



TECHNISCHE  
UNIVERSITÄT  
DRESDEN

# Responding to suicidal behavior



Recognizing warning signs

Addressing those affected

Offering support

How to act in acute cases

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### **If you still have questions**

These guidelines provide recommendations on how to respond to suicidal behavior while focusing on specific situations that may occur at our university. Unfortunately, it is not possible to cover each individual case. We would therefore like to encourage you to seek support yourself if you have any questions or feel unsure. You will find the relevant services and contact points in the guidelines under points 3.5 and 4.1.



Dear Members of TU Dresden, Dear Readers,

TUD Dresden University of Technology is one of the largest universities in Germany and an excellent and innovative place for learning and research. It is a vibrant scientific community which is aware of its responsibilities and cares about the well-being of its members. The diversity and commitment of all our members characterize our university culture. Nonetheless, it is also possible for stressful situations to arise. Therefore, it is essential for us to actively address the issue of mental health, find ways to promote prevention and act appropriately in an emergency.

In these guidelines, we want to raise awareness of the warning signs of suicidal thoughts, show helpful ways of responding to these signs, and point out options for support. As a result, these guidelines follow the triad "Recognizing warning signs – addressing those affected – offering support." We would like to encourage you to offer help or seek further support if you need it. TU Dresden will fully support you all the way.

Prof. Roswitha Böhm  
Vice-Rector University Culture

# 1. Introduction

In 2022, 10,119 people in Germany died by suicide. This means that, on average, almost 28 people took their own lives every day. If we look at the suicide rate for this period, i.e. the number of people who died by suicide per 100,000 inhabitants, the Free State of Saxony sadly holds the top position in a national comparison.

The number of attempted suicides and people with suicidal tendencies is even higher than the number of deaths by suicide. Every suicide affects other people, be it directly or indirectly. The university environment is no exception.

The topic of suicide is still taboo, which is why we as individuals close to those affected – be it family members, friends, colleagues or advisors – often do not know whether and how we can address this topic. Many affected people are afraid to talk openly about their feelings. This is often due to feelings of shame and the stigmatization that still exists in society. Nevertheless, many people who take their own lives also show signs in advance. These can be subtle hints, such as gradually withdrawing from social life or giving away possessions. They can also include verbal statements, which we may encounter in everyday university life.

Whether the topic comes up in a conversation between colleagues, a conversation between manager and employee, in an exchange between supervisor and student, or in the context of professional counseling is not relevant. The key point is that you fear – for whatever reason – that the person you are talking to is contemplating taking their own life. These guidelines are therefore aimed at all members of TU Dresden. We wish to provide you with information on how to respond to suicidal behavior. If needed, the guidelines may also be made available to other people, such as relatives.

Chapter 2 of these guidelines focuses on prevention under the triad “Recognizing warning signs - addressing those affected - offering support.” It is a myth that a person who talks about suicide or announces it will not actually go through with it. Rather, listening attentively and addressing perceived suicidal statements with empathy provides an opportunity to support those affected. With these guidelines, we aim to give you the confidence and knowledge to speak up. Moreover, we list available contact points and options to seek support.

Chapter 3 focuses on acute cases and immediate danger to life and limb. We also address related issues of data protection and the permitted disclosure of information.

Chapter 4 focuses on recommendations for self-care, as contact with the topic of suicide can be stressful even for trained counseling staff.

The annex contains a clear flowchart with the most important points in brief as well as advice for acute cases.

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## Definitions

The World Health Organization points out that a uniform definition of terms relating to suicide is difficult, as different cultures and societies have different attitudes and views on the subject. These guidelines are based on the following definitions:

**Suicidal thoughts:** Thoughts of wanting to take one's own life.

**Suicide plans:** Concrete thoughts about how to take one's own life. They often include details such as the place, method and time.

**Suicide attempt:** Act that is carried out with the intention of taking one's own life, but does not result in death.

**Suicide:** The intentional, self-inflicted ending of one's own life.

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## 2. Early suicide prevention in conversations

### 2.1 Recognizing and paying attention to suicidal alarm signals

Listen attentively especially when your conversation partner talks about meaninglessness, feelings of hopelessness or the description of social withdrawal.

