



SLIDE 9.1 TITLE SLIDE

SUICIDE

Time: 75 minutes

Slides: 20

Purpose: This module introduces the risk factors and warning signs for suicide. Additionally, intervention strategies to help prevent suicide are discussed.

Instructor:

This module should be taught by a mental health expert along with a law enforcement co-instructor from your community.

Learning Objectives:

Upon completing this module, participants should be able to:

1. Name warning signs of suicidal behavior; and
2. Know what to say to someone whom they suspect may be experiencing suicidal thoughts.

Activities:

- Video Activity: “The Bridge Between Suicide and Life” (14:13)
https://www.youtube.com/watch?v=7Clq4mtiamY&ab_channel=TED
- Activity: Hopeless, Helpless, Worthless

Additional Materials:

- None

Module Overview



- Overview of Suicide
- Risk Factors and Warning Signs
- Tips for Response

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SLIDE 9.2 MODULE OVERVIEW

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Trainer Note: Use this slide to briefly introduce the topics that will be covered in the module. Let the participants know that the purpose of this module is to provide information on risk factors and warning signs for suicide. This module will also provide them with tips on how to assess lethality and discuss what strategies are helpful in responding to someone considering suicide and ensuring the person receives the most appropriate level of services and support to prevent suicide.

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- Overview of Suicide – Providing context for the seriousness of suicide
 - Risk Factors and Warning Signs – Outlining information about risk factors and warning signs for suicide and how to assess for suicide or dangerousness to others
 - Tips for Response – Identifying strategies for law enforcement response to individuals contemplating suicide



Suicide Overview



- There is approximately one death by suicide every 11 minutes in the United States
- Older adults (ages 75 and older) have the highest suicide rate
- Men die by suicide about 4x more often than women
- Non-Hispanic American Indian/Alaska Natives have the highest suicide rate, followed by non-Hispanic White populations
- Firearms are used in over 50% of suicides; suffocation is the second most common method

MODULE 9.3 SUICIDE OVERVIEW



Trainer Note: This slide provides context for the seriousness of suicide. It does not require extensive discussion. Highlight the statistics on the slide. Note for participants that, while suicide may affect people of all identities, those with marginalized identities experience high rates of trauma, increasing their risk of suicide.



Content Note: In the United States, older adults (ages 75 and older) have the highest rate of suicide.

While youth and young adults (ages 10–24) have lower rates of suicide than other age groups, they have higher rates of visits to emergency departments for self-harm. Children, youth, and adolescents cannot always express that they are hurting, and they may feel suicide will be the answer to their pain or problems. Often, they do not fully understand the permanency of suicide. Sometimes there are copycat suicides when peers or celebrities die by suicide. Youth can also be influenced by popular media portrayals of suicide.

According to the Centers for Disease Control and Prevention, suicide is the second leading cause of death among people ages 10–14 and 25–34, the third leading cause of death for ages 15–24, and the fourth leading cause of death among people ages 35–44 (CDC, 2022b; NIMH, n.d.).

Sources:

Centers for Disease Control and Prevention, May 3, 2022a [Last Reviewed], “Disparities in Suicide,” <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>.

Centers for Disease Control and Prevention, May 24, 2022b [Last Reviewed], “Facts About Suicide,” <https://www.cdc.gov/suicide/facts/index.html>.



Centers for Disease Control and Prevention, June 28, 2022c [Last Reviewed], “Suicide Data and Statistics,” <https://www.cdc.gov/suicide/suicide-data-statistics.html>

Edith Brancho-Sanchez, April 30, 2019, “Teen Suicide Rates Spiked After Debut of Netflix Show ‘13 Reasons Why,’ Study Says,” *CNN*, retrieved from <https://www.cnn.com/2019/04/30/health/13-reasons-why-suicide-rates-study/index.html>.

National Institute of Mental Health, n.d., “Suicide,” accessed October 21, 2022, <https://www.nimh.nih.gov/health/statistics/suicide.shtml>.

The Criminal Justice Response

- Police officers are routinely dispatched to potential suicides
- For first responders, potential suicides can be a very dangerous type of intervention



Q&A

**SLIDE 9.4
THE CRIMINAL JUSTICE
RESPONSE**



Trainer Note: Briefly cover each point on the slide. Use the content note below to support this discussion. Highlight the second bullet, which addresses the dangerousness of responding to a call involving a person considering suicide. This is a time to emphasize both citizen and officer safety.



