

## Suicidal Client Interactions

### **Purpose:**

To create consistency in staff responding to those who report suicidal ideation (SI)

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### **What is Suicidal Ideation/ Thoughts**

1. Suicidal ideation refers to thoughts or ideas about ending one's own life. These thoughts can range from fleeting considerations to detailed plans. Suicidal ideation is often a symptom of an underlying mental health issue, such as depression, but it can also occur in response to overwhelming stress or traumatic experiences.
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### **What to do when individuals present with SI**

1. Remain calm
2. Address the statement- Ask them about what they shared
  - a. Assess for risk- is there a plan, is there means, is there access to those means in this moment
    - i. You can use this tool to assist you with risk assessment [Columbia Protocol.pdf](#)
      1. If imminent risk call 911
  - b. Create a care plan
    - i. Explore options such as setting up a mental health assessment
    - ii. Family supports/ Friends/ Other meaningful activities
    - iii. Always provide with resource options- reminders of 988 and 911
3. Consult as needed:
  - a. Consults should be done when:
    - i. You are working alone
    - ii. The case is unresolved- the person did not agree to help but the risk is low
    - iii. There is imminent danger for the person, and you called 911
  - b. Consults can be done or requested in several ways:
    - i. By Phone, Teams request for a call, or in person
    - ii. They can be brief requests
  - c. Consults must be with one of the following:
    - i. MHP Manager
    - ii. MHP Supervisor
    - iii. MHPs who are currently instructing interns
    - iv. DCRs- Outside agency
  - d. Consults must be documented- Note must include that you consulted with an appropriate MHP regarding this case

**4. Document the interaction**

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