

CareCertify LLC

Mental Health Clinic Training Series

MHC-06

Suicide Risk & Crisis Response in the Clinic

Participant Guide

Mental Health Clinic Training Series · Audience: Clinic Staff · Clinicians · Practitioners · Front-Office · Support · CE Hours: 1.0

Everyone Has a Role in Saving a Life

Mental health clinics serve people at elevated risk of suicide, and a crisis can arise anywhere — the waiting room, a phone call, or a session. You don't have to be a clinician to make a life-saving difference: recognizing risk, responding calmly, staying with the person, and connecting to help are within everyone's reach.

This guide covers recognizing suicide risk, responding within your role, and the resources — especially 988 and county crisis teams. The whole team's preparation is what keeps clients safe.

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

- Identify suicide risk and protective factors
- Recognize warning signs of suicide
- Respond to suicide risk and crises within your role
- Connect clients to 988 and crisis resources
- Support safety, reporting, and follow-up

Section 1: Suicide 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, reasons for living, hope, coping skills, and access to care. Clinic clients often carry several risk factors. 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, or having no reason to live. Behavior: giving away belongings, withdrawing, getting affairs in order, or searching for means. Mood: hopelessness, despair, agitation, or a sudden calm after distress. In a clinic, these may appear in the waiting room, on the phone, or in a note a client makes in passing. Take any of them seriously.

Section 3: Asking Directly and Responding in Your Role

Clinical staff ask directly about suicide ('Are you thinking about suicide?') — and decades of evidence show that asking does not plant the idea; it opens the door to help. All staff, clinical and not, respond to risk: take it seriously, stay with the person, and get help. Non-clinical staff don't assess or counsel, but they do escalate

fast and provide calm presence. Whatever your role, never leave an at-risk person alone, and never dismiss a warning sign.

Asking saves lives

For clinical staff, asking directly about suicide connects people to help. For everyone, the rule is the same: take risk seriously and get help immediately.

Section 4: Responding to a Crisis in the Clinic

When a crisis arises in the clinic, stay calm, keep the person safe, and don't leave them alone. Follow your clinic's crisis protocol — alert clinicians and supervisors, and bring in the right responders. Reduce access to lethal means and manage the environment for safety. For imminent danger to life, call 911. A coordinated, calm response — with everyone playing their role — keeps the person safe through the crisis.

Section 5: The 988 Lifeline and Crisis Resources

Know your resources before a crisis. 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 clinic's crisis and safety-planning procedures so you and the team can act without hesitation. Having these resources at hand saves lives.

Section 6: Safety Within the Clinic

A safe, prepared clinic environment supports good crisis response. Know your clinic's safety procedures, your role, and how to summon help quickly (alerting clinicians, security if present, or emergency services). Where possible, reduce environmental risks. Preparation — knowing the protocol before a crisis — lets you respond calmly and effectively when seconds matter.

Section 7: Reporting, Documentation, and Follow-up

After a crisis, report and document the event objectively per clinic policy, and ensure clinical follow-up and safety planning happen through the treatment team. Risk doesn't end when a crisis passes, so stay attentive. These events are emotionally hard on staff — debrief and use support. Consistent follow-up and care for the team are part of keeping clients safe and sustaining the people who help them.

Key Terms

Term	What it means
Risk factors	Conditions that raise suicide risk.
Protective factors	Conditions that lower suicide risk.
Warning signs	Talk, behavior, or mood changes signaling possible risk.
988 Lifeline	The Suicide and Crisis Lifeline — call or text 988.
Mobile crisis team	A county team that responds to mental-health crises.
Safety planning	A clinical plan to help a person stay safe in a crisis.

Check Your Understanding

1. Name three suicide risk factors and two protective factors.
2. Give three warning signs of suicide.
3. What is each role's part in responding to suicide risk?
4. When do you call 988 vs. 911?
5. Why is follow-up important after a crisis?

What's Next

Looking ahead

Next, MHC-07: Trauma-Informed & Culturally Responsive Clinic Care covers care that builds safety and respects identity.