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DMS/EMSD/HHC/09	Response to suicidal crisis situation through hotline	01	9

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1. Scope

This procedure describes how to respond to a suicidal crisis situation through the hotline in HHC. This SOP is applicable to all the staff who are involved in assessment and responding to suicide through the hotline.

2. Objective

To provide standard procedure on how to respond to the suicidal crisis situation through hotline for HHC.

3. Responsibilities

Sl. No.	Official Designation	Responsibilities
1.	Communicating agent (CA)	Receive call & identify patient with suicidal thoughts/tendency
2.	Crisis Responder (CR)	Assess and response to suicidal crisis. Referral and documentation
3.	Call Centre Representative (CR)	Follow up cases and report to NSPP

4. Definitions-

- 4.1. **CA:** Communicating agent
- 4.2. **CR:** Crisis Responder
- 4.3. **CCR:** Call Centre Representative
- 4.4. **HHC:** Health Help Centre
- 4.5. **NSPP:** National Suicide Prevention Program
- 4.6. **Caller:** A person calling for help
- 4.7. **HMA:** Health Management Agent
- 4.8. **SOP:** Standard Operating Procedure.

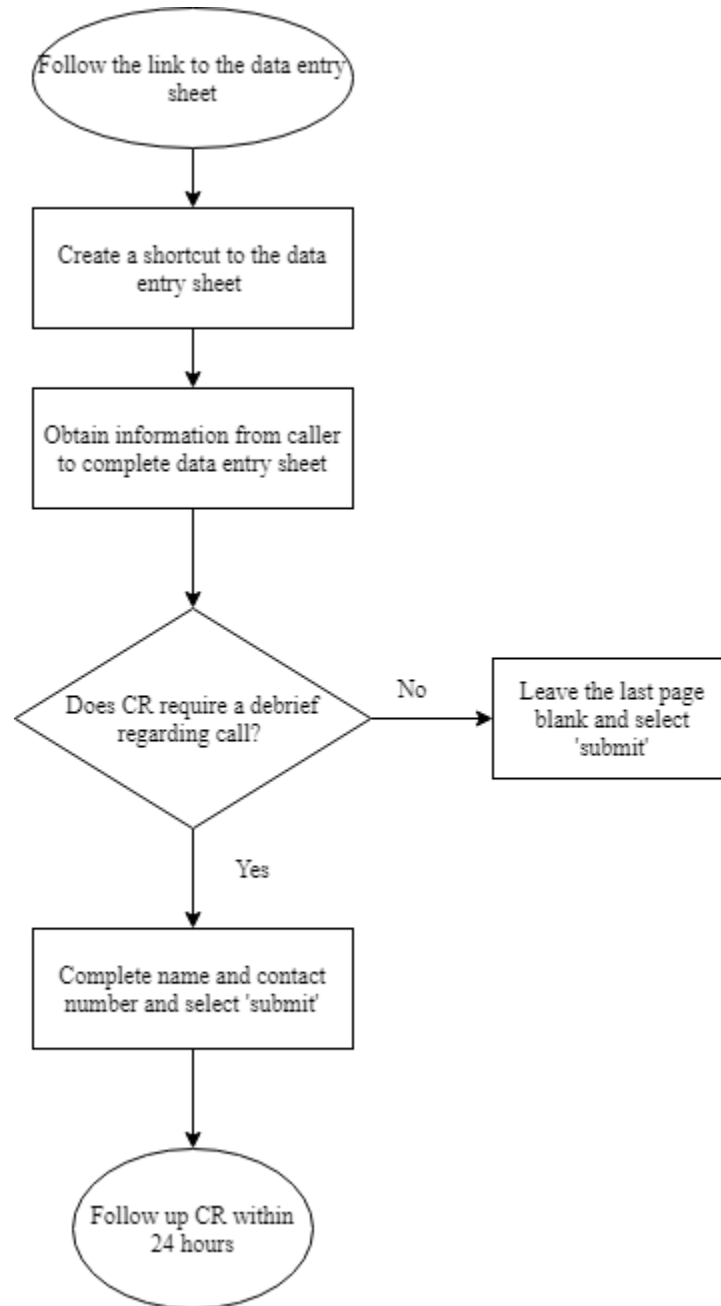
5. Principle

- 5.1. Social, psychological and physical factors will contribute to people becoming suicidal.
- 5.2. Suicides are preventable and poor mental health which is a key risk factor for suicide is treatable by providing the right intervention at the right time.
- 5.3. The hotline service can provide immediate support, information and referral for people becoming suicidal.

