

**West Michigan Regional MCC  
SYSTEM**

**MOBILE CRISIS RESPONSE TEAM – SUICIDAL IDEATION SUPPLEMENT**

Initial Date:  
Revised Date:

Section 8-xx

**Mobile Crisis Response Team – Suicidal Ideation Supplement**

Adopting MCAs will have an “X” under their MCA name. If no “X” is present, the MCA has not approved or adopted the protocol.

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
Montcalm	Muskegon	N. Central MI	Newaygo	Oceana	Ottawa	

**Purpose:** To safely transfer suicidal patients encountered by EMS to a behavioral health mobile crisis response team for specialized assessment, intervention, and safety planning.

**Indications**

1. This protocol applies to patients experiencing suicidal ideation and who are willing and able to submit to a suicide risk assessment and safety planning with a behavioral health professional.

**Contraindications**

1. This protocol does **NOT** apply to those patients who have already attempted suicide. Transport the patient to the ED.
2. This protocol should not be used for patients with significant cognitive impairment and/or those who cannot understand and follow safety planning.
3. If a behavioral health mobile crisis response team is unavailable, the patient should be transported to the ED.

**Procedure**

1. Follow the **Mobile Crisis Response Team Protocol**.
2. Conduct a brief suicide risk assessment utilizing the National Institute of Mental Health (NIMH) ASQ Suicide Risk Screening Tool.
3. Complete the S.M.A.R.T. EMS Medical Clearance screening.
4. Communicate with dispatch to request the presence of the mobile crisis response team.
5. Maintain a calm and supportive demeanor while communicating with the patient and encourage the patient to express their feelings and concerns.
6. If patient meets the indications and criteria for safety planning and prefers to be treated on scene in collaboration with the mobile crisis response team, follow **Refusal of Care Protocol** and execute an informed refusal of transport utilizing the I.C.A.R.E. assessment.
7. If patient prefers transport to an emergency department, initiate transport.

MCA Name: **Muskegon County MCA**  
MCA Board Approval Date:  
MDHHS Approval Date:  
MCA Implementation Date:

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**Collaborative Assessment and Planning**

1. Upon arrival of the behavioral health mobile crisis response team, coordinate with the team and provide a comprehensive report including:
  - a. Patient demographics and medical history.
  - b. Current mental status assessment and suicide risk assessment findings.
  - c. Actions taken by EMS to ensure patient safety.
2. Determine if the patient is appropriate for safety planning:
  - a. Patient possesses medical decision-making capacity.
  - b. Patient is capable and willing to participate in safety planning.
  - c. If the patient is unable or unwilling to safety plan, initiate transport to the ED.
3. If patient is appropriate for safety planning, participate in the development of a safety plan tailored to the patient's needs and risk factors.

**Documentation**

1. Document all interactions, assessments, and interventions in the patient care report.
2. Include detailed information about the collaborative care provided by both EMS and the mental health team.

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**MCL 330.1401 (1)** As used in this chapter, "person requiring treatment" means **(a)** An individual who has mental illness, and who as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure himself, herself, or another individual, and who has engaged in an act or acts or made significant threats that are substantially supportive of the expectation.

Note: Per Michigan law, a person may be involuntarily committed if they have a behavioral health crisis and as a result of that crisis there is a substantial likelihood that, in the near future, they will cause harm to themselves. An unwillingness or inability to complete safety planning with a behavioral health professional in the presence of threats of self-harm or suicidal ideation constitutes a substantial likelihood of imminent self-harm and the patient should be transported to the emergency department for further crisis stabilization.

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# Suicide Risk Screening Tool

## Ask Suicide-Screening Questions

### Ask the patient:

1. In the past few weeks, have you wished you were dead?  Yes  No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  Yes  No
3. In the past week, have you been having thoughts about killing yourself?  Yes  No
4. Have you ever tried to kill yourself?  Yes  No

If yes, how? \_\_\_\_\_

\_\_\_\_\_

When? \_\_\_\_\_

\_\_\_\_\_

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now?  Yes  No

If yes, please describe: \_\_\_\_\_

### Next steps:

- If patient answers “No” to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (\*Note: Clinical judgment can always override a negative screen).
- If patient answers “Yes” to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
  - “Yes” to question #5 = **acute positive screen** (imminent risk identified)
    - Patient requires a **STAT** safety/full mental health evaluation.
    - **Patient cannot leave until evaluated for safety.**
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient’s care.
  - “No” to question #5 = **non-acute positive screen** (potential risk identified)
    - Patient requires a **brief** suicide safety assessment to determine if a **full** mental health evaluation is needed. If a patient (or parent/guardian) refuses the brief assessment, this should be treated as an “against medical advice” (AMA) discharge.
    - Alert physician or clinician responsible for patient’s care.

### Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline, 988
- 24/7 Crisis Text Line: Text “HOME” to 741741

