 7** above.
    b. If through your screening process and telephone interaction the individual de-escalates and you are confident they are no longer a risk to themselves or others, discuss safety steps.
        i. Is there another person they feel safe with? Can you assist them with calling that person?
        ii. If you can assist in calling another, tell the other your concerns for the safety of the caller and your strong recommendation that the individual not be left alone and that follow up care be conducted.
        iii. Review steps to ensure continued safety. Utilize Safety Plannign Tools such as those identified in the SAMHSA Suicide Safe app and the SAMHSA SAFE-T card.
    c. Proceed to **STEP FIVE – DOCUMENT**.

STEP FIVE: Document

1. Following an emergency response, write up everything you remember about the event.

2. Document each step taken. This may be an important step for your organization for record keeping and/or liability issues.

3. Once you have your entire account of the event recorded, determine what forms need to be filled out for your agency, for law enforcement or emergency personnel, or for the state.

STEP SIX: Follow-up

Current research indicates that individuals who have attempted suicide, or who experience a suicidal crisis requiring inpatient or emergency room admittance, benefit from contact from care personnel. Follow the policy of your organization regarding whether or not this is allowed and/or appropriate.

If it is appropriate to your role, attempt to make contact with the person in the days following the crisis. Any small contact may significantly benefit that person: a phone call to say hello, a simple check in to say "how are you doing?" or a postcard in the mail expressing that you are thinking about them and wishing them well.

IV. RESPONDING TO A PERSON AT RISK OF SUICIDE

Gatekeeping for suicidal ideation and/or risk behaviors.

A person is "at risk of suicide" when:

- S/he directly or indirectly expresses suicidal thoughts or intentions to you, or demonstrates warning signs.
- Another person tells you that someone has directly or indirectly expressed suicidal thoughts or intentions to them, or they have observed warning signs.

STEP ONE: Ask Everyone

1. Ask clients about depression.
    a. Ask everyone.
    b. Use the PHQ2 – Patient Health Questionnaire 2 – a two-question screen.
        - "Over the past 2 weeks, how often have you been bothered by any of the following problems?"
            - Little interest or pleasure in doing things
            - Feeling down, depressed or hopeless
        - Patient rates on a zero to 3 scale.
        - **See Appendix D.**

2. If the patient screens positive for depression on the PHQ2, evaluate with the PHQ9.
    a. PHQ9 – Patient Health Questionnaire 9 – is a simple nine-question screen, on a scale of zero to 3.
    b. Ends on a suicide-specific question.
    c. See Appendix D.

STEP TWO: Ask About Plans & Means

1. If the person tells you they HAVE had thoughts of suicide, **ask two specific questions**:
    a. "Do you have a **plan** for how to carry out suicide?"
    b. "Do you have **immediate access to a way** to carry out suicide?"

2. Ask about firearms, specifically.
    a. Even if the person does not identify a plan, ask specifically if there are any guns in the home or easily accessible.
    b. Talk with the person about having a friend hold onto their guns for them, until they are feeling better.

STEP THREE: Emergency Response

As a mental health professional you may or may not be involved in the next steps of finding the person.

1. Participate as is appropriate to your professional role.
    a. If **you** are trained in emergency response, continue to evaluate the individual yourself and make a determination on need for immediate treatment, and continue to number 2 below.
    b. If you are **not prepared to conduct emergency response yourself**, contact your organization's crisis response team and/or your local Emergency Mental Health Crisis Team.
    c. After contacting the crisis response team, stay with the person until someone from the crisis team arrives, or until you are certain the person has been transported to a safe location for further evaluation.
    d. Follow the policies of your organization on whether or not you can transport a suicidal individual.

e. STOP. Proceed to **STEP FOUR – DOCUMENT**.

2. If you deem the individual **does need immediate treatment**, return to sections II and III above regarding responding to a threat of suicide in person or remotely.

3. If you deem the individual **does not need immediate treatment**, conduct appropriate next steps **to ensure safety** of the individual, as dictated by your professional training.
    i. Ensure the person **will not be alone**.
    ii. Ensure the other(s) present is aware of your concerns and the need for continued professional follow up.
    iii. Ensure the other(s) present recognize the need for continued observation and know they should not leave the person alone.
    iv. Ensure both the individual and the other(s) present have specific steps in place if the crisis re-escalates or if they need help in any way.
    v. Arrange for continuation of care for the person, with their own mental health professional, yourself, or make a direct referral.
    vi. Proceed to **STEP FOUR - DOCUMENT**.

STEP FOUR: Document

1. Following an emergency response write up everything you remember about the event.

2. Document each step taken. This may be an important step for your organization for record-keeping and/or liability reasons.

3. Once you have your entire account of the event recorded, determine what forms need to be filled out for your agency, for law enforcement or emergency personnel, or for the state.

STEP FIVE: Follow-up

If the individual at risk for suicide is deemed safe, but you are still concerned they may be troubled, follow up and check in with them the next day or in a few days. If the individual at risk is deemed to need further evaluation, or treatment, follow up as your professional role dictates.

Current research indicates that individuals who have attempted suicide, or who experience a suicidal crisis requiring inpatient or emergency room admittance, benefit from contact from care personnel. Follow the policy of your organization regarding whether or not this is allowed and/or appropriate.

If it is appropriate to your role, attempt to make contact with the person in the days following the crisis. Any small contact may significantly benefit that person: a phone call to say hello, a simple check in to say "how are you doing?" or even a postcard in the mail expressing that you are thinking about them and wishing them well.