

VERMONT SUICIDE PREVENTION & INTERVENTION PROTOCOLS FOR **FAITH LEADERS & COMMUNITIES OF FAITH**

- **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, **Faith Leaders** 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 **FAITH LEADERS & COMMUNITIES OF FAITH***, 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 the person doesn’t know you, you may want to let them know that you encounter troubled people frequently and have a lot of experience talking with them.
 - a. Unless you know the person, you may not want to be too specific at first as to your religious role or denomination. Use your professional judgment as to whether or not your identity as a religious leader might be helpful or create more stress in this particular crisis.
 - b. Instead you could keep it very simple, such as, “I often counsel people who are in a lot of pain. I might be able to help.”

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, do so, and **WAIT FOR EMERGENCY HELP TO ARRIVE.**
 - d. If you cannot safely withdraw, try to keep the person as calm as possible.
 - i. **DO NOT ATTEMPT TO DISARM an armed person yourself.**
 1. **ONLY if you must act for your own safety** 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.
 2. Don’t shout or speak angrily or aggressively.
 3. Be gently directive. Don’t ask them; tell them to give it to you. “*John, hand me the gun.*”
 4. If you can get the weapon from them, secure it – unload it, lock it away and hold onto the key.
 5. Ask if there are any other guns. Secure them as well.
 - e. Stay alert to chances to withdraw to safety.
 - f. **WAIT FOR EMERGENCY HELP TO ARRIVE.**
2. Look for guns or 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.
- e. **WAIT FOR EMERGENCY HELP TO ARRIVE.**

STEP THREE: Stay with Them

1. If it is safe for you, 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 there are dangerous items around.
 - c. If there are NO other lethal means nearby, go on to **STEP FIVE – Assess Need 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: Assess Need for Professional Mental Health Help

1. As a faith leader with experience working with people in crisis and pain, you may be in a position to help this person and de-escalate the crisis. You will be best able to assess if you can help the person right there and then, or if the person would be better served by a mental health counselor or the Emergency Mental Health Crisis Team.
 - a. Trust your professional judgment.
 - b. **I AM ABLE** to help directly.

- i. Assess if you need to activate the local Emergency Mental Health Crisis Team before going any further.
 - 1. If you have an individual actively threatening suicide, even if you can assist, the best practice recommendation is that you call your local Emergency Mental Health Crisis Team before going further, so help is on the way in case the situation escalates.
 - ii. Be prepared to place the immediate crisis in perspective as related to your own deeply-held religious doctrines: your faith's messages and traditions could have a strongly positive or negative affect on the person in crisis.
 - 1. With your training and experience, you will likely be able to tell – or gently find out – if the person has their own faith tradition, is of your faith, or is possibly alienated from your faith.
 - 2. If your faith looks upon suicide as sinful, the period of crisis is not the time to explore that teaching with the individual. Guilt may already be a driving force in this person's crisis, and talk of sin in the moment of crisis may significantly escalate the situation.
 - 3. The individual in crisis may be of a different faith than you, or may not have an affiliation with a faith practice. Use your professional judgment, but recognize that references to your religious traditions – even messages you perceive as strongly positive, such as “God loves you” – may have the opposite affect and be alienating and upsetting for the person in crisis.
 - 4. If you know the person, and you know they are of your faith – or if you learn that they have a faith tradition – sharing positive messages of religious teachings may be one of your most powerful tools. If the person in crisis has contacted you specifically, there is a high chance you know them and they are seeking you out because they know you can offer spiritual counsel. Again, with your training, you will have the best sense of this in the moment.
 - 5. It is estimated that fully 90% of individuals who reach the stage of threatening or attempting suicide are suffering from a mental illness, often undiagnosed. Addressing the current crisis with this in mind can help balance the dictates of your faith with the mental and emotional needs of the person in crisis.
 - iii. Proceed to **STEP SEVEN – SCREENING** below.
- c. **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. Find out if the person has a mental health counselor. Help them contact that person.
 - iii. Call your local Emergency Mental Health Crisis team immediately.
 - 1. If you think the individual is an immediate danger to themselves or others such that the Emergency Mental Health Crisis team may need the back-up assistance of emergency personnel such as emergency medical technicians or law enforcement, call 911 as well.
 - iv. **LAW ENFORCEMENT RECOMMEND ALWAYS CALLING EMERGENCY TRANSPORTATION FOR POTENTIALLY SUICIDAL INDIVIDUALS, FOR THE INDIVIDUAL'S SAFETY AND YOUR OWN.**
 - 1. It is recognized that this may not always be possible or feasible in rural situations.
 - 2. If you are in a position of needing to transport the person in crisis, follow your training and comfort level in bringing them to emergency mental health care.