Ask participants if they have had to respond to a call for suicide. Ask if they are willing to share their experience and what strategies or approaches they thought were helpful to the person experiencing distress. Ask if they considered calling a mental health worker to assist with the response to the call.



Content Note: Law enforcement personnel may encounter people at high risk for suicide in the course of their job. Due to the critical nature of a person experiencing distress and disclosing thoughts about ending their life, 911 is often called for immediate response by law enforcement to render help. Once on scene, if available and if time permits, the officer may want to contact a mobile crisis team or mental health crisis worker to assist with the call.

Officers should keep in mind that the person experiencing a crisis may try to provoke the police into shooting them, and if desperate enough, may threaten violence against anyone attempting to prevent their final act.

Source: Suicide Prevention Resource Center, May 2013, *The Role of Law Enforcement Officers in Preventing Suicide*, Oklahoma City, OK: Suicide Prevention Resource Center, retrieved from https://www.neomed.edu/wp-content/uploads/CJCCOE_I1_RoleofLawEnforcement.pdf.

Suicide: Definitions

- Suicidal Thoughts
- Suicide Attempt
- Died by Suicide



**SLIDE 9.5
SUICIDE: DEFINITIONS**



Trainer Note: Highlight each point on the slide, using the content note below as a reference for the definitions. When covering the third point, emphasize to participants that using the phrase “committed suicide” is discouraged and should be replaced with “died by suicide.” Use the **note on language** to explain why.

A Note on Language: While the phrase “committed suicide” may seem harmless, it carries connotations of blame and stigma. For many people, the phrase “committed suicide” can be associated with “committing a crime” or “committing a sin,” making us think of something illegal or shameful (Holmes, 2020). The word “committed” suggests something bad was done intentionally. It overlooks the fact that suicide is often the consequence of an unaddressed mental health condition and/or feelings of hopelessness in the individual.

Inform the class participants that those who attempt suicide and those who die by suicide have started with thoughts about suicide at some point in time. People who think about suicide are often very ambivalent. They are experiencing an inner debate between a part of them that wants to live and a part that wants to die. Reaching out and connecting with the part of them that wants to live can truly save a life.



Content Note: The definitions related to suicide are grouped into three categories: (1) Suicidal Thoughts, (2) Suicide Attempt, and (3) Died by Suicide.

(1) Suicidal Thoughts

Suicidal thoughts suggest the person is thinking about dying by suicide (called "ideation"). Many people may have thoughts of suicide at some point in their lives, especially when things are going poorly for them, and they do not know how to change their situation. Thinking about



suicide does not mean someone will try to harm themselves or take their life. However, if a person is thinking about suicide, this needs to be taken seriously and further explored to see if there is a plan. For those who are seriously considering suicide, they often think about how they would complete the act. Suicidal thoughts are much more serious if the person has a plan and intent.

When someone is thinking about suicide and their plan, and they move to form an intent to harm themselves, their situation becomes even more serious, and they may be close to an attempt. Again, as a first responder, it is important to determine what their intent is. For example, do they have a plan, do they have a means, how lethal are the means, and do they have access to those means? It is important to assess imminent risk and lethality.

(2) Suicide Attempt

A suicide attempt means the person has tried to kill themselves, such as overdosing with pills, using a firearm, hanging, using their car to create an accident, etc. The person does not die and maybe does not actually intend to die. Approximately 7% of people who attempt suicide will die by suicide eventually.

(3) Died by Suicide (Not Committed Suicide)

When a person does end their life, this is considered death by suicide. Suicides have a profound effect on the individual's family, loved ones, and first responders who may be intervening.

Sources:

Harvard T.H. Chan School of Public Health, n.d., "Attempters' Longterm Survival," accessed October 21, 2022, <https://www.hsph.harvard.edu/means-matter/means-matter/survival/>.

Lindsay Holmes, September 1, 2020 [Updated], "Why You Should Stop Saying 'Committed Suicide'", *Huffpost*, retrieved from https://www.huffpost.com/entry/mental-health-language-committed-suicide_l_5aeb53ffe4b0ab5c3d6344ab.

