

After an Attempt



**A Guide for Taking Care of Your
Family Member after Treatment in
the Emergency Department**



SAMHSA

Substance Abuse and Mental Health
Services Administration

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After an Attempt: A Guide to Taking Care of Your Family Member after Treatment in the Emergency Department

Suicidal thoughts and actions generate conflicting feelings in family members who love the person who wishes to take his or her own life. That is why this guide was developed for you. It will give you some important points on how to take care of yourself and your family member following a suicide attempt and it will provide resources to help you move forward.

What Happens in the Emergency Department

Goal

The goal of an emergency department visit is to get the best outcome for the person at a time of crisis—resolving the crisis, stabilizing the patient medically and emotionally, and making recommendations and referrals for followup care or treatment. There are several steps in the process, and they all take time.

When someone is admitted to an emergency department for a suicide attempt, a doctor will evaluate the person's physical and mental health. Emergency department staff should look for underlying physical problems that may have contributed to the suicidal behavior, such as side effects from medications, untreated medical conditions, or the presence of street drugs that can cause emotional distress. While emergency department staff prefer to assess people who are sober, they should not dismiss things people say or do when intoxicated, especially comments about how they might harm themselves or others.

Assessment

After emergency department staff evaluate your family member's physical health, a mental health assessment should be performed, and the physician doing the exam should put your relative's suicidal behavior into context. The assessment will generally focus on three areas:

1. What psychiatric or medical conditions are present? Are they being or have they been treated? Are the suicidal thoughts and behavior a result of a recent change, or are they a longstanding condition?

2. What did the person do to harm himself or herself? Have there been previous attempts? Why did the person act, and why now? What current stressors, including financial or relationship losses, may have contributed to this decision? Does the person regret surviving the suicide attempt? Is the person angry with someone? Is the person trying to reunite with someone who has died? What is the person's perspective on death?
3. What support systems are there? Who is providing treatment? What treatment programs are a good match for the person? What does the individual and the family feel comfortable with?

Finally, a doctor may assess in more detail the actual suicide attempt that brought your relative into the emergency department. Information that the treatment team should look for includes the presence of a suicide note, the seriousness of the attempt, or a history of previous suicide attempts.

What the Emergency Department Needs to Know: How You Can Help

Inform the emergency department personnel if your relative has:

- Access to a gun, lethal doses of medications, or other means of suicide.
- Stopped taking prescribed medicines.
- Stopped seeing a mental health provider or physician.
- Written a suicide note or will.
- Given possessions away.
- Been in or is currently in an abusive relationship.
- An upcoming anniversary of a loss.
- Started abusing alcohol or drugs.
- Recovered well from a previous suicidal crisis following a certain type of intervention.

Confidentiality and Information Sharing

Family members are a source of history and are often key to the discharge plan.

Provide as much information as possible to the emergency department staff. Even if confidentiality laws prevent the medical staff from giving you information about your relative, you can always give them information. Find out who is doing the evaluation and talk with that person. You can offer information that may influence the decisions made for your relative.

If you ever again have to accompany your relative to the emergency department after an attempt, remember to bring all medications, suspected causes of overdose, and any names

and phone numbers of providers who may have information. Emergency department personnel should try to contact the medical professionals who know the situation best before making decisions.

Other important information about your relative's history to share with the emergency department staff include:

- A family history of actual suicide—mental health professionals are taught to pay attention to this because there is an increased risk in families with a history of suicide.
- Details about your relative's treatment team—a recent change in medication, the therapist is on vacation, etc. This information is relevant for emergency department staff because if they do not feel hospitalization is best, they need to discharge your family member to a professional's care.
- If the person has an advance directive,¹ review this with the emergency department treatment team. If you have a guardianship, let them know that as well.

You may want to get permission from the staff and your relative to sit in on your relative's evaluation in the emergency department to listen and add information as needed. Your role is to balance the emergency department staff's training and the interview of the patient with your perspective. The best emergency department decisions are made with all the relevant information.

If your relative has a hearing impairment or does not speak English, he or she may have to wait for someone who knows American Sign Language or an interpreter. It is generally not a good idea to use a family member to interpret in a medical situation.

Next Steps After the Emergency Department

After your relative's physical and mental health are thoroughly examined, the emergency department personnel will decide if your relative needs to be hospitalized—either voluntarily or by a commitment. If hospitalization is necessary, you can begin to work with the receiving hospital to offer information and support and to develop a plan for the next steps in your relative's care. If involuntary hospitalization is necessary, the hospital staff should explain this legal procedure to your relative and you so that you both have a clear understanding of what will take place over the next 3–10 days, while a court decides on the next steps for treatment.

