

# CareCertify LLC

## Behavioral & Mental Health Training Series

BH-06

# Suicide Prevention & Risk Awareness

## *Participant Guide*

Behavioral & Mental Health Training Series · Audience: ARMHS · CTSS · Behavioral Aides · MH Practitioners · Case Managers · CE Hours: 1.0

## You Can Save a Life

Suicide is a leading cause of death, and people receiving behavioral health services are at elevated risk. You don't need to be a clinician to make a life-saving difference: recognizing risk, asking directly, staying with the person, and connecting to help are within every staff member's reach.

This guide covers risk factors, warning signs, how to ask, how to respond, and the resources. The most important myth to retire: asking about suicide does not plant the idea — it opens the door to help.

### Learning Objectives — by the end of this module you will be able to:

- Identify suicide risk and protective factors
- Recognize warning signs of suicide
- Ask directly and caringly about suicidal thoughts
- Respond to keep a person at risk safe
- Connect clients to 988 and crisis resources

## Section 1: Risk and Protective Factors

Suicide risk is shaped by factors that raise it — a prior attempt, mental illness, substance use, recent loss or crisis, hopelessness, isolation, and access to lethal means — and protective factors that lower it — connection and support, reasons for living, hope, coping skills, and access to care. Knowing these helps you notice who may be at higher risk, though risk can change quickly for anyone.

## Section 2: Warning Signs

Warning signs appear in talk, behavior, and mood. Talk: about death, wanting to die, being a burden, feeling trapped, or having no reason to live. Behavior: giving away belongings, withdrawing, getting affairs in order, increased substance use, or searching for means. Mood: hopelessness, despair, agitation, or a sudden calm after a period of distress. Take any of these seriously.

## Section 3: Asking Directly About Suicide

If you're concerned, ask directly: 'Are you thinking about suicide?' or 'Are you thinking about killing yourself?' Decades of evidence show that asking does not plant the idea — it opens the door to help and relief. Use clear

words rather than vague hints, listen without judgment, and stay calm. Your willingness to ask can be the turning point.

### **Asking saves lives**

The myth that asking about suicide is dangerous keeps people silent. The truth is the opposite: direct, caring questions connect people to help.

## **Section 4: Responding to a Person at Risk**

When someone is at risk, stay with them and don't leave them alone. Take every statement seriously, respond with calm and care, and connect them to help immediately — 988, your supervisor, the county crisis team, and 911 for imminent danger. Don't promise to keep it secret; safety comes before confidentiality. Your steady presence matters as much as the resources you bring.

## **Section 5: Means Safety**

Reducing access to lethal means — safely storing or removing medications and firearms — is one of the most effective suicide-prevention steps, because many suicidal crises are short-lived and impulsive. Work with the client, family, and clinical team on means safety per the plan and your program's protocols. Putting time and distance between a person and lethal means saves lives.

## **Section 6: The 988 Lifeline and Crisis Resources**

The 988 Suicide and Crisis Lifeline is available 24/7 by call or text and connects people to trained crisis counselors. Minnesota county mobile crisis response teams respond in the community. Call 911 for imminent danger. Know your agency's crisis and safety-planning protocols so you can act without hesitation.

## **Section 7: Reporting, Documentation, and Follow-up**

After responding, report and document objectively per policy, and make sure follow-up and safety planning happen through the clinical team. Risk doesn't end when a crisis passes, so stay connected and attentive, and follow the treatment plan and your supervisor's guidance. Consistent follow-up is part of keeping a person safe.

## **Section 8: Caring for Yourself**

Responding to suicide risk is emotionally intense, and the loss of a client to suicide is profoundly painful. Debrief, use supervision and peer support, and seek help if you're struggling — grief, second-guessing, and distress are normal human responses, not failures. Your wellbeing matters, and supported staff provide safer care.

### **You are not alone in this**

Suicide prevention is a team and system effort. Your job is to notice, ask, stay, and connect — and to lean on your team and your own supports.

## Key Terms

Term	What it means
Risk factors	Conditions that raise suicide risk (prior attempt, hopelessness, access to means).
Protective factors	Conditions that lower risk (connection, hope, coping, care).
Warning signs	Talk, behavior, or mood changes signaling possible suicide risk.
Means safety	Reducing access to lethal means to lower risk.
988 Lifeline	The Suicide and Crisis Lifeline — call or text 988.
Safety planning	A clinical plan to help a person stay safe during a crisis.

## Check Your Understanding

1. Name three risk factors and two protective factors.
2. Give three warning signs of suicide.
3. Does asking about suicide plant the idea? What should you say?
4. What are the key steps in responding to a person at risk?
5. Why is means safety effective?

## What's Next

### Looking ahead

Next, BH-07: Professional Boundaries & Ethics covers the boundaries that protect clients and staff in behavioral health.