

## National Suicide Prevention Lifeline (NSPL) Suicide Risk Assessment Standards\*

*It is policy that each Lifeline caller be asked about suicidality. An affirmative answer will require that the telephone worker conduct a full suicide risk assessment with the caller consistent with the core principles and subcomponents below. These standards are guidelines for NSPL Centers as to the minimum requirements for the core principles and subcomponents of each Center's suicide risk assessment instrument. The Center can use its own suicide risk assessment instrument as long as all of the core principles and subcomponents are incorporated.*

### CORE PRINCIPLES & SUBCOMPONENTS

SUICIDAL DESIRE	SUICIDAL CAPABILITY	SUICIDAL INTENT	BUFFERS/CONNECTEDNESS
Suicidal Ideation <ul style="list-style-type: none"> <li>Killing self and/or others</li> </ul>	History of suicide attempts	Attempt in progress	Immediate supports
	Exposure to someone else's death by suicide		Social supports
	History of/current violence to others		
Psychological pain	Available means of killing self/other	Plan to kill self/other <ul style="list-style-type: none"> <li>Method known</li> </ul>	Planning for the future
Hopelessness	Currently intoxicated		Engagement with helper <ul style="list-style-type: none"> <li>Telephone worker</li> </ul>
	Substance abuse		
Helplessness	Acute symptoms of mental illness, for example: <ul style="list-style-type: none"> <li>Recent dramatic mood change</li> <li>Out of touch with reality</li> </ul>	Preparatory behaviors	Ambivalence for living/dying
Perceived burden on others			
Feeling trapped	Extreme agitation/rage, for example: <ul style="list-style-type: none"> <li>Increased anxiety</li> <li>Decreased sleep</li> </ul>	Expressed intent to die	Core values/beliefs
Feeling intolerably alone			Sense of purpose

\* Developed by staff from the NSPL at Link2Health Solutions, Inc. in collaboration with the NSPL Certification and Training Subcommittee (for more information see Appendix 1 or <http://www.suicidepreventionlifeline.org/about/BioCertification.aspx>) under grant No. 6 U79 SM56176-02-3 from the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Any opinions, findings, conclusions and recommendations expressed herein are those of the authors and do not necessarily reflect the views of the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

# National Suicide Prevention Lifeline (NSPL)

## Recommendations for an Approach to Asking Lifeline Callers about Suicidality\*

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### PROMPT QUESTIONS

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Are you thinking of suicide?

Have you thought about suicide in the last two months?

Have you ever attempted to kill yourself?

*The NSPL Certification and Training Subcommittee recommends that crisis center workers ask a minimum of three “prompt questions” (listed above) which address current suicidal desire, recent (past two months) suicidal desire, and past suicide attempts. An affirmative answer to any or all of the above will require that the telephone worker conduct a full suicide risk assessment with the caller consistent with the core principles and subcomponents of the Lifeline’s Suicide Risk Assessment Standards (page 1).*

*It is important to elicit current suicidal desire given the caller is calling the Lifeline now. What is happening in the caller’s life today that motivated him/her to reach out by calling the Lifeline now?*

*If the caller denies current suicidal ideation, inquiring about recent suicidal ideation (e.g., past two months) may indicate the caller’s emotional instability. In addition, a caller may feel more ready to acknowledge previous thoughts/behaviors rather than to discuss the more immediate situation. Depending on how the crisis center worker responds, discussing previous suicidal desire and/or attempts can increase rapport and trust leading to disclosure of current suicidal desire if present.*

*Inquiring about previous suicidal attempts also allows for the telephone worker to engage the caller in a discussion about what happened during and after the attempt, which has the potential to increase awareness of the caller’s coping skills, reasons for living and awareness of available resources.*

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