



Provider Tools and Materials

## Provider Protocol: Involving Loved Ones for Patient Support

Clinicians and their patients should not be alone in mitigating suicide risk. Multiple recent studies have demonstrated that suicidal ideation alone is not a reliable basis for suicide risk determination. For these reasons, it is important to ask patients to involve social supports in their care.

### Why ask for family/significant other support?

- Collateral data from family/significant others/support system may aid the clinician in determining acute as well as chronic suicide risk.
- Family/significant others/support system assistance to individuals experiencing mental illness can be therapeutic.
- Involvement of family/significant others/support system may potentially lessen claims of malpractice.

**Consider:** The clinician must assess if any family/significant others/support system is toxic to the patient and in fact anti-therapeutic. This always poses a therapeutic challenge.

### Protocol:

1. A request for family/significant others/support system involvement should be made *any* time an individual is an acute, high, or moderate suicide risk. Such involvement is also a helpful adjunct in patients who are deemed to be low risk.
2. The clinician should obtain informed consent in the form of a patient signature or verbal agreement on an Authorization to Release Medical Information.
3. Patient refusal of family/significant others/support system involvement must be documented in the medical record.
4. Family/significant others/support system should be given the handout or sent virtually, “Understanding and Helping Someone Who is Suicidal” for adult patients and “Preventing Suicide: Tips for Parents” for children and adolescent families on [henryford.com/mimind/tools](http://henryford.com/mimind/tools) and on the following pages of this handout.
5. The discussion of family/significant others/support system involvement should be an ongoing process and a part of documented therapy encounters. This is imperative in an acute or moderate risk patient who refuses family/significant others/support system involvement, as each session should document the issue and its outcome. In addition, in those patients who grant informed consent, the clinician and patient should continue to actively discuss the benefit of family/significant others/support system involvement in subsequent sessions.



## Understanding and Helping Someone who is Suicidal

### Be aware of the warning signs of suicide

There is no “typical” suicide victim. It happens to young and old, rich and poor. Fortunately, there are some common warning signs which, when acted upon, can save lives. Here are some signs to look for:

#### A person might be suicidal if they exhibit the following behaviors:

- Talk about committing suicide
- Have trouble eating or sleeping
- Experience drastic changes in behavior
- Withdraw from friends and/or social activities or loses interest in hobbies, work, school, etc.
- Are preparing for death by making out a will and final arrangements
- Give away prized possessions
- Attempted suicide before
- Take unnecessary risks
- Experienced recent severe losses
- Are preoccupied with death and dying
- Lose interest in their personal appearance
- Increase their use of alcohol or drugs

## What to do

### Here are some ways to be helpful to someone who is threatening suicide:

- Be direct. Talk openly and matter-of-factly about suicide. Show interest and support.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture on the value of life.
- Don't dare him or her to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Remove means, such as guns or stockpiled pills. Do not return them or tell where the weapons were placed.

### Be aware of feelings

Many people at some time in their lives think about committing suicide. Most decide to live, because they eventually come to realize that the crisis is temporary and death is permanent. On other hand, people having a crisis sometimes perceive their dilemma as inescapable and feel an utter loss of control. These are some of the feelings and things they experience:

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out

- Can't sleep, eat or work
- Can't get out of depression
- Can't make the sadness go away
- Can't see a future without pain
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control

### **How to partner with the patient's treatment team**

- Help monitor symptoms such as depressed mood, suicidal thoughts, ability to sleep and eat, drug and alcohol use.
- Encourage the person to educate themselves about their illness through the use of books and websites.
- Promote the use of community support groups.
- Encourage and monitor compliance with treatment including taking medication as prescribed and keeping therapy appointments.

### **If the patient feels suicidal**

- Immediately contact the person's doctor or therapist
- Call 988, The Suicide & Crisis Lifeline (it is free, confidential and available 24/7)
- Call 911
- Take the person to the nearest Emergency Room

Adapted from the American Association of Suicidology website [www.suicidology.org](http://www.suicidology.org)



Patient Tool



## Suicide: Tips for parents

### Be aware that the following factors may be a warning or risk for suicide:

- Depression and other mental health disorders
- Noticeable change in behavior, high anxiety or agitation
- Talking, writing, or communicating about suicide or death
- Inability to sleep
- Buying a gun
- Past suicide attempts or suicidal behaviors
- Substance use (drugs and alcohol)
- Hearing about someone else's suicide

### Precautions to take:

- Remove all weapons including firearms from the home
- Lock up prescription and over-the-counter medications
- Monitor your teen's behavior more closely
- Ask your teen daily about their mood and for the presence of suicidal thoughts
- Screen contacts with problematic peers or others

### What to do if your teen feels suicidal:

- Work with your teen on their safety plan
- Contact their therapist or psychiatrist
- Call a crisis number. National crisis hotline: 1-800-273-8255 or 988.
- Go to a local Emergency Room
- Call 911