



## **Suicide Prevention Policy & Procedure**

### **Policy:**

The LGBT Center of Central PA recognizes the increased risk of suicide for LGBTQ+ people, particularly transgender people, and seeks to take proactive measures in seeking to prevent potential suicides. The accompanying procedure is designed as guidance for staff, interns, facilitators and volunteers on a process to implement when a program participant indicates suicidal ideation. It is also designed to further the safety and wellbeing of all people who utilize the LGBT Center as a resource.

### ***Definitions:***

Suicidal Ideation – Thoughts of engaging in behavior intended to end one's life.

Suicide Threat – A verbal or non-verbal communication that the individual intends to harm themselves with the intention to end their life but has not acted on the threatened behavior.

Suicide Plan – The formulation of a specific method through which one intends to end their life.

Suicidal Act or Suicide Attempt – A potentially self-injurious behavior for which there is evidence that the person intended to end their life; a suicidal act may result in death, injury or no injuries.

Suicide – Death caused by self-inflicted injurious behavior with the intent to end their life as a result of the behavior.

### **Procedure:**

When a participant expresses any form of suicidal ideation, the staff, intern, facilitator or volunteer present should complete an initial assessment using, at minimum, the first five of the following assessment questions:

1. Are you thinking about killing yourself?
2. Do you have a plan to kill yourself?
3. What is your plan to kill yourself?
4. Do you have access/means to carry out your plan?
5. When are you planning to kill yourself?
6. Have you had any previous suicide attempts? (optional)
7. Have you had any traumatic events that are contributing to this decision? (optional)

Based on the assessment, determine whether suicidal behavior is IMMEDIATE or HIGH/MODERATE RISK and take the following steps accordingly:

#### **IMMEDIATE Suicidal Behavior**

##### ***Participant has a plan, intent to carry it out and means to follow through***

1. Encourage the participant to remain at the LGBT Center until safe plans have been made.
2. Call the Youth Programs Director (if the participant is a youth or young adult) or the Executive Director (for all other participants). In the event that either the Youth Programs Director or the Executive Director is not immediately reachable, contact the other.
3. Call Dauphin County Crisis at 717-232-7511 or 1-888-596-4447.
4. Provide the participant with the option of being transported to the hospital in a staff vehicle (if available) or calling an ambulance to transport them to the hospital.
5. Staff will transport the participant to the hospital, if participant is willing, or request an ambulance to come to the Center to transport the participant (riding in the ambulance if possible).
6. If police arrive with the ambulance, staff will make the determination as to whether their presence is needed and communicate that to them.
7. If the participant is a minor, contact the youth's parent or guardian (if contact info is known).
8. Inquire if the participant is currently seeing a therapist/counselor that they would like to be contacted.
9. Get participant's full name and what hospital they are being taken to (if not going with them).
10. Follow-up with the participant regularly to check in for safety.

#### **MODERATE/HIGH RISK for Suicidal Behavior**

##### ***Expresses suicidal ideation but no plan AND/OR means to follow through***

1. Encourage the participant to remain at the LGBT Center until safe plans have been made.
2. Call the Youth Programs Director (if the participant is a youth or young adult) or the Executive Director (for all other participants). In the event that either the Youth Programs Director or the Executive Director is not immediately reachable, contact the other.
3. Complete the Safety Plan form with the participant (see below).
4. If needed, assist the participant with locating and/or contacting a mental health provider.
5. Provide the participant with the National Suicide Prevention Lifeline (1-800-273-8255), Trevor Project Hotline (1-866-488-7386), and/or the Trans Lifeline (877-565-8860).
6. Obtain contact info for participant (phone number and home address).
7. Follow-up with the participant regularly to check in for safety.

*Approved by Board of Directors: May 21, 2018*

# Safety Plan

## Part 1: Triggers and Warning Signs

What makes you feel distressed and start to think about suicide? (Triggers)

What behaviors or thoughts indicate you are struggling with suicidal ideation?

## Part 2: Coping Strategies

What makes you feel calm or relaxed?

Are you on any medications that help you feel better?

Do you have a therapist/counselor? If so, when is your next appointment?

What can you do on your own to help yourself not act on the suicidal thoughts/feelings?

What might stand in your way of doing these activities in a time of crisis?

## Part 3: Support System

Who do you think you could contact for help during a crisis? Include friends and adults.

How could they support you?

## Part 4: Reducing Risk

Identify ways to secure or limit access to lethal means if a plan was indicated during the assessment.

## Part 5: Follow Up Plan

What is the best contact number for you? What is your home address?

Who is your emergency contact and their contact information?

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LGBT Center of Central PA Signature: \_\_\_\_\_

Date: \_\_\_\_\_