

After a Suicide Attempt -A Guide for Taking Care of Your Family

Chippewa County Mental Health Crisis Services

Suicidal thoughts and actions generate conflicting feelings in family members who love the person who wishes to take his or her own life. That is why this guide was developed for you. It will give you some important points on how to take care of yourself and your family member following a suicide attempt and it will provide resources to help you move forward.

Mental Health Crisis Services

Goal

The goal of Mental Health Crisis Services is to get the best outcome for the person at a time of crisis—resolving the crisis, stabilizing the patient medically and emotionally, and making recommendations and referrals for follow up care or treatment. There are several steps in the process, and they all take time.

When someone is being assessed for a mental health crisis, the crisis worker will evaluate the person's physical and mental health.

Crisis workers should look for underlying physical problems that may have contributed to the suicidal ideation or attempt such as side effects from medications, untreated medical conditions, or the presence of street drugs that can cause emotional distress. Crisis staff prefer to assess people who are sober, **however** they should not dismiss things people say or do when intoxicated, especially comments about how they might harm themselves or others.

Assessment

After crisis staff evaluate your family member's physical health, a mental health assessment will be performed, and the crisis worker doing the assessment should put your relative's suicidal behavior into context. The assessment will generally focus on three areas:

1. What psychiatric or medical conditions are present? Are they being or have they been treated? Are the suicidal thoughts and behavior a result of a recent change, or are they a longstanding condition?
2. What did the person do to harm himself or herself? Have there been previous attempts? Why did the person act on their suicidal thoughts, and why now? What current stressors, including financial or relationship losses, may have contributed to this decision? Does the person regret surviving the suicide attempt? Is the person angry with someone? Is the person trying to reunite with someone who has died? What is the person's perspective on death?
3. What support systems are there? Who is providing treatment? What treatment programs are good matches for the person? What do the individual and the family feel comfortable with? Finally, a crisis worker may assess in more detail the actual suicide attempt that brought your relative to crisis services.

Information that the treatment team should look for includes the presence of a suicide note, the seriousness of the attempt, or a history of previous suicide attempts.

Inform the crisis worker if your relative has:

- Access to a gun, lethal doses of medications, or other means of suicide.
- Stopped taking prescribed medicines.
- Stopped seeing a mental health provider or physician.
- Written a suicide note or will.
- Given possessions away.
- Been in or is currently in an abusive relationship.
- An upcoming anniversary of a loss.
- Started abusing alcohol or drugs.
- Recovered well from a previous suicidal crisis following a certain type of intervention.

What the Crisis Worker Needs To Know: How You Can Help

Confidentiality and Information Sharing

Family members are a source of history and are key to the discharge plan. Provide as much information as possible to the crisis worker. **Even if confidentiality laws prevent the crisis staff from giving you information about your relative, you can always give them information.** Find out who is doing the evaluation and talk with that person. You can offer information that may influence the decisions made for your relative. If you ever again have to accompany your relative to crisis services at Chippewa County Community Mental Health and Recovery Services or an emergency room after an attempt, remember to bring all medications, suspected causes of overdose, and any names and phone numbers of providers who may have information.

Crisis personnel should try to contact the mental health professionals who know the situation best before making decisions. Other important information about your relative's history to share with the crisis staff includes:

- A family history of actual suicide—mental health professionals are taught to pay attention to this because there is an increased risk in families with a history of suicide.
- Details about your relative's treatment team—a recent change in medication, the therapist is on vacation, etc. This information is relevant for crisis staff because if they do not feel hospitalization is best, they may want to refer your family member to a mental health provider.
- If your relative has a guardian or is under court order, let them know that.

You may want to get permission from the crisis worker and your relative to sit in on your relative's evaluation as it is taking place to listen and add information as needed. Your role is to provide the crisis worker with your perspective of the problem. **Always remember first hand information needs to come from the person in crisis.**

The best decisions are made with all the relevant information.

Next Steps after the Crisis Assessment

After your relative's physical and mental health are thoroughly discussed, the crisis staff and in some cases law enforcement staff, if they have been involved, will decide if your relative needs to be hospitalized—either voluntarily or by a commitment. If hospitalization is necessary, you can work with the receiving hospital to **offer information and support** and to develop a plan for the next steps in your relative's care.

If **involuntary hospitalization** is necessary the crisis staff should explain this legal procedure to your relative and you so that you both have a clear understanding of what will take place over the next 3–10 days, while a court decides on the next steps for treatment.

If your relative has a hearing impairment or does not speak English, he or she may have to wait for someone who knows American Sign Language or an interpreter. It is generally not a good idea to use a family member to interpret in a medical situation. If the crisis treatment team, the patient, and you do not feel hospitalization is necessary, then you should all be a part of developing a follow up treatment plan.

In developing a plan, consider the following questions:

Ask your family member:

It is important to be honest and direct with your questions and concerns.

Do you feel safe to leave the hospital, and are you comfortable with the discharge plan?

How is your relationship with your doctor, and when is your next appointment?

What has changed since your suicidal feelings or actions began?

What else can I/we do to help you after you leave this crisis assessment (meeting)?

Will you agree to talk with me/us if your suicidal feelings return? If not, is there someone else you can talk to?

Remember: It is critical for the patient to schedule a follow up appointment as soon as possible after the crisis.