3. If you are not transporting the person and help is coming to you, stay with them until help arrives.
- v. **Do not leave the person alone.**
- vi. Proceed to **STEP SIX – Wait for Emergency Help** below.

STEP SIX: Wait for Emergency Help or Transportation

1. **DO NOT leave the person alone.** Stay with the person until trained mental health care, medical, or emergency personnel arrive, or until you have transported the person to a safe location such as a hospital or counselor’s office.
2. Utilize your counseling training while you wait. Even if you feel you need emergency personnel to assist, you can have a strong positive impact on the crisis by continuing calm communication with the person.
 - 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.
 - iii. Show you have heard their answers by repeating back to them, and checking your understanding.
 - b. **DO NOT...**
 - 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.”* Suicide may be considered sinful in your faith tradition, but in a crisis situation speaking of sin and generating guilt can worsen the crisis.
 - 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. Do as instructed by professional personnel when they arrive.
4. Proceed to **STEP EIGHT – DOCUMENT.**

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: SCREENING

If the immediate scene is safe, you and others are not in danger, and in your professional judgment you do not feel immediate emergency assistance is required, an assessment of the person's need for further evaluation or treatment is appropriate. As a trained individual in a profession that often calls for counseling, you may be in a position to conduct further screening. Always call the Emergency Mental Health Crisis Team if you need assistance, the person's counselor if they have one, and/or 911 if you feel the situation is unsafe.

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. Contact the person's own mental health professional or your local Emergency Mental Health Crisis Team.
 - b. After contacting the crisis 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. Refer back to **STEP SIX – Wait for Emergency Help or Transportation**.
 - c. Proceed to **STEP EIGHT – Document**.
3. If the person **does not have a plan or access to means**, continue to screen for safety.
 - a. If you determine that immediate help is indicated despite the lack of plan/means, contact mental health assistance: the person's counselor or the Emergency Mental Health Crisis Team. Return to **STEP SIX – Wait for Emergency Help or Transportation**, then proceed to **STEP EIGHT – Document**.
 - b. If through your screening 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. Refer the individual for further care with a mental health professional. Have names and phone numbers ready, and offer to help contact the professional.
 - ii. In the moment, is there another person they feel safe with? If so, assist them with calling that person.
 - iii. Tell the third party 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.
 - iv. In the absence of another person to physically be with them in the moment, find another trusted individual in their life to contact who will be in regular contact with them for the next 24 hours.
 - v. Review simple, straightforward steps to ensure continued safety. Write them down and review them with the person.
 1. Make sure they have names and phone numbers of crisis lines, crisis counselors, knowledge of where to go physically if they need help, and will have the means to use them (will have access to a phone).
 2. Review the 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 with them 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.
- vi. **DO NOT** leave the person alone until you can assist them in getting to a safe location with another person they trust, or until you are **fully satisfied** that they are no longer a danger to themselves or another.
- c. Proceed to **STEP EIGHT – Document**.

STEP EIGHT: Document

1. Following a response to an emergency of this nature, it may be important for you professionally and for your organization to document the event and your responses, for reporting and/or liability reasons.
2. Document each step you took.
3. Determine if there are people who should have access to your documentation, especially the person’s mental health counselor, the local Mental Health Crisis Team, or the hospital staff if the person was admitted to care.

