Suicide First Aid Guidelines for Indonesia: a Delphi consensus study

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Background: The concept that "suicide is preventable" is fairly recent in Indonesia. Suicide prevention training is also new for community leaders and laypeople. On the other side, in a collectivistic society like Indonesia, community leaders, neighbours, and friends are essential parts of someone's life. Therefore, guidelines to assist first aiders in preventing suicide is urgently needed.

Aim: This study aimed to develop guidelines to recognise key warning signs and provide first aid support to Indonesians at potential immediate risk for suicide.

Methods: The guidelines was developed through three steps: (i) systematic literature review; (ii) focus group discussions and interviews; and (iii) expert consensus using the Delphi approach. These steps were taken to ensure that the final guidelines reflected the cultural beliefs and norms of the Indonesian context.

Results: Three rounds of Delphi resulted in 460 accepted items out of 539 items generated from the literature search and group and individual interviews. Some key differences with other countries where similar studies were carried out were highlighted.

Conclusions: This study emphasised the need for gatekeeper training as the ideal way of educating community members on the guidelines.

Keywords: suicide prevention, guidelines, gatekeepers training, first aider, Delphi, Indonesia, LMIC, South-East Asia

Introduction

Suicide is a significant public health concern around the world (WHO, 2019). However, only a small number of countries have implemented a comprehensive strategy to handle this issue (WHO, 2018). Suicide is a global priority that can no longer be neglected since it causes more deaths than breast cancer and malaria, and even more than war and

homicide. Globally, around 800.000 people are estimated to die by suicide every year (WHO, 2019). Still, many more suicide deaths go unreported, and many more people attempt to kill themselves but survive the attempt.

Eighty-four percent of the world's population lives in Low-and-Middle-Income countries. Around 79% of deaths by suicide happen among this population (WHO, 2019). Socio-economic challenges (Iemmi et al., 2016; Knipe et al., 2015), social and interpersonal pressures (Liu et al., 2018; McKinnon et al., 2016), and physical/mental health conditions (Knipe et al., 2019; Smith et al., 2021) are among the contributing factors. However, in numerous countries, including Indonesia, the data quality is poor, which means that official suicide rates are most likely poorly reflecting the actual number of people who die by suicide. According to WHO, Indonesia's data quality is categorised as level four, i.e., among the countries with unavailable or unreliable death registration data. Based on such data, suicide rates in Indonesia are relatively low, about 3.4 per 100,000 populations (more specifically, 2.0 among females and 4.8 among males). However, due to the vast population numbers of Indonesia, 3.4 means 8.978 people in 2016 (WHO, 2019). Even if under-reported, these estimates are already much higher than the numbers provided by the Indonesian Department of Health using Sample Registration System (SRS) methods, which followed 9 million Indonesians across 30 provinces from 2014-2016 (Indonesian Health Data Centre, 2019). The data acquired from these verbal autopsies estimated that 1.7 per 100,000 population died by suicide every year or approximately 1.800 people.

SRS data suggested 71% of suicide cases recorded no prior illness, while 23,2% of the cases had a history of mental illnesses and 5,8% of them reported having chronic illnesses. Consistent with global findings, studies conducted in Indonesia showed that suicide correlates with mental illness (Amir et al., 2019; Okviasanti et al., 2019; Safira,

2015). Among 1130 patients with a diagnosis of schizophrenia, 6.1% of them reported suicide ideation (Amir et al., 2019). There was also a significant relationship between bipolar disorder and suicide risk among patients in the mental health hospital (Safira, 2015). Suicide ideation was also common among heart failure patients with depression (Okviasanti et al., 2019).

Furthermore, research shows that contextual factors such as socio-economic factors play a role in suicidal behaviour in Indonesia, including unemployment and economic crises (Nurtanti et al., 2020). Poverty and cultural beliefs have been observed to play a critical role in some places in Indonesia, such as in Gunungkidul in the southeast part of Yogyakarta province, characterised by a widespread belief called "*pulung gantung*". In the Javanese language, "*pulung*" means a gift or a sign, and "*gantung*" translates as hanging. *Pulung gantung* comes in the form of a flying fireball or meteor-like object as a revelation or a prophecy for someone to die by suicide (Darmaningtyas, 2002). The locals believe that someone whose home is chosen by the fireball means s/he has the destiny to take their life (Fahrudin, 2012; Wirasto, 2012).

Among adolescents, suicide in Indonesia is also in line with global trends, with 2016 WHO estimates showing higher suicide rates among young males than females (WHO, 2019). One of the contributing factors to 'adolescents' suicide is social media. An SLR study suggested an independent direct association between heavy social media use and increased suicide attempts (Sedgwick et al., 2019). In line with this, Indonesian adolescents pointed out that limited access to social media will be a protective factor for their mental health (Willenberg et al., 2020).

Generally, research shows that Indonesian adolescents who attempted suicide showed some common characteristics, such as lack of close friends, cigarette smoking, substance abuse, involvement in premarital sexual intercourse, and having a bad

relationship with parents (Putra et al., 2019; Setiadi et al., 2020). However, suicide research is overall scarce in Indonesia, and the various determinants of suicidal behaviour, its protective factors, and effective prevention strategies need exploration.

The Sustainable Development Goals number three is "good health and wellbeing." One of its targets (target 3.4) is reducing mortality from non-communicable diseases, for which suicide rate is an indicator. The overall target is reducing the mortality from non-communicable diseases by one-third by 2030 (NCD Countdown 2030 collaborators, 2020) and the decreases are not consistent across countries. Therefore, a more systematic strategy needs to be developed globally.

In addition to including suicide rate as a target of SDGs, there have been several milestones in suicide prevention efforts in the past two decades. For instance, the International Association for Suicide Prevention (IASP) created the World Suicide Prevention Day in 2003. This day is celebrated every September 10 to encourage countries to put together efforts to raise awareness of suicide and its prevention. Bhutan, Guyana, the Islamic Republic of Iran, Ireland, Namibia, the Republic of Korea, and Uruguay are among the 40 countries with National Suicide prevention strategies, following Finland as the pioneer (WHO, 2018).

However, Indonesia does not have any national strategy to date, and suicide prevention is generally neglected. The evidence that suicide is typically not a priority issue is shown by the first author's [author] experiences in applying for national funding for suicide research. The research in this paper was initially funded by the Government for three years. However, it was suspended after one year without any sufficient explanation, and the authors had to complete the study with almost no funding. Most of the existing international guidelines are also not yet adopted, such as National strategy resources (WHO, 2018) and WHO guidelines on media reporting. The media analysis

showed that most media reporting in Indonesia had not followed WHO guidelines on media reporting. Analysis of 548 suicide media news within six months (Nisa et al., 2020) showed that more than 90% of them reported age and gender, more than 60% reported methods of suicide in the headline and reported marital status. More than 40% included the victims pictures.

The WHO tried to spread out the message that suicide is preventable by launching the LIVE LIFE strategy (WHO, 2018). Task shifting from a mental health professional to train lay people in all aspects of mental health was indicated as a promising strategy (Patel, 2012). However, research with lecturers in Indonesia reported barriers to help distressed students, especially those who have suicidal ideation. Among those barriers, they listed the lack of information (Putri et al., 2019). Research on adolescents showed that most of the factors associated with suicide are lack of living skills and loneliness due to the inability to maintain friendships (Putra et al., 2019; Setiadi et al., 2020). Therefore, peer counselors become urgently needed to help adolescents to face their difficulties. Basic training skills for mental health peer counselors have been developed in Indonesia (Supriyadi & Setiyawati, 2019), but comprehensive guidelines for preventing suicide had never been developed. First aid guidelines in physical health-related conditions are widespread but still limited for mental health issues, especially culturally and context-specific ones such as suicide. At the same time, training for gatekeepers is also limited despite its importance. Previous studies of gatekeeper training to prevent suicide had shown to increase knowledge (Aseltine & DeMartino, 2004; Terpstra et al., 2018), adaptive attitude towards suicide (Aseltine & DeMartino, 2004) and promote confidence to identify and assist people with information regarding suicide risk (Sylvara & Mandracchia, 2019).

Expert-consensus studies for the development of community-based suicide prevention guidelines have been conducted in 2008 by Kelly, Jorm, Kitchener, & Langlands (2008), which then redeveloped in 2014 (Ross et al., 2014). It was then contexstualised to Japan [author], the Philippines [author], India [author], Sri Lanka (De Silva et al., 2016), and among populations from migrant and refugee backgrounds [author]. As suicide has cultural meanings and contexts [author], it is essential to listen to local stakeholders' opinions, people with lived experiences, and local experts. Thus, this study was initiated to develop evidence-based, locally relevant, and adequate suicide prevention guidelines in Indonesia for first aiders, i.e., community/religious leaders, cadres, and laypeopleThis initiative is the first of this kind in the country.

Methods

Procedure

Delphi Method

Delphi method has broad applications, and it is recommended to generate expert consensus for cultural minority or low middle-income countries if there is no evidence on a specific matter (Minas & Jorm, 2010). The Delphi method has been very useful in developing guidelines or consensus for strengthening mental health system development in Indonesia [authors].

Based on the methodology having been successfully applied in similar studies by the last author [author] and in Indonesia by the first author [author], this study employed Delphi methods to reach Indonesian experts' consensus on suicide prevention guidelines for suicide prevention first aiders. The specific steps in conducting Delphi methods in this research were (see also Figure 1):

(1) a literature review of suicide prevention in Indonesia and, given the scarcity of research in this country, then extended to Asia, predominantly Muslim or countries with collectivistic society;

(2) focus group discussions with stakeholders and individual interviews with people with personal lived experience of suicide;

(3) development of a questionnaire based on the literature review, focus group discussions, and interviews;

(4) formation of a panel of Indonesian experts in suicide prevention and mental health (including people with lived experience of suicide);

(5) online questionnaires sent to an expert panel to determine consensus.

