AFTER A SUICIDE ATTEMPT:

*A Guide for **Medical Providers** in the Emergency Department Taking Care of Suicide Attempt Survivors*



SAMHSA
Substance Abuse and Mental Health Services Administration

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This brochure was originally developed by the National Alliance on Mental Illness (www.nami.org) in partnership with the Suicide Prevention Resource Center (www.sprc.org) under Grant Number 1.U79 SM55029-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U. S. Department of Health and Human Services (HHS).

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Recommended Citation

Substance Abuse and Mental Health Services Administration. *After an Attempt: A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors*. HHS Publication No. PEP26-01-028. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Revised 2026.

Originating Office

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Published September 2026

Helping Patients and their Families After a Suicide Attempt: A Guide for Medical Providers

The emergency department (ED) is the frontline of medicine and often serves as the doorway into the medical system for people in distress, including people who attempt suicide. A 2022 estimate from the National Survey of Drug Use and Health and the U.S. Mortality Files from the National Vital Statistics System showed that approximately 2.7 percent of adults who attempted suicide in the United States during a 12-month period died by suicide.[1] The ED is often the initial point of contact with the health system for many of these individuals, and it offers a unique opportunity to help people who have attempted suicide to begin to recover.

The purpose of this brochure is to provide you with some quick tips to enhance care in the ED for people who have attempted suicide, while also providing information on the Health Insurance Portability and Accountability Act (HIPAA), patient discharge, and resources about suicide for medical professionals, patients, and their families. Although the primary purpose is to provide some quick interventions that can be used with individuals after a suicide attempt, much of the information in this brochure is also applicable to individuals who have not had an attempt but are reporting suicidal ideation or are at risk for suicide.

Patient Care in the Emergency Department: Helpful Tips

Medical and psychological assessment and the development of a Safety Plan are key steps in treating an individual who has attempted suicide. Your medical training no doubt provided you with the tools to perform a thorough assessment of an individual who has attempted suicide, including exploring physical conditions that may contribute to a person's behavior. Whenever possible, care should be delivered using a trauma-informed, person-centered approach that emphasizes safety, trust, collaboration, empowerment, and respect for the individual's lived experience.

In addition to your assessment, communicating with others who may have more information about a patient's history, such as a family member or another physician or mental health treatment provider, often can provide valuable insight as you assess the patient's situation. Any such communications about a patient's protected health information must be in accordance with the Federal patient privacy standards known as the HIPAA.

Communicating with a Patient's Family or Other Caregiver

- HIPAA allows the disclosure of protected health information (PHI) to a family member or caregiver in the following situations:
    - If the patient consents to share their information.
    - If hospital personnel provide the patient with the opportunity to object to the disclosure, and the patient does not express an objection.
    - If it is reasonable to infer from the circumstances that the patient does not object to the disclosure.
- If an emergency physician, based on their best medical judgment, believes that the patient lacks the capacity to provide informed consent, and that disclosure is in the patient's best interest, then

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[1] Center for Behavioral Health Statistics and Quality. (2022). Results from the 2021 National Survey on Drug Use and Health: Detailed tables. Substance Abuse and Mental Health Services Administration.

Centers for Disease Control and Prevention, National Center for Health Statistics. (2023). National Vital Statistics System.

the emergency physician can communicate directly with a patient's family or other caregiver, even if a patient objects.

- However, information shared with family members or other caregivers should be limited to that which is directly relevant to the caregiver's involvement with the patient's care or payment for that care.

Remember: Although confidentiality laws may restrict you from communicating medical information to nonmedical attendants, HIPAA allows you to receive unlimited information from families or other caregivers with or without patient consent.

Communicating with Other Medical Professionals About a Patient

If possible, consult with an individual's inpatient and/or outpatient provider to help maintain continuity of care and allow for informed decision-making by the individual and their treatment team.

As long as a good faith effort has been made to inform your patient about your institution's privacy practices, HIPAA allows you to do the following if you deem it medically necessary:

- Share information about the person with other medical providers who are involved in the person's care, both within and outside of your own institution. This applies to all forms of communication (e.g., verbal, electronic, written).
- Provide your name and contact information to another medical provider for communication about the person.

To read more about HIPAA, visit https://www.hhs.gov/hipaa/index.html.

