

VERMONT SUICIDE PREVENTION/INTERVENTION PROTOCOLS FOR SOCIAL SERVICE & YOUTH SERVICE PROFESSIONALS

- **CONTEXT & APPLICATION**
- **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 & APPLICATION

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.

In the course of performing professional duties, **Social Service & Youth Service Professionals** may 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 SOCIAL SERVICE & YOUTH SERVICE PROFESSIONALS*, offering guidance on response after an attempted suicide and/or a death by suicide.

The following are **suggested suicide prevention and intervention protocols**, based in best practices, tailored to Faith Leaders and Communities of Faith. These sample protocols have been reviewed by faith leaders.

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

If your community/organization has an existing crisis response team, crisis policies and procedures, or if there are state or local laws about certain actions during crises, **integrate those with any new plans** that result from this document so there is no confusion. Also, the age of the person in danger may affect how protocols are carried out. **Appendix E: HIPAA & FERPA** has guidelines on notification requirements when working with youth, as well as Vermont guidelines on treatment refusal in adults and youth.

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.

APPLICATION:

Maintaining and reviewing protocols on what to do under stressful circumstances, guides us in responding quickly, appropriately, and effectively. Clear, specific protocols give you steps to take, and also inform your knowledge of why these evidence-based steps are the recommended best practice.

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, 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.**

Proceed with the initial steps in ***Responding to a Threat of Suicide*** that directly follow, and treat intoxication and/or substance use as a potential danger to yourself and others present.

II. RESPONDING TO A THREAT OF SUICIDE IN PERSON

A threat of suicide is when a person says they plan to hurt themselves in a way that will cause death. The person may have a tool that can cause death, such as a gun or drug – a “lethal means” – but sometimes it may be hard to tell if lethal means are close by or easy to get.

It is still a threat of suicide if the person says they plan to die, even if you don’t immediately see a means of causing death.

STEP ONE: Take the Threat Seriously

1. **Always** take a threat of suicide seriously.
2. Remain calm. Speak calmly, slowly, and in a normal tone of voice.
3. Speak to the person directly. Say, “I believe you and would like to help you to get help.”
4. If you believe your role within your field would be of comfort to the person in crisis, identify yourself – for example, a youth worker might say, “I work for a place that offers a lot of resources for youth, and I talk to a lot of youth who are in pain.”

STEP TWO: Check Your 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, unless you must do so for your own safety.**
 - i. **If 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 them; tell them to give it to you.
 - iv. *“John, hand me the gun.”*
 - v. 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.
 - vi. 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.

- 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.
 - **If they are threatening suicide, they are not thinking clearly and can be unpredictable.** They might do things you would never expect.
 - Having a deadly weapon anywhere nearby is dangerous when someone is upset and not thinking clearly.
 - iii. **WAIT FOR EMERGENCY HELP TO ARRIVE.**

STEP THREE: Stay with Them

1. Stay with the suicidal person at all times until help arrives.
2. Speak calmly and conversationally, at a normal volume, and **don't yell or get angry.**
3. If it is safe for you, tell others to leave the room to limit confusion and upset.
4. Decrease outside interruption and noise as much as possible.

STEP FOUR: Check Their Immediate Safety

1. Look for other lethal means besides guns/weapons.
 - a. Are there other lethal means nearby? A bottle of pills, poison, a nearby open window?
 - b. Ask the person directly if they have dangerous items or if there are any nearby.
 - c. If there are NO other lethal means nearby, go on to **STEP FIVE – Call for Professional Mental Health Help.**
 - d. If there ARE other means close by, continue here.
2. Limit their access to ways to hurt themselves. Try to keep the person away from anything dangerous.
 - a. Weapons and sharp objects.
 - b. Medications and household poisons (pesticides; fuel; toxic cleaning supplies).
 - c. Car keys – *do not let the person leave/drive.*
 - d. Unlocked windows or heights within easy reach.
 - e. Ropes, ties, belts, plastic bags.

STEP FIVE: Call for Professional Mental Health Help

1. If your organization has a crisis response team, contact that team.
2. Find out if the person has a mental health counselor.
 - a. If yes, call that counselor, follow instructions, and go to **STEP SIX – Wait for Emergency Help.**
 - b. If no, or if you can't get that person on the phone, continue here.
3. Call your local Emergency Mental Health Crisis Team.
 - a. Tell the Crisis Team that you are with a suicidal person. Follow their instructions.
 - b. Drive or walk the person to a safe location to meet with the mental health professional. Do not let them drive themselves.

