This guide is meant to serve as a quick glance resource when providing support to an individual during a suicide or harm crisis.

For a more in-depth resource focused on this topic, as well as additional resources on common emotional reactions related to MS, assessing an emotional crisis, abuse & neglect, and self-care after an intervention, please review the full Challenging Conversations & Crisis Situations resource available on the Peer Connections Volunteer website.

If you Suspect Suicidal Thoughts & Ideation

1. **Ask:** “It sounds as though you’re thinking about suicide. Have you had thoughts about wanting to kill yourself?”

2. **Find out what’s going on.** Try to gather as much information as you can, including the person’s name, address, current location if not at home, and phone number. Ask the person, “What’s been going on in your life that you’re thinking about suicide.”

3. **Ask about history:** “Have you ever felt this way before? Have there been past suicide attempts or hospitalizations?”
   - **If yes, ask:** “What was going on at that time in your life?” “What did you do?” “What kept you going then? What do you think got you through that difficult time? Could that help you now?”

4. **Find out if the person has a plan by asking,** “Have you thought about how you would do it? Do you have a specific plan?” It is important to listen between the lines as the person responds to this question. You will glean important information from the quickness of the response as well as from the words the person says. If a person has a thought-out plan, he or she is at significantly greater risk. If there is no specific plan, the suicidal risk is not as imminent.

5. **Determine the person’s access to the means necessary for implementing the plan.** Once a specific plan has been described to you, ask, “Where will you get the pills (gun, knife, car, etc.)?” We want to help the individual limit access to weapons. Ask “Are there weapons in the home?” and if yes, ask “Is there a friend or relative that can remove the weapon from your home momentarily?”
If the Suicide Risk is High

If there is a plan as well as ready access to the means for carrying out that plan, the risk of suicide is high and imminent. The most important strategy at this point is to maintain contact with the individual. Try to assess his or her impulse control to determine whether the person can delay acting on the urge to carry out the plan.

1. If you are at all concerned about the person’s impulse control or their ability to follow through with the voluntary hospitalization plan, you will need to alert the emergency services. You should always inform the individual that you are contacting 911 for a welfare check; “Based on what you have shared with me (or what I am hearing), I’m very concerned for your level of risk. I need to contact emergency services to ensure that you stay safe.” Stay on the phone with the individual until first responders arrive.

2. If you feel fairly confident about the person’s impulse control and ability to follow through on your recommendations (e.g., you have been able to safety plan with the caller to remove the pills or weapon from their vicinity) encourage the individual to contact their psychiatrist/counselor/primary care for an emergency appointment, or to connect with their local community health center and/or contact 988 for additional local resources. You should also provide them with the Society’s Crisis Support Resources document containing various hotline resources in case they have any future suicidal ideation.

3. Discuss a follow-up plan, including asking the person if it is okay for us to call again to see how he or she is doing.
If the Attempt Has Already Been Made or Is Imminent

1. Stay calm.

2. Ask questions to find out as much as possible about the actions taken. Emergency services will want/need as many details about the situation as you can give them, for the benefit of the person in crisis and for their own safety.
   - If pills, alcohol and/or drugs are involved, find out what kind, how much, and over how long a period of time. Any information will be helpful—the more the better.
   - If a gun is involved, find out where the gun is and whether it is loaded.
   - If a knife, rope, razor, etc. is involved, you will need to find out where it is, and what the plans are for using it.
   - If a weapon is involved, encourage the individual to remove it from sight for their safety and the safety of first responders. We want first responders to see the individual needing support and not their weapon upon entering their location.

3. If not already known, gather as much identifying information as you can. Find out the caller’s name, address, current location, and telephone number.

4. Encourage them to unlock their door. Explain that you are sending help and will wait on the phone while he or she unlocks the door. This is particularly important if alcohol and/or drugs are involved— if the person loses consciousness, time will be wasted as the emergency services try to enter the house.

5. Connect to emergency services: “I am initiating this welfare check because I am concerned about your safety. This is when a first responder comes out to your home to check on your wellbeing and get you connected to additional resources if appropriate.” When contacting emergency services, share all details previously gathered, including if the individual is in possession of a weapon. If pills, alcohol and/or drugs are involved, emergency help must be requested immediately.

   **Connecting to Emergency Services**

   - Local 911 if the caller/individual IS geographically near you
   - If caller/individual IS NOT geographically near you - use your technology!
     - Google/internet search for local emergency services
     - www.USAcops.com
     - www.getzips.com

   If available, enlist help. Remain on the phone with the individual until emergency support arrives.

6. Documentation and Follow up - Document the interaction & your actions. Debrief with your staff partner as soon as possible.