[Figure 1]

(1) Literature review

A systematic literature search was carried out to collect information around potential warning signs, suicide risk factors, and first aid actions focusing on Indonesia, Asia, predominantly Muslim, or countries with collectivistic society. The review aimed to search if there were potential information from existing literature that could be featured in the Delphi questionnaire. The review was based on literature published on PubMed, CINAHL, PsycINFO, and grey literature between 2005 to 2016 to reflect the recent situation and knowledge on the topic. The terms used were 'suicide', 'warning sign', 'suicidal ideation', 'suicidal thoughts', 'suicide risk factor', 'Indonesia', 'Asia', and 'Muslim'. We excluded studies that originated from countries outside Asia, countries with Muslim minorities, and countries with individualistic societies. We also excluded euthanasia, self-harm with no suicidal intention, and studies written in languages other than English and

Indonesian. Existing mental health first aid guidelines for suicide prevention from other countries were also reviewed, i.e., Sri Lanka (De Silva et al., 2016) and The Philippines [author]. Similar guidelines for specific communities were also included, i.e., suicide prevention guidelines for people from migrant and refugee backgrounds [author]. In total, the search revealed 101 articles, which were then screened further for relevance and resulted in a total of 42 studies.

(2) Focus group discussion of stakeholders, and interview with people with personal lived experience of suicide

Before the Delphi survey, interviews and focus group discussions were conducted with stakeholders and people with lived experience of suicide, including suicide attempt survivors, family members or friends of survivors, or families who had someone who died by suicide. Stakeholders were health professionals who dealt with suicide or suicidal people, government officials, officers with experiences in suicide cases, and service-users of non-profit organisations in suicide-related issues. In total, forty-one experts were included. Nine participants were individually interviewed, and 32 participants were in focus group discussions. The 32 participants were six government officials, five service users of non-profit organisations, three psychiatrists, five psychologists, six mental health cadres, two suicide scholars, six community leaders, two religious' leaders, two police officers, two public health practitioners, one cultural expert, and one paediatrician. We conducted three separate focus group discussions with people from the same stakeholder groups. Inputs from these interviews and focus group discussions were then integrated into the questionnaire.

(3) Questionnaire development and adaptation

Based on the literature review, including questionnaires used to develop previous guidelines lead by the last author and other previous studies (Kelly et al., 2008; Ross et al., 2014), interviews, and focus group discussions, a list of 539 items was generated. The items were determined through a series of discussions among the authors and divided into two intervention areas:

a. Assess and help = 460 items
b. Safety and crisis = 79 items

For the assess and help, items were divided into the following sections: (1) identification of suicide risk; (2) assessing the seriousness of the suicide risk; (3) initial assistance to suicidal people; (4) talking to a suicidal person; (5) specific to adolescent; and (6) gender-specific. The safety and crisis group was divided into (1) safety plan; (2) ensuring safety for suicidal people; (3) passing the time during a crisis; and (4) what the first aider should know in providing suicide first aid in crises. The questionnaire was then translated into Indonesian through a series of small workshops by the project team members to ensure the appropriateness of the items.

(4) Panel formation

Heterogeneity of experts is one indicator of the quality of research using the Delphi method (Boulkedid et al., 2011). Therefore, the researcher invited Indonesian experts, including people who were involved in the focus group discussions and interviews. The experts were individually invited based on the following inclusion criteria:

a. Health or mental health professionals with experiences dealing with suicidal patients and
b. Have been in clinical works for more than five years and
c. Working with Indonesian patients and/or

d. Suicide survivors or significant others of someone who tried to kill themselves or died by suicide or
e. Community members and stakeholders with experience with suicide or
f. Academics with expertise in suicide and mental health.

The experts were identified through the snowball technique. A total of 212 experts consisting of clinicians, people with lived experiences, academics, and relevant community members who fit the inclusion criteria were invited to participate in the Delphi process.

(5) Delivery of the online survey

After the potential participants were identified, the team sent a personalised link to an online Delphi survey hosted on the Survey Monkey website. In addition to a weblink, the participants were also given the option to receive a paper version of the survey by mail if they wished so. This option was offered to facilitate the experts who have limited access to technology or limited ability to read the draft electronically.

The due date to complete the survey was one month from the date of the invitation. Four days before the due date, the first reminder email was sent to participants who had not yet responded. The second reminder email was sent to any participants who had still not responded on the day after the due date, and they were informed that the due date was extended for nine days. The last reminder email to participants who had not responded was sent two days before the second final due date.

Participants were provided with a plain language statement and an informed consent form when they accessed their personalised link and, if they completed this latter, they were then given access to the questionnaire. For Round 1, the questionnaire was divided into two sections. Firstly, participants were asked to provide some background information, including their profession, age, and sex. Secondly, participants were invited

to agree or disagree with a list of items (statements) based on a continuum of responses: strongly agree, agree, disagree, or strongly disagree. Each item was compulsory. At the end of each section, participants were also invited to add comments on the existing items and suggest any additional item that was not indicated in the list but was particularly relevant to the Indonesian context. The criteria in Table 1 were chosen to determine which statements in the questionnaire had reached consensus. The results were collected, and feedback was provided to participants for use in the next round (see the flow chart in Figure 1).

[Table 1]

Ethics

Ethics approval of the study was acquired from the Ethics Committee of Faculty of Psychology, Universitas Gadjah Mada (No. 2032/SD/PL.03.07/VI/2016).

Results

Round 1

Of the 212 experts invited to participate in this study, 42 (20%) completed the Round 1 questionnaire. A variety of professions were represented in the composition of participants. Most of the participants were psychologists (33.3%), academics (14.3%), psychiatrists (9.5%) and mental health activists (9.5%). Doctors, mental health nurses and social workers constituted 7.1%, 4.8%, and 4.8% of the participants, respectively. Others (16.7%) were professions such as police officers and government officials. Figure 2 demonstrates the rates of agreement, re-rating, and rejection of items in every Delphi round.

[Figure 2]

Round 2

The 42 experts who participated in Round 1 were invited to participate in Round 2, and 23 (54.8%) completed the Round 2 questionnaire. Seventy-six of the 147 items were endorsed. Thirty-three items were rejected, while thirty-eight items were sent through to the third round.

Round 3

Of the 23 experts who participated in Round 2 and were invited in Round 3, 11 completed the Round 3 questionnaire. Thirty-one items were accepted. All the others were rejected.

The results from the three Delphi rounds were 460 accepted items (387 items access and help and 73 items safety and crisis). The examples of rejected and endorsed items and their agreement percentages can be seen in Table 2 and 3. While the full list of endorsed and rejected items are listed (with their agreement percentage) in the appendix. The endorsed items were collated in a narrative form to form the Suicide First Aid Guidelines for Indonesia, with an English and Bahasa Indonesia version [link]. Guidelines and films are freely accessible.

[Table 2]

[Table 3]

Discussion

Through this research, we found that overall the first aid guidelines for suicide prevention in Indonesia has some similarities with those developed for other countries [author], [author], [author]. However, differences exist due to different health systems, mental health literacy and cultural beliefs.

Examples from rejected items that might be different with other countries due to different health systems are "If the suicidal adolescent is known to have a diagnosis of a mental illness, the first aider should: seek the permission of the suicidal person to contact

their regular doctor or mental health professional about their concerns," "If the suicidal adolescent cannot commit to stay safe, the first aider should: Get the suicidal person to phone an emergency number (i.e., Emergency services, a suicide helpline, emergency mental health services, police, Puskesmas (*primary health care clinics*)." Experts doubt that this will cater to the way the health system operates in Indonesia. It may also represent the readiness of the health system in supporting suicidal behaviour. In some regions of Indonesia, even basic mental health care is sometimes hard to find. Initiatives to strengthen primary health care by posting psychologists in the primary health care have been put in place but only in a few provinces of Indonesia [author]. Therefore, experts involved in the Delphi study may doubt the availability of emergency mental health services or regular doctors or mental health professionals for individual needs. Thus, the items above were rejected in Indonesia, although they had been accepted in other 'countries' Delphi studies [author], [author], [author].

Some other items were rejected by Indonesian experts but were accepted in other countries, which might be attributable to the experts' diverse level of mental health literacy. Examples of such items are: "The first aider should be aware that females are more likely to discuss physical complaints with no apparent physical source when in fact they are having suicidal thoughts," "The first aider should not use a safety plan with a suicidal person they do not know well," and "The first aider should be aware that LGBT has a higher risk for suicide." Although those items mentioned above might be scientifically correct, they were rejected for the Indonesian version of the guidelines. It might be due to a different level of mental health literacy among the expert panels. Mental health literacy will facilitate empowering the community to take action for better mental health. However, it has been shown in research in some countries that there are deficiencies, including in the area of mental health first aider skills (Jorm, 2012).

Cultural/traditional and religious beliefs might also play a role in the rejection of some items. Examples of those items are " In passing the time during a crisis, encourage the suicidal person to take some sleeping pills, as they should be feeling better by the time they wake up," and "In passing time during a crisis, encourage the suicidal person to drink a few glasses of alcohol, to make the time pass more quickly." Those items might have been rejected in Indonesia since they do not comply with the majority of Indonesians' beliefs, culture, and religiosity.

The strength of this research is that this is the first study about suicide that involved participants from various parts of Indonesia. The experts also come from various backgrounds, bringing complementary expertise, including mental health professionals, community leaders, and people with lived experiences from rural and urban areas. Nevertheless, this study poses several limitations. Firstly, it took a long time to complete the research due to the withdrawal of the funding. Secondly, the response rate was considerably low, with only 42 experts filling out the questionnaire out of 212 initially invited on the first round. The response rate dropped during the second and third round, but existing literature has indicated that 20-30 members for an expert panel are pretty common for this type of study [author]. The low response rate might be due to the high stigmatisation of suicide and mental health in general (Deska et al., 2020) or other technical issues beyond the 'researchers' knowledge (i.e., inactive email addresses). The unequal distribution of participants from around Indonesia might not guarantee sufficient representation and applicability for all cultural variations. Therefore, follow-up research is needed to adapt the guidelines to specific populations in Indonesia. Future studies should also involve a pool of experts' representatives of diverse backgrounds and professions.

As previously indicated by [author] the findings and observations from this expert-consensus study highlight the importance of developing culturally adequate and responsive suicide prevention strategies. Following the public health model, the prevention program should target every level of intervention: universal, selective, and targeted (WHO, 2014), upscaled to the national level. The authors are active stakeholders in advocating for the government movement towards suicide prevention, and this guidelines will be one of their assets to reach this aim.