Quite often, people are afraid to talk directly about their thoughts and feelings, especially when it comes to sensitive topics such as suicide. They may feel uncomfortable or fear the reaction of others. It is also possible that they cannot find the “right” words for their feelings and do not know whether and how they should ask for help. Instead, they give vague hints and subtle clues that they need support. It is essential that you first **recognize** these hints and then **encourage** the person to talk openly about their feelings. Pay attention to what the other person is saying, take your time to listen!

The following are examples of statements that could indicate suicidal thoughts:

☹️ *“I can't do this anymore.”*

☹️ *“This is all pointless.”*

☹️ *“I just want to be left alone.”*

☹️ *“I can't stand other people any more.”*

☹️ *“I have nothing left to lose.”*

Some people also express more explicit thoughts or plans to take their own life or of wanting to die:

☹️ *“I wish I was dead.”*

☹️ *“I think it would be better if I was just no longer here.”*

☹️ *“Sometimes I think about jumping off the bridge.”*

Pay attention also to **non-verbal signals**: Noticeable **changes in behavior and appearance** can generally be an indication of mental health problems. If, for example, you notice a sudden loss of interest in studying or other activities, or if the person you are talking to seems completely expressionless or apathetic, be alert.

The same holds true if the other person is noticeably struggling with concentration problems or seems very restless and tense. In addition, an unkempt appearance can be a sign that a person may need help.

In short: Take a moment if something seems odd with the person you're talking to. If it initially only comes across as a gut feeling, try to find out the reason for your feeling. After that, address your concerns as described in chapter 2.2.



## 2.2 Actively addressing suicidal thoughts

Even for trained staff, it can be a great challenge to recognize suicidal statements straight away and to respond to them appropriately. Often, the time and the situation do not allow for an appropriate personal conversation. The “right moment” to take the time for the person concerned can pass quickly. In such a case, create the necessary setting for an undisturbed conversation as soon as possible to return to the suicidal comments.

As a general rule, you should address your suspicion that a person is having suicidal thoughts in a non-judgmental and affectionate manner. Describe your impressions and express your concern:

- ☞ *“I get the impression that you're not feeling well at all. I may be completely wrong, but could it be that you are thinking about harming yourself?”*
- ☞ *“I have a feeling that you haven't been well. Are you thinking about taking your own life?”*
- ☞ *“You mentioned suicidal thoughts. That worries me. Do you have any concrete plans to do so?”*

Let the person talk, encourage them to speak and hold back with quick tips and advice. Talking alone can be very relieving for the person concerned. Listen and try to understand the other person's situation empathetically and accept it without reservation.

Avoid judgments, trivializations, generalizations or pressure.

Below are some examples of phrases that you should avoid using:

- ☞ *“That's not a reason to kill yourself.”*
- ☞ *“But all you have to do is...”*
- ☞ *“Before an exam, everyone feels like that!”*
- ☞ *“It's going to be okay.”*
- ☞ *“Think about the other people in your life.”*

It's a good sign if the person talks to you about their suicidal thoughts. Presumably, they are torn between deep despair about their situation and wanting everything to end, on the one hand, and hope for improvement and a desire to live, on the other. It also means that the person trusts you and that you have the opportunity to help. Be empathetic and give the person scope to talk openly about what is troubling them. If possible, focus on positive aspects the person has reported, as well as small encouraging moments and experiences. You can gently emphasize alternative solutions and carefully convey hope that crises can be overcome.

Here are some suggestions for wording:

- ☞ *“I take your thoughts and feelings very seriously and am glad that you told me about them. I can understand if you feel overwhelmed. It sounds like you are really coping with a lot. Why don't you tell me a little more about it and then we'll see if we can find a way forward together from your point of view.”*
- ☞ *“You've talked about your thoughts of suicide. On the other hand, you also said that you wish you could 'be as happy as you used to be.' Why don't you tell me a bit more about that?”*
- ☞ *“Thank you for telling me so openly about your problems. I admit that you have a lot to shoulder at the moment. But perhaps we can look for solutions and next steps together, even if you feel there is no hope at the moment. There are always ways – even if they are not visible yet.”*

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It's not about having the perfect words, it's about signaling: I am here for you.