- c. If you can't take them, try to find another person who can.
 - d. If you can't reach any mental health help at all, and you think it is dangerous to wait for a call back, you can take the person to the Emergency Room.
 - i. If you do go to an Emergency Room, **do not leave the person alone** in the ER waiting room.
 - ii. If you can't drive the person or find anyone else, you can call 911 for emergency transportation.
4. Stay with the person until their transportation or counselor arrives.
5. **REMEMBER: FOLLOW YOUR GUT INSTINCT! ALWAYS CHOOSE SAFETY.**
- a. They may tell you not to call for emergency help. If you believe they are a danger to themselves, call anyway.
 - b. Watch out for a sudden improvement that happens only after you say you are calling for emergency help. If this happens and the person is telling you not to call, call anyway.

STEP SIX: Wait for Emergency Help or Transportation

1. **Do not leave the person alone.** Stay with the person until a trained mental health counselor, medical or law enforcement professional arrives, or until you have taken the person to a safe location such as a counselor's office.
2. Continue to talk to the person in a calm voice.
 - a. LISTEN.
 - i. Tell them you believe them and invite them to tell you what is going on, how they are feeling.
 - ii. Listen to their answers, without interrupting!
 - iii. Show you have heard their answers.
 - *"It sounds like you are really sad and angry because of the fight with your friends. Is that right?"*
 - b. DON'T...
 - i. DON'T joke, or try to make light of the situation.
 - ii. DON'T judge them – *"This is a terrible thing to do!"* -or- *"Suicide is a sin."*
 - iii. DON'T guilt them – *"Think of how your family will feel."* -or- *"You can't do this to us!"*
 - iv. DON'T minimize their feelings – *"Everything will look better tomorrow, you're just having a bad day."*
 - v. DON'T downplay the seriousness of the crisis – *"You're overreacting, it's really not that big of a deal"* -or- *"By next week, you'll have forgotten all about this."*
 - vi. DON'T make empty promises – *"I know you'll find a new job fast."* -or- *"I know your wife will come back to you."*
 - vii. DON'T tell them you *"know exactly how they feel"* or talk about your own experiences.
3. Follow the instructions of the emergency personnel when they arrive.

WHAT IF THEY REFUSE HELP?

A legal adult in our society always has the option of refusing treatment. If you are convinced the person is a significant danger to themselves or others, there are next

steps you can take, and your available actions will depend on your role/profession, and whether the person in potential danger is an adult or a minor.

Please go directly to **Appendix E**, which contains the document Vermont Court Ordered Treatment to review your options.

Appendix E also contains HIPAA and FERPA Guidance, if you are a health or education professional concerned about patient privacy regulations. Remember that both HIPAA and FERPA have specific exclusions that allow the sharing of Personal Health Information if the professional has a good faith belief that the person is a danger to self or others, and has a good faith belief that the individuals the information is being shared with are reasonably able to lessen the threat.

STEP SEVEN: Document

1. Following an emergency response write up everything you remember about the event, as soon as reasonably possible. This may be an important step for you and your organization for record-keeping and/or liability purposes.
2. Document each step you took, in detail.
3. No matter how small a detail may seem, if you remember it, put it in your written account.
4. Once you have your entire account of the event recorded, determine to whom you may need to give this information – such as your supervisor or the person’s mental health counselor.

STEP EIGHT: Call Them After the Crisis

Suicide prevention research is showing that hearing from people with whom they had contact during the crisis is helpful in keeping people safe and reducing further risk of suicide.

1. If it is safe and appropriate, get in touch after the crisis. Research shows that ANY form of contact from people who helped during the crisis has a positive effect, even if it is very brief!
 - a. Visit in person.
 - b. Call them on the phone.
 - c. Write them a note/postcard.
 - d. Send an email or text them.
2. Don’t be stopped by, “I don’t know what to say.” Ask how they are doing, tell them you are glad they are safe, call or text to say ‘hi.’ You don’t have to sit and talk for an hour – the important thing is to MAKE CONTACT soon after the crisis and check in.