The programs to prevent suicide should involve the vast majority of the population, if not all. Considering that most suicides in Indonesia happen to those above 60 years old (Indonesian Health Data Centre, 2019), especially those who live alone or suffer from a chronic illness, a community-level surveillance system in the form of mental health cadres trained on suicide and its prevention might serve as a viable option. It might also be expanded to workplace settings since the second-most cases of suicide are those in productive years. Moreover, noting that self-harm, which is one of the risk factors of suicide amongst adolescents in Indonesia, has become more prevalent (Ho, 2019), there is also a need to involve schools and peers in the suicide prevention efforts. The Delphi panel experts in this study also suggested involving or strengthening families as a key action for suicide prevention. The next course of action following this study will be dissemination and building community members' capacity and sensitivity through a series of training. These gatekeeper training should be extended to various contexts, considering the demographics of suicide cases in Indonesia. This serves as an effort to task shift early detection and first aid management of suicide ideation/attempt. The training should be conducted in a modality to ensure retainment of knowledge, attitude, and skills, considering that typical one-time training barely achieves a long-term effect (Holmes et al., 2021). Therefore, it is suggested that intensive gatekeeper training is followed by

regular revision/supervision sessions, as currently carried out by EC with training Save the Children International staff in humanitarian settings. Furthermore, the guidelines can also generate awareness campaigns for the general public on how to best deal with suicide-related issues or help stakeholders develop suicide-specific prevention programs in their respective settings.

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Figure 1. Steps of the guideline development

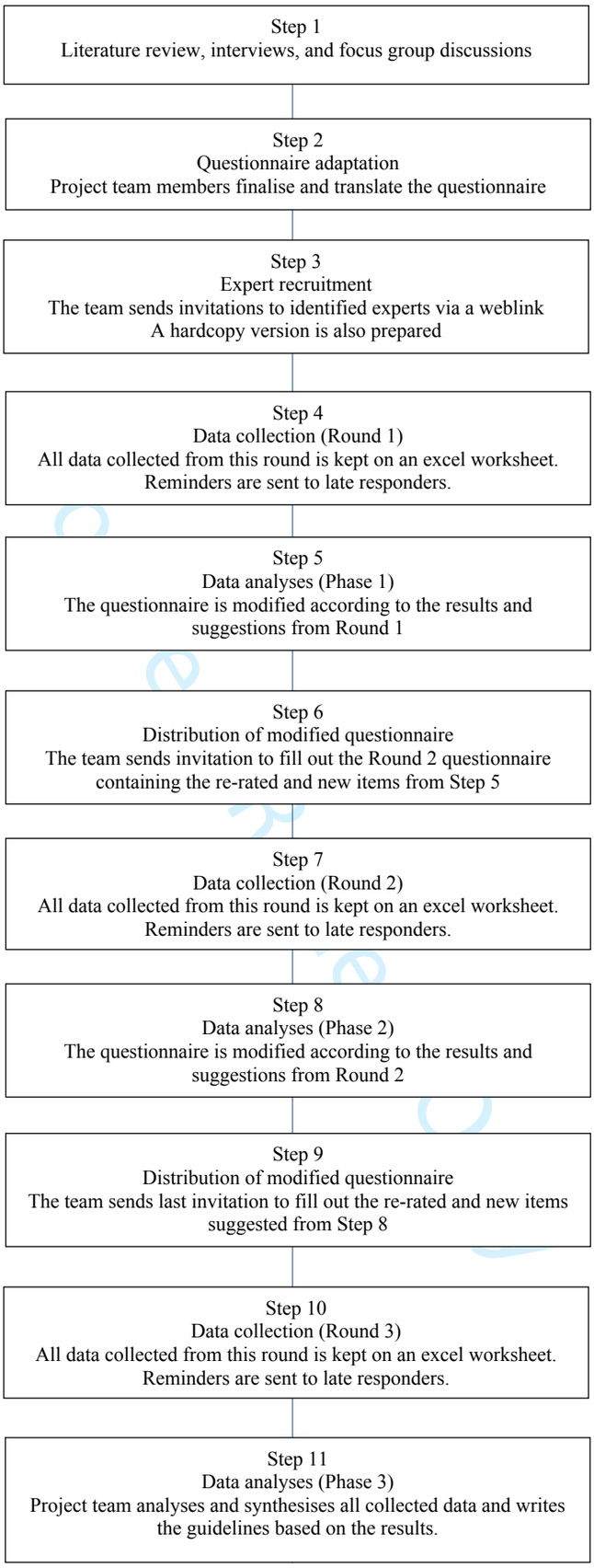

Table 1
Criteria of accepted/rejected items

Consensus level (%)	Criteria
>80	Accepted
70 - 79	Re-rate
<70	Rejected

Figure 2. Number of items endorsed, re-rated and rejected at each round

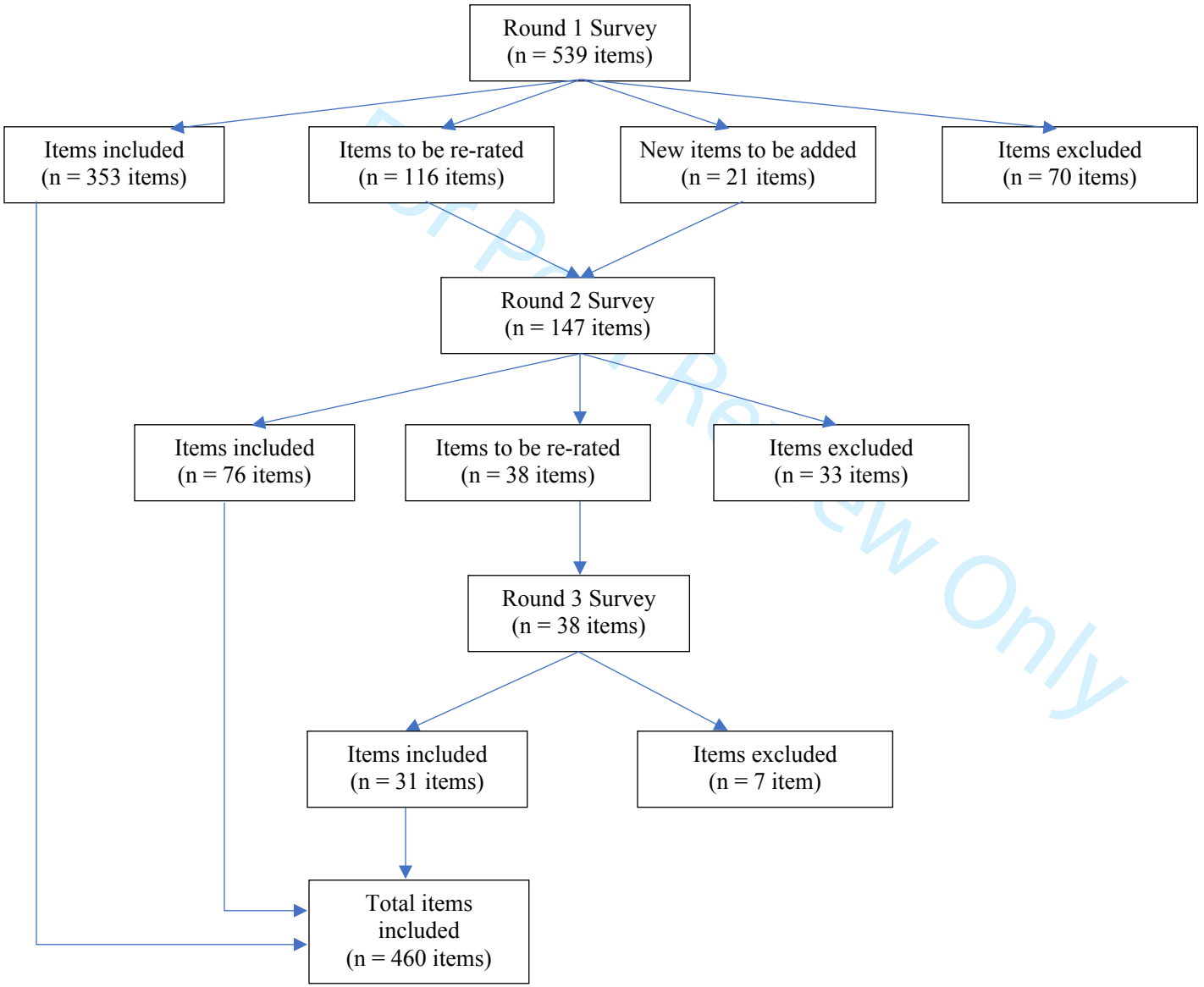

Table 2
Example of endorsed items and their agreement percentages

Endorsed statement	Consensus level (%)
Section 1. Identification of suicide risk	
Suicide warning signs	
1. Threatening to hurt or kill themselves.	95
2. Looking for a way to kill themselves (e.g. seeking access to pills or poisons, weapons or other means), including asking information about possible suicide methods (e.g. "would 100 mg of this kill me?" or "would I die if I jumped from that building?").	95
3. Talking or writing about death, dying or suicide (including making unexpected jokes about these topics, or leaving a suicidal note, poem or letter).	90
4. Expressions of hopelessness.	88
5. Describing themselves as a burden to others or expressing feelings of guilt or shame (e.g., stating that others will be better off without them).	93
Things First Aider has to consider before approaching the suicidal person	
1. During crisis, the person doesn't like to be advised.	95
2. The first aider should be able to differentiate people with suicidal intentions that favour company in silence, and people with suicidal intentions that favour talking over silence.	95
3. The first aider should not assume that the person will get better without help.	100
4. The first aider should know that hugs can alleviate the person's psychological burden.	80
5. The first aider should not give judgmental spiritual advice. (e.g. killing yourself is a sin)	90

Table 3
Example of rejected items and their agreement percentages

Rejected statement	Consensus level (%)
Section 1. Identification of suicide risk	
Suicide warning signs	
1. Significant change (increase or decrease) in the level of religious interest or involvement in religious activities (e.g. praying, reading religious books).	66
2. A sudden change of their religion, faith or belief	55
3. A lack of response (e.g. 'freeze reaction') in a situation of crisis	57
4. Decrease in attention or concentration	64
5. Decrease in their job outcomes or school performance (e.g. receiving lower marks)	69
Section 2. Assessing seriousness of the suicide risk	
Assessing the urgency of suicide risk	
1. The first aider should ask the suicidal person if they are really serious or just looking for attention.	45
2. If the suicidal person says that the situation is not serious or that they can handle it on their own, the first aider should respect this.	69

