

Suicide Prevention, Crisis Response and Safety Planning

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Health care professionals working with *at-risk populations* frequently report seeing an increase in the number of individuals they serve or treat who are experiencing distress, depression, trauma, self-destructive and/or suicidal behavior.

These individuals cover the entire range of age, sex, race, culture, social and sexual identity and include children, adolescents, the elderly, chronic sick and mentally ill, those with substance abuse problems, the unemployed, homeless, immigrants, victims of domestic violence, sexual abuse and bullying, police and returning veterans, young Asians and Latinas, members of the GLBT community and many more.

The alarming statistics below remind us of the importance of having our programs and sites properly prepared to respond to clients' emotional problems and crisis scenarios:

- More Americans died from suicide last year than from automobile accidents
- Nearly 1 million people in the US make a suicide attempt each year
- Over 60% of those who suffer mood disorders do not receive psychological services.

This document is intended to provide an initial framework for the development of suicide prevention, crisis response and safety planning and should be supplemented with other materials, information and research that best fit the needs of the program or site developing the plan and the people it serves.

The Samaritans of New York is a member of Befrienders Worldwide, the suicide prevention and crisis response network with hundreds of affiliated centers around the world.

To learn more about the work of The Samaritans of New York, information on responding to those who are in distress, depressed and suicidal as well as those impacted by suicide, go to: www.samaritansnyc.org

Suicide Prevention, Crisis Response and Safety Planning

The Need for Prevention Planning

Considering the prevalence of individuals and their family members experiencing distress, depression, trauma, a crisis, self-destructive or suicidal behavior, it is important that every school, site and community-based organization have some form of comprehensive prevention and crisis response plan in place.

Prevention planning enhances a site's readiness to handle any situation it faces, provides a blueprint with guidelines for staff and community members to follow, creates a sense of security that comes with preparation and knowing that everyone has a role to follow and also provides an early warning system and method of responding for every kind of personal, social or health problem or issue--from abuse, neglect, sexual assault and domestic violence to substance abuse, truancy, traumatic loss, etc.

The Components of An Effective Plan

The following guidelines are based on the Samaritans of New York's experience working in the NYC-Metropolitan area over the past 30 years with hundreds of NYC public and private schools, colleges and universities, neighborhood, non-profit and community groups, healthcare and research organizations and government agencies. These guidelines are intended as an initial step in developing a site-based plan and are not intended to fulfill professional or legally mandated reporting requirements nor are they meant to take the place of any school, program or site policy or protocol.

The effectiveness of any plan is dependent on the proper training of all lay, professional and administrative staff, and anyone working within the program who comes into contact with the general population, including custodians, food service workers, security guards, etc. But a plan will only be effective if it includes input from all the stakeholders involved in its implementation and is based on realistic expectations in terms of peoples' accountabilities, responsibilities and capabilities.

Samaritans suggests that your initial suicide prevention/crisis response planning include:

1. **A program/site awareness education campaign**
2. **A program/site crisis protocol to ensure a consistent response**
3. **Professional development training for all frontline staff**
4. **Guidelines on reducing potential access to and use of lethal means**
5. **Guidelines for utilizing safety planning with at-risk individuals**
6. **A pre-screened community information, resource and referral list.**

***See sections 1-6 on the following pages for suggested guidelines and links for each subject area.** The three resource guides listed below (blue box) provide additional information and resources to support this work.

Samaritans Resources to Assist with Suicide Prevention, Crisis Response & Safety Planning

Samaritans has produced several publications that can provide more detailed information, research, resources and community referrals to help in the development of program or site crisis responses and safety planning. To learn more, go to:

NYC Guide to Suicide Prevention, Services and Resources

<http://samaritansnyc.org/nyc-resource-guide/>

The Guide provides an overview of effective crisis responses, statistics, warning signs, risk factors; assessment tools, a list of free training programs, references to clinical research and key NYC programs and services—all with contact information and active links.

Samaritans NYC Guide for Survivors of Suicide Loss

www.samaritansbeyondsurviving.org

This Guide provides an overview of the resources, research, activities, support groups and other helpful information (with active links) that is designed to assist survivors of suicide loss (and their family, friends and caregivers) as they move forward on their path to healing.