STEP NINE: 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. As a faith leader, you are in a better position than some professions to be able to reach out and stay in touch – some professions will have restrictions on an employee’s ability to remain in contact with a person they have assisted in crisis.
2. 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.
3. Don’t be stopped by, “I don’t know what to say.”
 - a. Your training as a faith leader will guide you in approaching people experiencing difficulties, and checking in on them.
 - b. Ask how they are doing, tell them you are glad they are safe, call or text to say ‘hi.’
 - c. 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 with today’s cyber communication, you may get 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 exactly what you intend it to say.
 - i. Instant 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. Use your professional judgment on identifying your role as a faith leader. If someone has texted or instant-messaged you or your place of worship directly, they are likely expecting to connect with someone in a professional faith-related role.
 - f. 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.
 - g. 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.
 - c. Use your professional judgment on identifying your role as a faith leader. If someone has called you or your place of worship directly, they are likely expecting to connect with someone in a professional faith-related role.
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 4 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 the 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 and you have gotten details on location:
 1. Tell the person to hang up and call 911, and you will call them right back.
 2. Hang up and call 911 yourself, in case they do not call.
 3. 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. Be gently directive about the gun/weapon.
 - i. Tell the person to put the gun down, or to move away from any weapons – such as move into another room.
 - ii. Do not ask – use their name and speak calmly but firmly. *“Joe, put the gun down and talk to me.”*
 - d. Stay on the phone until the emergency workers get there.
 - e. Contact the person’s mental health professional and/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: Screening.**

STEP FOUR: Screening

As a trained individual in a profession that often calls for counseling, you may be in a position to conduct further screening via the telephone. Do NOT feel that you MUST. Always call the Emergency Mental Health Crisis Team if you need assistance, the person’s counselor if they have one, and/or 911 if you need to.

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. Contact your local Emergency Mental Health Crisis Team or the person's own mental health professional.
 - b. After contacting the crisis team, stay on the phone 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.
 - c. Proceed to **STEP FIVE – Document**.

3. If the person **does not have a plan or access to means**, continue to screen for safety.
 - a. If through your screening 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. Refer the individual for further care with a mental health professional. Have names and phone numbers ready, and offer to help contact the professional.
 - ii. In the moment, is there another person they feel safe with? If so, assist them with calling that person.
 - iii. Speak with the third party yourself, so you know the contact has been made. Tell them 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.
 - iv. In the absence of another person to physically be with them in the moment, find another trusted individual in their life to contact who will be in regular contact with them for the next 24 hours.
 - v. Review simple, straightforward steps to ensure continued safety.
 - Make sure they have names and phone numbers of crisis lines, crisis counselors, knowledge of where to go physically if they need help, and will have the means to use them (will have access to a phone).
 - Review the steps they will take if the crisis escalates again and have them repeat the steps back to you to ensure they understand.
 - Set a specific time to be in contact with them again the next day.
 - 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.
 - b. Proceed to **STEP FIVE – Document**.

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 individual the information is being shared with is reasonably able to lessen the threat.

STEP FIVE: Document

1. Following a response to an emergency of this nature, it may be important for you professionally to document the event and your responses, for reporting and/or liability reasons.
2. Document each step taken.
3. Determine if there are people who should have access to your documentation, especially the person's mental health counselor, the local crisis team, or the hospital staff if the person was admitted to care.

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. As a faith leader, you are in a better position than some professions to be able to reach out and stay in touch – some professions will have restrictions on an employee's ability to remain in contact with a person.
2. 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.
3. Your training as a faith leader will guide you in approaching people experiencing difficulties, and checking in on them.
 - a. Ask how they are doing, tell them you are glad they are safe, call or text to say 'hi.'
 - b. 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 show 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 never expect, even if you know them very well.
 - 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. Contact a trusted third party to alert them to the crisis.
 - 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**.
 - 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 SIX: Self Care.**

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 without 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-
- b. Is there a hesitation before the “no”?
- c. Do they avoid your eyes or turn away?
- d. Do they get nervous or upset when they answer?
- e. Do they get defensive?
- f. Do they suddenly tear up or begin to cry?
- g. 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 & Means.***

- 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.
 - iii. 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.
 - c. Invite and encourage them to talk to you.
 - d. Ask them if they want to talk to someone other than you, and, if they do, help them make contact with that person.
 - e. If they have a mental health counselor, help them call that person and make sure the counselor knows your concerns about suicide.
 - f. 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.
 - g. 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.
 - h. Go to **STEP FIVE: Follow-up**.

STEP FOUR: Connect to Help

Someone with both a plan and the means to carry out a suicide, needs professional mental health 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: 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 SIX: Self-Care

Helping someone with suicidal thoughts or behaviors is hard. 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, even if you are used to crisis work. **Find someone to talk to – a supervisor within the church system or a counselor.**