Appendix 1. Accepted and rejected items

Suicide First Aid Guidelines for Indonesia: A Delphi consensus study	% agreement to include items in the guidelines
ASSESS AND HELP **SECTION 1. IDENTIFICATION OF SUICIDE RISK** **Suicide warning signs** **ACCEPTED ITEMS**	
Threatening to hurt or kill themselves.	95
Looking for a way to kill themselves (e.g. seeking access to pills or poisons, weapons or other means), including asking information about possible suicide methods (e.g. "would 100 mg of this kill me?" or "would I die if I jumped from that building?").	95
Talking or writing about death, dying or suicide (including making unexpected jokes about these topics, or leaving a suicidal note, poem or letter).	90
Expressions of hopelessness.	88
Describing themselves as a burden to others or expressing feelings of guilt or shame (e.g., stating that others will be better off without them).	93
Feeling trapped, like there is no way out.	88
Withdrawing from friends, family or society, including locking oneself in the house or in a particular room.	95
Telling significant others that they want to end their life.	95
Isolating themselves from interacting with others.	88
Unusually high levels of anxiety or agitation.	80
Sleep disturbance – inability to sleep, or need to sleep all the time.	80
Dramatic change in behaviour, mood, appearance.	83
Sudden or dramatic increase in depressed/sad mood (including crying more than usual or lack of smiling).	93
Engaging in self -injurious behaviour such as cutting, burning themselves, poisoning (e.g. drinking Baygon or other mosquito repellent or insecticide) or hitting their head against the wall.	100
Rejecting or stopping life-saving medical treatments/medications.	80
Doing self-harm.	100

Giving away valued possessions and getting affairs in order including asking others to take on responsibility for the care of people or pets.	86
Expressing a lack of reasons for living, or having no purpose in life.	86
Decrease of appetite and weight loss not explained by other factors (e.g. diet or sickness).	83
Refusing to eat for days	88
Longing for deceased loved ones, including being eager to see someone who is no longer alive or increasing visits to their burial site.	80
They feel worthless or that their life is worthless.	95
Having the desire or hope that they will die (including praying that God may take their life).	95
Feeling that suicide is the only solution to their problems.	100
Showing loss of interest of the things they used to be interested in.	90
A sense of guilt or self-blame for something that has happened.	83
Having feelings of extreme dislike or hatred of oneself (*sebal, kesal, dongkol, muak*)	80
Having strong sense of feeling alone and/or cut off. (feeling lonely or isolated)	90
Making arrangements for one's won funeral or buying items generally used for funeral (e.g. Islamic blanket).	90
An important warning sign for suicide is if a person contacts people (e.g. family members and/or people they have not spoken to in a long time) to say goodbye, make amends or ask for forgiveness.	88
An important warning sign for suicide is if a person is stating that they want to disappear or disappearing.	80
An important warning sign for suicide is a person who states that their 'time has come' and/or that it is time to rest.	83
Unusual post or behaviour in social media (e.g. changing profile picture into something concerning like a black image or a suicide or death symbol, posting a concerning status, leaving group chats, deactivating accounts)	90
REJECTED ITEMS	
No longer talking or writing about death, dying or suicide (including no longer making jokes about these topics).	40
Expressions of rage, anger, aggressiveness and/or seeking revenge.	46
Writing stories in which the main characters end up dead.	40
Feeling too lazy to do anything	55
Lying down all the time	48
Looking for dark places	33

Becoming more sensitive (including being easily angered)	66
Not trusting anyone (including thinking that nobody is sincere)	62
A change of habit (e.g.	40
Acting recklessly or engaging in risky activities, seemingly without thinking.	62
Sudden recovery from depressed/sad mood.	52
A lack of interest in or plans for the future.	69
Significant change (increase or decrease) in the level of religious interest or involvement in religious activities (e.g. praying, reading religious books).	66
A sudden change of their religion, faith or belief	55
A lack of response (e.g. 'freeze reaction') in a situation of crisis	57
Decrease in attention or concentration	64
Decrease in their job outcomes or school performance (e.g. receiving lower marks)	69
Sudden change in behaviour or mood with calm and contended thoughts and actions after a period of anxious or low mood.	48
Increased affection or anger shown towards children	50
Expressing interest in renouncing lay life and joining a religious institution (e.g. entering Pesantren. majelis dzikir , becoming a priest, a nun, a monk or pedanda)	29
Refraining in seeking medical assistance for physical complaints.	69
Expressing recurrent physical complaints with no clear physical source (e.g. burning sensation like mulas, kemranyas, or mbededeg-feeling breathless)	33
Suddenly developing a strong fear or be scared about something	57
Expressing magical thinking like that they are learning to get superpowers	33
Daring someone to kill them (e.g. “just shoot me”)	69
Putting oneself in a situation with high risk of being killed (e.g. confronting armed officers like the police)	64
Signs of lack of energy or enthusiasm	69
An important warning sign for suicide is a person starts giving advices to others (e.g. about life) in a way that is atypical of them	36
Starting or increasing cigarette, alcohol or drug use	38
Increased preoccupation with death, dying and/or the afterlife.	66

Staying still and staring (e.g. to people walking by)	66
Things First Aider has to consider before approaching the suicidal person **ACCEPTED ITEMS**	
During crisis, the person doesn't like to be advised.	95
The first aider should be able to differentiate people with suicidal intentions that favour company in silence, and people with suicidal intentions that favour talking over silence.	95
The first aider should not assume that the person will get better without help.	100
The first aider should know that hugs can alleviate the person's psychological burden.	80
The first aider should not give judgemental spiritual advice. (e.g. killing yourself is a sin)	90
First aid does not always have to come in the form of physicial presence, but also through the phone.	83
The person does not like it when their problems are being compared with others'.	93
The person does not like to be challenged to realise their suicide plan.	90
The first aider should not assume that the person will seek help on their own.	86
The first aider should be able to recognise the warning signs of suicide.	98
If the suicidal person has already harmed themselves, the first aider should administer first aid and call emergency services, asking for an ambulance.	100
If the first aider is unsure whether noticed wounds are from a self-injury or from a suicide attempt, the first aider should ask the person directly.	93
The first aider should talk to other people who know the person to see if they also have concerns.	90
The first aider should have suicide crisis resources on hand before starting a conversation with someone who might be having suicidal thoughts.	95
The first aider should act promptly if they think someone is considering suicide.	100
The first aider should choose a private place to talk to the person about their concerns.	83
The first aider should choose a time to talk to the person when there is sufficient time to discuss their concerns.	100
The first aider should understand that according to certain culture, suicide is considered to be a more respectable choice than being a burden to others	86
The first aider should understand the cultural reason behind suicide	95
The first aiders should consider the the person's cultural background and values when offering assistance to them	88

REJECTED ITEMS	
The first aider should not assume that a person who self-harms is suicidal.	61
If appropriate based on the OKBD gender, cultural background, or OKBD's character, the first aider should express care through physical contact.	59
How to make the approach **The first aider should:** **ACCEPTED ITEMS**	
Avoid raising the topic of suicide with the person during an argument or if they are really upset because this may end up getting a bad reaction and distancing them.	80
Reminding the person about their dreams	83
Be aware of their attitudes about suicide and the impact of these upon their ability to provide assistance, e.g. beliefs that suicide is wrong or that it is a rational option.	80
Demonstrate appropriate language when referring to suicide by using the terms 'suicide' or 'died by suicide'.	86
Avoid using terms to describe suicide that promote stigmatizing attitudes, e.g. 'commit suicide' or refer to a suicide attempt as having 'failed' or been 'unsuccessful' or using judgmental words like 'crazy'	95
Be aware that different cultures have different beliefs and attitudes about suicide.	95
If the first aider is concerned about someone who is from a different religion and/or cultural background to their own, they should learn about that religious/cultural beliefs and attitudes towards suicide before approaching the person.	95
If their ideals or dreams cannot be met, the first aider should help the OKBD to find more realistic and achievable ideals or dreams	81
REJECTED ITEMS	
Tell the person their concerns about them, describing behaviours that have caused them to be concerned about suicide.	50

Asking about suicidal thoughts **ACCEPTED ITEMS**	
If the first aider thinks someone might be having suicidal thoughts, they should ask that person directly.	85
The first aider should ask the person about suicidal thoughts, even if the first aider feels uncomfortable doing so.	80
If the first aider has even a mild suspicion that the person is having suicidal thoughts, they should ask.	88
If the first aider thinks someone might be having suicidal thoughts and feels unable to ask them, the first aider should find someone who is able to ask.	90
The first aider should: **ACCEPTED ITEMS**	
Not avoid using the word 'suicide'. It is important to discuss the issue directly, without dread or expressing negative judgement.	86
The first aider should demonstrate appropriate language when referring to suicide by using the terms 'suicide' or 'died by suicide'.	93
Know that it is more important to ask about suicidal thoughts than to be concerned about the exact wording.	88
The first aider should be aware that: **ACCEPTED ITEMS**	
If a person is suicidal, asking them about suicidal thoughts will allow them the chance to talk about their problems and show them that somebody cares.	86
The stigma associated with suicide might refrain the suicidal person from disclosing suicidal thoughts and seeking help.	83
The existence of method and specific modality (e.g. quantity of poison) the suicidal person plans to use could indicate the seriousness of the suicidal intention	90
If the first aider thinks someone might be having suicidal thoughts, they should ask that person indirectly at first (i.e. “Do you ever wish you did not wake up in the morning?”) and then only ask directly if the person says yes.	86
If the first aider thinks someone might be having suicidal thoughts, they should begin the conversation by asking the person about how they are feeling.	93
The first aider should ask about and allow the person time to discuss their negative feelings before asking about suicidal thoughts.	95
The first aider should try to determine whether there is anything important in the person's life that may reduce the immediate risk of suicide (e.g. attachments to children).	100
The first aider should ask the suicidal person if there are people they can turn to when they need help or support.	98
The first aider should respect the suicidal person and not try to take charge of the situation.	85