¹ Psychiatric advance directives are legal documents that can be prepared in advance by people who are concerned that they might be subject to involuntary psychiatric treatment or commitment in the future. Contact the National Resource Center on Psychiatric Advance Directives for more information.
<http://www.nrc-pad.org>

If the emergency department’s treatment team, the patient, and you do not feel hospitalization is necessary, then you should all be a part of developing a followup treatment plan. In developing a plan, consider the following questions:

<p style="text-align: center;">Questions Family and Friends Should Ask about the Followup Treatment Plan</p>	
<p style="text-align: center;">Ask your family member: <i>It is important to be honest and direct with your questions and concerns.</i></p>	<p style="text-align: center;">Ask the treatment team: <i>This includes the doctor, therapist, nurse, social worker, etc.</i></p>
Do you feel safe to leave the hospital, and are you comfortable with the discharge plan?	Do you believe professionally that my family member is ready to leave the hospital?
How is your relationship with your doctor, and when is your next appointment?	Why did you make the decision(s) that you did about my family member’s care or treatment?
What has changed since your suicidal feelings or actions began?	Is there a followup appointment scheduled? Can it be moved to an earlier date?
What else can I/we do to help you after you leave the emergency department?	What is my role as a family member in the safety plan?
Will you agree to talk with me/us if your suicidal feelings return? If not, is there someone else you can talk to?	What should we look for and when should we seek more help, such as returning to the emergency department or contacting other local resources and providers?

Remember: It is critical for the patient to schedule a followup appointment as soon as possible after discharge from the emergency department.

What You Need To Know

Make safety a priority for your relative recovering from a suicide attempt. Research has shown that a person who has attempted to end his or her life has a much higher risk of later dying by suicide. Safety is ultimately an individual's responsibility, but often a person who feels suicidal has a difficult time making good choices. As a family member, you can help your loved one make a better choice while reducing the risk.

Reduce the Risk at Home—To help reduce the risk of self-harm or suicide at home, here are some things to consider:

- Guns are high risk and the leading means of death for suicidal people—they should be taken out of the home and secured.
- Overdoses are common and can be lethal—if it is necessary to keep pain relievers such as aspirin, Advil, and Tylenol in the home, only keep small quantities or consider keeping medications in a locked container. Remove unused or expired medicine from the home.
- Alcohol use or abuse can decrease inhibitions and cause people to act more freely on their feelings. As with pain relievers, keep only small quantities of alcohol in the home, or none at all.

Create a Safety Plan—Following a suicide attempt, a safety plan should be created to help prevent another attempt. The plan should be a joint effort between your relative and his or her doctor, therapist, or the emergency department staff, and you. As a family member, you should know your relative's safety plan and understand your role in it, including:

- Knowing your family member's "triggers," such as an anniversary of a loss, alcohol, or stress from relationships.
- Building supports for your family member with mental health professionals, family, friends, and community resources.
- Working with your family member's strengths to promote his or her safety.
- Promoting communication and honesty in your relationship with your family member.

Remember that safety cannot be guaranteed by anyone—the goal is to reduce the risks and build supports for everyone in the family. However, it is important for you to believe that the safety plan can help keep your relative safe. If you do not feel that it can, let the emergency department staff know before you leave.

Maintain Hope and Self-Care—Families commonly provide a safety net and a vision of hope for their suicidal relative, and that can be emotionally exhausting. Never try to handle this situation alone—get support from friends, relatives, and organizations such as the National Alliance on Mental Illness (NAMI), and get professional input whenever possible. Use the resources on the back pages of this brochure, the Internet, family, and friends to help you create a support network. You do not have to travel this road alone.

Moving Forward

Emergency department care is by nature short-term and crisis oriented, but some longer-term interventions have been shown to help reduce suicidal behavior and thoughts. You and your relative can talk to the doctor about various treatments for mental illnesses that may help to reduce the risk of suicide for people diagnosed with illnesses such as schizophrenia, bipolar disorder, or depression. Often, these illnesses require multiple types of interventions, and your relative may benefit from a second opinion from a specialist.

If your relative abuses alcohol or other drugs, it is also important to seek help for this problem along with the suicidal behavior. Seek out a substance abuse specialist. Contact your local substance abuse treatment provider by calling 1-800-662-4357 or visiting www.findtreatment.samhsa.gov, or contact groups like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) to help your loved one; Al-Anon may be a good resource for you as a family member.² If it is available in your area, an integrated treatment program like Assertive Community Treatment (ACT) may provide better outcomes than traditional care for some severely ill individuals.³

Ultimately, please reach out for help in supporting your family member and yourself through this crisis. See the list below of hotlines, information, and support organizations to help you and your family member move forward with your lives.

Remember that the emergency department is open 24 hours a day, 365 days a year to treat your family member, if the problem continues and if your family member's medical team is unavailable to provide the needed care.

6 ² Contact Alcoholics Anonymous at 212-870-3400 or www.aa.org; contact Narcotics Anonymous at 818-773-9999 or www.na.org; contact Al-Anon (or Alateen for youth) at 757-563-1600 or www.al-anon.alateen.org.