Patient Discharge from the Emergency Department: What the ED Can Do to Ease the Transition

In addition to your assessment and interventions for a person in the ED, a well-conceived discharge plan will go a long way in helping people safely and successfully begin to recover. The patient is at greater risk for suicide immediately after discharge from an ED and inpatient psychiatric hospitalization for suicide risk. Therefore, it is absolutely essential for the person to have follow-up care, ideally within one day of discharge. Here are a few things to consider when developing a person's discharge plan. Before leaving the ED, it is recommended that the patient and their family, if appropriate, should have:

- An understanding of discharge arrangements.
- A Safety Plan.
- A written statement with information about prescribed medication(s) and treatment plans.
- Key contacts to call include outpatient providers, crisis lines, and peer-support centers. When possible, provide a warm hand-off that includes a scheduled follow-up appointment.
- Specific instructions about the signs, symptoms, or conditions that require a return.



Visit suicidesafety.com for additional information and a sample safety plan.

Other key points to discuss with patients and families before discharge include:

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- Signs and symptoms to for that may indicate a return of suicidal feelings.
- Follow-up care—Who? Where? When?
- How to get resources and supports in the community.
- How to reduce the immediate hazards of another suicide attempt (such as information on removing or reducing access to lethal means).
- Who to call with questions or concerns.



SUICIDE SIGNS AND RISK FACTORS:

- Prior suicide attempt(s)
- Alcohol or substance use
- History of mental health concerns, particularly depression and other mood disorders
- Access to lethal means, including firearms
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and/or disability
- Lack of access to behavioral health care
- Prolonged feelings of hopelessness.

If a patient is being discharged and an appointment for follow-up care cannot be arranged before discharge, strongly encourage the patient to seek follow-up care within the first few days of returning home. If able and the discharged individual does not have a scheduled appointment upon discharge, a nurse or discharge planner should follow-up with the individual to check-in and encourage the individual to get follow-up care. Limited capacity and access to behavioral healthcare are barriers for many clinicians providing continuity of care. However, when practical, providers should establish direct follow-up contact with patients within 24 to 48 hours after discharge through phone calls, text messages, Caring Contacts, and other outreach methods to support engagement in care and reinforce safety planning. Certified Community Behavioral Health Clinics and local community mental health centers could serve as viable options for post-discharge follow-up care.

In areas where services are not readily available, there are programs and services that can be provided to mitigate crises and connect individuals with care and services. Mobile crisis services are an excellent community service that can connect individuals at risk for suicide with immediate interventions Mobile crisis teams have been effective in helping patients in crisis connect with outpatient treatment following an emergency visit. Telehealth is another consideration for people when there are provider shortages. Consider providing your patient with a warm handoff to a team in your area to increase the chances that they will access follow-up care. Also remind your patient that, if thoughts of suicide return or if the medical team is unavailable, the emergency department is open 24 hours a day, 365 days a year to help and the ***988 Suicide & Crisis Lifeline*** is available for support by text, chat, and phone.

One of the most important things you ***can*** do for a patient or family member after having been in the ED is to offer hope and humanity. Patients and families will look to you to determine the prognosis and for some assurance that this will not happen again. While you cannot guarantee there will not be a recurrence, you can assure them that recovery is likely if the individual and, if appropriate, a family member work closely with a therapist to ensure that the safety and treatment plans are meaningful and effective.

The transition out of the ED is one of the highest risk periods after a suicide attempt, and the documentation should reflect that gravity. Clinical documentation after a suicide attempt should provide clear guidance that supports safe transitions out of the emergency department, promotes continuity of care, and gives the next provider what they need to pick up where the ED left off. Assessment findings and evaluations should identify risk and protective factors specific to that individual patient. Documentation should reflect all safety planning activities conducted during the visit, the patient's level of engagement, and any barriers that limited meaningful participation. This includes a direct discussion about access to lethal means and any means restriction counseling provided or facilitated with family or caregivers. Family involvement should also be documented, including any information they shared that informed

clinical decision-making. Discharge rationale must be clearly recorded and rooted in the clinical basis for the decision, whether admission, observation, or discharge to a lower level of care, including the assessed level of risk and the patient's capacity to engage in outpatient follow-up. Before the patient leaves, documentation should confirm that all follow-up arrangements are in place: scheduled appointments, crisis line information, and any direct referrals or warm handoffs to outpatient behavioral health services.

CARE TRANSITIONS, A HIGH-RISK TIME FOR PATIENTS

The period of time following hospitalization is a high-risk time for patients with serious mental illness. Risks can be mitigated through:

- Coordination between inpatient and outpatient services
- Safety planning prior to inpatient discharge
- Immediate involvement of family, friends, and social support
- Maintaining continuity of care best practices
- Follow-up with the patient within 24 hours after discharge
- Provide crisis line information, such as 988, to both the individual and those supporting the individual after ED and/or hospitalization

Continuity of care is essential after an intent-to-harm-self emergency department visit.