Ask the treatment team: This includes the doctor, therapist, nurse, social worker, etc.

Do you believe professionally that my family member is ready to leave the hospital?

Why did you make the decision(s) that you did about my family member's care or treatment?

Is there a follow up appointment scheduled? Can it be moved to an earlier date?

What is my role as a family member in the safety plan?

What should we look for and when should we seek more help, such as returning to the emergency department or contacting other local resources and providers?

What You Need To Know

Make safety a priority for your relative recovering from a suicide attempt. Research has shown that a person who has attempted to end his or her life has a much higher risk of later dying by suicide. Safety is ultimately an individual's responsibility, but often a person who feels suicidal has a difficult time making good choices. As a family member, you can help your loved one make a better choice while reducing the risk.

Reduce the Risk at Home—To help reduce the risk of self-harm or suicide at home, here are some things to consider:

- Guns are high risk and the leading means of death for suicidal people—they should be taken out of the home and secured.
- Overdoses are common and can be lethal—if it is necessary to keep pain relievers such as aspirin, Advil, and Tylenol in the home, only keep small quantities or consider keeping medications in a locked container. Remove unused or expired medicine from the home.
- Alcohol use or abuse can decrease inhibitions and cause people to act more freely on their feelings. As with pain relievers, keep only small quantities of alcohol in the home, or none at all.

Create a Safety Plan—Following a suicide attempt, a safety plan should be created to help prevent another attempt. The plan should be a joint effort between your relative and his or her doctor, therapist, or the emergency crisis staff, and you.

As a family member, you should know your relative's safety plan and understand your role in it, including:

- Knowing your family member's "triggers," such as an anniversary of a loss, alcohol, or stress from relationships.
- Building supports for your family member with mental health professionals, family, friends, and community resources.
- Working with your family member's strengths to promote his or her safety.
- Promoting communication and honesty in your relationship with your family member.

Remember that safety cannot be guaranteed by anyone—the goal is to reduce the risks and build supports for everyone in the family. However, it is important for you to believe that the safety plan can help keep your relative safe. If you do not feel that it can, let the crisis staff know immediately.

Maintain Hope and Self-Care—Families commonly provide a safety net and a vision of hope for their suicidal relative, and that can be emotionally exhausting. Never try to handle this situation alone—get support from friends, relatives, and organizations such as the National Alliance on Mental Illness (NAMI), and get professional input whenever possible.

Use the resources on the back pages of this brochure, the Internet, family, and friends to help you create a support network. You do not have to travel this road alone.

Moving Forward

Crisis mental health care is by nature short-term and crisis oriented, but some longer-term interventions have been shown to help reduce suicidal behavior and thoughts. You and your relative can talk to the crisis worker about various treatments for mental illnesses that may help to reduce the risk of suicide for people diagnosed with illnesses such as schizophrenia, bipolar disorder, or depression. Often, these illnesses require multiple types of interventions, and your relative may benefit from a second opinion from a specialist. If your relative abuses alcohol or other drugs, it is also important to seek help for this problem along with the suicidal behavior. Seek out a substance abuse specialist. Contact your local substance abuse treatment provider, or contact groups like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) to help your loved one; Al-Anon may be a good resource for you as a family member.

Ultimately, please reach out for help in supporting your family member and yourself through this crisis.

Chippewa County has crisis mental health services available 24 hours per day/ 365 days per year.

Call 1-888-552-6642 and you will reach Chippewa County's contracted crisis provider

Northwest Connections Crisis line

For more information about suicide and mental illness look for these resources on-line:

- **American Association of Suicidology**
A resource and education organization dedicated to the understanding and prevention of suicide.
www.suicidology.org or call 202-237-2280
- **American Foundation for Suicide Prevention**
Dedicated to advancing the public's knowledge of suicide and its prevention.
www.afsp.org or call 1-888-333-AFSP
- **National Alliance on Mental Illness (NAMI)**
Offers information, support, and advocacy for persons affected by mental illnesses.
www.nami.org or call 1-800-950-NAMI (6264)
- **National Institute of Mental Health**
The leading Federal agency for research on mental and behavioral disorders.
www.nimh.nih.gov or call 1-866-615-6464
- **National Mental Health Association**
Addresses all aspects of mental health and mental illness.
www.nmha.org or call 1-800-969-NMHA (6642)
- **National Mental Health Information Center (NMHIC)**
A SAMHSA-operated Center that provides information about mental health and is available on weekdays from 8:30 a.m. to 12 a.m. Eastern Standard Time to answer mental health questions.
www.mentalhealth.samhsa.gov or call 1-800-789-2647 or 1-866-889-2647 (TDD)
- **National Strategy for Suicide Prevention**
A comprehensive national plan to confront suicide in the United States.
www.mentalhealth.samhsa.gov/suicideprevention
- **Suicide Awareness Voices of Education (SAVE)**
Dedicated to preventing suicide through education, public awareness, and stigma reduction.
www.save.org or call 952-946-7998
- **Suicide Prevention Resource Center**
Supports suicide prevention with the best of science, skills, and practice.
www.sprc.org or call 1-877-GET-SPRC (438- 7772)

These resources may contain materials that express views, policies, and opinions that do not necessarily reflect those of the Substance Abuse and Mental Health Services Administration and the U.S. Department of Health and Human Services or the Chippewa County Department of Human Services.

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