

The following guidelines may be helpful when trying to help a person that is suicidal.

- Take all suicidal comments and behaviors seriously.
- Initiate a conversation. Express your concern. Inform the person that you are there to help. Express caring. Establish rapport. Be yourself. Your support is demonstrated through a genuine caring relationship.
- Listen closely without being judgmental. Be mindful of what you say because the person may be overly sensitive to your remarks. Be prepared: the person may become quite emotional when communicating with you. Remain calm: strong emotion dissipates naturally and can provide a sense of relief.
- Bring the issue of suicide into the open. Ask about the person's current circumstances, thoughts, and feelings. Acknowledge the person's difficulties.
- Ask about past and recent self-harm thoughts and behavior.
- Ask about the availability of lethal means for suicide – many persons in the United States have ready access to firearms, which are the leading means of suicide in the U.S. Remove firearms and other lethal means if necessary.
- Determine if there is a suicidal plan – the more detailed and complete the plan, the greater the suicidal risk.
- It is OK to talk to the person about their suicidal thoughts. Let him or her know that such thoughts are often the result of depression and that depression can be effectively treated. Assure the person that with appropriate treatment suicidal thoughts and the feeling of wanting to die will diminish. Help to provide realistic hope.
- Do not hesitate to ask for help from the suicidal person and others. (1) Ask the person to help you to help him/her. (2) Others: interacting with a suicidal person is stressful. Professional assessment and intervention is often required.
- If you feel that the person is imminently suicidal do not leave him or her alone. If you are a peer support team member contact your clinical supervisor immediately. Together arrange for appropriate intervention. If you are not a member of a peer support team, contact a peer support team member or other appropriate resource person immediately. Keep in mind that emergency intervention may be necessary, including involuntary hospitalization.
- If the person is not imminently suicidal, spend some time with him or her, “provide an ear” and other emotional support. (See Level of Suicide Risk, p.67)
- Avoid providing problem solutions. Instead, (1) focus on listening and supporting the person. Let the person know that he or she is important to you. (2) Work to have the person contact or become involved with professional counseling services. Provide information about available support services.
- If you are unsure about whether the person is or is not imminently suicidal or you do not feel competent to assess his or her level of self-danger, do not leave the person alone. Contact an available assessment and support resource immediately. The resource will make the assessment. Do this even if the person objects. This is the best way to keep the person safe.
- Do not keep a “suicidal secret”. Gently explain that you must contact others.
- Arrange for the person to be with others 24/7 for continued support and to add an additional level of safety if needed.
- Follow up as appropriate.

# COMMON MISCONCEPTIONS ABOUT SUICIDE

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**FALSE:** People who talk about suicide won't really do it. Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," — no matter how casually or jokingly said may indicate serious suicidal feelings.

**FALSE:** Anyone who tries to kill him/herself must be crazy. Most suicidal people are not psychotic or insane. They must be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

**FALSE:** If a person is determined to kill him/herself, nothing is going to stop them. Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

**FALSE:** People who commit suicide are people who were unwilling to seek help. Studies of suicide victims have shown that more than half had sought medical help in the six months prior to their deaths.

**FALSE:** Talking about suicide may give someone the idea. You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true — bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

**Source:** *SAVE - Suicide Awareness Voices of Education*

## LEVEL OF SUICIDE RISK

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- **Low** - Some suicidal thoughts. No suicide plan. Says he or she won't commit suicide. Moderate - Suicidal thoughts. Vague plan that isn't very lethal. Says he or she won't commit suicide.
- **High** - Suicidal thoughts. Specific plan that is highly lethal. Says he or she won't commit suicide.
- **Severe** - Suicidal thoughts. Specific plan that is highly lethal. Says he or she will commit suicide.

**Source:** [http://www.helpguide.org/mental/suicide\\_prevention.htm](http://www.helpguide.org/mental/suicide_prevention.htm) National 24/7

**Suicide Hotlines:** 1.800.SUICIDE (1.800.784.2433) 1.800.273.TALK (1.800.273.8255)

**Military suicide hotline:** 1.800.273.8255, [www.firestrong.com](http://www.firestrong.com)

**Firefighter Support Information** - Jack A. Digliani, PhD, EdD