III. RESPONDING TO A THREAT OF SUICIDE REMOTELY

A threat of suicide is when a person says they plan to hurt themselves in a way that will cause death. The person may have a tool that can cause death, such as a gun or drug – a “lethal means” – but sometimes it may be hard to tell if lethal means are close by or easy to get. It is still a threat of suicide if the person says they plan to die, even if you don’t immediately see a means of causing death. You may get a telephone call from someone threatening suicide, or a text, email, 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: Get Contact Information

1. Write down information as you ask for it.
2. Via telephone, 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: full name, age, do they already have a mental health professional.
4. Ask WHERE they are: physical address, street, type of car/license plate if they are driving.
5. Try to maintain contact with the person either on the telephone or through text.

STEP THREE: Ask about Immediate Safety

1. Ask the person if they are in a safe place.
2. Ask if they have they been using any drugs or drinking alcohol. **Call 911 if they have been drinking or using drugs.**
3. Ask if they have **taken any action** yet – have they injured themselves or anyone else?
 - a. If NO, go to Number 3 below.
 - b. **If YES, CALL 911** immediately for an ambulance.
 - c. Ask for details – such as what type of injury, how long ago, what kind of medication, how many pills – and tell 911 operator.
 - d. Ask if there are weapons around, and tell 911 operator.
 - e. **WHEN CALLING 911** try to keep the suicidal person on the phone.
 - i. Ask someone else to call 911.
 - ii. Call 911 from a second phone/cell phone.
 - iii. If you have only the one phone you are on:
 - Tell the person to hang up and call 911, and you will call them right back.
 - Hang up and call 911 yourself, in case they do not call.
 - Call the person back.
 - f. Contact the person’s mental health counselor and/or your local Emergency Mental Health Crisis Team.
4. If the person **has not acted yet**, ask if there are any guns (or other weapons) nearby.
 - a. If **guns are nearby** call 911.
 - b. **ALWAYS** identify if weapons are present when you call 911.
 - c. Try to keep the person on the phone.
 - d. Be gently directive about the gun/weapon.
 - i. Tell the person to put the gun down, or to move away from any weapons.
 - ii. Do not ask – use their name and speak calmly but firmly.
“Joe, put the gun down and talk to me.”
 - e. Stay on the phone until the emergency workers get there.
 - f. Contact your organization’s crisis response team, the person’s mental health professional, or your local Emergency Mental Health Crisis Team if you have not done so already.
5. If the person has not acted yet, no weapons are present, and they do not appear to be drinking or using drugs, move on to **STEP FOUR – Get Help.**

STEP FOUR: Get Help to the Person in Crisis

1. If they are a client of your organization or participant in your programming, your organization may have specific people designated to respond to this kind of crisis. If they do, contact them first.
2. Ask the person if they have a mental health counselor.
 - a. Help them get in touch with their counselor.
 - b. If their counselor can’t be reached or they don’t have one, call the local Emergency Mental Health Crisis Team.
3. Help the person find someone to be with them in person.
 - a. Can you get to them in person? Confirm with your organization if it is within your professional role and your organization’s protocols to go to a person in crisis directly.

- b. If it is appropriate to your role, go to them as quickly as is safe, and go to **II. RESPONDING TO A SUICIDE THREAT IN PERSON.**
 - c. If you can't get to them, is there someone who can drive them to where you are?
 - d. If you can't go to them, can you help them find someone else to be with in person?
 - i. Ask them to think of someone first. A person of their choice would be best.
 - ii. If they can't think of anyone, offer suggestions – name friends, family members, a counselor.
 - iii. Make the call to the third party yourself, to make sure the call is made and that the third party understands this is a crisis.
 - Tell them why this is a crisis – say the word suicide.
 - Stress that the person in crisis should not be left alone, and should get follow-up mental health care as quickly as possible.
 - Suggest that the Emergency Mental Health Crisis Team as a resource.
4. Call your Emergency Mental Health Crisis Team.
 - a. If there is no one who can go to them in person to help decide if the Crisis Team should be called, make the safe choice and call them yourself.
 - b. Make the call to the Crisis Team yourself so you know for sure it has been made.
 5. **ALWAYS CHOOSE SAFETY if you aren't sure.** It can be hard on the telephone to judge the level of crisis.
 - a. They may not want you to call emergency help. Call anyway.
 - b. Watch out for a sudden improvement in mood that happens only after you say you are calling for emergency help. If this happens, call anyway.
 6. If you cannot contact the Emergency Mental Health Crisis Team, call 911.
 7. Stay on the phone with the person until help arrives – whether it is another friend or family member, a counselor, or emergency services.
 8. Continue to talk to the person in a calm voice.
 - a. LISTEN. Listening can be your most powerful tool in a mental health emergency.
 - i. Tell them you believe them and invite them to tell you what is going on, how they are feeling.
 - ii. Listen to their answers, without interrupting!
 - iii. Show you have heard their answers

