The front line in suicide prevention
Dispatchers learn what to say, and not say

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OXFORD — “I want to kill myself.”

Fifty percent of emergency call-takers will hear someone say these words during their careers, because many thinking about suicide call 911 as a last resort.

“Dispatchers are the first person on the scene of every crime, fire, incident or medical emergency,” said veteran Quincy Police Lt. Charles E. Santoro. He did suicide-intervention training for Powerphone dispatchers throughout the region last week at Oxford Police Headquarters. Powerphone is a Connecticut-based crisis-communications company

Dispatcher Alan Jeskey organized the suicide intervention training, just one of the training classes that are periodically offered at the new police headquarters.

Almost two dozen dispatchers attended the daylong training.

From the minute dispatchers sit down, Lt. Santoro said, they must take potential suicide calls seriously. Dispatchers must always put aside personal problems while they are on duty, he said.

“The public is not concerned about what your day is like,” Lt. Santoro said. “The public is concerned about resolving their problem.”

Dispatchers listened to a number of chilling 911 calls during training. They heard examples of dispatchers speaking with callers in the absolute worst way possible. “We do not want to put people on hold,” Lt. Santoro warned, or treat them in cold or dispassionate tones of voice.

In other examples, dispatchers handled callers compassionately and with a keen sense of protecting others who could be harmed.

Nationally, one person calls every 17 minutes to report a suicide or is a potential suicide victim, Lt. Santoro said. There are 30,000 suicides every year in the U.S. On an average day, 84 people commit suicide, and 1,900 adults attempt suicide.
“You will get the call,” he told the dispatchers.

Dispatchers learned some of the social explanations for suicide, including how it often goes hand-in-hand with domestic violence; some differences between male and female suicides (men are much more likely to use a firearm); and the rates of adolescent and elder suicides.

People contemplating suicide are in pain 24-7, he said. “These individuals need to vent.”

But sometimes dispatchers receive calls from potential suicide victims who call and quickly hang up. They listened to a 21-year-old woman who called 911 before she killed herself because she was an organ donor and wanted authorities to find her body quickly.

“When I talk about separating yourself from problems,” Lt. Santoro said several times during the training, “I mean it.” Dispatchers have a high-stress job and should seek help if they need it, he said.

Several in the training room cringed when they heard a shotgun blast end a 911 call from a man who committed suicide.

Most dispatchers at the training session said they had received a call from a potentially suicidal person.

Oxford dispatcher Rebecca L. Prefontaine said she received a 911 call on which she also heard a “bang” at the end of the call. “My thing is he wanted someone to find his body,” said Ms. Prefontaine.

Lt. Santoro told dispatchers not to be afraid to ask questions of a potentially suicidal caller — “Are you having thoughts of suicide? How do you intend to commit suicide? Do you have a plan? What is your plan?” — because they need to protect responders, other family members and those who may be nearby, as well as the caller.

Ninety percent of potential suicide callers are ambivalent about killing themselves, he said.

The dispatcher should keep lists of other suicide prevention resources in plain view on their consoles, including phone numbers of agencies and clergy, he said. They should use active listening skills and practice them.

“Did you react the way a jury would want you to react?” Lt. Santoro said. For dispatchers it is not “just the facts” anymore, he said.

Massachusetts is changing the way dispatchers will handle 911 calls, he said. The state is incorporating mental health training into dispatcher training, as well as teaching dispatchers how to talk 911 callers through medical emergencies. It also is developing procedures for handling calls involving autistic children, Alzheimer’s patients and calls from those with other physical handicaps.

“Two million Americans suffer from manic depression,” Lt. Santoro said. Patients with manic depressive illness are far more likely to commit suicide than people in any other psychiatric or medical risk group, he said. “We will be encouraging dispatchers to get further training in mental illnesses in the future.”

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