³ To learn more about ACT, contact NAMI at 1-800-950-NAMI (6264) or <https://www.nami.org/Learn-More/Treatment/Psychosocial-Treatments>.

To learn more about suicide and to get help, consider these resources.

If you're in crisis or distress anytime, day or night

National Suicide Prevention Lifeline: 1-800-273-TALK (8255).

Live chat: www.suicidepreventionlifeline.org

Veterans Crisis Line and Military Crisis Line: 1-800-273-8255 (press 1).

Text to 838255. Live chat: <http://www.veteranscrisisline.net>

The Trevor Project: 1-866-488-7386. For lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people. <http://www.thetrevorproject.org>

Websites for Suicide Attempt Survivors

National Suicide Prevention Lifeline's "With Help Comes Hope" website has information for survivors, friends and families, and clinicians. It has survivor stories, self-care tips, "7 things attempt survivors wish their friends and families knew," a therapist and support group finder, videos, and more.

<http://lifelineforattemptsurvivors.org>

American Association for Suicidology is a professional organization with an "Attempt Survivor/Lived Experience" division, where attempt survivors have a collective voice in the field of suicide prevention.

<http://suicidology.org/suicide-survivors/suicide-attempt-survivors>

National Action Alliance for Suicide Prevention is a public/private partnership that advances the National Strategy for Suicide Prevention. Its Suicide Attempt Survivors Task Force wrote *The Way Forward: Pathways to hope, recovery, wellness with insights from lived experience*.

<http://actionallianceforsuicideprevention.org/task-force/suicide-attempt-survivors/>

Free from SAMHSA

Order or download from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Store (<http://store.samhsa.gov/home>). Click "Treatment, Prevention & Recovery" and then "Suicide Prevention."

A Journey toward Health and Hope: Your Handbook for Recovery after a Suicide Attempt

Guides you through the first steps toward recovery and a hopeful future after a suicide attempt. Includes personal stories from survivors who share their experiences as well as strategies, such as re-establishing connections and finding a counselor to work with. (SMA15-4419)

Stories of Hope and Recovery: A Video Guide for Suicide Attempt Survivors. DVD of three people who tell about their journeys from attempting suicide to lives of hope and recovery. (SMA12-4711 DVD)

A Guide for Taking Care of Yourself after Your Treatment in the Emergency Department (Spanish version also available.) (SMA18-4355ENG / SMA18-4365SPAN)

A Guide for taking Care of Your Family Member after Treatment in the Emergency Department (Spanish version also available.) (SMA18-4357ENG / SMA18-4358SPAN)

A Guide for Medical Providers in the Emergency Department: Taking Care of Suicide Attempt Survivors (SMA18-4359)

Free Apps

MY3 Safety Planning App. Coping strategies and sources of support.

Virtual Hope Box. Helps with coping, relaxation, distraction, and positive thinking.

Finding a Therapist

SAMHSA's **Behavioral Health Treatment Locator** is for people looking for treatment facilities for substance use and for mental health problems. 1-800-662-HELP (4357) or <https://findtreatment.samhsa.gov>

A Journey toward Health and Hope (see “Free from SAMHSA”) SMA15-4419 has an excellent section on finding a counselor.

Information about Suicide and Suicide Prevention

Suicide Prevention Resource Center. This SAMHSA-funded national resource center has a wealth of information about suicide and its prevention. www.sprc.org

National Action Alliance for Suicide Prevention. Public-private partnership that advances the National Strategy for Suicide Prevention. <http://actionallianceforsuicideprevention.org>

National Council for Suicide Prevention. National coalition of leading nonprofit organizations working to end suicide in the United States. <http://thencsp.org>

Information about Mental Health and Mental Illness

Substance Abuse and Mental Health Services Administration (SAMHSA). A part of the U.S. Department of Health and Human Services (HHS), SAMHSA's mission is to reduce the burden of substance abuse and mental illness on America's communities.

www.samhsa.gov

National Institute of Mental Health (NIMH). A part of HHS and the National Institutes of Health, NIMH's vision is to transform the understanding and treatment of mental illnesses. www.nimh.nih.gov

Depression and Bipolar Support Alliance. Provides hope, help, support, and education to improve the lives of people who have mood disorders. www.DBSalliance.org

Mental Health America. Dedicated to helping all Americans achieve wellness by living mentally healthier lives. www.mentalhealthamerica.net

National Alliance on Mental Illness (NAMI). Dedicated to building better lives for the millions of Americans affected by mental illness. www.nami.org

Psychiatric Advance Directives

Psychiatric Advance Directives are legal documents that can be prepared in advance by people who are concerned that they might be subject to involuntary psychiatric treatment or commitment in the future. www.nrc-pad.org



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