"It sounds like you are really sad and angry because of the fight with your friends. Is that right?"
 - b. DON'T fall into some of the common reactions that can make things worse.
 - i. DON'T joke, or try to make light of the situation.
 - ii. DON'T judge them.
 - *"This is a terrible thing to do!"*
 - *"Suicide is a sin."*
 - iii. DON'T guilt them.
 - *"Think of how your family will feel."*
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STEP FIVE: Document

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2. Document each step taken, in detail.
3. No matter how small a detail may seem, if you remember it, put it in your written account.
4. Once you have your entire account of the event recorded, determine to whom you may need to give this information – such as your supervisor or emergency personnel.

STEP SIX: Call Them After the Crisis

Suicide prevention research is showing that hearing from people with whom they had contact during the crisis is helpful in keeping people safe and reducing further risk of suicide.

1. If it is safe and appropriate, get in touch after the crisis. Research shows that ANY form of contact from people who helped during the crisis has a positive effect, even if it is very brief!
 - a. Check with your supervisor if you are unsure if it is appropriate.
 - b. Visit in person.
 - c. Call them on the phone
 - d. Write them a note/postcard.
 - e. Send an email or text them.

2. Don't be stopped by, "I don't know what to say." Ask how they are doing, tell them you are glad they are safe, call or text to say 'hi.' You don't have to sit and talk for an hour – the important thing is to MAKE CONTACT soon after the crisis and check in.



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:

- They talk about suicidal thoughts or intentions to you, or shows warning signs. (*Appendix A*)
- Another person tells you that someone has talked about suicidal thoughts or intentions, or they have seen warning signs.

STEP ONE: Act Immediately – Talk or Refer

1. **Always** take a risk of suicide seriously.
 - a. If they have said something to you about suicide, hurting themselves, or wanting to die, it is reason for concern and needs to be talked about.
 - b. If you have seen warning signs like those in *Appendix A*, it is reason for concern and needs to be talked about.
 - c. If someone else has seen or heard warning signs and tells you about it, it is reason for concern and needs to be addressed.
 - d. 90% of people who attempt or die by suicide are suffering from a mental illness, and often no one knows that. They may not even know themselves that they have a condition that can be helped.
 - i. Mental illness affects our thinking and judgment. With an untreated mental illness, people may behave in ways that you would not expect
 - ii. **It is a MYTH** that “if someone talks about suicide they won’t do it.” Most people who go on to attempt or die by suicide have said something about their plans or wanting to die.
 - iii. **It is a MYTH** that people “talk about suicide just to get attention.” If someone is talking about wanting to die, it is a real concern that needs to be addressed with them and possibly a professional.
 - e. Any of the risk factors are reason for talking with the person and just checking in.
2. If you are with the person, address the issue of suicide directly. Go on to **STEP TWO: Ask Direct Questions** below.
3. If you **are not with the person**:
 - a. Get help - contact a third party.
 - i. Do not try to handle this alone, even if responding to crises is part of your job. Tell someone else about the potential crisis such as a supervisor or coworker.
 - ii. If the person in potential crisis has a mental health counselor, try to contact them.
 - b. Make direct contact with the person you are concerned about.
 - i. Contact in person. Do not use text, email or instant message.
 - ii. If electronic communication is the quickest way to find them it may be a place to start, but switch to telephone and get to them in person as soon as possible.
 - iii. Texting and emailing **are NOT** the best means for talking about emotionally intense topics, and can be **dangerous**.
 - iv. If you can connect with the person one-on-one, go on to **STEP TWO: Ask Direct Questions** below.
 - c. Get help to the person as soon as possible – to their physical location – and make sure that the person is **not left alone**.
 - i. If you can’t contact or find the person, get in touch with a third party who can.
 - ii. Make sure the third party understands the seriousness of the issue – tell them your concerns.