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If you are unsure whether the comments are suicidal, please ask – better once too often than not at all.

**Please don't worry! Actively asking about suicidal thoughts does not make anyone suicidal, nor does it contribute to intensifying existing thoughts.**

On the contrary, asking shows that you have recognized how bad the other person is feeling and that it is possible to have an open conversation about the supposedly taboo subject of suicide.

**You do not need any special psychological expertise.**

What matters is that you listen and react with empathy. To quote the German Society for Suicide Prevention:

Talking about suicidal thoughts or suicidal plans is not easy for anyone. Try to stay calm and reassuring. Concentrate on your breathing and take deep, slow breaths. The other person has opened up to you – keep the conversation going. Let them tell you as much as possible before moving on to the next step.

More information on self-care is provided in chapter 4.

## 2.3 Providing and organizing support

If a person is struggling with suicidal thoughts or plans, it is important to arrange for additional assistance. TU Dresden can support individuals with its internal resources and cooperating institutions. The City of Dresden and medical-therapeutic care centers are also available with their contact points.

Please make sure you describe the relevant services as a useful source of support. We have listed possible points of contact and examples of wording on the following pages.

When talking to the person, you should include the question of what they need right now and what could help them at the moment, for instance:

☞ *"I have a few ideas on what might help you. But first of all, it's important for me to hear from you what you need right now."*

☞ *"How can I best support you at the moment?"*

☞ *"You don't have to deal with this difficult situation on your own. There is support available for exactly these situations. Have you already considered seeking advice? We could look together to see what would be most helpful."*

Ask for a person of trust who could accompany the person you are wanting to help to the next point of contact. This may be a family member or a friend, for example. In any case, talk to the affected person and plan the very next period of time (hours, days) and the specific next steps.

Schedule follow-up appointments if you feel able to do so and to keep them. However, do not make any promises that you cannot keep and communicate your own limits openly.

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It is not your task to support a suicidal person on your own.

But it is vital to help another person in crisis as best you can for a limited period of time.

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Try to motivate the person to seek help and support them in contacting the professional crisis system.

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### Counseling services you may contact<sup>1</sup>

— **For TU Dresden employees<sup>2</sup>:**

Psychological Counseling

↗ [tud.link/xgug](https://tud.link/xgug)

Occupational Health Consultation

↗ [tud.link/z9uj](https://tud.link/z9uj)

— **For TU Dresden students:**

Psychosocial Counseling Office of the Students' Union (*Studentenwerk*)

↗ [swdd.eu/psb](https://swdd.eu/psb)

— **For residents of the City of Dresden:**

Psychosocial crisis service and support hotline

↗ [t1p.de/vxisf](https://t1p.de/vxisf)

Psychiatric acute care clinics (note the regional responsibilities)

↗ [t1p.de/k82bp](https://t1p.de/k82bp)

— **For residents of the district of Görlitz:**

Görlitz district social psychiatric service

↗ [t1p.de/eu8no](https://t1p.de/eu8no)

— **For everyone:**

Crisis hotline

↗ [telefonseelsorge.de](https://telefonseelsorge.de)

☎ 0800 1110111

General practitioner (GP) → Search via the German health insurance association:

↗ [t1p.de/y28g1](https://t1p.de/y28g1)

Psychiatrists in private practice → see General practitioner

Psychotherapists in private practice → see General practitioner

### Phrases you may use

☞ "I would like to recommend the psychosocial counseling of the Studentenwerk (... the psychological counseling of TU Dresden..." or "... the psychosocial crisis service of the City of Dresden..."). They are professionals and can offer really good support. Shall we have a look at the website for how to contact them?"

☞ "Who is your GP? Is it okay with you if we call their practice?" or "... if you like, we call them together."

<sup>1</sup> This is not an exhaustive list.

<sup>2</sup> This includes visiting researchers, fellows and similar persons.





## 3. Acute suicide risk

### 3.1 Consensual involvement of the emergency services

In cases where a person reports pressing suicidal thoughts or concrete plans and is unable or barely able to distance themselves from them, you should call the emergency services by dialing 112.

