



Building a Community-based Suicide Crisis Response Team

Summary

Building a community-based suicide crisis response team takes time and dedication from many people. In addition to saving lives and easing the suffering of people in a suicide crisis it can also be an effective way to raise community awareness and build capacity in addressing mental health and suicide issues. This guidance provides an overview of the process. If this is an activity that is right for your community, further technical assistance can be provided by your grantee technical assistant.

Objectives of a Crisis Response Team

The objectives of most suicide crisis response teams are:

- To support and debrief those affected by suicidal ideation, a threat, an attempt or a death; and
- Reduce the possibility of other suicidal crises by increasing prevention education, referral for intervention, and postvention activities.

Activities

Activities necessary to form and implement a suicide crisis response team will vary depending on the agencies involved and conditions specific to your community but the following list summarizes steps that will be necessary for most teams.

- Identify and recruit key stakeholders. Ideally, the team should include first responders, such as law enforcement and emergency medical personnel. It can also include school representatives, prevention and mental health workers, and community members.
- Contact stakeholders, get buy-in from community and stakeholders, including tribal leaders, formalize team membership, and set the initial meeting schedule.
- Develop a volunteer application form and advertise in the community for volunteers.
- Develop a Standard Operating Procedures Manual.



- Develop suicide crisis response reporting and follow-up forms.
- Develop a flow chart of the response process specific to your community.
- Develop a suicide surveillance instrument to track information and data received by responders.
- Train volunteers in all necessary areas.
- Conduct several suicidal crisis mock drills with law enforcement and first responders.

The Crisis Response Team should consist of 5 to 10 participants. There should be a team lead and a backup team lead. Team lead is responsible for setting up meetings and calling team responders when needed. Initially, the lead may also be responsible for vetting volunteers, developing policies and procedures for team approval, and scheduling training for team members. In addition to responding to crises, team members' tasks may also include contacting community volunteers, other stakeholders, and parents of students who may know the person experiencing a suicidal crisis.¹

Volunteer Process

1. Develop an application form and process – this may include a background check application. Applicant may have to pay the cost to obtain a background check.
2. Develop an informational packet that explains what is required of volunteers, including being on call, attending mandatory training, and team meetings.
3. Develop a confidentiality form that explains the confidentiality protocols in detail.
4. When committing to be a volunteer, members will need to sign an agreement to be on call. They may need to seek approval from their work supervisor and buy-in from family, as the team member could be called at any time.
5. Once approved, volunteers will be trained in necessary gatekeeper, intervention, and grief trainings, as well as in the policies and protocols of the crisis response team.

Training

The following types of training should be considered for all volunteers and team members:

- Mental Health First Aid (Adult Basic)
- Gatekeeper suicide prevention training, such as Applied Suicide Intervention Skills (ASIST) or Question, Persuade, Refer (QPR)

¹ Retrieved from Mental Health Program > Allies 4 Life >Crisis Response
<https://www.state.gov/m/a/os/121771.htm>, 1/31/2018.



- Crisis Intervention for Encounters with Mental Health Crises (SAMHSA’s Practice Guidelines: Core Elements for Responding to Mental Health Crises at <https://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf>)
- Critical Incident Debriefing
- Grief recovery/counseling
- HIPPA Confidentiality Training

Additional training to consider but not required:

- Other Mental Health First Aid training, such as Youth, Public Safety, Military and Veterans, Older Adults and/or Higher Education
- safeTALK
- Domestic Violence Training

Standard Operating Procedure Manual

The Standard Operating Procedures Manual will vary depending on the goals of the crisis team, relationship and agreements with law enforcement and mental health, and other stakeholders. However, it is likely to include some of the following areas.

1. Responding to calls received by law enforcement on scene;
 - a. Insure that the scene has been deemed safe;
 - b. Upon arrival, contact the lead law enforcement officer before contacting people at the scene, and before leaving the location;
 - c. Take precautions necessary when on the scene of trauma;
 - d. Focus on the victim and/or the family members to provide emotional support and make referrals for additional support as appropriate;
 - e. Meet the ambulance, if needed; and
 - f. Explain confidentiality policy to family, if necessary.
2. Follow-up
 - a. Provide grief recovery sessions (individual or group) if properly trained.
 - b. Provide referrals for counseling (if needed) for grief and/or substance misuse.
 - c. Debrief with team lead and/or other team members within 72 hours.

Challenges and Solutions

Developing and maintaining a community-based Suicide Crisis Response Team will present ongoing challenges. Solutions will be unique to each grantee community, but some successful solutions are shown in Table 1 below.



Table 1. Challenges and Solutions

Potential Challenge	Possible Solution
Team members' schedule conflicts with work/family responsibilities	Inform volunteers about on-call responsibilities and ask them to seek support from supervisor and family prior to committing to volunteer.
Transportation when responding to calls (vehicle availability, mileage, etc.)	If volunteer works in agency represented on team, supervisor may approve use of program vehicle. Funding may include mileage reimbursement.
Reporting	Develop a suicide surveillance instrument to document and/or track crisis calls, interventions, and follow-up. This can help the team identify trends.
Confidentiality	Team members must attend a HIPPA training, sign a confidentiality form, and be trained in confidentiality protocol.
Crisis call affects team member	Ensure there are no relationship issues when assigning a team member to a crisis.
Team member burn out	Team lead will track members' availability and send on-call reminders to reduce need to call on a limited number of willing volunteers. Team lead will follow up with each team member to ensure they are okay to respond (physically, mentally, emotionally and spirituality). If aware of team member who seems burned out, team lead will ask them to take a break from responding for a mutually agreed amount of time.
Continued support from stakeholders	Provide regular feedback and updates, including data, to stakeholders. Clear roles, good communication, understanding of team dynamics, and shared goals help maintain team involvement.
Recruiting and retaining dedicated volunteers	Recruit continuously. A larger team expands community awareness and reduces stress on existing team. Retain volunteers through good communication, support, and transparent organization.
First responder jurisdiction issues	Familiarize team with jurisdiction issues, such as research service provider areas, hours, and types of services.
Funding	Collaborating, sustainability, and grants can help procure funding.

Conclusion

A successful suicide crisis response team may take years of hard work, will demand input from many skilled people, and will go through changes in policy and personnel. The payoff for all this work will be creating a healthier community that saves the lives.