**Suicide Prevention Information and Procedures**

Generally, it is a combination of events which leads a person to feel that suicide is the only way out of their suffering. People that contemplate suicide often feel hopeless about life and have a low self-esteem. The person often feels alone, helpless and worthless. The emotional pain is so great that the person just wants to stop it. The common perceptual state is constriction or believing that options have narrowed to only one, which is suicide. They may feel that they are a burden to others.

There may be events in the person’s life that make them more susceptible to considering suicide including:

1. Break-up of a close relationship with a loved one
2. Interpersonal relationships with family and close friends
3. Death of a loved one: spouse, child, parent, sibling, friend, or pet.
4. Worry about job or school performance
5. Concerns about failure or performing less well than expected
6. Loss of “support systems” or “emotional safety” from a new environment
7. Loss of social or financial status of a family

**Other contributing factors**

\*History of previous suicide attempts

\*History of depression or other mental illness

\*Alcohol or drug abuse

\*Isolation

\* Unwillingness to seek help

\*Family history of suicide

\* Alcohol or drug abuse

\* Easy access to lethal methods

**Characteristics of Self-Destructive People**

\*Anger, Grief

\*Threats of suicide

\*Compulsive desire for self-punishment

\*Repeated failure to establish lasting relations

\*Extreme risk-taking

\* Sense of hopelessness

**Checkpoints to consider in judging how serious the intent to commit suicide**

1. Does the caller describe a plan to die by suicide?
2. Is the caller able to carry out the suicide plan immediately? Does the caller have access to pills, a weapon at the time of the call?
3. How immediately destructive are the results of the plan? The more detailed these plans are, the more dangerous.
4. Is the caller alone? If the caller is alone it poses a more dangerous situation. If you hear others or the caller reports others being with her it is less dangerous.
5. How does the caller sound? It is a clue of suicide intent if the voice is a flat monotone or a hysterical screech, rather than a conversational voice.
6. Have there been previous attempts at suicide?

**Emergency situations regarding suicide**

1. When a caller is talking about dying by suicide or threatening to do so, the phone counselor should be very direct in asking the caller,” Have you thought about harming yourself or killing yourself?” Your first step is to keep the person talking, remain calm and attempt to de-stress the caller.
2. Attempt to discover the necessary information to relate to dispatch for help. Attempt to find out if the caller may have already done something to harm herself. Have drugs been ingested and what type and quantity? Are there other injuries? Are there fire arms in the home? Is she alone? Where is the caller now including: address, town/city, phone number? It is then the phone counselor’s judgment whether are not to call for emergency assistance.
3. If, in the opinion of the phone counselor, it is a genuine emergency, the phone counselor must inform the caller that help is being sent, even if the caller seems unaware, incoherent, or unable to communicate. If possible, the phone counselor should keep the caller on the line. If a second person is with the phone counselor, they should be requested to make the contact for emergency assistance while the phone counselor remains on the line with the caller. If the phone counselor is alone and has a second phone available, she should attempt to keep the caller on the line while using the second phone to call for emergency assistance. If the phone counselor is alone and does not have a second phone available, then attempt to text the following emergency contact information if known: **suicide-name of caller**, **address, town/city** to Terry (630-988-7395) or Sister Mary Frances (815-341-9124). Terry or Sister will send a text message to the phone counselor that the message has been received and emergency services are being contacted. The phone counselor should attempt to remain on the line with the caller until emergency responders arrive. Once the event is completed, make sure to contact Terry to discuss the incident and thoroughly complete a data sheet.