- Schedule follow-up appointment prior to discharge
- Follow-up appointments ideally occur within 24 to 48 hours post-discharge. When possible, facilitate contact between the patient and the follow-up facility prior to discharge.
- Provide crisis and contact information
- Develop a personalized safety plan
- Document and share key findings and factors
- Review discharge recommendations with the person and approved social support

The following pages of this brochure provide crisis hotline information and referrals for patients and their families seeking additional support and information about suicide prevention and mental illness.

Additionally, you may find SAMHSA's Suicide Prevention and Resource Library webpages valuable both as professional support and as resources to guide patients toward materials focused on prevention, safety, recovery, and additional sources of support.

Following these tips should increase the likelihood that your patients who have attempted suicide find the longer-term care that will prevent another attempt—one that could be fatal. You and the professional team around you can make the difference.

Resources for Professionals in the Emergency Department

PATIENT ASSESSMENT AND CARE

Zero Suicide in Health and Behavioral Healthcare.

Zero Suicide is a commitment to suicide prevention in health and behavioral healthcare systems and is also a specific set of strategies and tools. http://zerosuicide.sprc.org/

Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments.

Provides information about decision support, brief interventions, and discharge planning with adult patients who have been identified as having some risk of suicide. It is endorsed by the American Academy of Emergency Medicine, American Association of Emergency Psychiatry, American Association of Suicidology, and American Foundation for Suicide Prevention. Full and Quick Guides available at: Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments – Suicide Prevention Resource Center

Suicide Assessment Five-Step Evaluation and Triage (SAFE-T): Pocket Card for Clinicians.

Assists clinicians to conduct a suicide assessment using a 5-step evaluation and triage plan to identify risk and protective factors; conduct a suicide inquiry; determine risk level and potential interventions; and document a treatment plan. Free from SAMHSA Library (https://library.samhsa.gov/).

Emergency Department Safety Assessment (ED-SAFE) and Follow-Up

ED-SAFE is a national suicide prevention initiative that improves the identification and support of individuals at risk for suicide in emergency departments. A key component of the model is evidence-based post-discharge follow-up, which helps connect individuals to ongoing care and support during the critical period after a suicide attempt or suicidal crisis. https://psnet.ahrq.gov/innovation/suicide-prevention-emergency-department-population-ed-safe

Support Groups | National Alliance on Mental Illness (NAMI).

NAMI often holds support groups in communities across the country. NAMI provides support groups to both individuals and their families. Connecting with individuals who have recovered or are in recovery could be a good addition to a support system. https://www.nami.org/support-education/support-groups/

Resources for Patients

CRISIS LINES

988 Suicide & Crisis Lifeline
Call, text, or chat 988

Veterans Crisis Line

Veterans may also access the Veterans Crisis Line by dialing 988 and pressing 1, texting 838255, or chatting online through the Veterans Crisis Line website https://www.veteranscrisisline.net/.

WEBSITES FOR ATTEMPT SURVIVORS

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

Psychiatric Advance Directives

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. SAMHSA's *Practical Guide to Psychiatric Advanced Directives* provides background and practical information to those interested in promoting the use of psychiatric advance directives.

FREE BOOKLETS FOR ATTEMPT SURVIVORS AND THEIR FAMILIES

Order or download from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Library (library.samhsa.gov) Click "Treatment, Prevention & Recovery" and then "Suicide Prevention."

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

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

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)

Helping Your Loved One Who is Suicidal: A Guide for Family and Friends

Guide to help families who have a loved one who is suicidal or has made a suicide attempt. It will provide information on understanding suicide, warning signs and action steps to take, and how to prevent future attempts and keep your loved one safe. (PEP20-01-03-001)

National Strategy for Suicide Prevention.

The 2024 National Strategy for Suicide Prevention is a bold new 10-year, comprehensive, whole-of-society approach to suicide prevention that provides concrete recommendations for addressing gaps in the suicide prevention field. This coordinated and comprehensive approach to suicide prevention at the national, state, tribal, local, and territorial levels relies upon critical partnerships across the public and private sectors. People with lived experience are critical to the success of this work.

The National Strategy seeks to prevent suicide risk in the first place; identify and support people with increased risk through treatment and crisis intervention; prevent reattempts; promote long-term recovery; and support survivors of suicide loss.

INFORMATION ABOUT SUICIDE AND SUICIDE PREVENTION

Suicide Prevention Resource Center.

Among its many roles, this SAMHSA-funded national technical assistance 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 nonprofits working to end suicide in the United States. https://www.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 lead public health and service delivery efforts that treat mental illness, especially serious mental illness, prevent substance abuse and addiction, and provide treatments and supports to foster recovery while ensuring access and better outcomes for all. 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