

## RHATC SUICIDE PROTOCOL

## Emergency Situation

A person experiencing a mental health crisis can't always clearly communicate their thoughts, feelings, needs or emotions. They may also find it difficult to understand what others are saying. It's important to empathize and connect with the person's feelings, stay calm and try to de-escalate the crisis.

While confidentiality is a fundamental component of a therapeutic relationship, it is not absolute, and the safety of the patient overrides the duty of confidentiality. Misunderstandings of clinicians about the limitations created by HIPPA, FERPA and state laws for preserving confidentiality of patients has caused unnecessary concern regarding disclosure of relevant clinical information. Communication between family members or identified significant others and providers need to be recognized as clinical best practice and deviations from this should occur only in rare and special circumstances.

Rage takes a predictable course: BUILD UP – EXPLOSION – EXHAUSTION

IRRITATION -> START ARGUMENTS -> FRONTAL LOBES OF BRAIN STOP FUNCTIONING WELL/LIMBIC SYSTEM TAKES CONTROL

### Survival Strategies:

Deflect/Distract – Food or Drink

## Keep Communication Clear, Positive, Short

## Maintain Composure

### Reach out for Support:

## Use Exhaustion Phase as an opportunity to Connect and Communicate Next Steps

### Techniques that May Help De-escalate a Crisis:

## Keep Voice Calm

## Avoid Overreacting

Listen to the person

Express support and concern

Avoid Continuous eye contact

Ask how you can help

Keep stimulation low

Move slowly

Offer options instead of trying to take control

Avoid touching the person unless you ask for permission

Be patient

Gently announce actions before initiating them

Give them space, don't make them feel trapped

**\*\*Do not make judgmental comments , try to argue or reason**

### **When Calling 911 for a Mental Health Emergency**

When a mental health crisis occurs, it is easy to feel caught off-guard, unprepared, and unsure of what to do. The behaviors of a person experiencing a crisis can be unpredictable and can change dramatically without warning.

If you're worried that you or your patient is in crisis or nearing crisis, seek help. Make sure to assess the immediacy of the situation to help determine where to start or who to call.

- \*Is the person in danger of hurting themselves, others or property?

- \*Do you need emergency assistance?

- \*Do you have time to start with a phone call for guidance and support from a mental health professional?

If the situation can't be resolved on site or it's recommended by first responders or law enforcement, calling 911 may be the best option. If they are transported in a law enforcement vehicle, the usual policy is handcuffs.

**Once First Responders or 911 has been called and FR/Officers arrive on the scene, you are not in control of the situation any longer.** If you disagree with the officers, once they have left, call the patient's friend/caregiver, mental health professional or advocate – like NAMI – for support and information.

#### **Remember to:**

- Remain Calm

- Explain that your patient is having a mental health crisis and is not a criminal.

- Ask for a Crisis Intervention team (CIT) Officers, if available

**They will Ask:**

Your Name

The person's name, age, description

Whether the person has access to a weapon

\*Be very specific about behaviors you are observing

**Information you may need to communicate:**

Mental health history, diagnosis(es)

Medications current/discontinued.

Suicide attempts, current threats

Drug use

Contributing factors (i.e., current stressors)

What has helped in the past

Any delusions, hallucinations, loss of touch with reality

**Tips for While You Wait for Help to Arrive**

*\*If you don't feel safe at any time, leave the location immediately and quietly\**

**If you feel safe staying with your patient until help arrives:**

Announce all of your actions in advance

Use short sentences

Be comfortable with silence

Allow patient to pace/move freely

Offer options (for example "do you want the lights off?")

Reduce stimulation from TV, bright lights, loud noises, etc.

Don't disagree with the patient's experience.

**What you maybe feeling during / on the other side**

\*Confusion and Disorientation

\*Isolation, distancing, or denial

- \*Extreme fatigue
- \*Guilt based on the mistake assumption that “the provider is to blame”
- \*Fear for the safety of the individual, the family, and society
- \*Anger that such an awful thing has happened
- \*Frustration over the lack of access to services and treatment facilities
- \*Outrage at mental health professionals, friends, parents, family and/or the patient wasn’t listened to
- \*Concern you may be judged
- \*Exhaustion
- \*Desire to escape the stress by leaving or abusing substances

#### **Hope4Healers Helpline (919-226-2002)**

A new initiative in partnership with the North Carolina Psychological Foundation. It provides mental health and resilience supports for health care professionals, emergency medical specialists, child care professionals, educators, disaster and first responders, other staff who work in health care and educational settings and their families throughout the state. 24/7