The first aider should not let the suicidal person convince them that it is not serious or that they can handle it on their own	93
The first aider should explore the person's attitude towards suicide (e.g. "suicide is a heroic thing to do").	91
The first aider should ask if the person has felt suicidal before and if so what happened in that occasion.	90
REJECTED ITEMS	
The first aider should ask the suicidal person if they know anyone who has suicide and if they are trying to solve their problems like they did.	69
If a person is not suicidal, asking them cannot put the idea of suicide in their head	62
When the first aider asks the suicidal person if they are suffering from a mental illness, they should reassure the person that they have no prejudice against people with mental illness	66
The first aider should ask the suicidal person if they have experienced a change in their spiritual/religious beliefs (e.g. an increase or decrease in prayer, meditation or attending mosque, church, or temple/pura)	62
The first aider should ask if the suicidal person believes in charms, evil spirits like jins, sihr or similar and, if so, if they believe those forces are affecting their current feelings.	Automatically rejected as more than 50% of total respondents did not respond to this question
If a person is suicidal, asking them about suicidal thoughts will not increase the risk that they will act on these.	66
The first aider should ask the suicidal person about their cultural and religious beliefs regarding suicide	50
The first aider should ask if the person thinks they are being punished by a God like Allah or a spiritual force for their wrong doings and therefore feel obliged to end their life	50
The first aider should ask if the suicidal person believes in charms, evil spirits like jins, sihr or similar and, if so, if they believe those forces are affecting their current feelings.	61
If the person doesn't want to talk **ACCEPTED ITEMS**	
The first aider should understand that the person may not want to talk with them, and should offer to help them find someone else to talk to.	95
If the first aider thinks the person is uncomfortable interacting with them due to differences in age group or gender, they should ask the person if they would prefer to talk to someone of the same age group or gender.	98
If the first aider thinks the person is uncomfortable interacting with them due to differences in religion and/or cultural background, they should ask the person if they would prefer to talk to someone of the same religion and/or cultural background.	95
If the first aider thinks the person is uncomfortable interacting with them due to differences in ethnicity, language or caste, they should ask the person if they would prefer to talk to someone of the same background.	90

If the first aider feels unsuccessful in their approach **ACCEPTED ITEMS**	
If the first aider is unable to make a connection with the person, they should offer to help them find someone else to talk to.	100
If the first aider feels uncomfortable interacting with the person due to differences in age group or gender, they should seek assistance from someone of the same age group or gender as the person.	93
If the first aider feels uncomfortable interacting with the person due to differences in religion and/or cultural, they should seek the assistance of someone of the same religion and/or cultural background as the person.	90
Reacting to expressions of suicidal thoughts **The first aider should:** **ACCEPTED ITEMS**	
Appear calm and confident in the face of the suicide crisis, as this may have a reassuring effect for the suicidal person.	100
Recognise and be respectful of the suffering of the suicidal person.	98
React to expressions of suicidal thoughts with calmness and empathy.	100
Avoid expressing negative reactions to suicidal thoughts, e.g. judgement, shock, panic, anger.	100
Respect the suicidal person and not try to take charge of the situation.	80
Allow the suicidal person to discuss their feelings. A suicidal person may feel relief at being able to do so.	98
If the person is at a point of despair, the first aider needs to take control and be directive in ensuring their safety.	83
If the first aider clearly states that thoughts of suicide may be associated with a treatable disorder, this may instill a sense of hope for the suicidal person.	86
REJECTED ITEMS	
Know that it is common to feel panic or shock when someone discloses thoughts of suicide	64
Know that if the distressed person says they are not suicidal, they probably are not.	64

If the person is experiencing an episode of psychosis **ACCEPTED ITEMS**	
If the person is psychotic, the first aider may not be able to believe them if they say they are not suicidal.	80
If the suicidal person says they are hearing voices, the first aider should ask if the voices are telling them to kill themselves.	98
If the person is under the influence of drugs & alcohol **ACCEPTED ITEMS**	
If the person is using drugs or alcohol, the first aider may not be able to believe them if they say they are not suicidal.	88
SECTION 2. ASSESSING SERIOUSNESS OF THE SUICIDE RISK **Assessing the urgency of suicide risk** **ACCEPTED ITEMS**	
The first aider should take all thoughts of suicide seriously. The lack of a plan for suicide is not sufficient to ensure safety.	93
The first aider should determine the urgency of taking action based on recognition of suicide warning signs.	98
The first aider should know which are the major risk factors for suicide (e.g. recent stressful event, previous suicide attempt).	100
The first aider should take expressions of suicidal thoughts seriously and act on these, not dismissing them as 'attention seeking' or a 'cry for help'.	98
The first aider should establish whether the person has definite plans and intentions to take their life as opposed to vague suicidal notions such as "what's the point?" or "I can't be bothered going on".	93
The first aider should not let the suicidal person convince them that it is not serious or that they can handle it on their own.	86
The first aider should ask significant others (e.g. family members or religious leader) whether the person has made a previous suicidal attempt.	98
Even if the suicidal person indicates that they are just looking for attention, the first aider should still offer assistance.	100
REJECTED ITEMS	
The first aider should ask the suicidal person if they are really serious or just looking for attention.	45
If the suicidal person says that the situation is not serious or that they can handle it on their own, the first aider should respect this.	69

Finding out about a suicide plan **The first aider should:** **ACCEPTED ITEMS**	
Ask the suicidal person if they have a plan for suicide.	93
Ask the suicidal person how they intend to suicide i.e. ask them direct questions about how, when and where they intend to suicide.	80
Ask the suicidal person if they have decided when they will carry out their plan.	81
Find out if the suicidal person has already taken steps to secure the means to end their life.	95
Be aware that those at the highest risk for acting on thoughts of suicide in the near future have a specific suicide plan, the means to carry out the plan, a time set for doing it, and an intention to do it.	100
Asking about other factors that contribute to risk of suicide in people in Indonesia **ACCEPTED ITEMS**	
The first aider should be able to recognise the person's level of suicide risk by the number and nature of warning signs.	100
The first aider should be aware that there are certain groups of people who are more at risk for suicide such as elderly people who are chronically ill and living alone and homosexuals	86
The first aider should ask the suicidal person: **ACCEPTED ITEMS**	
If they have been using drugs or alcohol.	90
Ask if the suicidal person has received treatment for mental health problems or is taking any medication.	98
If they have received mental health treatment in the past.	98
About any family history of mental health problems or suicide.	100
If they have ever made a suicide plan in the past.	98
If they have ever made a suicide attempt in the past.	98
How they are feeling right now.	100
If they have told anyone about how they are feeling.	88
How things are at home and work/school.	95
About current supports to help the person at risk.	95
If there are people they can turn to when they need help or support.	93

REJECTED ITEMS	
If they have ever known anyone who has died by suicide	64
SECTION 3. INITIAL ASSISTANCE TO SUICIDAL PEOPLE	
ACCEPTED ITEMS	
The first aider should know the phone numbers of suicide hotlines, emergency services, and mental health professionals.	93
The first aider should involve the person's significant others in helping them.	98
The first aider should not put themselves in any danger while offering support to the suicidal person.	95
The first aider should not leave someone who is feeling suicidal on their own.	98
The first aider does not need to be with the suicidal person all the time, but should check on them regularly (e.g. asking them or their significant others how they are doing)	100
The first aider should work collaboratively with the suicidal person to ensure their safety, rather than acting alone to prevent suicide.	98
If the first aider suspects there is an immediate risk of the person acting on suicidal thoughts, they should act quickly even if they are unsure.	95
The first aider should be prepared for the suicidal person to possibly express anger and feel betrayed by their attempt to prevent their suicide or help them get professional help.	93
When talking to the suicidal person, the first aider should use the person's belief systems and values to encourage them to change their mind about suicide.	100
If the person is suicidal, the first aider should:	
ACCEPTED ITEMS	
Discuss with the suicidal person what actions they should take to get help.	98
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	100
Take the suicidal person to the nearest safe place (e.g. church, hospital, or police station).	95
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation without letting the person know if needed.	88
Call an emergency number for the person (e.g. emergency service, suicide hotline, psychiatric emergency service)	93
Take the person to a doctor, psychiatrist or other mental health professional as soon as possible.	93
Ask the suicidal person if they would like the first aider to contact someone for them, such as a friend, family member, or trusted religious leader.	100

Take the suicidal person to a hospital emergency department.	80
Help the suicidal person understand that they have control over their suicidal thoughts.	90
Remain calm and in control when communicating with a suicidal person.	100
Consider the suicidal person's spiritual/religious beliefs and refer to these to try to prevent the person from taking their life.	95
Listen non-judgmentally to the suicidal person.	100
Be aware that suicidal people differ in their chosen suicide methods so they should pay attention to the presence of any sort of potential suicidal means (not just guns, rope, pills but also knives, any kind of poison, kerosene and so on).	100
Get rid of any sort of potential suicidal means (not just guns, rope, pills but also knives, any kind of poison, kerosene and so on).	100
Help the suicidal person access professional help	100
If the person is suicidal, the first aider should not: **ACCEPTED ITEMS**	
Offer false hope, or make unrealistic promises.	98
Dismiss the person's feelings or compare their problems to the problems of others.	95
Make the person feel guilty about wanting to die (e.g. by saying "aren't you ashamed to run away from life?" or “committing suicide is a sin!”)	95
Put themselves at risk while offering support to the suicidal person (e.g. if the suicidal person becomes violent).	93
If the suicidal person can't commit to stay safe, the first aider should: **ACCEPTED ITEMS**	
Discuss with the suicidal person what actions they should take to get help.	88
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	100
Seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns.	80
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation without letting the person know if needed.	90
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services).	83
If the suicidal person has a specific plan, the first aider should: **ACCEPTED ITEMS**	
Discuss with the suicidal person what actions they should take to get help and seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns.	85

Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	100
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation.	95
Call a doctor, psychiatrist or other professional right away for the suicidal person and take the suicidal person to a hospital emergency department if needed	98
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services, police, Puskesmas).	83
Phone an emergency number without letting the suicidal person know.	83
If the suicidal person has the means to carry out their suicide plan, the first aider should: **ACCEPTED ITEMS**	
Discuss with the suicidal person what actions they should take to get help and seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns if needed.	83
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	98
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation without letting the suicidal person know if needed.	95
Call a doctor, psychiatrist or other professional right away for the suicidal person and take the suicidal person to a hospital emergency department if needed	98
If the suicidal person does not agree to give the first aider the things they intend using to kill themselves, the first aider should: **ACCEPTED ITEMS**	
Discuss with the suicidal person what actions they should take to get help and seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns if needed.	86
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	95
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation without letting the suicidal person know if needed.	93
Call a doctor, psychiatrist or other professional right away for the suicidal person and take the suicidal person to a hospital emergency department if needed	93
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services, police, Puskesmas).	81