- iii. If the person in crisis can't be located, move on to getting emergency help to find them.
- d. Follow-up to make sure the person at risk was located and that they are with another person.
- e. Make sure that whoever locates the person and is with them, knows about your concerns and knows the person should not be left alone, and that suicide risk should be discussed.
- f. Go to **STEP FIVE: Document.**

STEP TWO: Ask Direct Questions

1. Do not leave the person alone.
2. Try to get the person to a quiet place where you can speak with them one-on-one.
3. Ask directly if the person is thinking about suicide.
 - a. ASKING A PERSON IF THEY ARE THINKING OF SUICIDE **WILL NOT** "GIVE THEM THE IDEA."
 - b. Use simple, blunt words and phrases.
 - i. "I'm worried about you – are you thinking about hurting yourself?"
 - ii. "You've been talking about death a lot lately – have you been thinking about suicide?"
 - iii. **USE THE ACTUAL WORDS. "SUICIDE." "KILL YOURSELF." "HURT YOURSELF."**
 1. It can be hard to use the actual words but it is very important that you give a clear message to the person that they can talk openly to you about suicide without fear of being judged.
 2. You want to see how the person reacts to the question, and you will get the most honest reaction if you USE THE WORDS – "Are you thinking about suicide?" or "Have you had thoughts about killing yourself?"
4. Watch closely for the person's reaction to your questions, and to the words "suicide" or "kill yourself," "hurt yourself."

➤ **PERSON SAYS, "YES, I have thought about hurting or killing myself."** Includes responses of "**maybe,**" "**sometimes,**" or **hesitation/no answer.**
When suicide is in question, if the person is at all uncertain or hesitates, that counts as a **YES.** Take the statement seriously and go immediately to **STEP THREE – Ask about Plans** below.

➤ **PERSON SAYS, "NO, I am not suicidal."**
Do you believe them? Trust your gut reaction. Generally, if a person truly is not at risk for suicide, they will give you a definite response and you will be reassured.

- a. Does it appear to be an honest, quick reaction? Does the person seem surprised that you would even think they might be suicidal? Do they meet your eyes directly as they respond? Does the body language match the answer?

-OR-

- Is there a hesitation before the "no"?
- Do they avoid your eyes or turn away?
- Do they get nervous or upset when they answer?
- Do they get defensive?
- Do they suddenly tear up or begin to cry?
- Do they get angry at you for asking?

ASK YOURSELF: *Am I comfortable that this person is not at risk?*

➤ **YES, I believe that the person is not in a suicidal crisis.**

If you believe that they are safe:

- a. Talk about why you were concerned enough to ask.
 - i. "I asked because you sound very depressed."
 - ii. "Some of the things you have said lately have worried me."
- b. Invite them to talk, and ask them if they have someone they can talk to.
- c. If they don't want to talk, and you are still concerned they may be troubled, let them know you remain available to talk, and offer suggestions or referrals.
 - i. "Remember if you ever need to just unload about something, the Employee Assistance Program is free of charge."
 - ii. "Let me know if things are rough. I'm always happy to listen."
- d. Take a moment to say hello within the next few days, to see how they are doing.

➤ **NO, I am still worried they might be at risk for suicide.**

*When suicide is in question, if you are at all **unsure**, stay with the person and keep them talking with you. If at any point the person acknowledges they have had suicidal thoughts, proceed to **STEP THREE – Ask About Plans.***