Lisa Firestone, September 3, 2013, "How Can You Stop a Suicide?" *Psychology Today*, retrieved from <https://www.psychologytoday.com/us/blog/compassion-matters/201309/how-can-you-stop-suicide>.



Suicide Risk Factors

Historical	Health
<ul style="list-style-type: none">• Prior suicide attempts• Family history of suicide• History of trauma or abuse	<ul style="list-style-type: none">• Mental health condition• Serious or chronic health condition and/or pain• Substance use
Environmental	
<ul style="list-style-type: none">• Access to lethal means• Stressful life events• Prolonged stress	<ul style="list-style-type: none">• Few existing resources• Exposure to another person's suicide, including in the media

SLIDE 9.6 SUICIDE RISK FACTORS



Trainer Note: Review the risk factors for suicide. While this slide is meant to illustrate risk factors for suicide, it is important to emphasize that not everyone fits this “profile.” Use the content note to support this discussion.



Content Note: Risk factors are certain characteristics that increase the likelihood that an individual will consider, attempt, or die by suicide. Risk factors can include historical, health-related, and environmental factors.

Historical factors can include prior suicide attempts, a family history of suicide, or a history of trauma or abuse. Health-related factors for suicide can include mental health conditions, serious or chronic physical health conditions or pain, and substance use. Finally, environmental factors may include access to lethal means (e.g., firearms), stressful life events (e.g., divorce, job loss, death of a loved one), prolonged stress, few resources for support, and/or exposure to another person’s suicide.

Sources:

American Foundation for Suicide Prevention, n.d., “Risk Factors, Protective Factors, and Warning Signs,” accessed July 12, 2022, <https://afsp.org/risk-factors-protective-factors-and-warning-signs>.

Suicide Prevention Resource Center, & Philip Rodgers, 2011, *Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide*, Newton, MA: Education Development Center, Inc.



Suicide Warning Signs

Mood	Behavior
<ul style="list-style-type: none">• Depression• Anxiety• Irritability	<ul style="list-style-type: none">• Developing plan for suicide• Withdrawing from activities• Looking for a way to kill themselves• Developing plans for final arrangements• Isolating from family and friends
Talk	
<ul style="list-style-type: none">• Loss of interest• Relief• Agitation <ul style="list-style-type: none">• Being a burden to others• Feeling trapped, being in unbearable pain• Talk of killing themselves, wanting to die• Having no reason to live• Feeling hopeless• Constant suicidal thoughts	

SLIDE 9.7 SUICIDE WARNING SIGNS



Trainer Note: This slide is meant to illustrate warning signs for suicide. Let the class know there are several warning signs that indicate a person may be at risk of suicide. Explain the difference between suicide warning signs and suicide risk factors. Use the content note to support this discussion.



Content Note: Warning signs are different from the risk factors covered on the previous slide. Warning signs indicate an *immediate risk* of suicide. Although risk factors can suggest someone is at an increased likelihood of suicide, they do not necessarily indicate an immediate risk.

Sources:

Centers for Disease Control and Prevention, June 2018, "Suicide Rising Across the US," *CDC Vital Signs*, retrieved from <https://www.cdc.gov/vitalsigns/pdf/vs-0618-suicide-H.pdf>.

M. David Rudd, Alan L. Berman, Thomas E. Joiner, Jr., Matthew K. Nock, Morton M. Silverman, Michael Mandrusiak, Kimberley Van Orden, and Tracy Witte, 2006, "Warning Signs for Suicide: Theory, Research, and Clinical Applications," *Suicide and Life Threatening Behavior* 36(3): 255–262.

National Suicide Prevention Lifeline, n.d., "We Can All Prevent Suicide," Substance Abuse and Mental Health Services Administration, accessed July 13, 2022, <https://988lifeline.org/how-we-can-all-prevent-suicide/>.

Suicide Prevention Resource Center, & Philip Rodgers, 2011, *Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide*, Newton, MA: Education Development Center, Inc.

How Do You Ask About Suicide?



Two steps:

1. Briefly describe the warning signs you are concerned about
“Your mom tells me you haven’t wanted to go out at all...”
“You’ve had a lot of losses, and you sound very depressed...”
2. Ask directly about suicide
“Others in similar circumstances have thought of ending their life.
Have you thought of killing yourself?”



