

The Ohio State University College of Nursing

Clinicians in Mental Health Distress & Crisis

First Aid for an Acutely Suicidal Individual

SIGNS A PERSON MAY BE SUICIDAL:

- Threatening to hurt or kill themselves
- Looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped, like there's no way out, especially related to burnout and work stress
- Increasing alcohol and drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

MAJOR CRISIS INTERVENTION POINTS:

- Persons who are suicidal often feel very alone and isolated, as if they do not belong anywhere.
- Persons who are suicidal often have a very narrowed lens in which they are perceiving life; akin to having an intense tooth infection – it is almost impossible to focus on anything else; the pain is narrow and very real
- Asking about their situation is essential to understand them
- Aligning as someone who desperately cares and wants to help in every way
- Conveying there are other options as difficult as it is to remotely see these; give life a chance – the fact that they are still alive demonstrates they are not sure (remain ambivalent) and life still has a chance
- No that for all we do even when all the best strategies, there will sometimes be someone who choose suicide anyway. This is very painful for the helpers yet a reality we can't personalize. Doing our best is what matters.

PREPARING YOURSELF TO APPROACH THE PERSON.

- Be aware of your own attitudes about suicide and the impact of these on your ability to provide assistance (e.g. beliefs that suicide is wrong or that it is a rational option).
- If the person is from a different cultural or religious background to your own, keep in mind that they might have beliefs and attitudes about suicide which differ from your own. Be aware that it is more important to genuinely want to help than to be of the same age, gender or cultural background as the person.

Adapt a participant attitude. The helper (the person who makes the dissuasive attempt) should manifest an attitude that is fully empathic to the suicidal person's pain and plight; avoid confrontation attitude that conveys to the person in crisis that suicide is wrong and unacceptable. Goal is to reduce sense of isolation. Understand their desperateness and validate yet counter.

Example: “You may feel that you are absolutely alone with your problem and that nobody in the world can help you. In this lonely black hole, all you can see is pain, every possible solution melts in a haze, and the only solution seems to be death”.

Once aligned with person in crisis, raise issues of: the suffering of the dear ones who are left behind, the availability of other options to cope with the distress, the eventual abatement of the pain, and the possibility that the suicidal intention rests on a mistaken perspective.

Example: “I acknowledge your deep pain. I accept your feeling of no solution. I accept that you feel at the end of the road. Every human being may arrive to a point when one says: That’s it! I can suffer no more! I accept that you have reached this point. Even so, I will try to speak for another way of viewing things. I believe that this different voice also deserves a say.”

And/or, “While I might be someone who you are not sure you trust or someone who claims to have expertise, I want to share that at this moment, I am a scared human being who is awfully frightened by the suicide choice you want to make.”

And/or, “I understand your wish to die, but I also believe that there is something within you that wants to live. And I am here to give voice to this side too. What I am trying to tell you is that I understand something about your despair. You didn’t get there out of laziness or neglect of possible solutions. I am sure that if you could only see any other way out, a glimmer of a solution, you would not want to die. This is why I respect your feeling and your intention: I think that, if you only could, you would choose to act differently.”

And/Or, “Let me promise, first, that, after this crisis, if you so wish, I will stay by you and try to help you achieve whatever solution that may be possible. I know that I cannot achieve the impossible, but I can promise you to try hard and to stay by your side. I will try to help not only with words, but also with actual support, to the best of my capability, I promise you that, when you get off the roof (or out of the bathroom, the cellar, etc.), I will not leave you. I will try to help you return to life. I am aware that I am now binding myself to you with a powerful commitment.”

In sum, healthcare professionals and nurses who care for suicidal patients should spend time communicating with suicidal patients, acknowledging their intentions, dreams, hopes, and fears in a way that supports their experiences of being capable, and enable them to carry through their recovery processes and life projects to continue living. Striving to understand the meaning of each individual person’s experience of suicidality is essential.

Resources

Mental Health First Aid Australia. (2020). Suicidal thoughts & behaviours guidelines. Found at https://mhfa.com.au/sites/default/files/suicidal_thoughts_and_behaviours_guidelines_0.pdf

Mental Health & Stress

- American Psychiatric Nurses Association [Managing Stress & Self Care during COVID-19: Information for Nurses](#)
- HNHN blog [Six Tips for Nurses Coping with the COVID-19 Pandemic](#)
- [The Ohio State University’s \(OSU\) COVID-19 Resources](#), including video on coping by Chief Wellness Officer Dr. Bernadette Melnyk
- OSU 8 week online series: [Staying Calm and Well in the Midst of the COVID-19 Storm](#)
- American Holistic Nurses Association’s *Holistic Stress Management website*

- The National Academy of Medicine's Action Collaborative on Clinician Well-being [Resources to Support the Health and Well-Being of Clinicians During the COVID-19 Outbreak](#)
- [Healer Education Assessment and Referral \(HEAR\)](#)
<https://medschool.ucsd.edu/som/hear/Pages/default.aspx>

Fatigue

- NIOSH Science Blog [Managing Fatigue During Times of Crisis: Guidance for Nurses, Managers, and Other Healthcare Workers](#)

Grief & Bereavement

American Nurse Article [“Grief Management After a Nurse’s Death”](#)

HNHN blog [“The Tough Stuff: How to Deal With the Death of a Patient”](#)

Hotlines

- National Suicide Prevention Lifeline 1-800-273-TALK (8255) <https://suicidepreventionlifeline.org/>
- SAMHSA National Helpline 1-800-662 HELP (4357) <https://www.samhsa.gov/find-help/national-helpline>
- SAMHSA Disaster Distress Helpline 1-800-985-5990 <https://www.samhsa.gov/find-help/disaster-distress-helpline>

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Ross, A., Kelly, C. M., & Jorm, A. F. (2014). Re-development of mental health first aid guidelines for suicidal ideation and behaviour: a Delphi study. *Psychiatry* 2014, 14(241), 1-11.

Sellin, L., Kumlin, T., Wallesten, T., & Gustin, L. W. (2018). Caring for the suicidal person: A Delphi study of what characterizes a recovery-oriented caring approach. *International Journal of Mental Health Nursing*, 27, 1756–1766.