**Suicide Prevention Information and Procedure**

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. The person often feels alone, helplessness and despair. 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.

**Events in a person’s life making them more susceptible to considering suicide**

* Break-up of a close relationship with a loved one
* Interpersonal relationship problems with family and/or close friends
* Death of a loved one: spouse, child, parent, sibling, friend, or pet.
* Worry about job or school performance
* Other concerns about failure or performing less well than expected
* Loss of “support systems” or “emotional safety” in a new environment
* Loss of social or financial status of a family
* Childhood abuse, neglect or trauma
* Bullying
* High conflict or violent relationships

**Communication or talk from those at risk for suicide**

* Killing self
* Feeling hopeless
* Having no reason to live
* Being a burden to others
* Feeling trapped
* Unbearable pain
* Humiliation/shame

**Behaviors that may signal Risk**

* Increased use of alcohol or drugs
* Looking for a way to end their lives, such as searching online for methods
* Withdrawing from activities
* Isolating from family and friends
* Sleep disturbances (too much or too little)
* Visiting or calling people to say goodbye
* Giving away prized possessions
* Increased agitation and impulsive aggression tendencies
* Depression
* Loss of interest
* Unbearable emotional or physical pain

**Other contributing factors**

* Family/loved one’s history of suicide
* Suicide attempts
* History of mental illness such as major depression, Bipolar disorder, Schizophrenia, Anxiety Disorder, conduct disorder or post-traumatic stress disorder
* Personality traits of aggression, mood changes and poor relationships
* Alcohol or drug abuse
* Isolation
* Unwillingness to seek help
* Lack of access to healthcare
* Easy access to lethal methods
* Feeling hopeless, worthless, a burden to others
* Medical condition with chronic disease, chronic pain or
* terminal illness
* Stress of acculturation
* Community violence
* Discrimination
* Lesbian, Gay, Bisexual, Transgender, Queer 2+ with an unsupportive

Family or in a hostile environment

* Prolonged Stress, such as harassment, bullying, relationship problems or unemployment
* Criminal/legal problems
* Current or prior history of adverse childhood experiences
* Violence victimization and/or perpetration
* Unsafe media portrayals of suicide

**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

**Protective Factors**

* Access to quality physical, mental health care, and being proactive about mental health
* Feeling connected and supported by family, school, and community Support
* Effective problem solving and coping skills
* Limited access to lethal means
* Cultural and religious beliefs
* Reasons for living (i.e. family, friends, and pets, etc.)
* Strong sense of cultural identity

**Checkpoints to consider in judging how serious the intent to take one’s life by suicide**

1. Does the caller describe a plan to die by suicide?
2. How immediately destructive are the results of the plan? The more detailed these plans are, the more dangerous.
3. Is the caller able to carry out the suicide plan immediately? Does the caller have access to drugs or a weapon at the time of the call?
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, your first step is to keep the person talking, remain calm and attempt to de-stress the caller. First of all, reassure them that you are remaining with them and affirm them for calling the Hotline. Example: “Thank you for your courage in calling today. I am glad you are telling me about how much has been going on and how you are feeling. Thank you for sharing with me.” Make sure they know that you are going to remain there with them and that you care. Use open ended questions, reflective listening and affirmation to keep the caller talking and sharing. Take notes on key information that can be used to reflect and affirm positive intentions, past accomplishments, strengths, etc. that reflects their contributions.
2. Do not be afraid to be direct in asking if the caller is planning to kill themself. 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 themself. Have drugs been ingested and what type and quantity? Are there other injuries? Are there fire arms in the home? Is the caller 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 (local 911) while the phone counselor remains on the line with the caller. If the phone counselor is alone, they should attempt to keep the caller on the line and text the following emergency contact information if known: **suicide concern - name of caller**, **address, town/city, phone number** to Terry (630-988-7395) or Jean (815-258-9019). Terry or Jean will send a text message to the phone counselor that the message has been received, to seek additional information, support the phone counselor using an additional device such as a computer, additional phone, facetime, etc. and to let the phone counselor know when emergency services are being contacted. Make sure that your devices are charged prior to your shift. 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.

References:

National Institute of Mental Health

American Foundation for Suicide Prevention

Centers for Disease Control ands Prevention