SLIDE 9.8 HOW DO YOU ASK ABOUT SUICIDE?



Trainer Note: Highlight possible questions to ask about warning signs for suicide. Emphasize they do not have to use the specific examples on the slide; each situation is different and may require different questions.

Suggest to participants that, if the person is not willing to answer questions, it can be helpful to ask their family members or other loved ones who are either nearby or can be contacted quickly. Emphasize they should try asking the person first, before asking family members or loved ones. However, it is important to determine if there have been any recent changes in the person’s mood, talk, or behavior that align with the warning signs of suicide.



Ask participants some ways they have asked a person about suicide. *Try to encourage at least 3–4 participants to share.*

How Do You Ask About Suicide?	
Questions to Ask	"YES" Follow-up Questions to Ask
Are you thinking about hurting or killing yourself?	When would you do it? (today, tomorrow, next week)
Have you ever wished you were dead or that you could go to sleep and not wake up?	How often do you feel that way?
Do you ever feel so badly that you think about suicide?	How would you do it?
Do you have a plan to die by suicide or take your life?	Does it have to be today?

SLIDE 9.9 HOW DO YOU ASK ABOUT SUICIDE?



Trainer Note: This slide is animated to first start with appropriate questions to ask. If the answer to one of the questions in the first column is "YES," discuss follow-up questions in the second column. Highlight each question on the slide, referencing the material below as needed.



Content Note: Talk about the important difference between asking about "hurting" oneself versus "killing" oneself. Both questions need to be asked. Someone can honestly answer "no" to the question of "hurting," but still be actively contemplating suicide. If the person answers "no" to hurting themselves, the officer should follow up with "do you want to kill yourself?" Individuals contemplating suicide often report wanting to escape unbearable pain and/or hurt.

The absence of a specific plan does not necessarily mean officers should conclude the person is not at risk of suicide, especially if the person has a highly lethal means, such as a firearm, readily available to them.



Assessing Suicide



S.A.L. METHOD

Specific – How specific are the details of the plan?

Available – Is the instrument (weapon, pills, etc.) available to carry out the plan?

Lethal – How lethal is the proposed method?

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SLIDE 9.10

ASSESSING SUICIDE



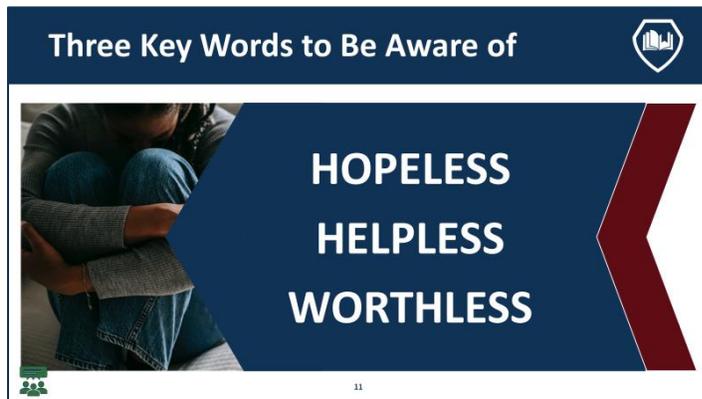
Trainer Note: Walk the class participants through the S.A.L. model of assessing suicide and its lethality. Use the content note below to support this discussion.

In addition to the details outlined on the slide, emphasize the importance of connecting an individual to mental health resources if they express feelings of hopelessness, helplessness, and worthlessness in their conversation with the officer.



Used in incidents where an individual has stated they have had thoughts about suicide, the S.A.L. Method can assist officers in assessing the level of risk an individual is in for completing suicide. This method encourages officers to ask questions about the details of an individual's plan for suicide to inform their response to the individual. If available, officers may consider contacting a mobile crisis team to assist in this assessment and response to the individual.

Importantly, understanding the specificity of the plan for suicide, the availability of the method for suicide, and the lethality of that method will determine the most appropriate intervention—which may range from connecting the individual to mental health services to taking the individual into custody for examination by mental health professionals (if they meet the legal elements of the commitment law).



