

VERMONT SUICIDE PREVENTION & INTERVENTION PROTOCOLS FOR **WORKPLACE SUPERVISORS**

- **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.

Professions such as Social Services, Mental Health, and Law Enforcement are well known as “helping professions,” but everyone has a role in suicide prevention. Even if you think you work in a field that is not related to suicide prevention at all, in the course of your duties as a **Workplace Supervisor**, you are in a position to be interacting with people affected by suicides in one of the places they spend most of their time – the work site. In addition, no field or company is immune to the risk of suicide among employees or employee family members.

You personally may encounter a person attempting suicide, at risk for suicidal behavior, or be one of the first people on the scene following a suicide attempt or a death by suicide. This protocol covers prevention and intervention activities for people who are attempting suicide, or at risk for suicidal behavior. Attached here are postvention protocols that offer appropriate guidance following an attempted suicide, and following a death by suicide – *SUICIDE POSTVENTION PROTOCOLS FOR **WORKPLACE SUPERVISORS***.

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

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.”

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 2. **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 as best you can.
 - 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.**
 - **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.
 - Don’t shout or speak angrily or aggressively.
 - Be gently directive. Don’t ask them; tell them to give it to you.
“John, hand me the gun.”
 - If you can get the weapon from them, secure it – unload it, lock it away and hold onto the key.
 - 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 close to hand, even if the person is not threatening to use it?
 - b. If you can’t see any, ask the person if they have any guns or weapons.
 - c. If there are NO guns or other weapons in easy reach, go on to **STEP THREE – Stay with Them.**
 - d. **If there is a gun, explosive, or weapon in easy reach** you are still in **IMMEDIATE DANGER.**
 - i. Return to 1.b. **Call 911 immediately,** directly above.
 - 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.
 2. Having a deadly weapon anywhere nearby is dangerous when someone is upset and not thinking clearly.
- iii. Proceed to **STEP SIX: Wait for Emergency Help or Transportation.**

STEP THREE: Stay with Them

1. If it is safe for you, stay with the suicidal person at all times until help arrives.
2. If for any reason it is not safe for you to do so, try to find someone else who can be with the person until professional help arrives.
 - o *Appendix C has examples of when it might not be safe for you to stay with the suicidal person even if there are no weapons or dangerous devices present.*
3. Speak calmly and conversationally, at a normal volume, and **don't yell or get angry.**
4. If it is safe for you, tell others to leave the room to limit confusion and upset.
5. 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 in the general vicinity? A bottle of pills, poison, a nearby open window?
 - b. Ask the person directly if there are dangerous items on their person or nearby in their office desk.
 - 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; worksite chemicals).
 - 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. Find out if the person has a mental health counselor.
 - a. Recognize that even while in immediate crisis an employee may not want to reveal to you that they have a professional mental health counselor for fear of it affecting their job. Reassure them that you are only asking so you can get them help, and that you will not share their mental health information in the workplace.
 - b. If yes, call that counselor, follow instructions, and go to **STEP SIX – Wait for Emergency Help or Transportation.**
 - c. If no, or if you can't get that person on the phone, continue here.

2. Call your local Emergency Mental Health Crisis Team.
 - a. Tell the Crisis Team that you are with a suicidal person. Follow their instructions.
 - b. Law enforcement professionals recommend calling for emergency transportation for anyone who is actively suicidal, for the individual's safety as well as your own. In deeply rural areas, this may or may not be feasible. This will depend on your local resources.
 - c. **Do not** let them drive themselves.
 - 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 call 911 and ask for emergency transportation to the Emergency Room.
 - i. If you do go to an Emergency Room, **do not leave the person alone** in the ER waiting room.
3. Stay with the person until their transportation or counselor arrives.
4. **REMEMBER: FOLLOW YOUR GUT INSTINCT! ALWAYS CHOOSE SAFETY.**
 - a. The person may ask you NOT to call for emergency help because they fear professional repercussions, especially if they are on the job site. If you believe they are a danger to themselves, call anyway. Assure them you will be respectful of their privacy and will not share any of their personal information in the workplace.
 - 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.**
 - c. **Don't let their fear of embarrassment** overrun their safety. It is better to have a mad or embarrassed employee who is still alive.
5. While there may be individuals you are required to inform, such as Human Resources, be cognizant of how you answer questions from other employees about the person in crisis.
 - a. People care, and are curious, and will ask if someone is picked up in an ambulance or has to leave work suddenly. They may ask quite persistently!
 - b. If you are the only person to know of the crisis circumstances, inform ONLY the people you absolutely must. Consider how much information these individuals truly need to know.
 - c. Be sure to honor the individual's privacy and give only the bare necessary facts to others.
 - i. "Joe had to leave work, and we're not sure when he'll be back. When I know more about his return I'll let you know."
 - ii. "I understand you care about Suzy, but we need to respect her privacy. All I can say right now is that she had to leave work. I'll keep you posted on how she's doing."

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 husband. 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 professional personnel when they arrive.