If the suicidal person has attempted suicide in the past, the first aider should:	
ACCEPTED ITEMS	
Discuss with the suicidal person what actions they should take to get help and seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns if needed.	95
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	98
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation without letting the suicidal person know if needed.	86
Call a doctor, psychiatrist or other professional right away for the suicidal person and take the suicidal person to a hospital emergency department if needed	88
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services, police, Puskesmas).	83
If the suicidal person is known to have a diagnosis of a mental illness, the first aider should:	
ACCEPTED ITEMS	
Discuss with the suicidal person what actions they should take to get help and seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns if needed.	90
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	88
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation without letting the suicidal person know if needed.	93
Call a doctor, psychiatrist or other professional right away for the suicidal person and take the suicidal person to a hospital emergency department if needed	95
The first aider should advice the family to keep the person safe and show care for them	100
REJECTED ITEMS	
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services).	66
If the suicidal person is psychotic, the first aider should:	
ACCEPTED ITEMS	
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	86

Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation without letting the suicidal person know if needed.	95
Call a doctor, psychiatrist or other professional right away for the suicidal person and take the suicidal person to a hospital emergency department if needed	98
REJECTED ITEMS	
Discuss with the suicidal person what actions they should take to get help.	57
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services).	55
If the suicidal person refuses professional help or is reluctant to get professional help, the first aider should: **ACCEPTED ITEMS**	
Convince the person that they need help during crisis.	98
Convince the person that they will not be judged or blamed for seeing a mental health professional.	95
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	100
Identify their significant others (family or friends).	100
Contacting their significant others (family or friends) to accompany them.	98
Call a mental health centre, crisis telephone line, the police, or Puskesmas and ask for advice on the situation, without letting the suicidal person know if needed.	90
Call a doctor, psychiatrist or other professional right away for the suicidal person and take the suicidal person to a hospital emergency department if needed	93
If the first aider needs to contact a health professional about the suicidal person, they should preferably contact a professional the person already knows and trusts.	95
If the first aider has to call the police, they should inform them that the person is suicidal in order to help them respond appropriately.	88
REJECTED ITEMS	
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services).	69
If the suicidal person has a weapon, the first aider should: **ACCEPTED ITEMS**	
Try to take it away from them.	100

Ask them to hand over the weapon.	93
If the conversation is taking place on the phone, calm the suicidal person down and check with them if there is someone nearby they can contact to be with them and them to wait for the someone to arrive.	94
Contact the police and inform them that the person is suicidal in order to help them respond appropriately.	95
Seek help from family members, neighbours or others to remove it	98
Try to take it away from them while paying attention to their own safety.	90
If the conversation about suicide is taking place on the phone, the first aider should encourage the suicidal person to remove potentially harmful items from their sight.	90
If the conversation about suicide is taking place on the phone, the first aider should contact emergency services so the person is not alone.	90
SECTION 4. TALKING TO A SUICIDAL PERSON **Letting them know you care** **The first aider should:** **ACCEPTED ITEMS**	
Tell the suicidal person they care and want to help.	100
Tell the suicidal person that they do not want them to die or that they don't want to lose them.	85
Remind the suicidal person that they are loved and would be missed.	83
Remind the suicidal person that they are worthy and their life is worthy.	95
Reassure the suicidal person that they want to hear whatever the person has to say.	100
Give the suicidal person their undivided attention.	95
Be patient and calm while the suicidal person is talking about their feelings.	100
Be patient and give the suicidal person time to get to the topic about their suicidal thoughts.	100
Be conscious of their body language, ensuring it doesn't communicate a lack of interest or negative attitude.	98
Keep in mind that asking too many questions can provoke anxiety in the suicidal person.	98
Show they are listening by summarising what the suicidal person is saying.	98
Clarify important points with the person to make sure they fully understand.	100
Ask what the suicidal person is thinking and feeling.	100
Be supportive and understanding of the suicidal person.	98

Express empathy for the suicidal person (e.g. “I understand how you feel”).	98
Listen to the suicidal person without expressing judgment.	95
Avoid telling the person just to “be patient” as they might feel not-understood.	93
Actively listening **The first aider should:** **ACCEPTED ITEMS**	
Encourage the suicidal person to do most of the talking.	90
Let the suicidal person know that it's okay to talk about things that might be painful.	95
Ask open questions to find out more about the suicidal thoughts and feelings and the problems behind these.	98
Share their thoughts with the suicidal person without expressing judgement	100
Focus on the things that will keep the suicidal person safe for now rather than the things that put the person at risk.	100
REJECTED ITEMS	
Avoid discussion of any mental health problems experienced by the suicidal person, focusing instead on the reasons behind the suicide crisis.	61
Reacting to suicidal thoughts **ACCEPTED ITEMS**	
Suicidal thoughts are often a plea for help and a desperate attempt to escape from problems and distressing feelings.	98
The first aider should therefore allow the suicidal person to talk about those thoughts and feelings (e.g. allow them to cry, express anger or scream).	100
The first aider needs to allow the suicidal person to talk about their reasons for wanting to die.	100
The first aider should not try to just distract the suicidal person like saying “let’s go out”.	95
The first aider should: **ACCEPTED ITEMS**	
Encourage the suicidal person to discuss their reasons for dying and their reasons for living.	90
Validate that they are considering both options	90
Emphasise that living is an option for them.	88
Ask about issues that affect the immediate safety of the person who is suicidal.	93

Accept what the suicidal person is saying without agreeing or disagreeing with their behaviour or point of view.	95
Make sure if there is any thought of suicide and feelings, and recognize that those might be hard to be talked about.	93
Offering reassurance **The first aider should:** **ACCEPTED ITEMS**	
Reassure the suicidal person that it's okay to feel the way they do.	100
Offer hope and reassurance that problems shall pass with time.	83
Reassure the suicidal person that they understand how badly they feel.	100
Reassure the suicidal person that they are there for them and want to help.	98
Reassure the suicidal person that thoughts of suicide are common, that many people have them at some stage in their lives, and that it is possible to receive help.	94
Reassure the suicidal person by letting them know that we all go through tough times	90
Reassure the suicidal person that the need for support and reaching out for help is the first step to feeling better.	98
Remind the suicidal person that suicidal thoughts need not be acted on.	85
Reassure the suicidal person that there are other alternatives to their problems rather than suicide.	92
REJECTED ITEMS	
Assure the suicidal person that the feelings they are experiencing are probably caused by a mental illness that can be treated	61
Highlighting protective factors **ACCEPTED ITEMS**	
The fact that the suicidal person is still alive, and talking to the first aider about their feelings, means that they are not quite sure about suicide. The first aider should point this out as a positive thing.	88
If the first aider knows that the suicidal person has dreams or goals, remind them about those things. The first aider should encourage the suicidal person to stay alive so that they can make them come true.	95
The first aider should: **ACCEPTED ITEMS**	
Thank the suicidal person for sharing their feelings with them and acknowledging the courage this takes.	88
Discuss about hopes and their reasons to live.	95

Find out what has supported the suicidal person in the past and whether these supports are still available.	100
Encourage the suicidal person to think about their personal strengths and the positive things in their life.	100
Remind the person of the good qualities they have.	98
Helping with problem solving **ACCEPTED ITEMS**	
The first aider should inquire about the problems the suicidal person is facing and how they can help.	98
The first aider should indicate there are other alternatives aside from suicide.	100
It is important that the first aider dispute the idea that suicide is the best or most viable solution.	95
In order to reduce suicide risk, it is important for the first aider to try to solve the suicidal person's problems.	88
By discussing specific problems, the first aider can help the person work out ways of dealing with the difficulties that seem insurmountable.	88
The first aider should help the suicidal person put their problems into perspective by reminding them that other people have much worse problems and still choose to live.	83
Considering the consequences of suicide **The first aider should:** **ACCEPTED ITEMS**	
Encourage the suicidal person to consider the consequences of suiciding, especially the effect it may have on the people they care about.	90
The first aider should make the suicidal person aware about the possible consequences the suicide attempt could have on their health if they survived it.	81
REJECTED ITEMS	
Remind the suicidal person that suicide is a permanent solution to a temporary problem.	66
The first aider should make the suicidal person aware of the negative stigma attached about suicide in society	44
Physical contact **ACCEPTED ITEMS**	
If the first aider has a close relationship with the suicidal person, they should show they care about them by hugging them or holding their hand.	88
The first aider should express care through appropriate physical contact like putting a hand on their shoulder or, after asking for permission, give the person a gentle hug.	88

The first aider should not touch (e.g. hug or hold hands with) the suicidal person unless they have a close personal relationship.	85
The first aider should not touch (e.g. hug or hold hands with) the suicidal person without their permission.	90
Offering support **ACCEPTED ITEMS**	
The first aider should ask the suicidal person how they would like to be supported and if there is anything they can do to help.	97
The first aider should not try to take on the suicidal person's responsibilities.	98
The first aider should suggest things to distract the suicidal person from their suicidal thoughts, especially things which are relatively easy to do and which will encourage a sense of control and achievement.	95
If the first aider is having trouble communicating with the suicidal person, they should ask simple questions, repeating these if necessary.	100
Offer practical help **ACCEPTED ITEMS**	
The first aider should offer to help the suicidal person with positive practical tasks. This can give the person a chance to spend some time dealing with their situation or give them a chance for some rest.	97
The first aider should offer to help the suicidal person to make plans or set goals for the future.	85
The first aider should educate the suicidal persons' family members or their religious/spiritual leader about the suicide warning signs, risk and how they should assist the person.	100
The first aider should not: **ACCEPTED ITEMS**	
Argue or debate with the person about their thoughts of suicide.	90
Discuss with the person whether suicide is right or wrong.	85
Minimise the suicidal person's problems.	90
Let the fear of saying the wrong words or of not saying the perfect words keep them from encouraging the suicidal person to talk.	100
Discuss with the person the negative and positive sides of their life without forcing them to believe that staying alive is the best option.	83
REJECTED ITEMS	
Give glib 'reassurance' such as 'don't worry', 'cheer up', 'you have everything going for you' or 'everything will be alright'.	55
Interrupt with stories of their own	55
Call their bluff', dare or tell the suicidal person to 'just do it'	55