6. Pre-requisites

- 6.1. Knowledge of suicide prevention counseling
- 6.2. Skills to identify suicidal thoughts and behavior in clients and address mental illness
- 6.3. Telephone etiquette
- 6.4. Private workspace
- 6.5. Table, chair, computer with internet connection with appropriate application software and web browser, headset, dedicated phone line
- 6.6. Trained counselor/case managers to cover three shifts/day

7. Process Map in Flow Chart



8. Procedure

8.1. Triage on suicidal thought by CA

- 8.1.1. Respond to the caller with respect
- 8.1.2. Collect caller information (name, current location and phone number of relatives/friends)
- 8.1.3. As the purpose of calling
- 8.1.4. Identify for any suicidal ideation
 - 8.1.4.1. Dispatch ambulance as per ambulance guideline
 - 8.1.4.2. Transfer call to CR for suicide screening and appropriate referral

8.2. Screening of suicidal ideation by CR

- 8.2.1. Screen for suicidal ideation by asking the caller the following questions:
 - 8.2.1.1. In the past few weeks, have you wished you were dead?
 - 8.2.1.2. In the past few weeks have you felt that you or your family would be better off if you were dead?
 - 8.2.1.3. In the past week, have you thought about ending your life?
 - 8.2.1.4. Have you ever tried to end your life?
- 8.2.2. When the caller answers 'no' to all questions 8.2.1.1 through 8.2.1.4, screening is complete. Direct to HMA.

8.3. Assessment of suicide acuity

- 8.3.1. When the caller answers 'yes' to any of the questions 8.2.1.1 through 8.2.1.4, or refuses to answer, they are considered a risk for suicide.
- 8.3.2. Ask the caller: Are you having thoughts of ending your life right now?
- 8.3.3. If the caller answers yes to question 8.3.2, identify the caller as high risk.
- 8.3.4. If the caller answers no to question 8.3.2, identify the patient as low risk.

8.4. High Risk Intervention

- 8.4.1. If the caller is identified as high risk, discuss safety plans (see **Safety Plan** section for more information) to reduce the level of distress and to keep the caller engaged while ambulance is dispatched.
- 8.4.2. Meanwhile, dispatch ambulance and inform relatives. Inform to police by ambulance driver/EMR if the suicide is completed.
- 8.4.3. Inform to the nearest health facility about the case by driver/EMR to ensure patient is immediately taken care of.

8.5. Low Risk Intervention

- 8.5.1. When the caller is identified as low risk, discuss safety plans (see Safety Plan section for more information) and provide the caller with information regarding counseling services (see **Resource List**).

8.6. Referral and Service Linkages

- 8.6.1. Give information to the caller about appropriate agencies which can provide ongoing support (see **Resource List**).

8.7. Record and report

- 8.7.1. Record the call in the Suicide Risk Assessment and Intervention Form (online at <https://form.jotform.me/92058643547464>)
- 8.7.2. See Work Instruction - Database for Suicidal Ideation and Mental Health calls

8.8. Follow Up

- 8.8.1. Follow up with the caller within 24 hours:
 - 8.8.1.1. To assess risk for suicide
 - 8.8.1.2. To check whether caller has visited/contacted the referral agency

9. Annexure:

- 9.1. Annexure 1: Safety Plan
- 9.2. Annexure 2: Resource List

10. References:

- 10.1. National Suicide Prevention Program. Suicide Prevention in Bhutan – A Three Year Action Plan (July 2015 – June 2018). Ministry of Health; 2015.
- 10.2. ASQ Toolkit [Internet]. National Institute of Mental Health. 2018 [cited 20 December 2018]. Available from: https://www.nimh.nih.gov/labs-at-nimh/asq-toolkit-materials/outpatient/pdfs/screening-tool_155418.pdf

ANNEXURE 1

Caller Safety Plan

1. Coping strategies
 - 1.1. Exercising
 - 1.2. Listening to music
 - 1.3. Reading a book
 - 1.4. Watching a happy movie
 - 1.5. Meditating/praying
 - 1.6. Calling a friend or a family member
2. Make your environment safe
 - 2.1. As a family member to safely store medications, or have a friend hold the key to your firearm box.
3. Turn to people you trust
 - 3.1. As the caller to list all friends/family members contact information so that they can call them when needed
4. Mental health evaluation and counseling services
 - 4.1. Visit nearest health facility for mental health evaluation and counseling services