Samaritans 'I Can Help!' Awareness & Prevention for Healthcare Providers

www.samaritansnyc.org/wp-content/uploads/2013/08/Samaritans-Suicide-Awareness-and-Prevention-Booklet.pdf

This Booklet provides an overview of suicide myths and misconceptions, effective active listening tools, suicide risk and assessment models as well as basic class awareness discussion outlines and a caregiver's checklist.

1. Program/site awareness education campaign

Every member of a program/site's community (including clients, students, parents, teachers, guidance counselors, volunteers, lay and professional staff, etc.) should be informed of the prevalence of depression, trauma, violent, self-destructive and suicidal behavior.

The more aware a community is of the emotional and psychological problems its members may face, the stigma they may encounter and how that site is equipped to respond to them--the more effective it will be in identifying and reducing the impact of potential crisis situations.

An effective crisis response awareness campaign should provide:

A. Awareness education module--adapted to match community members' role and learning style--examining depression, trauma and suicide on a basic human level. The module should address the circumstances and behaviors associated with risk, myths and misconceptions many people have about mental illness and how to utilize support and engage other community members in accordance with the site's approach and protocol.

B. Description of program/site's approach and protocol, describing procedures to be followed, policies to be adhered to and people to contact in specific circumstances and situations

C. Distribution of program/site's pre-screened and approved community resources, programs and professional services

2. Program/site protocol to ensure a consistent response

Some form of user-friendly flowchart outlining the process to be followed in every interaction with an individual who may be in crisis, including the components of the initial interaction, rapport-building, how to assess risk, support staff roles, reporting procedures and available resources.

Every protocol should consist of guidelines, policies, procedures that direct staff on how to handle or respond to every scenario a site may experience--from the most basic to worst case. This includes but is not limited to:

- how to respond when an individual talks about suicide
- what to do when an individual is exhibiting significant warning signs
- how to respond to *third parties*, people concerned about someone else
- the chain of command to follow when responding to imminent risk
- approved services/professionals to contact in emergency situations.

3. Professional development training for all frontline staff

Implementing prevention planning, community awareness and site protocols will only be successful and result in positive outcomes if the frontline staff are properly trained in how to respond to crisis scenarios.

All frontline staff should be required to participate in professional development training that addresses the following issues and topics:

- examining depression and suicide as major public health problems
- understanding the role of stigma in resistance to seeking care
- identifying risk factors, warning signs and protective factors
- determining risk and assessing suicide ideation
- utilizing the program/site's crisis response protocol
- developing client safety plans/reducing their access to lethal means
- accessing community services, emergency providers, etc.

Providing staff the opportunity to address their concerns, develop needed skills and expand their knowledge of the issues maximizes the effectiveness of a site's prevention planning and implementation.

A Sampling of Helpful Prevention Education & Planning Resources

Samaritans 'I Can Help!' Awareness & Prevention for Caregivers & Service Providers contains a cross-section of topics on stigma, myths and other topics. www.samaritansnyc.org/wp-content/uploads/2013/08/Samaritans-Suicide-Awareness-and-Prevention-Booklet.pdf

UCLA: School Mental Health Project information, training aids, resources on topics that include violence prevention, child abuse/neglect, children of substance abuse, bullying, bereavement, cultural competence, etc. <http://smhp.psych.ucla.edu>

SPEAK (Suicide Prevention Education Awareness Kit) a series of handouts/materials developed by experts in NYS that covers countless topics tied to awareness education, for the public, lay and professional providers. <https://www.omh.ny.gov/omhweb/speak/>

Crisis Management (NASBHC) provides a helpful checklist of questions to consider and issues to address in developing a protocol. <http://www2.nasbhc.org/MHPET/crisis.pdf>

Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student an example of a comprehensive site protocol designed by the Jed Foundation www.jedfoundation.org/assets/Programs/Program_downloads/Framework_color.pdf

How to Manage a Social Media Crisis: How to Spot It & What to Do worthwhile corporate perspective on pre-crisis planning in this age of immediate texts and posts. <http://www.rignite.com/blog/how-to-manage-a-social-media-crisis-developing-a-response-protocol>

SAMHSA, Treatment, Prevention & Recovery over 60 articles, brochures and papers on topics from responding to youth, clinical issues, managing depression, addressing suicidal thoughts in substance abuse treatment, etc. for public and professionals. <http://store.samhsa.gov/facet/Treatment-Prevention-Recovery/term/Suicide-Prevention>

Suicide Prevention Resource Center is a national library of suicide prevention information and research and a good source for prevention planning and staff development training, such as this example of free training webinars. <http://www.sprc.org/training-institute/samhsa-webinars?page=3>

4. Guidelines on reducing potential access to and use of lethal means

Enhance ‘protective factors’ and reduce access to lethal means is the key to reducing violent, self-destructive and suicidal behavior, say most public health experts.