Use guilt or threats to prevent suicide (e.g. do not tell the person that suicide is a sin and they will go to hell or ruin other people's lives if they die by suicide	61
Take any hurtful actions or words of the suicidal person personally	65
Confidentiality **ACCEPTED ITEMS**	
The first aider should not keep the person's suicidal thoughts a secret from potential helpers, but should discuss with the potential helpers.	95
The first aider should tell the immediate family about the person's intention to suicide.	95
If the suicidal person doesn't want the first aider to tell anyone about their suicidal thoughts, the first aider should not agree and explain why, e.g. "I care about you too much to keep a secret like this. You need help and I am here to help you get it".	93
The first aider should not keep the person's suicidal thoughts a secret from potential helpers, but should discuss with the person whether other details should be confidential.	98
The first aider should treat the suicidal person with respect and involve them in decisions about who else knows about the suicidal crisis.	97
The first aider should try to convince the suicidal person that it is better to not keep their suicidal intentions a secret but involve someone else (e.g. a professional or a family member).	95
If the suicidal person refuses to give permission to disclose information about their suicidal thoughts, the first aider may need to breach their confidentiality to ensure their safety.	80
The first aider should keep in mind that it is much better to have the person angry at them for sharing their suicidal thoughts without their permission in order to obtain help than to lose the person to suicide.	88
The first aider should ask for help from the person's relatives, friends or housemates to ensure the person does not have access to weapons, poisons, or other means for suicide.	100
If the suicidal person is a minor, the first aider must make their guardians (i.e. the family or the social welfare) aware of the person's intentions to kill themselves.	98
If the first aider decides to involve a professional or someone else, they should inform the suicidal person of their decision and explain that this is necessary to ensure their safety.	100
SECTION 5. SPECIFIC TO ADOLESCENT **Assessing seriousness of suicide risk in adolescents in Indonesia** **REJECTED ITEMS**	
If the suicidal adolescent says that the situation is not serious or that they can handle it on their own, the first aider should respect this.	60
Initial assistance to adolescents in Indonesia	

ACCEPTED ITEMS	
The first aider should not leave an adolescent who is feeling suicidal on their own.	100
The first aider does not need to be with the suicidal adolescent all the time, but should check on them regularly.	97
If the adolescent is suicidal, the first aider should:	
ACCEPTED ITEMS	
Discuss with the suicidal person what actions they should take to get help.	97
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	100
Seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns.	90
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation.	83
Call a doctor, psychiatrist or other professional right away for the suicidal person.	97
Ask the suicidal adolescent if they would like the first aider to contact someone they are close to for them such as a trusted friend or a family member.	88
Discuss with the suicidal person what actions they should take to get help.	97
If the suicidal person is a minor, the first aider must make their significant elders aware of the person's intention to kill themselves.	100
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services, police, Puskesmas).	81
REJECTED ITEMS	
Phone an emergency number without letting the suicidal person know.	72
Take the suicidal person to a hospital emergency department.	72
If the suicidal adolescent can't commit to stay safe, the first aider should:	
ACCEPTED ITEMS	
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	88
Seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns.	90
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation.	94
Call a doctor, psychiatrist or other professional right away for the suicidal person.	94

Phone an emergency number without letting the suicidal person know.	83
Take the suicidal person to a hospital emergency department. N	83
If the suicidal adolescent won't make a safety plan, it is not safe to leave them alone for any period of time.	100
The first aider should make sure someone stays close by the person (in the same room, in visual contact) and get whatever outside resources are available (e.g. family, emergency mental health care or if necessary, the police).	94
If the suicidal adolescent won't make a safety plan, the first aider should get professional help immediately.	100
The first aider should treat the suicidal adolescent with respect and involve them in decisions about who else knows about the suicidal crisis.	97
Seek the permission of the suicidal person to inform their family or significant others (e.g. neighbour, friend, perangkat desa [village leaders]) about their suicidal intentions.	81
Unless the OKBD indicates conflicts or relational problems with their family, the first aider should inform their family about their concerns	100

REJECTED ITEMS	
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services, police, Puskesmas).	66
If the suicidal adolescent has a specific plan, the first aider should: **ACCEPTED ITEMS**	
Discuss with the suicidal person what actions they should take to get help.	97
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	97
Call a mental health centre or crisis telephone line and ask for advice.	88
Call a doctor, psychiatrist or other professional right away for the suicidal person.	97
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services, police, Puskesmas).	90
Phone an emergency number without letting the suicidal person know.	90
Take the suicidal person to a hospital emergency department.	83
Unless the OKBD indicates conflicts or relational problems with their family, the first aider should inform their family about their concerns	94
REJECTED ITEMS	
Seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns.	66
If the suicidal adolescent has the means to carry out their suicide plan, the first aider should: **ACCEPTED ITEMS**	
Discuss with the suicidal person what actions they should take to get help.	83
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	97
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation.	100
Call a doctor, psychiatrist or other professional right away for the suicidal person.	88
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services, police, Puskesmas).	81
Phone an emergency number without letting the suicidal person know.	88

REJECTED ITEMS	
Seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns.	66
Take the suicidal person to a hospital emergency department.	66
If the suicidal adolescent does not agree to give the first aider the things they intend using to kill themselves, the first aider should:	
ACCEPTED ITEMS	
Discuss with the suicidal person what actions they should take to get help.	83
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	94
Seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns.	81
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation.	97
Call a doctor, psychiatrist or other professional right away for the suicidal person.	97
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services, police, Puskesmas).	90
Seek the permission of the suicidal person to inform their family or significant others (e.g. neighbour, friend, perangkat desa [village leaders]) about their suicidal intentions.	88
Unless the OKBD indicates conflicts or relational problems with their family, the first aider should inform their family about their concerns	94
REJECTED ITEMS	
Phone an emergency number without letting the suicidal person know.	61
Take the suicidal person to a hospital emergency department.	50
If the suicidal adolescent has attempted suicide in the past, the first aider should:	
ACCEPTED ITEMS	
Discuss with the suicidal person what actions they should take to get help.	94
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	97
Seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns.	88
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation.	94

Call a doctor, psychiatrist or other professional right away for the suicidal person.	97
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services, police, Puskesmas).	83
Phone an emergency number without letting the suicidal person know.	90
Unless the OKBD indicates conflicts or relational problems with their family, the first aider should inform their family about their concerns	94
REJECTED ITEMS	
Take the suicidal person to a hospital emergency department.	55
Seek the permission of the suicidal person to inform their family or significant others (e.g. neighbour, friend, perangkat desa [village leaders]) about their suicidal intentions.	66
If the suicidal adolescent is known to have a diagnosis of a mental illness, the first aider should: **ACCEPTED ITEMS**	
Discuss with the suicidal person what actions they should take to get help.	83
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	88
Unless the OKBD indicates conflicts or relational problems with their family, the first aider should inform their family about their concerns	94
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation.	88
Call a doctor, psychiatrist or other professional right away for the suicidal person.	97
Seek the permission of the suicidal person to inform their family or significant others (e.g. neighbour, friend, perangkat desa [village leaders]) about their suicidal intentions.	90
Phone an emergency number without letting the suicidal person know.	81
Take the suicidal person to a hospital emergency department.	88
REJECTED ITEMS	
Seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns.	66
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services, police, Puskesmas).	66
If the suicidal adolescent is psychotic, the first aider should: **ACCEPTED ITEMS**	

Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	90
Seek the permission of the suicidal person to inform their family or significant others (e.g. neighbour, friend, perangkat desa [village leaders]) about their suicidal intentions.	90
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation.	100
Call a doctor, psychiatrist or other professional right away for the suicidal person.	100
Unless the OKBD indicates conflicts or relational problems with their family, the first aider should inform their family about their concerns	82
Phone an emergency number without letting the suicidal person know.	88
Take the suicidal person to a hospital emergency department.	100
REJECTED ITEMS	
Discuss with the suicidal person what actions they should take to get help.	57
If the suicidal adolescent refuses professional help, the first aider should: **ACCEPTED ITEMS**	
Seek the permission of the suicidal person to inform their family or significant others (e.g. neighbour, friend, perangkat desa [village leaders]) about their suicidal intentions.	88
Encourage the suicidal person to get appropriate professional help as soon as possible (i.e. See a mental health professional or someone at a mental health service).	88
Seek the permission of the suicidal person to contact their regular doctor or mental health professional about their concerns.	80
Call nearest police station or primary care or suicide crisis telephone line and ask for advice on the situation.	88
Call a doctor, psychiatrist or other professional right away for the suicidal person.	94
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services, police, Puskesmas).	81
Phone an emergency number without letting the suicidal person know.	90
Unless the OKBD indicates conflicts or relational problems with their family, the first aider should inform their family about their concerns	88
REJECTED ITEMS	
Get the suicidal person to phone an emergency number (i.e. Emergency services, a suicide helpline, emergency mental health services, police, Puskesmas).	59

If the suicidal adolescent is reluctant to seek help, the first aider should:	
ACCEPTED ITEMS	
Keep encouraging them to see a mental health professional.	100
Contact a suicide prevention hotline for guidance on how to help them.	97
Talk to a health professional for advice on the situation.	100
Make sure someone who is close to the suicidal adolescent is aware of the situation (i.e. close friend or family member).	97
If the first aider is unable to persuade the suicidal adolescent to get help, they should get assistance from a trusted friend, helpline or mental health professional.	100
The first aider should ensure that the suicidal adolescent receives help from a health professional, support group or relevant community organisation.	100
REJECTED ITEMS	
Contact emergency services on their behalf.	65
Talking with a suicidal adolescent in Indonesia	
ACCEPTED ITEMS	
The first aider should avoid giving advice to the suicidal adolescent.	88
The first aider should not try to take on the suicidal adolescent's responsibilities.	82
REJECTED ITEMS	
In order to reduce suicide risk, it is important for the first aider to try to solve the suicidal adolescent's problems.	66
Safety planning with adolescents in Indonesia	
ACCEPTED ITEMS	
The first aider should develop a safety plan with the suicidal adolescent.	88
If the suicidal adolescent won't make a safety plan, it is not safe to leave them alone for any period of time.	100
The first aider should make sure someone stays close by the person (in the same room, in visual contact) and get whatever outside resources are available (e.g. family, emergency mental health care or if necessary, the police).	88
If the suicidal adolescent won't make a safety plan, the first aider should get professional help immediately.	94
Passing time during the crisis among adolescents in Indonesia	

