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## A Call for Help: Tailored Training for Suicide Prevention in Libraries

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# A Call for Help

tailored training for suicide prevention in libraries

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# 1 Our Purpose

In 2018, 48,000 deaths by suicide were reported out of 1.4 million attempts in the United States. Those most at risk are Native Americans, Veterans, people living in predominantly rural areas, and LGBTQ+ Youth. Of these at-risk demographics men are 3.7% more likely to commit suicide than women. In the state of Nebraska alone suicide occurs in 12.5 per 100,000 people, keeping in line with the national average of that year.

Within the last year, the number of staff reporting alarming phone calls from distressed patrons has grown. The pandemic has exacerbated mental health issues among the population, which lends to the growing number of individuals reaching out for help.

For this reason, a comprehensive suicide prevention crisis policy was formulated. Though privacy is a tenant of librarianship, and librarians are not mandated reporters; Nebraska State Law requires educators K-12 to submit to mandatory Suicide Prevention as part of their Continued Education Criteria. Though Higher Education is not included in this law, it serves our library and our community to utilize the same tools and methods as all Educators.

The goal of this policy is not to train the staff to become crisis managers, but to instill empathy, confidence, and skill in the event of an emergency.

# 2 Who is at Risk

According to the CDC in 2018, 14.8% of Americans expire due to self-harm. The most vulnerable populations include:

## Adults aged 65 and older\*

\*this statistic slightly increases for men, who are 3.7% more likely to commit suicide than women.

## Military Veterans

As of 2020, 25,052 Veterans call Omaha home. 2.4% of which make up the student body on campus.

## American Indians

The state of Nebraska boasts a population of 16,100 identified Natives, and is the location of 3 prolific reservations.

## LBGTQ+ Youth

Statistically LBGTQ+ youth are more likely to commit suicide, than their heterosexual peers.

All of these demographics are represented on the majority of college campuses around the United States.

# 3 Identification

Suicidal Ideation is not limited to those who suffer from chronic depression, and oftentimes can look like a variety of other things.

## Common Depression Symptoms

- Lack of interest in activities
- Sleeping too little, or too much
- Displaying extreme mood swings
- Talking about being a burden
- Talking about wanting to die

## Uncommon Depression Symptoms

- Lack of hygiene
- Over eating or lack of appetite
- Withdrawing from others
- Increased agitation
- Increased use of alcohol or drug use
- Engaging in self destructive behavior

## Other things to watch out for

- Personality changes (both highs and lows)
- Lack of commitment
- Frequent demeaning comments about one's self or others
- Obsessive behaviors

# 4 Our Strategy

A patron calls or approaches you clearly stating they are feeling hopeless, or considering suicide. What do you do?

1. Treat the situation seriously, and the patron with respect.
2. Keep your voice even, and stay calm.
3. Listen!
4. Be yourself.
5. Get as much information as you can.
6. Get backup.
7. Assess the situation: is there an imminent threat to life?
  - a. ASK: Do you have plans to hurt yourself?
8. Hand Off.

What if they say yes?  
Contact 911 or campus security immediately.

What if they say no?  
Keep them on the phone, give as many resources as you can.

# 5 Breaking it Down

## 1. Treat the situation seriously, and the patron with respect.

It takes courage to reach out.

## 2. Keep your voice even, and stay calm.

Your ability to stay calm will keep the situation calm and in your control.

## 3. Listen!

People can tell when you're multitasking or not actively listening. Stop whatever you're doing and give your full attention.

## 4. Be yourself.

The caller is reaching out for human interaction, don't follow a script. Talk to them as you would a friend.

## 5. Get as much information as you can.

Name, Student ID, anything. This could be vital to directing emergency services if necessary.

## 6. Get backup.

You want a witness to fill in any gaps in your memory.

## 7. Assess the situation: is this there an imminent threat to life?

This is the window to determine how emergent the threat is in order to get the person to the necessary care. During this stage of the conversation we must ask: "Are you considering/do you have plans to hurt yourself?" Do not mince words or dance around your meaning, we must determine the seriousness of the person on the line.

## 8. Hand Off.

The call is over when the person has either been intercepted by emergency services, walked into a clinical setting, or agreed to call a suicide hotline. If possible, ask the person to initiate the call while you're still on the line. Once the line is ringing – and for their privacy – it is ok to disengage.

# 6 After the Incident

Write down as much as you can remember from the call while it is fresh in your mind.