Safety is maximized when you expand the individual at-risk’s support system, connection to family, friends and community, learned coping skills and access to health care while reducing their potential use of lethal means.

“Research indicates that while people may contemplate suicide over time, the actual decision to take their life is often impulsive,” says Ken Norton, LICSW, of NAMI/NH.

This impulsivity presents a strong argument for all health care providers being knowledgeable about the keys to reducing access to lethal means, which includes:

- withdrawal of method
- making method safer/less toxic
- reducing amount of method available
- reducing ease of access to method
- developing strategies to employ when the individual is thinking of utilizing method.

There is a helpful webinar on “CALM “(Counseling on Access to Lethal Means) designed to assist health care providers in developing strategies to help clients at:

<http://www.youtube.com/watch?v=IwLTDGsxXWAI>

“Means Reduction Saves Lives,” Harvard School of Public Health, focuses on *lethal means counseling*, how to limit access to lethal means in times of crisis

<http://www.hsph.harvard.edu/means-matter/lethal-means-counseling/>

6. A pre-screened community information, resource and referral list

Every program/site prevention and safety plan relies on the community programs, health providers and emergency services utilized in crisis situations, so it pays to invest time in developing effective resource and referral lists.

Call the individual, program or service directly in advance, let them know who you are, the work of your program/site and the circumstances you may call on them. Ask for their name, cellphone number and best way to contact.

The following list contains programs and services to consider including in your site resource/referral list:

Local/county hospital (24-hour direct phone number)

For medical and psychological emergencies and support services, including ambulance service.

Emergency room	Head triage nurse
Head ER resident	Psychiatric resident
Attending physician	Clinical social worker

Local police precinct (24-hour direct phone number)

For crimes, including assault, child abuse, domestic violence, sexual abuse and other emergencies

Precinct captain	Community affairs officer
Public liaison officer	Crisis/trauma team leader
Special duty officer(s)	Emergency medical services

5. Guidelines for utilizing safety planning with at-risk individuals

Safety Planning is an effective tool that can be used in a collaborative manner with an at-risk individual to enhance his/her coping and help-seeking skills.

By assisting the individual in being able to recognize their own at-risk behaviors, and working with them to develop pre-determined steps to follow to address those issues and problems, crises can often be averted.

“As a therapeutic strategy, it is useful to have patients attempt to cope on their own with their suicidal thoughts, even if it is just for a brief time,” says Barbara Stanley, Ph. D., Columbia University, a co-developer of a Safety Planning tool that is being utilized working with veterans, college students and other at-risk populations.

The tool is developed in consultation with the client so that they are directly involved in its design and, therefore, are more likely to adhere to its components, which include:

- recognition of warning signs
- internal coping strategies
- socialization strategies for distraction
- social contacts for assistance
- people/services to contact for assistance.

There is a user-friendly template with key questions to ask and basic guidelines that health care providers can follow when designing a Safety Plan with a client or patient that are both accessible for free from the *Suicide Prevention Resource Center* at:

<http://www.sprc.org/for-providers/primary-care-tool-kit-tools>

Local fire department station (24-hour phone number)

For immediate response to potential life-threatening situations, such as someone on a window ledge

Station captain	Head, emergency services
Head, crisis/trauma team	Community affairs officer

Community Health Agencies and Organizations

That respond to problems most frequently faced by those served by program/site, including but not limited to:

Child abuse	Bullying and gang violence
Substance abuse	Domestic violence
Victim’s services	GLBTQ issues
Immigration services	AIDS information/treatment

24-hour Crisis Hotlines and Support Services

That respond to problems most frequently faced by those served by program/site, including but not limited to:

24-hr suicide hotline	Mobile crisis teams
24-hr info and referral	Child abuse reporting
Poison control	Veterans crisis line
GLBTQ hotline	Teen chat lines/bullying lines

Other services and numbers to consider

Shelters/food pantries	Community centers
Faith-based groups	City health & youth programs
Outreach programs	Health/mental health providers
Advocacy groups	After school programs
Food pantries	Domestic violence shelters