SLIDE 9.11 THREE KEY WORDS TO BE AWARE OF



Trainer Note: Make note of the three words on the slide. Inform participants that if the person is exhibiting all three of these thoughts and feelings, the likelihood that they will attempt suicide and die by suicide rises significantly. Use the content note to provide a review of these thoughts and feelings.

Use the **activity** outlined below to brainstorm questions that might be asked to assess whether someone is feeling helpless, hopeless, and worthless.



Content Note: As a first responder, it is important if you see a person very depressed or despondent, or think a person may be thinking about suicide, that you assess their degree of hopelessness, helplessness, or worthlessness.

HOPELESS: People who feel hopeless think that things in their life will not get better or change. They have difficulty seeing a positive future.

HELPLESS: People who feel helpless think that no one can assist them, or there is nothing they can do to change their situation. They may not know where to turn for help. They may also feel embarrassed asking for help or that they are weak if they ask for help.

WORTHLESS: People who feel worthless think that their life has no value. They may be basing their sense of worth on a single incident that went badly or on a string of incidents that, in their mind, confirm this belief.

When a person is feeling **all three** of these things, there is a greater chance that they may attempt suicide or die by suicide, particularly, if they are talking about ending their life or wishing they were dead. As part of your response, you will want to let these individuals know you are there to help them. If the call comes from a concerned family member, loved one, or



friend who indicates the person has expressed thoughts of suicide, but they do not appear depressed, it is still important to assess hopelessness, helplessness, or worthlessness. Some people who have made up their minds to die by suicide, or started on an antidepressant that improves their mood, may appear less depressed but have more energy to act on their plan.



Activity: Break the class into groups of 4–5 participants. Assign a word (hopeless, helpless, worthless) to each group and ask them to come up with questions they might ask to assess if a person is feeling that way. Allow five minutes for the groups to brainstorm, then ask each to report out to the class.



SLIDE 9.12

VIDEO: THE BRIDGE BETWEEN SUICIDE AND LIFE



Video Activity: Show the video “The Bridge Between Suicide and Life” (14:13)
https://www.youtube.com/watch?v=7Clq4mtiamY&ab_channel=TED

Content Warning: This video contains imagery and words related to incidents of suicide.

This video features a 2014 Ted Talk by Sergeant Kevin Briggs (retired) of the California Highway Patrol. In his talk, Sergeant Briggs discusses his experiences patrolling the southern-end of Marin County (CA), which includes the Golden Gate Bridge—a site used by many individuals seeking to die by suicide. Within this video, Sergeant Briggs provides insights into identifying signs of suicide and responding to individuals who are considering suicide.



Ask participants what they believe was helpful about the video. What did they learn that can help them in their work?

Consider highlighting the moments below from the video if the participants have not mentioned them:

- Sergeant Briggs emphasized the importance of listening:

“In my experience, it is not just the talking that you do, but the listening. Listen to understand. Don’t argue, blame, or tell the person you know how they feel because you probably don’t. By just being there, you may be the turning point that they need.”

He asked, “What was it that made you come back [over the railing to safety]?” The answer: “You listened. You let me speak and you just listened.”

- He provides a good model for asking if someone is experiencing suicidal thoughts: “Others in similar circumstances have thoughts of ending their life. Have you had these thoughts?”



- Sergeant Briggs also spoke of suicide being preventable and that there is hope and help. He mentions: *“The very few who jumped off the bridge and lived...most of those folks have said the second that they let go of that rail, they knew they had made a mistake and they wanted to live.”*
- He never mentions attempting to pull someone back over the railing of the Golden Gate Bridge. This can be a point of discussion on officer safety.

Dangerousness to Others

Ask if the person has any thoughts about hurting or killing other people.

If yes:

- Does the person intend to act on them?
- Who is the intended victim?
- What is the plan?
- Does the person have access to the means to carry out the plan?
- What have they done in the past?

SLIDE 9.13 DANGEROUSNESS TO OTHERS

T N **Trainer Note:** Use this slide to emphasize the importance of assessing whether an individual may pose a danger to others. Use the content note below to support this discussion. Point out that these are some questions officers can ask an individual to assess if the person has thoughts about harming others before harming themselves or, if the person is not experiencing suicidal thoughts, do they have thoughts of harming others? Although it is uncommon for a person contemplating suicide to harm someone else, it does happen.

