

# Suicide Prevention Pathway

A missionary colleague or a missionary under your leadership has expressed suicidal thoughts.

Connect them with a Member Care provider or leader within your region, who will do a suicide risk assessment with them or will refer them to Dr. Kerry Marsh (kmarsh@ag.org) or to another mental health professional to perform the assessment.

## Low Risk

The provider who assessed them (if fully licensed) continues treating them or refers them to another counselor. If they refer, they follow up to ensure the missionary is in care. Leadership does not need to be notified.

Member Care leader or provider monitors the missionary's level of depression using Beck's Depression Inventory, helps missionary create a safety plan using the safety plan app. They treat the underlying cause of the suicidal ideation.

## Moderate Risk

The provider who assessed them recommends that the missionary go to a location where in-person counseling and hospitalization are available. This may be within the region or in the U.S. They remain there until risk is reduced.

Member Care leader or provider asks the missionary to sign a release of information consent form (ROI), giving permission for them to provide the missionary's spouse, leaders (RD, AD, TLs), global Mental Health Coordinator, and emergency contact person sufficient information to coordinate care. The ROI should include their level of suicide risk and the recommendation that they be treated regionally or in the U.S.

The Member Care leader or provider recommends that someone live with the missionary until they leave for their care location. The Member Care leader or provider and leadership (AD, TLs) ensure that the missionary's care location includes social support, so they won't be living alone.

## High Risk

A regional Member Care leader or provider, AD, or TL ensures that the missionary is never left alone until they can be transferred to a hospital or other residential facility with 24-hour observation. See Personal and Medical Leave Pathway and Directed Counseling Pathway.

The high-risk path is the same as the moderate one, except the regional Member Care leader or provider, AD, and TL should ensure the missionary is hospitalized initially, immediately upon arrival to the care location. The missionary's emergency contact person should agree to transport them from the airport to the hospital.

## Suicide Prevention Pathway cont.

The missionary (or spouse) and TL or AD make logistical arrangements for transfer of field responsibilities; care of the missionary's property, vehicle, etc.; travel, and lodgings (living with family, Air BnB, church or district accommodations, and the like).

If the missionary is already in counseling with Member Care, they should continue to be treated by that provider until leaving for the States or regional location and establishing care with a new provider. The Member Care counselor engages in evidence-based risk reduction therapy: several sessions per week, daily check-ins, implementation of a safety plan, increased social support, removal of access to lethal means, regular re-assessment of risk level.

TLs and AD should check in regularly with the missionary who is on leave to show care. Leadership can consult with Member Care leader or provider or Global Mental Health Coordinator as needed.

If the missionary is cleared by the counselor and leadership to return to the field, the Member Care leader or provider should provide check-ins and risk assessments at least monthly for one year following their return.