After an Attempt: A Guide for Family Members

This is a very difficult time and it is important to take care of yourself and your family member. This handout provides some basic information to help you through the days ahead.

What the Emergency Department Needs to Know and How You Can Help

You will likely wait for hours in the Emergency Department as the medical staff decide what action to take. Just because someone attempted suicide does not mean they will be admitted to the hospital. The physician and/or mental health professional will assess and interview the person to determine whether or not they meet hospital admission criteria and if they decide upon hospitalization, whether the person will agree voluntarily to treatment. If the person doesn’t agree to treatment they will likely place the person on a 72-hour hold. (You can read more about involuntary treatment in the Understanding the Minnesota Civil Commitment Process NAMI booklet).

Provide as much information as you can to the staff such as:

- Diagnosis
- Medications and treatment
- Names of treating mental health professionals
- Previous attempts or history of self-harm
- What means were used to attempt suicide
- Any events leading up to the attempt
- Interventions or medications that should be avoided
- An advance directive if the person has one

If the person is awake, ask the Emergency Department staff to provide a privacy release to them so that you can call and check on them once they are admitted. Without this you will find it very difficult to obtain information on how they are doing or even if they are still hospitalized.

What to do after you leave the Emergency Department

Make safety a priority for your loved one after the suicide attempt. You can help keep your loved one stay safe by reducing the risk at home through removing lethal means, creating a safety plan, maintaining hope and self-care.

When your loved one is discharged from the hospital insist on being in the room even if a privacy release has not been signed. If your loved one verbally agrees to have you in the room that is sufficient. Make sure you know what the next steps are and that your loved one has an appointment with a mental health professional in the next few days.
An established support system is critical following a suicide attempt. Your loved one may experience loneliness or despair following their discharge from the Emergency Department. Those that lack a support system are particularly vulnerable. Follow-up’s have the potential to reduce hospital readmissions and additional Emergency Department visits. A follow-up should occur within the first 24 to 48 hours following a suicidal crisis or discharge. Follow-up’s can be done in a number of ways including: phone calls, text messages, hand written letters, emails or home visits. Follow-ups are especially important for adolescents, since they frequently repeat attempts.

It is also important to know the warning signs to look for if your loved one is feeling suicidal again.

Any of the following may be warning signs for suicide:

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress
- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
  - Withdrawal from or changes in social connections/situations
  - Changes in sleep (increased or decreased)
  - Anger or hostility that seems out of character or out of context
  - Recent increased agitation or irritability

How to respond:

- Ask if they are ok or if they are having thoughts of suicide, if they have a plan
- Express your concern about what you are observing in their behavior
- Listen attentively and non-judgmentally
- Reflect what they share and let them know they have been heard
- Tell them they are not alone, offer hope in any form
- Let them know there are treatments available that can help

If you think your loved one may need help right now, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) OR TEXT “MN” TO 741741. Your call is free and confidential. Trained crisis workers in your area can assist you and your loved one in deciding what they need right now. Another option would be to call the county crisis team (the adult and children’s numbers can be found on the Minnesota Department of Human Services website or your county’s website).

How to Keep Your Home Safe:

- Remove means from the home, especially guns and any weapons, pain reliever medications, alcohol, or any item connected to a past attempt
- Remove unused or expired medications from the home
- Keep only a small quantity of pain relievers and alcohol inside the home
- Utilize lock boxes with a key to store hand guns, medications, and sharp objects (Master Lock 7148D Locking Steel Security File Box is recommended – available on Amazon)
- Utilize a lock and key with guns – this is when a cable threads through the gun and helps keep it locked. If you cannot remove the gun from the home, take apart the gun and store it in different lock boxes or locations. Keep ammunition out of the home.
- Create a safety plan. A safety plan is a written list of coping strategies and sources of support for people who are at high risk for suicide. The strategies found in a safety plan can be used before or during a suicide attempt. A safety plan should be brief, written in the person’s own words, and easy to read. Remember to build in support from family members, mental health
professionals, friends and community resources to help support you and your loved one. Another thing to consider in some situations would be the Family and Medical Leave Act (FMLA) when creating a safety plan.

Moving Forward
Emergency Department care is short-term and crisis orientated, but longer-term interventions have been shown to reduce suicidal behavior and thoughts. Multiple types of interventions may be beneficial. One of the most important things you can do for your loved one is connect them to a mental health professional. You will want to check with their insurance company to see who is in the network. Mobile crisis teams are also available and provide useful information and referrals. The mobile crisis team can remain involved until the individual is stable.

For Youth: If insurance is a problem for you, or taking off work is difficult, you can connect your child to school-linked mental health services. Even though the services are provided in a school setting, mental health staff are not school district employees. These services increase the access for children and youth who are uninsured or underinsured, to improve their mental health.

Resources for Medical Providers, Family Members and Survivors:
American Foundation for Suicide Prevention:
Firearms and Suicide Prevention – American Foundation for Suicide Prevention
Survivor Outreach Program – American Foundation for Suicide Prevention
Book and Film Recommendations – American Foundation for Suicide Prevention

Sources:
American Foundation for Suicide Prevention: https://afsp.org
Substance Abuse and Mental Health Services Administration: https://www.samhsa.gov
Minnesota Statutes/Healthcare Bill of Rights: https://www.revisor.mn.gov/statutes/cite/144.651
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