

Suicidal Callers

In the United States, someone kills themselves about once every 15 minutes, and there is an attempt about once every 1 minute. 2-1-1 Texas A Call for Help is not a suicide hotline, but from time to time we receive calls from people who are suicidal.

The Role of a 2-1-1 Referral Specialist

Referral Specialists must be knowledgeable about risk assessment and have a clear understanding of how to get a suicidal caller linked to appropriate community resources.

1. Assess Risk

Using the Lethality Assessment of Suicide Risk tool (from the following page), the first thing a referral specialist should do is determine the level of danger that a suicidal caller is in. Risk levels can range from low to high.

2. Take Action

Based on the determined level of risk, referral specialists can take a variety of actions. For example, if a caller is determined to be in a low-risk suicidal situation, it might be appropriate to provide counseling referrals and schedule a follow-up in a couple of days. Yet if a caller is in higher risk, the situation might warrant a direct patch-through to the local mental health agency or even to 911.

Dos and Don'ts of Assisting Suicidal Callers

- *Do* ask direct questions to help you assess risk.
- *Do* act confident and remain calm.
- *Do* tell the caller you can get them to someone who can help.
- *Do* explain to the caller that there is another way to solve the problem.
- *Do* remember that if they are calling for help, there is part of them that wants help.
- *Do* stay focused on your role of getting the caller connected with the appropriate service. Repeat yourself like a broken record if you have to.
- *Don't* be unrealistic by making statements such as, "Everything is going to be fine."
- *Don't* get involved in negotiating with the caller or making promises.
- *Don't* dismiss a suicidal threat or underestimate its importance.
- *Don't* do it alone, get a coworker.

Lethality Assessment of Suicide Risk

- REMINDER: All crisis calls require a second staff member to be present.

Risk Level	Details	Mental Health	Precipitating Event	Person's Disposition	Action
Low	<ul style="list-style-type: none"> -Person states she/he is feeling suicidal -No suicide plan developed -Person not in immediate danger. (i.e. the means to carry out the plan are not present, intent is not immediate) 	<ul style="list-style-type: none"> - May or may not have received counseling in the past. -May or may not have received mental illness diagnoses/treatment. 	<ul style="list-style-type: none"> -Recent crisis or string of crises. 	<ul style="list-style-type: none"> -Primary need seems to be someone to talk to who will listen. -Person is open to and active in developing a positive plan of action. -Person has a basic support system available. 	<ul style="list-style-type: none"> -If the caller defines his/her situation as a crisis, connect to Betty Hardwick -Schedule a follow-up with Betty Hardwick in 24 hours to confirm resolution of the call
Medium	<ul style="list-style-type: none"> -Person states she/he is feeling suicidal. -They have a plan. -Means to carry out the plan are available but not readily accessible. -Means are available but not immediately lethal. -Intent is not immediate. 	<ul style="list-style-type: none"> -May have family history of suicide and/or mental illness. -May have chronic mental illness diagnosis. 	<ul style="list-style-type: none"> -Likely feels that negative life events have been ongoing for years. -May resist idea of "here and now." 	<ul style="list-style-type: none"> -Person may seem uncertain about prospect of future happiness/wellness. -Person still willing to reach for help and develop a positive plan of action. 	<ul style="list-style-type: none"> -Connect the caller with a crisis counselor from Betty Hardwick -Schedule a follow-up with Betty Hardwick to be conducted in 24 hours or less
<p>Is there a firearm at the location?</p>					
High	<ul style="list-style-type: none"> -Person states she/he is feeling suicidal. -Plan developed -Intent is immediate or within near future. -Means are lethal and accessible. -Likely to have attempted before, and has probably felt suicidal for a long period of time. 	<ul style="list-style-type: none"> -Presence of chronic mental illness is likely, whether or not it's been diagnosed. -Likely has family history of mental illness/suicide. 	<ul style="list-style-type: none"> -Recent crisis likely in addition to ongoing crisis/distress. 	<ul style="list-style-type: none"> -Person stated intent to die. -Resistance to open communication/alternatives. -Disillusioned with helping system, strong feelings of hopelessness and diminished fear in the face of death. -You believe the person will harm themselves. 	<ul style="list-style-type: none"> -If suicide is in progress, call 9-1-1 to dispatch emergency services. -If suicide not in progress, may connect caller to Betty Hardwick and consult with supervisor about calling 911. -Schedule a follow-up with Betty Hardwick to be conducted in 24 hours or less

Betty Hardwick Crisis Line – 1.800.758.3344

To conference to Betty Hardwick:

1. Select "More" 2. Select "Conf" 3. Dial 9, then 1.800.758.3344