WHAT IF THEY REFUSE HELP?

A legal adult (over the age of majority) 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.

If you are a health or education professional concerned about patient privacy regulations, Appendix E also contains HIPAA and FERPA Guidance. 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: 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 remotely is when a person says they plan to hurt themselves in a way that will cause death, and you are not with them in person. You may get a telephone call from someone threatening suicide, or a text, email, or instant message. 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. 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. 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.
 - 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.
4. **IT IS OKAY to stop and think about whether it is safe for you to respond.** If it is **NOT SAFE** for you, tell them to call 911, or call 911 yourself, and ask emergency services to respond.
 - o *See Appendix C for more information on circumstances under which it might not be safe for you to respond.*

STEP TWO: Get Contact Information

1. Write down information as you ask for it.
2. 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 keep the person on the telephone.

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:
 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. 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 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 – Get Help**.

STEP FOUR: Get Help to the Person in Crisis

1. Ask 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.
2. Help the person find someone to be with them in person.
 - a. Ask them to think of someone first. A person of their choice would be best.

- b. If they can't think of anyone, offer suggestions – name friends, family members, a counselor.
 - c. 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.
 - i. Tell them why this is a crisis – say the word suicide.
 - ii. Stress that the person in crisis should not be left alone, and should get follow-up mental health care as quickly as possible.
 - iii. Suggest that the Emergency Mental Health Crisis Team as a resource.
3. 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.
4. **ALWAYS CHOOSE SAFETY if you aren't sure.** It can be hard on the telephone to judge the level of crisis.
 - a. **Don't let fear of embarrassing or angering** the person override safety.
 - b. They may not want you to call emergency help, especially if they are having second thoughts about talking with someone from their place of employment. Call anyway.
 - c. 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.
5. If you cannot contact the Emergency Mental Health Crisis Team, call 911.
6. Stay on the phone with the person until help arrives – whether it is another friend or family member, a counselor, or emergency services.
7. 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."*
 - *"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.
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 - *"I know you'll find a new job fast."*
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STEP FIVE: Call Them After The Crisis

Suicide prevention research is showing that hearing from people after the crisis is helpful in keeping people safe.

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 just 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.

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. It is **OKAY** to **STOP and THINK** – “*Am I the right person to try to help this person?*”
 - a. There are times when it may be **unsafe for YOU** to be the person to help directly. You need to protect yourself.
 - b. It is **OKAY** to decide that you are not the right person to help directly, if your safety might be in question.
 - c. If you are not the right person, tell someone else about your concerns for the suicidal person as soon as possible.
 - i. Ask the third party to reach out and contact the possibly suicidal person.
 - ii. If you can’t find anyone, call the Emergency Mental Health Crisis organization in your community.
 - d. See *Appendix C* for possible reasons why it might be unsafe for you to be the person to respond.
 - e. Go to **STEP SIX: Self Care**.
3. If you are with the person, address the issue of suicide directly. Go on to **STEP TWO: Ask Direct Questions** below.
4. If you **are not with the person**:
 - a. Get help - contact a third party.
 - i. Do not try to handle this alone. Tell someone else about the potential crisis.
 - ii. If this feels like an **immediate crisis**, go to the **CRISIS PROTOCOLS** for responding to a **THREAT OF SUICIDE**.

- iii. Contact another person you trust to let them know about your concern and ask them to be available while you check on the person in possible crisis.
 - 1. Human Resources is often a good option given confidentiality requirements.
 - 2. If the person has a mental health counselor, try to contact the counselor.
- b. Make direct contact with the person you are concerned about.
 - i. Contact in person if possible.
 - 1. If electronic communication is the quickest way to find them it may be a place to start, but it is recommended to get to them in person as soon as possible.
 - 2. Texting and emailing can be hard to use for talking about emotionally intense topics.
 - It is easy to make typing mistakes and autocorrect features can change message meanings easily.
 - Text messages can be easily misunderstood.
 - Responding via text can set up expectations for immediate response from you that you may not be able to fulfill.
- 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**.

- 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'm concerned for 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. Suggest Human Resources or the Employee Assistance Program if your organization has one.
 - ii. 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.
 - iii. Help contact someone the person trusts to come and get them, or take them to that trusted person or to a safe place.
- 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.
 - b. Invite and encourage them to talk to you.
 - c. Ask them if they want to talk to someone other than you, and, if they do, help them make contact with that person.
 - d. Suggest the Employee Assistance Program if your organization has one that can be contacted for immediate help.
 - e. Suggest the Human Resources Department if your organization has one.
 - f. If they have a mental health counselor, help them call that person and make sure the counselor knows your concerns about suicide.
 - g. 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.
 - h. If you cannot stay with them, ensure you make contact with another trusted person who CAN stay with them.
 - i. 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 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 shows that people who experience a suicidal crisis benefit from contact from those who helped them during the crisis. If possible, make contact with the person during the days following the crisis, 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. **Find someone to talk to.** Access the Employee Assistance Program and/or look at the local resources for counselors, or support groups.