C N **Content Note:** When gathering information about the warning signs of suicide, it is important to listen to any anger directed at another individual. Someone may be contemplating suicide based on a loss such as a divorce, breakup, or job loss. If a person feels someone did something to them, they may want to harm that person before harming themselves. If a person is expressing anger towards another person or group of people, it is important to ask the person if they are thinking about harming others.

Rarely do law enforcement officers use the involuntary commitment law to bring someone in for evaluation due to dangerousness to others (homicidal thoughts). Officers need to know they can do this if they are concerned the person is expressing thoughts of harming another person, even if they are expressing less or no thoughts of harming themselves, but only if the jurisdiction's standard for involuntary commitment is met. The officer should also consider whether less restrictive alternatives to involuntary commitment would be more appropriate given the circumstances.

Be Aware of Officer-Assisted Suicide



Officer-assisted suicide (“suicide-by-cop”) is a method of suicide in which a person experiencing suicidal thoughts deliberately acts in a threatening manner with the goal to provoke a lethal response from police.

Two Types:

- Planned
- Crisis-Driven



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SLIDE 9.14 BE AWARE OF OFFICER-ASSISTED SUICIDE



Trainer Note: This slide is best covered by a law enforcement co-trainer with support from the mental health co-trainer. Highlight the definition of officer-assisted suicide on the slide and outline the two types of officer-assisted suicide that officers may see in the field. If appropriate, share real-life examples of both planned and crisis-driven incidents.



Ask participants **why individuals might want to have officers kill them instead of them doing it themselves.** *Answers may include a religious prohibition against suicide, life insurance not paying out in suicides, or the person lacking the “courage” and/or access to lethal means (like firearms).*



Content Note: There are two types of officer-assisted suicide that officers should be aware of:

Planned – A person plans out a confrontation with the police. The person deliberately creates a dangerous or violent situation that they know will result in the police being called and likely be resolved by the police using deadly force. Sometimes the person calls the police themselves.

Crisis-Driven – The person hasn’t planned the incident but becomes involved in a situation that escalates into a confrontation with the police. The person sees no hope or no way out of the situation except death and tries to have the police kill them rather than do it themselves. For example, a domestic situation escalates, and the police are called. The person is full of rage, desperate, often intoxicated, and sees no way out, or a person is caught in a criminal act and decides that death is better than incarceration (especially for an individual with multiple felony convictions who knows the sentence will be long).

Officer-Assisted Suicide (continued)



Verbal & Behavioral Cues

Approach

- Maintain distance; safety first
- Slow down pace (when possible)
- Calm, slow voice

Establish Dialogue

- What can I do to help you?
- What happened?
- Explore resolutions

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SLIDE 9.15 OFFICER-ASSISTED SUICIDE (CONTINUED)

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Trainer Note: This slide is best covered by a law enforcement co-trainer with support from the mental health co-trainer.

Begin by discussing verbal and behavioral cues that might suggest an individual is seeking officer-assisted suicide. Use the content note below to support this discussion. Trainers can choose to ask participants about any verbal and behavioral cues they can think of or simply read the cues to the participants as time allows.

Next, emphasize tips for approach and establishing dialogue in these situations. Stress that staying safe is an officer's first obligation. The goal in these situations is to ensure that everyone is safe, including the individual who is contemplating suicide. If available, officers may consider obtaining support from a mental health crisis worker or other key people.

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Content Note:

- Verbal Cues: "You aren't going to take me alive."
- Behavioral Cues: The person calls in the crime themselves (to ensure a police presence), ignores requests to stop advancing towards the police, points a weapon at police, etc. Note that intoxication can often be a contributing factor.

When responding to these types of situations, keep in mind that time is on your side. Slowing down and trying to engage the person while maintaining a safe distance can be helpful. Careful listening and expressing the emotions you are seeing, or hearing, can build rapport that hopefully will contribute to a safe resolution. Ask about how you can help them and what has happened to lead up to the current situation. Once rapport is established, police have an increased chance of directing the person to a peaceful resolution.