The "Person in Crisis" document helps record the most pressing information immediately, but take advantage of the notes section on the back. Was there anything the person said that stood out to you? Every detail counts.

Contact emergency services to notify them of the event.

Campus security and most Library Supervisors need to be notified of any events that happen on premises. Your written account is now your statement of the events, which they will need.

Contact them immediately.

Submit your report in writing through chain of command.

The next people to notify are your chain of command. Your immediate supervisor, and your manager should be made aware of the situation. Notify them in writing, and if necessary, schedule a phone call or short meeting for any additional briefing.

REACH OUT.

These events can be jarring and come with their own trauma. Reach out to a professional, or talk to a trusted colleague or friend about your experience. Do not pass off or "tough out"



# 7 But What If...

But what if the caller doesn't want to give us any identifying information?

That's ok. Don't press too hard. As long as they're talking, they are safe. Try to gently initiate a hand-off.

What if the caller terminates before a hand-off?

Complete as much as you can of the Person in Crisis Worksheet and file it with your chain of command anyway.

What if I don't feel comfortable completing a hand-off, or having these sorts of conversations?

Now is a good time to establish backup with a colleague. Find someone who is usually on shift with you who can take the call. You can act as witness. Help take notes, be on standby to call Emergency Services, etc.

What if the person won't let me "hand-off" or refuses to let me get help?

Kindly but firmly notify the caller of their options.

1. Call a hotline/CAPS/etc together, or 2. Call 911. If they are still won't agree, have your backup call 911 and request an intervention. Notify Emergency Services you're on a call with a person threatening self-harm.

What if the caller isn't explicitly threatening self-harm, etc?

Ask them if they're ok. Ask them if they feel safe, or need someone they can talk to. Offer information for counseling services, hotline/text line, etc.

Most importantly: do not make yourself responsible for another person's life.

Do not make promises. Though the person needs help, we cannot make ourselves responsible for their well-being, or any of the events before, during, or after the call.

# 8 Resources

## Help By Phone

- 988 - The National Suicide Emergency Lifeline
  - Vets: x1
- National Suicide Prevention Hotline: 800-273-8255 | Vets: x1

## Help By Chat/Text

- Text: TALK to 741741
- Vets Text: 838255
- <https://www.veteranscrisisline.net/>
- <https://suicidepreventionlifeline.org/chat/>
- <https://afsp.org/chapter/nebraska>
- <https://www.thetrevorproject.org/get-help/>

## Help for LGBTQ+

- The Trevor Project:
  - Online Chat:  
<https://www.thetrevorproject.org/get-help/>
  - By Phone: 866-488-7386
- Text: LGBTQ to 741741
- TransLifeline: 877-565-8860
  - 12pm - 6pm everyday

# 9 Sources

## For the Compilation of this Guide

Help Guide; Suicide Prevention:

<https://www.helpguide.org/articles/suicide-prevention/suicide-prevention.htm>

Newsbreaks; A Librarian's Guide to Suicide:

<http://newsbreaks.infotoday.com/NewsBreaks/A-Librarians-Guide-to-Suicide-Prevention-and-Mental-Health-Awareness-134466.asp>

America's Health Rankings; Suicide:

<https://www.americashealthrankings.org/explore/annual/measure/Suicide/state/ALL>

Nebraska State Suicide Prevention:

<https://dhhs.ne.gov/Pages/Suicide-Prevention.aspx>

Nebraska State Suicide Prevention Strategies:

<https://dhhs.ne.gov/Behavioral%20Health%20Documents/Nebraska%20Suicide%20Prevention%20Plan%202016-20.pdf>

## For the Additional Learning

Suicide Prevention/Awareness Training for School Personnel:

<https://www.education.ne.gov/wp-content/uploads/2020/09/Nebraska-Suicide-Prevention-Flyer.pdf>

Nebraska Department of Education:

<https://www.education.ne.gov/safety/suicide-prevention/>

Niche Academy; Whole Person Librarianship:

<https://www.nicheacademy.com/blog/whole-person-librarianship?wvideo=becc3ypkvm>

Nebraska Chapter of American Foundation for Suicide Prevention (Chapter Meeting dates are open to the public, ZOOM link is on the front page):

<https://afsp.org/chapter/nebraska>

Nebraska Chapter of American Foundation for Suicide Prevention; University and College Campuses:

<https://afsp.org/university-and-college-campus-suicide-prevention>

Counseling and Psychological Services; University of Nebraska at Omaha:

<https://www.unomaha.edu/student-life/wellness/counseling-and-psychological-services/crisis.php>