REJECTED ITEMS	
If the suicidal adolescent wants to be left alone, and can assure the first aider of their safety, the first aider should agree.	66
Confidentiality among adolescents in Indonesia **ACCEPTED ITEMS**	
The first aider should treat the suicidal adolescent with respect and involve them in decisions about who else knows about the suicidal crisis.	88
if there is imminent risk and a suicidal adolescent/minor asks you to promise to keep the discussion about suicide a secret, you should agree, but if absolutely necessary to keep the person safe, tell someone who can ensure their safety anyway.	88
SECTION 6. GENDER SPECIFIC **Female** **ACCEPTED ITEMS**	
The first aider should be aware of different risk factors for a suicidal woman such as domestic violence.	100
the first aider should offer the OKBD to accompany them to a doctor, mental health professional or other help services (e.g.: peer support)	88
The first aider should be aware that with females, it is important to discuss relationships issues, sexual interactions and related concerns.	97
The first aider should be aware that females from some cultural backgrounds may not be in a position to seek professional help and therefore family members must be involved.	100
If the first aider thinks the person is uncomfortable interacting with them due to differences in gender, they should ask the person if they would prefer to talk to someone of the same gender	100
REJECTED ITEMS	
The first aider should be aware that females are more likely to discuss physical complaints with no apparent physical source when in fact they are having suicidal thoughts	59

Male **ACCEPTED ITEMS**	
The first aider should be aware of different risk factors among a male suicidal person such as alcohol misuse and substance abuse.	97
The first aider should be aware that some males may be less likely to express their emotions and open up about suicidal intentions.	100
The first aider must be aware that Indonesian men may not openly disclose previous suicide attempts and may instead state, for example, that they had an "accidental overdose of medication or poison".	100
The first aider should be aware that increased expression of emotions in males, such as crying or aggressive behaviours, could indicate suicide risk.	82
The first aider should offer the OKBD to accompany them to a doctor, mental health professional or other help services (e.g.: peer support)	94
SAFETY AND CRISIS **SECTION 1. SAFETY PLAN** **Developing a safety plan with the suicidal person** **ACCEPTED ITEMS**	
The first aider should develop a safety plan with the suicidal person.	100
The first aider should engage the suicidal person to the fullest extent possible in decisions about a safety plan.	86
The first aider should involve family/significant others who have a positive relationship with the suicidal person in developing the safety plan.	100
The safety plan should: **ACCEPTED ITEMS**	
Be clear, outlining what will be done, who will be doing it, and when it will be carried out.	100
Focus more on what the suicidal person should do rather than what they should not do.	100
Include an agreement that the suicidal person does not attempt suicide.	90
Include an agreement that the suicidal person does not use any alcohol or other drugs.	90
Be kept somewhere accessible to the suicidal person.	95
The first aider should not assume that a safety plan is adequate to keep the suicidal person safe.	95

Who to contact **ACCEPTED ITEMS**	
The safety plan should include 24-hour safety contacts (such as the suicidal person's doctor or mental health care professional, a suicide helpline or crisis line, as well as friends and family members) who will help in an emergency.	100
The first aider should ask the suicidal person to keep a list of safety contacts with them and agree to call someone when they are feeling suicidal.	100
The first aider should work with the suicidal person to create plans to ensure their safety for the next 24, 48 and 72 hours.	95
When to make a safety plan **ACCEPTED ITEMS**	
If the suicidal person won't make a safety plan, it is not safe to leave them alone for any period of time.	95
The first aider should make sure someone stays close by the person (in the same room, in visual contact) and get outside help immediately.	95
If the suicidal person won't make a safety plan, the first aider should get professional help immediately.	95
The first aider should only make a safety plan with someone they know well.	81
The first aider should realize that the safety plan should be developed in regards of the suicidal person's cultural background.	100
If the suicidal person doesn't mind, the first aider may involve trusted parties in developing the safety plan, e.g. friend, family, professional or religious or community leader.	95
In the case the suicidal person refuses to be interviewed deeper, the safety plan developed with the person should focus on attainable actions.	95
The first aider should ask the suicidal person about their children, and try to assure them to involve their children in developing the safety plan.	85
REJECTED ITEMS	
The first aider shouldn't use a safety plan with a suicidal person they don't know well.	67
The first aider shouldn't use a safety plan with a suicidal person who is severely depressed	67
The first aider shouldn't use a safety plan with a suicidal person who is using drugs or alcohol.	62
The first aider shouldn't use a safety plan with a suicidal person who is psychotic.	67

SECTION 2. ENSURING SAFETY FOR SUICIDAL PEOPLE	
Ensuring safety for suicidal people	
ACCEPTED ITEMS	
The first aider should make sure any potentially harmful items are not available to the suicidal person by removing access to these items.	100
The first aider must gain the person's trust before removing the means of suicide	90
The first aider should try to remove the means of suicide available to the suicidal person if it is safe to do so.	95
The first aider should ask the suicidal person to give them the things they intend using to kill themselves.	100
If the suicidal person agrees to give the first aider the things they intend using to kill themselves, the first aider should dispose of them right away (i.e. flush pills down the toilet, hand gun to the police, throw away razors or knives).	95
If the suicidal person agrees to hand over the means of suicide, on the condition that they can have them back if they want them, the first aider should argue the point with them for as long as it takes.	90
If the first aider can't get the suicidal person to agree to hand over the means of suicide (for example, pills, gun, razor), emergency services must be contacted immediately.	95
If the suicidal person gives the means to be used for suicide, the first aider should tell the person that they will keep it, they may throw it away with the person's permission. If someday the suicidal person wants to get it back, there needs to be a contract in regards of the time and condition which will be safe for the person to have it back. If the safe condition cannot be reached, the first aider may continue to keep it.	90
The first aider should help the suicidal person to decide who they can contact if they become suicidal again in the future.	100
REJECTED ITEMS	
If the suicidal person agrees to hand over the means of suicide, on the condition that they can have them back if they want them, the first aider should agree to this	48
If the first aider fails to get permission from the suicidal person to hand over the means for suicide, the first aider should do this steps secretly:	
ACCEPTED ITEMS	
If the suicidal person refuses to hand over the things that might be used for suicide, the first aider should remove it from the risky places.	100
If the suicidal person gives their permission, the first aider should tell the condition to mental health professional in the area.	95
The first aider should offer themselves to accompany the suicidal person for a rather short period of time (e.g.: overnight).	95
The first aider should ask the suicidal person to hand over the means to be used for suicide.	100

If the suicidal person agreed to be accompanied within a specified period of time, they have to agree to the communication methods arranged by the first aider.	90
SECTION 3. PASSING THE TIME DURING CRISIS **Passing time during a crisis** **ACCEPTED ITEMS**	
Ask the suicidal person to postpone the decision to suicide.	100
Develop a list with the suicidal person of other things they can do to distract themselves.	100
Do something pleasant for the suicidal person. For example, cooking a favourite meal, watching a movie or listening to music with them.	95
Encourage the suicidal person to undertake some relaxing activities, such as taking a hot bath, going for a long walk or reading something enjoyable.	95
Encourage the suicidal person to do something active like going for a swim or a jog.	90
Offer to join the person in some activity they normally enjoy.	100
Encourage the suicidal person to spend time with their significant others (e.g. family, friends, or religious leaders).	100
During the suicidal crisis, the suicidal person and the first aider should be actively working on practical strategies to solve the life problems.	95
The first aider and the suicidal person should find something to do together until the crisis has passed.	95
It is preferable that the suicidal person choose an activity which has been found in the past to help them cope or that they enjoy.	199
If the suicidal person wants to be left alone, and can assure the first aider of their safety, the first aider should agree.	86
If the suicidal person is religious and practicing (e.g.: reading holy book, pray, etc), the first aider should encourage it.	95
REJECTED ITEMS	
Encourage the suicidal person to take some sleeping pills, as they should be feeling better by the time they wake up.	52
Encourage the suicidal person to drink a few glasses of alcohol, to make the time pass more quickly.	5
The first aider should not take the suicidal person to parties or places where people are having fun, as this could make them more depressed.	62

SECTION 4. What the first aider should know in providing suicide first aid **The first aider should be aware:**	
Of how commonly suicide occurs.	100
That there are many more suicide attempts than suicides.	90
Of the risk factors for suicide.	100
Of the link between suicide and mental illness.	100
That people with domestic violence background has a higher risk for suicide.	81
That neglected people has a higher risk for suicide.	100
That talking about suicide will not 'put the idea' into someone's head.	85
Of the reasons why people have thoughts about suicide.	95
That most suicidal people do not want to die. They simply do not want to live with the pain.	90
That suicidal people believe they have no choice but to die by suicide.	90
That anyone could have thoughts of suicide.	90
That suicidal behaviour is a plea for help.	90
Of the reasons why people who are having suicidal thoughts don't ask for help.	95
That people thinking about suicide are not likely to seek help, but do show warning signs to their family and friends	95
That suicide can be prevented.	100
That openly talking about suicidal thoughts and feelings can save a life.	100
That they should not underestimate their abilities to help a suicidal person, even to save a life	95
That unless someone tells you, the only way to know if a person is thinking of suicide is to ask.	85
That use of alcohol or other drugs can increase the risk of a person acting on suicidal thoughts.	86
That even though the first aider can offer support, they are not responsible for the actions or behaviour of someone else, and cannot control what they might decide to do.	95
Of the local services that can assist in response to people at risk of suicide	100
Should always bear in mind that every suicidal thought is serious, even when the person had a history of suicide attempt.	100
That there are things kept secret by the person.	100

Should let the person know that no matter how hard they tried, the main responsibility is still theirs.	90
How lethal is the drug used by the person (e.g. Paraquat) to assess the seriousness of the risk for suicide.	95
That suicide is never caused by only a single reason or condition like "pulung gantung".	95
The risk and possible means for suicide in regards of the person's occupation (e.g.: if the person is a health worker who has access to high-dose medication or syringe).	95
REJECTED ITEMS	
That LGBT has a higher risk for suicide.	62
That suicidal thoughts are temporary.	33