PURPOSE:
This tool kit is offered as a pocket-sized reference on suicide crisis intervention for police officers, EMTs, and others who may encounter potentially suicidal persons in the line of duty. It presents information for identifying possible suicide risk, determining if an individual may be at risk, and intervening to safely help the individual. It is meant to complement a more comprehensive training on crisis intervention and suicide prevention.

Remember that no one is immune from suicide risk and that the information given here applies to you and your colleagues.
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1. BASIC CONCEPTS:

- A suicide attempt may occur when someone has both intent to die and the capability for potentially lethal self-harm.
- A desire to die may result from a person’s belief that he/she is a burden to those he cares about and/or is disconnected from those important to her/him.
- A capability for lethal self-harm may result from abuse, trauma, exposure to violence, pain, past self-injury, or mentally rehearsing a suicide plan.

Phone: 610-279-6100
2. CHAIN OF LIFE:

- Look for (i) early signs of suicide risk, (ii) warning signs of suicide, and (iii) danger signs
- Screen for suicide intent or desire to die
- Persuade the person to accept *immediate* help if high risk or to seek help soon if no imminent risk
- If high risk offer voluntary transport to ER/MCES; if person declines, file “302” and take involuntarily
- If low risk (no imminent danger), refer to MCES or behavioral health provider
3. EARLY SIGNS OF SUICIDE RISK

- Talking about being trapped, losing control
- Initiating or increasing alcohol/drug use
- Withdrawing from family/friends
- Manifesting anxiety/agitation/sleep problems
- Mood changes, anger, growing pessimism
- Persistent and growing self-criticism
- Rigid all/nothing, black/white thinking
4. WARNING SIGNS OF SUICIDE

- Seeing negative occurrences escalating
- A precipitating event or “critical incident”
- Indifference to social/job functioning
- Being present-oriented/vague on future
- Talking/writing/drawing about death
- Giving away/disregard for property/pets
- Finalizing personal affairs
5. DANGER SIGNS OF SUICIDE

These are earliest detectable indicators of very high suicide risk in near-term (minutes, hours, days):

• Threats to hurt or kill self
• Looking for/acquiring lethal means
• Voicing a specific suicide plan (when/how)

Any of these signs should trigger an immediate emergency response (9-1-1) and a psychiatric evaluation.

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6. BASIC APPROACH:

- Check safety concerns with family/friend on-scene, get their cooperation, if possible.
- Always take any threat to complete suicide very seriously. *Believe the threat!*
- Always be non-confrontational and non-judgmental in speech and body language.
- Move slowly and casually and make normal eye contact.
7. SCREENING FOR SUICIDE INTENT

- Do you feel that you are not part of anything?
- Do you feel that people would be better off without you?
- Have you thought of suicide?
- Have you had thoughts about suicide in the last two months?
- Are you thinking about it right now?

One or more "YES" answers to questions about both INTENT and CAPABILITY may indicate HIGH suicide risk

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8. SCREENING FOR CAPABILITY

- Have you hurt yourself without intent to die?
- Have you experienced abuse, violence, pain, serious injury, or trauma?
- Do you have the means to take your life?
- Have you mentally practiced a suicide plan?
- Have you tried out a suicide plan in any way?

One or more “YES” answers to questions about both INTENT and CAPABILITY may indicate HIGH suicide risk.

References:

More Information:
- American Foundation for Suicide Prevention – www.afsp.org
- American Association of Suicidology – www.suicidology.org
- Survivors of Suicide, Inc. – www.sosphilly.org (Support groups and other resources for those who have experienced a suicide loss)
9. HOW TO HELP

- Listen and say that you care
- Say that he/she’s not alone and that you will help
- Assess situation for safety of all parties
- Remove means/secure weapons, if safe to do
- Do not leave him/her alone or leave alone
- Call 9-1-1 or 610-279-6100 (MCES)
- Get debriefed later, if necessary

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