- a. DO NOT leave the person alone.
- b. If you CAN'T keep the person talking to you, and they leave and you can't stop them, get help.
 - i. Find a trusted third party and share your concerns.
 - ii. Try to follow-up and find the person.
- c. If you can keep the person talking with you, express your concern and encourage them to talk.
 - i. Tell them clearly why you asked and what concerned you.
 1. They may be able to explain why the behavior that worried you doesn't really mean they are suicidal, and you may find you believe they are safe. Listen carefully to their reasoning.
 2. Explaining WHY you asked can open up the conversation when they realize you cared enough to notice changes in their behavior, and get worried.
 - ii. Ask clear questions.
 1. "I'm asking because I care about you, and I'm still worried. Can you tell me about what's happening for you?"
 2. "When you say things like 'they'd be better off without me,' it really concerns me. Can we talk some more?"
 3. "I'm worried about you. Do you want to talk?"
- d. Ask them if they would like to talk to someone other than you.
 - i. If there is no one they can identify, make suggestions. When pushed, most people can come up with at least one other person in their life they can talk to.
 - ii. Help contact someone the person trusts to come and get them, or take them to that trusted person or to a safe place.
 1. For youth at a school, walk with them to the nurse's office. The school nurse has experience with students in crisis. Other people are teachers, guidance counselors, coaches, and club advisers.
 2. For youth outside of school, talk to parents, other family members, adults at local organizations like a Boys and Girls Club, supervisors or older coworkers at work.
 3. For adults, bring them to a friend or family member, or help them make contact with that person. Ask if they have a counselor and contact that person. If they don't, you might help them make an appointment with a mental health counselor or give them the name of a counselor to call.

- e. Stay with the person until you are sure they are safe – either reassured that they are not suicidal or at immediate risk, or connecting them with a safe person/safe place.

STEP THREE: 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 a suicide?”
 - b. “Do you have **immediate access to a way** to carry out a suicide?” (Often referred to as “lethal means,” this would include access to guns, medications, poisons, easy access to a height to jump from.)
2. If the person **has a plan** and/or has **access to lethal means**, treat as a *mental health emergency*. Go to **STEP FOUR: Connect with Help**.
3. If they **do not have a plan, or easy access to a way** to kill themselves, keep talking.
 - a. Do not leave the person alone – even to use the bathroom.
 - a. Invite and encourage them to talk to you.
 - b. Ask them if they want to talk to someone other than you, and, if they do, help them make contact with that person.
 - c. If they have a mental health counselor, help them call that person and make sure the counselor knows your concerns about suicide.
 - d. If they do not have a counselor, offer suggestions or referrals. Help them contact a counselor. If needed, make contact with your local Emergency Mental Health Crisis Team.
 - e. If you cannot stay with them, take them to a safe location – to meet with a mental health professional or to be with another trusted person.
 - f. Go to **STEP SIX: Follow-Up**.

STEP FOUR: Connect to Help

Someone with both a plan and the means to carry out a suicide, needs professional help as quickly as possible. The risk is high for an attempt. Treat as a mental health emergency and return to **II. RESPONDING TO A THREAT OF SUICIDE**.

WHAT IF THEY REFUSE HELP?

A legal adult in our society always has the option of refusing treatment. If you are convinced the person is a significant danger to themselves or others, there are next steps you can take, and your available actions will depend on your role/profession, and whether the person in potential danger is an adult or a minor.

Please go directly to **Appendix E**, which contains the document Vermont Court Ordered Treatment to review your options.

Appendix E also contains HIPAA and FERPA Guidance, if you are a health or education professional concerned about patient privacy regulations. Remember that both HIPAA and FERPA have specific exclusions that allow the sharing of Personal Health Information if the professional has a good faith belief

that the person is a danger to self or others, and has a good faith belief that the individuals the information is being shared with is reasonably able to lessen the threat.

STEP FIVE: Document

1. Following an emergency response, immediately – or as soon as reasonably possible – write up everything you remember about the event, in detail.
 - a. Do not wait until you have a specific report form. You can use your write up to fill in the report later.
 - b. Do not wait until you have talked to a supervisor or other individual about the incident and your reaction. You can share details with the appropriate individuals from your write up.
 - c. This may be an important step for your organization, for record-keeping and/or liability.
2. Once you have your entire account of the event recorded, determine to whom you may need to give this information – your supervisor, emergency personnel, etc.

STEP SIX: Follow-up

Research tells us that people in suicidal crisis benefit from contact after the crisis, from those who helped them during the crisis. If possible, make contact with the person during the days following the crisis, just to check in and see how they are doing.

STEP SEVEN: Self-Care

Helping someone with suicidal thoughts or behaviors is hard, whether it is part of your job or not. Depending on how well you know the person or how involved you are with talking with them directly, this could be a traumatizing event for you, and at the very least is highly stressful. **Find someone to talk to** – talk to your supervisor about resources.