

# Responding to Someone Who is Depressed or in Crisis

Whether you are a family member, friend or health professional, it is always beneficial to have a plan in mind before attempting to help an individual who is depressed or in distress. Though crisis response and public health experts may use different approaches when responding to someone in distress, most of these approaches consist of the following steps:

- create a safe environment
- establish rapport and trust
- identify warning signs, risk and protective factors
- assess and determine suicide risk
- explore available resources
- decide best course of action
- provide ongoing support

## Create a Safe Environment

Do your best to provide the person you are responding to with an environment that is quiet, private and where you will not be interrupted; where he or she can receive your undivided attention and focus without distractions from other people, phone calls or activities.

## Establish Rapport and Trust

Demonstrate your concern by engaging the person in a conversation, listening carefully to what he/she is saying without immediately expressing your own opinion. The focus should be on what the person is thinking and feeling. The more comfortable a person feels with us, the more we can learn about their situation and state of mind and the greater the likelihood they will seek support and allow us to help.

## Identify Warning Signs, Risk and Protective Factors

Recognize the circumstances and environments that can increase an individual's risk for suicide; the behaviors and states of mind that are warning signs of depression; and the behaviors, environments and relationships that reduce that person's risk. This will help us to develop a clearer picture of the individual's current situation.

**RISK FACTORS** Some of the issues tied to background, history, environment and/or circumstances that increase the risk potential for suicide:

- previous self-destructive or suicidal behavior
- any type of loss of parent or loved one
- social isolation and/or alienation
- barriers to accessing health care/treatment
- cultural/religious beliefs supporting suicide
- loss of job, income, unemployment, benefits
- personal/family history of suicide, psychiatric disorder
- alcohol or other form of substance abuse
- history of trauma, abuse, violence or neglect
- easy access to lethal means (especially guns)
- unwillingness to access help due to stigma
- problems tied to sexual identity and relationships

**WARNING SIGNS** Some of the affects, behaviors and actions that are often related to an individual experiencing depression and/or suicide ideation:

- a sudden worsening of school performance
- a heightened fixation with death or violence
- difficulty in adjusting to gender identity
- extreme alcohol and/or substance abuse
- impulsive and/or risk-taking behavior
- announcing a plan to kill him or herself
- statements like: 'I wish I was dead,' 'No one will miss me when I'm gone' or 'I think I'll just disappear.'
- changes in eating and sleeping habits
- violent mood swings, changes in personality
- being a victim of bullying, sexual abuse, violence
- recent or ongoing impulsive and aggressive acts
- self-destructive and violent behavior towards others
- obtaining a weapon or other lethal means
- sudden giving away of prized possessions
- talking or writing about suicide or death

**PROTECTIVE FACTORS** Some of the key behaviors, environments and relationships that reduce the likelihood of suicide and enhance resilience:

- supportive and caring family and friends
- access to medical and mental health care
- restricted access to lethal methods of suicide
- connectedness to community, school, organizations
- learned skills and behaviors (e.g., problem-solving, conflict resolution, anger management, etc.)
- access to immediate and ongoing support and care
- cultural and religious beliefs that discourage suicide

## Assess and Determine Suicide Risk

There are different methods and tools that can be easily accessed and utilized to determine the extent of an individual's depressive feelings and/or thoughts tied to suicide. These include depression screening tools that can measure the "severity" of an individual's depression, risk assessment models that can measure the individual's "intent" to attempt suicide, *degree of risk*, *capability* to attempt or how much he or she has *visualized* the act (like the assessment tool shown below).

**In the context of what you have seen, heard and know about the individual you are responding to, determine answers to the following questions:**

- Is the person expressing thoughts about suicide or has he or she done so in the recent past?
- Does the person have a plan in place to attempt suicide and the means available to do so?
- Has the person set a specific time to act on his or her plan and when is it?
- Has the person ever attempted suicide in the past or had a family member that did so?

## Explore Available Resources

Utilizing professional, familial, spiritual and other resources increases the family member, friend or health professional's ability to maintain ongoing support for the person in distress and increases the effectiveness of the response. Resources may include referrals for ongoing clinical care, immediately accessible crisis response services like hotlines and mobile crisis units, support groups, education and information, technical support, etc.

## Decide Best Course of Action

Using what you have learned from talking to the person you are responding to—his/her warning signs, risk and protective factors, his/her state of mind and level of suicide risk—and the resources and other supports that are available, decide what else you need to learn or who you need to talk to in order to respond effectively. Of most importance, if the person is significantly depressed or has thoughts of suicide, identify and remove all access to lethal means (including guns, controlled substances or any materials that could be used to harm oneself).

## Provide Ongoing Support

Responding to a person who is in distress or suicidal is often an ongoing process that requires a consistent level of followup, support and utilization of resources. For the benefit of the person you are helping as well as yourself, *do not go it alone*. Implement a multi-faceted team approach consisting of family, health professionals, members of the community, colleagues, etc. to ensure the best results and prevent caregiver stress and burnout.

## Prevention References and Resources

The references below provide more in-depth information on the topics covered in this section. There are other sources of information and references in this guide that address these and similar topics, and a separate section, "Resources to Access for Help and Support" for programs and services to help people who are depressed, in distress or suicidal.

**Samaritans 'I Can Help!' *Suicide Awareness & Prevention for Caregivers & Service Providers*** This booklet offers a comprehensive approach to helping people in distress, including establishing rapport, understanding myths and misconceptions, active listening tools, etc. [www.samaritansnyc.org/files/icanhelppreventionbooklet.pdf](http://www.samaritansnyc.org/files/icanhelppreventionbooklet.pdf)

**Detecting & Treating Depression in Adults** NYC DOHMH provides tools for recognizing depression, assessing suicide risk (includes PHQ-2 & PHQ-9 depression screening questionnaires), information about medication, managing suicidal patients and treatment options. [www.nyc.gov/html/doh/downloads/pdf/chi/chi26-9.pdf](http://www.nyc.gov/html/doh/downloads/pdf/chi/chi26-9.pdf)

**Safety Planning Guide** Explains goals, methods and design involved in developing a safety plan of coping strategies and sources of support for patients who have been deemed high risk for suicide. Accompanied by a safety plan template. [www.sprc.org/for-providers/primary-care-tool-kit-tools](http://www.sprc.org/for-providers/primary-care-tool-kit-tools) (click "Safety Planning Guide" and "Patient Safety Plan Template")

**Risk and Protective Factors for Suicide** Discusses the interactive relationship between risk and protective factors. Separates risk factors into biopsychosocial, environmental and social-cultural, to provide a cross-section of perspectives in assessing risk. [www.sprc.org/library/srisk.pdf](http://www.sprc.org/library/srisk.pdf)

**Columbia-Suicide Severity Rating Scale (C-SSRS)** Frequently used in clinical practice to assess suicidality in adolescents and adults. Assesses behavior, ideation, lethality and severity; and distinguishes between suicidal occurrences and non-suicidal self-injury. Multiple versions/languages. [www.cssrs.columbia.edu](http://www.cssrs.columbia.edu)

**The Role of Clinical Social Workers and Mental Health Counselors in Preventing Suicide** This guide for treating those who are depressed and suicidal contains several detailed references for assessment models and measures. [www.sprc.org/basics/roles-suicide-prevention](http://www.sprc.org/basics/roles-suicide-prevention)