

## **Suicide Prevention Checklist (Face to Face)**

1. Thank the person for talking with you, and assure them that their wellbeing is important to you.
2. Encourage the person and let them know that you want to help them.
3. Ask them direct questions:
  - a. “Are you thinking about killing yourself?”
  - b. If YES, “Do you have a plan developed?”
  - c. If YES, “What is your plan?”
  - d. If YES, “When were you planning on doing this?”
  - e. “Do you think you might try to hurt yourself today?”
  - f. “Have you ever tried to hurt yourself before?”
  - g. “Do you have pills/weapons in the house?”
  - h. “How much have you been drinking lately? What are you drinking?”
  - i. “When was the last time you had anything (alcoholic) to drink? Do you have alcohol at home?”
  - j. “Do you take any medications, drugs or pills? If so, what kind and how much?”
  - k. “Are there other drugs that you have been using to help you cope? Ie, cocaine, marijuana, meth, etc.”
  - l. “Do you have weapons at home? If so, is there someone who can remove them?”
4. If the service member does not have a plan or a time frame in which to commit the act of suicide, take the following actions:
  - a. Contact Noel Riley-Philpo, The Director of Psychological Health at 615-574-3933, The Command Chaplain or Chaplain CPT Mark Phillips (full-time chaplain) at 615-517-0988 or call the National Suicide Prevention Lifeline at 1-800-273-8255 WITH THE PERSON IN THE ROOM WITH YOU. The Lifeline will be able to connect you to the nearest available crisis center.
  - b. Be sure to contact the Unit, BN, or BDE Commander who will then contact MAJ Beth Nielsen at 615-313-0736 (24 hours a day, 7 days a week)
  - c. Unit will submit a Serious Incident Report (SIR) for all threats, attempts, or suicides within the first 24 hours of the crisis. Suicide threats will be filed at JFHQ level and will only be used to determine trends and analysis.
  - d. Other options include getting on the SAMHSA’s Mental Health Services Locator at [www.mentalhealth.samhsa.gov/databases/](http://www.mentalhealth.samhsa.gov/databases/)
  - e. If there is a substance abuse issue, another option is to get on the Substance Abuse Treatment Facility Locator at <http://dasis3.samhsa.gov>.

5. If the service member does have a Suicide Plan, tell them politely yet firmly that you need to act to keep them safe and would like them to go with you to be evaluated. Then take that person to the emergency room.
6. If the person refuses to go to be evaluated, you have other options:
  - a. Call the Talk Line at 1-800-273-8255. They will be able to put you in touch with the local Mobile Crisis Response Team. An evaluator will conduct a phone evaluation and will either come to meet you and the person, or they will send law enforcement.
  - b. You can also call 911 for immediate intervention if the person is at imminent threat of self-harm.

**NEVER LEAVE A SUICIDAL PERSON ALONE!**

## **Suicide Prevention Checklist (Telephone Call)**

1. Thank the person for talking with you, and assure them that their wellbeing is important to you.
2. Encourage the person to continue talking and let them know that you want to help them.
3. Ask them direct questions:
  - a. “Are you thinking about killing yourself?”
  - b. If YES, “Do you have a plan developed?”
  - c. If YES, “What is your plan?”
  - d. If YES, “When were you planning on doing this?”
  - e. “Do you think you might try to hurt yourself today?”
  - f. “Have you ever tried to hurt yourself before?”
  - g. “Do you have pills/weapons in the house?”
  - h. “How much have you been drinking lately? What are you drinking?”
  - i. “When was the last time you had anything (alcoholic) to drink? Do you have alcohol at home?”
  - j. “Do you take any medications, drugs or pills? If so, what kind and how much?”
  - k. “Are there other drugs that you have been using to help you cope? Ie, cocaine, marijuana, meth, etc.”
  - l. “Do you have weapons at home? If so, is there someone who can remove them?”
  - m. “Is there someone with you right now?”
    - i. YES: If so, could I please talk with them? (At this point, speak to the person with the soldier and express your concerns. Encourage that person to accompany the soldier to a hospital emergency room.
    - ii. NO: Is there someone I could contact who could come and be with you right now? If distance permits, “Could I come to you now?”
      1. If no, ask the individual for their address. Contact the police department and ask them to conduct a Wellness Check.
      2. If the individual will not give you the address, contact the Readiness NCO, or call the service member’s cell phone company to track a location.

