Model Suicide Emergency Guidelines
(for Consideration by Participating Police Departments)

**Purpose:** The purpose of this model is to outline guidelines for resolving situations involving suicidal behavior.

**Model:** It is recommended that departments:

A. recognize a ‘suicide emergency’ as falling within the scope of its duty to protect the community in general and those who cannot care for themselves;
B. manage all such situations with compassion for the individual and sensitivity to his/her significant others while assuring the safety of all parties; and
C. facilitate the evaluation and emergency mental health treatment of the individual as appropriate, per department policy.

**Definitions:**

*Psychiatric Emergency* – a potentially life-threatening situation involving an individual who is an immediate danger to himself/herself or to others or who is so disabled or impaired that he/she cannot care for or protect him/herself.

*Suicidality* – a term that encompasses suicidal thought, ideation, plan for suicide, suicide attempt(s), and completed suicide

*Suicidal Behavior* – inclusive of suicidal ideation or thoughts of self-harm to a suicide attempt; suicidal behaviors constituting a psychiatric emergency might include:

- an expressed intent to complete suicide;
- voicing a specific plan for completing suicide;
- possessing or having access to lethal means;
- rehearsing a suicide; or
- attempting suicide.

*Suicide Attempt* – non-fatal self-inflicted destructive act with intent to die

*Completed Suicide* – death from injury, poisoning, or suffocation where there is evidence that a self-inflicted act led to the person’s death.

*Suicide Risk* – the foreseeable and fluctuating likelihood of a completed suicide.

*Suicide Risk Factors* – variables that alone or in combination increase risk of a suicide.

*Survivor of Suicide* – family members, significant others, or acquaintances who have experienced the loss of a loved one or friend to suicide.

**Recommended Guidelines:**

*Interacting with a Suicidal Individual:* Maintaining the safety of the officers and others at the scene at all times is paramount. Once security is established the focus must be upon getting the individual to accept help.

*General recommendations for dealing with any potentially suicidal individual:*

- Check safety concerns with family/friend on-scene, get their cooperation.
- Always take any threat to complete suicide very seriously. *Believe the threat!*
- Clearly say that you are there to help. *Say it early and often.*
- Never leave the individual alone or allow her/him to go off alone.
- Always be non-confrontational in speech and body language.
- Move slowly, appear relaxed and make normal eye contact.
Risk Factors for Suicidal Behaviors:

- Hopelessness/severe depression
- Acute suicidal ideation
- Recent psychiatric hospital discharge (less than one [1] month ago)
- Heavy alcohol/substance use/intoxication
- Access to/possession of firearms/other lethal means
- Job/financial/social status loss
- Personal loss/separation/humiliation
- Serious legal problems

Signs of Acute Suicidality: The presence of any of all of the following may indicate that an individual is at high risk of completing suicide:

- Recently attempting suicide or incurring serious self-injury
- Threatening suicide or to harm oneself in some way
- Rehearsing completion of suicide or visiting a place to complete suicide
- Having a well-thought out and do-able plan and lethal means
- A suicide note
- Clear effort to avoid detection or rescue
- Making statements about helplessness, hopelessness, worthlessness, uselessness
- Giving away personal items or possessions of significance to the individual
- Putting personal affairs in order (e.g., writing a will, making funeral arrangements)
- Making unexpected or unusual calls/visits to family/friends
- Taking unnecessary risks – speeding, picking fights, engaging in dangerous activities

Screening for Suicide Risk: The following questions may help determine suicide risk:

- Have you thought about killing yourself? Are you thinking about it right now?
- Are these thoughts persistent and uncontrollable?
- Do you have a plan on how to kill yourself?
- Have you the means/tools to carry out this plan?
- Do you intend to carry out this plan?

Affirmative responses to any or all of these questions indicates HIGH suicide risk. Negative responses do not eliminate the possibility of significant suicide risk. Always consider all other indicators of possible suicide risk.

A. If there is no apparent immediate danger (and no lethal means in view) – TALK

- Ask screening questions (see above) and give the individual time to answer
- Express caring and concern and do not be judgmental
- Use the individual’s first name (if known; ask for it if not) [Note: with elderly, always use Mr., Mrs., Miss, to show respect and build rapport]
- Do not minimize the individual’s problem or stated reason for wanting to die
- Let her/him have some space
- Tell her/him that emergency help is available and you can see that (s)he gets it
- Encourage help seeking and help availability
- Indicate that an evaluation by a medical doctor will help her/him get the most appropriate help.
- Discuss options for and facilitate transportation for evaluation

B. If there is apparent immediate danger – ACT:

- Establish security, ensure the safety of responding officers and others present at the scene.
- Reassure the individual that you are there to help and encourage them to accept help.
• Make every effort to quickly remove weapons, pills, chemicals, etc. as well as car keys.
• Relocate individual to avert access to possible hidden means
• Discuss options and arrangements for transporting individual to hospital

If the individual is armed:

• Evaluate the situation and remove other persons from the scene and establish control of the area.
• Set up a perimeter to prevent the individual from becoming mobile and call for a tactical response.
• Use tactical communication skills to communicate with the individual, from a safe location, while awaiting the arrival of tactical response officers.

**Recommendations for Detention for Psychiatric Evaluation and Treatment**

*Voluntary Evaluation and Treatment* – all individuals presenting suicidal behavior(s) shall be encouraged to receive a psychiatric evaluation. CIT Officers shall give assistance to such individuals and their families, or significant others, to the extent possible; this assistance may include, but is not limited to, (1) referral to Behavioral Health Response (BHR) evaluation and/or Mobil Outreach; (2) discussing and facilitating transportation to a mental health facility. Referral to NAMI-St. Louis for family support and education services is appropriate.

*Involuntary Evaluation and Treatment* – CIT Officers shall initially ask a family member, significant other or other responsible person who has observed the suicidal behavior to contact BHR for an evaluation.

If the family member(s) or others are unwilling or unable to initiate contact with BHR, the CIT Officer shall proceed as follows:

• Following personal observation and assessment of suicidal behavior indicating that the individual poses a clear and present danger to herself/himself or others, the CIT Officer shall discuss options and arrangements for transportation of the individual to a mental health facility for evaluation. Upon arrival, the CIT Officer shall complete a detailed, written affidavit describing the suicidal behavior and need for immediate examination.
• Designated mental health facilities would include Christian Hospital, DePaul Hospital, Metropolitan Psychiatric Center, St. Anthony’s Hospital, St. John’s Hospital, and St. Mary’s Hospital.
• Specific suicidal behavior indicating the need for immediate involuntary evaluation includes:
  o Attempted suicide.
  o Reasonable probability of impending attempted suicide unless intervention/treatment is afforded.
  o Threats to complete, actions taken &/or acts performed which are consistent with an assessment of Acute Suicidality.

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1 Missouri Revised Statues, Chapter 632, Comprehensive Psychiatric Services, Section 632.305 (click to view statute)