Keep These Things in Mind:



1. Most suicide attempts are expressions of extreme distress or psychological pain, not harmless bids for attention. Most people don't want to end their lives; they want to end their pain.
2. A person who appears to be contemplating suicide should not be left alone.
3. A person who appears to be contemplating suicide needs immediate mental health treatment.

Suicide is almost always preventable.

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SLIDE 9.16 THINGS TO KEEP IN MIND



Trainer Note: Briefly cover each point on the slide. Emphasize that suicide is almost always preventable.

Tips for Responding

- Listen
- Don't minimize the person's feelings
- Tell the person you want to help

QUICK TIPS

SLIDE 9.17 TIPS FOR RESPONDING

T N **Trainer Note:** Highlight each point on the slide, noting that they have been discussed previously in the module. Use the content note below to support this discussion. Emphasize that, when possible, mental health crisis services should be considered as a support for officers' response, whether on scene or by phone.

C N **Content Note:** Someone who is thinking of suicide needs to feel understood. Let the person tell their story. Refrain from immediately trying to fix the situation or make the person feel better. These efforts, however well intended, can halt the conversation. As discussed previously, listening (without interrupting) can be very effective.

Even if the event leading to the suicidal thoughts seems relatively minor to you (for example, a breakup with a significant other), it is important to recognize that, for the person living with depression and suicidal thoughts, the event is a "big deal."

Statements like, "It'll get better," are overly simplistic and often can backfire, particularly early in the interaction. Asking when the person felt this way before may be an effective way to remind them that they have felt this bad before, and it did get better previously—and thus, there is a reason to think it will this time as well. Officers need to be prepared for someone to say that it's never been this bad before. If that is the case, continuing to respond in an empathic manner can be helpful and provide some hope. Examples include: "That has to be very difficult for you that this is the worst it has ever been"; "I see you're really hurting"; "It takes a lot of courage to share how deep your pain is"; "What can we do together that would help reduce the pain a bit?" "How can I best support you through this difficult time?" "I am here to keep you safe."

"I know how you feel" is not helpful. If officers do know how the person feels, then tell them, "You feel so sad and alone that you feel like there's no point in living."



Letting the person know that you want to help them is also important. “Helping” in this context does not mean that officers are going to be able to “fix” the situation. If the situation was that easy to fix, the person would likely not be so distressed. “Helping” means you are there to listen, will keep them safe, and assist with resources to help them, including mental health crisis workers who may help with the immediate situation and may also link the individual to longer-term services and supports.

Tips for Responding

- Avoid statements such as...
 - "It'll get better"*
 - "I know how you feel"*
- Ask directly about suicide
- Offer hope

QUICK TIPS

SLIDE 9.18 TIPS FOR RESPONDING



Trainer Note: Cover each point on the slide. Use the content note below to support this discussion.



As first responders, officers should continually offer hope, help, and worth to the person, and avoid minimizing their thoughts and feelings. Offer hope by:

- Telling the person that thoughts of suicide are common and do not have to be acted on.
- Reassuring the person that help is available. Let the person know that their life is important to you.
- Telling the person you are here to keep them safe.
- Exploring supports and resources with the person.
- Avoiding superficial reassurance such as, "Things will get better." It is more important to listen and be present with the person. You can offer to get them help.
- Offering that treatment and other supportive services can help the individual regain their perspective and explore solutions to things that are causing their emotional pain.
- Encouraging them to take one step at a time and not to act impulsively.

Continually emphasize that you are there to help, that you can help, that there is hope, and that there are alternatives to suicide that can help relieve or manage their pain. **Remember that suicide prevention consists of helping people find alternatives to coping with and managing their emotional pain.**



SLIDE 9.19

HOPE, HELP, AND WORTH



Trainer Note: Conclude the module with this illustration of Hope, Help, and Worth. Remind participants that they could very well be that voice of hope to someone contemplating suicide. Their efforts might just save someone's life.



Module Wrap-Up

Questions?



This curriculum was created through support by Grant No. 2020-NT-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the authors and do not necessarily reflect the official positions or policies of the U.S. Department of Justice.

SLIDE 9.20 MODULE WRAP-UP



Trainer Note: Use this as an opportunity for participants to ask questions before moving on to the next module.

This curriculum was created through support by Grant No. 2020-NT-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the authors and do not necessarily reflect the official positions or policies of the U.S. Department of Justice.