4. If the person refuses your offers to help by being with them and you deem that they are at imminent risk, call 911.
5. Be sure to contact the Unit, BN, or BDE Commander who will then contact MAJ Beth Nielsen at 615-313-0736 (24 hours a day, 7 days a week)
6. Unit will submit a Serious Incident Report (SIR) for all threats, attempts, or suicides within the first 24 hours of the crisis. Suicide threats will be filed at JFHQ level and will only be used to determine trends and analysis.

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**Actions to be taken by the Command when a soldier comes forward or you suspect they are showing increased risk for suicidal behavior**

1. ASK the person directly if he or she is having suicidal thoughts / ideas. Ask them if they have a plan to do so, and ask them if they have access to lethal means.
  - a. “Are you thinking about killing yourself?”
  - b. “Have you ever tried to hurt yourself before?”
  - c. “Do you think you might try to hurt yourself today?”
  - d. “Have you thought of ways that you might hurt yourself?”
  - e. “Do you have pills/weapons in the house?”
  - f. “How much have you been drinking lately?” “What are you drinking?”
  - g. “When was the last time you had anything (alcoholic) to drink? Do you have alcohol at home?”
  - h. “Do you take any medications, drugs or pills? If so, what kind and how much?”
  - i. “Are there other drugs that you have been using to help you cope? Ie, cocaine, marijuana, meth, etc. “
  - j. “Do you have weapons at home? If so, is there someone who can remove them?”
  
2. LISTEN and LOOK for red flags for suicidal behavior indicated by the mnemonic (IS PATH WARM):
  - a. **I**deation – Threatened or communicated
  - b. **S**ubstance Abuse – Excessive or increased
  - c. **P**urposeless – No reason for living
  - d. **A**nxiety – Agitation/ Insomnia
  - e. **T**rapped – Feeling there is no way out
  - f. **H**opelessness
  - g. **W**ithdrawing – from friends, family, society
  - h. **A**nger (uncontrolled) – Rage, seeking revenge
  - i. **R**ecklessness – Risky acts, unthinking
  - j. **M**ood changes dramatic
  
3. ACT.
  - a. If any of the “ASK” questions is yes but the service member does not have a plan and does not have a timeframe in which to act on the thoughts:
  
  - b. Contact Noel Riley-Philpo, The Director of Psychological Health at 615-574-3933, The Command Chaplain or Chaplain CPT Mark Phillips (full-time chaplain) at 615-517-0988 or call the National Suicide Prevention Lifeline at 1-800-273-8255 **WITH THE PERSON IN THE ROOM WITH**

YOU. The Lifeline will be able to connect you to the nearest available crisis center.

- c. Other options include getting on the SAMHSA's Mental Health Services Locator at [www.mentalhealth.samhsa.gov/databases/](http://www.mentalhealth.samhsa.gov/databases/)
  - d. If there is a substance abuse issue, another option is to get on the Substance Abuse Treatment Facility Locator at <http://dasis3.samhsa.gov>.
  - e. Report incident to **MAJ Beth Nielsen at 615-313-0736** (24 hours a day, 7 days a week)
  - f. Report all incidents to **Noel Riley-Philpo, 615-574-3933**, so she can track and be sure that no clinical needs are being overlooked.
  - g. Unit will submit a Serious Incident Report (SIR) for all threats, attempts, or suicides within the first 24 hours of the crisis. Suicide threats will be filed at JFHQ level and will only be used to determine trends and analysis.
4. If the service member has a Suicide Plan, tell them politely yet firmly that you need to act to keep them safe and would like them to go with you to be evaluated. Then take that person to the emergency room.
  5. If the person refuses to go to be evaluated, you have other options:
    - a. Call the Talk Line at 1-800-273-8255. They will be able to put you in touch with the local Mobile Crisis Response Team. An evaluator will conduct a phone evaluation and will either come to meet you and the person, or they will send law enforcement.
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