How to Help Someone with Suicidal Feelings: A Practical Process

Helping someone with suicidal feelings is a delicate, structured process focused on facilitating **ventilation**—the release of emotional tension—and ensuring immediate safety. This process is built on the understanding that suicide is often a **"cry for help"** rather than a wish to die, and that most individuals feel **ambivalent**, gambling with death while still retaining a desire to live.

Step 1: Adopt the CARE Mindset

Before engaging, establish the internal qualities necessary for a safe helping environment to address the person's **LOSS** (Lack Of Support System).

- **Concern:** Be supportive, calm, and take every situation seriously.
- **Acceptance:** Understand the person without judgment or imposing personal, religious, or political convictions.
- **Respect:** Uphold their right to remain anonymous and maintain strict **confidentiality**.
- **Empathy:** Strive for a **"total understanding"** of their verbal and non-verbal experiences.

Step 2: Establish Physical Attending

Communicate your focus and availability through non-verbal cues to help the other person feel at ease.

- **Posture:** Sit facing the person directly and **lean forward slightly** to show engagement.
- **Eye Contact:** Maintain steady, comfortable eye contact.
- **Relaxation:** Remain physically relaxed to reduce the speaker's tension.
- **Environment:** Ensure the space is free from external noise and distractions.

Step 3: Conduct a Crisis and Risk Assessment

Do not wait for the person to bring it up; you must assess the degree of risk directly and frequently.

- **Ask the "Suicide Question":** Directly ask about suicidal thoughts and previous attempts at **every contact**.
- **Lethality Scoring:** Evaluate the risk based on their current state:
    - **Level 4 (Extreme):** An attempt is currently in progress or there are previous suicidal acts.
    - **Level 3 (High):** An active plan and intent are present, or they face extreme isolation or loss.
    - **Level 2 (Moderate):** Suicidal thoughts exist but without a current plan; possession of means or alcohol dependence increases this score.
    - **Level 1 (Low):** Chronic pain or illness in older males.

Step 4: Facilitate Ventilation through Active Listening

Use specific techniques to encourage the person to explore and release their feelings.

- **Reflections:** Feedback the **content and feelings** of what they say to check your understanding and encourage them to continue.
- **Adequate Responding:** Keep responses **brief, frequent, and flexible**.
- **Tentative Language:** Frame your perceptions tentatively (e.g., "It sounds like...") so the person can clarify their feelings.
- **Silence:** Give the person **time to think**; silence is often a productive part of the conversation.
- **Avoid Barriers:** Do not give unsolicited advice, judge, or ask "why" questions.

Step 5: Take Immediate Intervention Action

In a high-risk situation, specific actions can save lives.

- **Do:** Listen calmly, explore alternatives to suicide, and try to **"buy time"** by making a contract.
- **Action:** If the risk is high, **remove the means** of suicide (if possible) and **stay with the person** until help arrives.
- **Don't:** Challenge them to go ahead, act shocked or embarrassed, or give false assurances like "everything will be alright".
- **Important: Never swear to secrecy** if the risk is high; your priority is getting them help.

Step 6: Recognize Boundaries and Referral

Helpers must be honest about their own limitations to remain effective.

- **Manage Personal Anxiety:** Acknowledge your own fears regarding the intensity of the crisis.
- **Avoid Perfectionism:** Recognize that you cannot "fix" everyone and maintain an objective distance.
- **Referral:** If the situation exceeds your training, take immediate action to involve **professional services** or more experienced support.

Debunking Suicide Myths

The training provides a critical comparison between common misconceptions and factual realities:

Myth	Fact
People who talk about it don't do it.	Most give definite warnings and indications.
Suicidal people want to die.	They are ambivalent; it is a gamble with a desire to live.
Suicide happens without warning.	Indications are almost always present.
Improvement after a crisis means risk is over.	Suicide often occurs during the period of improvement.
It is a sign of mental illness.	It is often a sign of deep unhappiness, not necessarily illness.

Thinking Patterns of the Distressed

Individuals at risk often exhibit specific cognitive distortions:

- Thinking in circles (confusion).
- Living in the past or worrying excessively about the future.
- Self-blame or blaming others.
- Perfectionism and self-defeating feelings (e.g., "I am worthless").
- Narrowed thinking and a focus on "fixing" others.

Intervention: Do’s and Don’ts

Recommended Actions (Do's):

- Maintain a calm, empathetic, and supportive demeanor.
- Take every situation seriously and ask directly about suicide plans and previous attempts.
- Explore alternatives to suicide.
- Buy Time: Negotiate a "contract" with the individual.
- Identify support systems and remove the means of suicide where possible.
- Stay with the person if the risk is high.

Actions to Avoid (Don'ts):

- Ignoring the situation or acting shocked/panicked.
- Giving advice or false assurances (e.g., "everything will be all right").
- Challenging the person to "go ahead."
- Making the problem seem trivial or swearing to absolute secrecy if it prevents getting help.