Some examples of when a person is unable to distance themselves from their suicidal thoughts:

☎️ *"I don't trust myself anymore with these thoughts."*

☎️ *"Will I make it to the next appointment? I don't know, I don't even know if I'll still be there tomorrow."*

☎️ *"These thoughts are always in my head and I can't get rid of them."*

Tell the person why you want to call the emergency services. Take their fears and reservations seriously. However, point out that you are very worried about the other person and that it would be best to contact the emergency services.

Call 112 and wait together with the other person for the emergency services to arrive.

**Making an emergency call:** When you call 112, the rescue coordination center will answer in Dresden. The most crucial thing is to first give your exact location (Where are you?). Then, briefly describe the situation and wait for further questions.

☎️ *"We are at Mommsenstraße 6 in the Fritz Foerster Building of TU Dresden. Room ABCD, that's on the 2<sup>nd</sup> floor. I am here with a student in a severe mental crisis. He is at acute risk of suicide. My name is Jane Doe and I work at TU Dresden." → Wait for further questions! → If asked, be more specific, e.g: "He's afraid he'll jump in front of the train when he waits for his train today."*

#### Documentation and reporting to the supervisor

If you call the emergency services by mutual agreement during a (counseling) conversation, we recommend that you make a **note** of the incident as a reminder and keep it in a safe place. The note should include what happened as well as the date and time.

It is also advisable that you inform your supervisor of the incident.

Refrain from disclosing personal data of the person concerned to your supervisor unless this is necessary. On the one hand, reporting the incident to your supervisor will help you to relieve your own stress, as talking about what has happened can help you to process the incident. On the other hand, informing your supervisor also serves to enable them to fulfill their duty of care towards you. In this context, please also note the advices on self-care in chapter 4.

### 3.2 Immediate risk of suicide if help is refused

If, as described in chapter 3.1, a person expresses specific suicidal thoughts or plans, is unable or only barely able to distance themselves from them in conversation and at the same time refuses help, there is immediate danger. For example, the person could report an imminent suicide plan and that the suicide note is already written. The person repeatedly rejects proposed offers of help because they would be pointless anyway.

#### Do not leave the person alone

Try to stay calm and act responsibly. Do not leave the person alone. If possible, get a colleague to help you. Stay in contact with the person concerned as long as there is no danger to yourself.

#### Call the emergency services by dialing ☎️ 112

Inform the person that you will call 112 out of concern for their health and ask them to wait with you. Even in these difficult cases, try to reach an arrangement or agreement if you can. At this moment, your aim is to clarify how to proceed with the emergency services.

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You must assume that there is an acute threat to life and limb and must act if there are concrete suicide plans, the person does not distance themselves from them and at the same time rejects offers of help.

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Here is a sample wording:

☞ *"I am very worried and fear that you will harm yourself if you leave here now. My previous offers of support have obviously not helped you so far. I want to act responsibly and I have no choice but to call the emergency services so that a doctor can speak to you. Please wait here with me until they arrive."*

#### **Person walks away**

If the person in question walks away, do not hold them. You can use words to try to persuade the person to stay, but protecting yourself comes first! Do not try to physically restrain anyone to prevent them from leaving. Call the police on 110 and describe the situation.

#### **Highly acute risk of suicide**

The same applies if the person is no longer amenable to conversation and is at a high risk of suicide. This means, for example, that the person is standing at an open window with suicidal intent. In this case, it is vital that you ensure your own safety and protect yourself – always keep your distance from a highly suicidal person and do not try to do things such as holding anyone, as there is a risk of being injured yourself.

Call colleagues for help and always dial 112 in such cases.

#### **Data disclosure**

In the event of such a case of justified necessity, you may pass on the data available to you about the person concerned to the authorities. Even TU Dresden advisory staff, who are subject to strict confidentiality, are permitted to breach this duty. More detailed information on this will follow in chapter 3.3.

#### **Documentation and reporting to the supervisor, as well as the Chancellor and the Rector**

Alerting the emergency services or police without the explicit consent of the affected person is the last resort and is very rare in practice. With regard to documentation and **reporting to your supervisor**, please proceed as described in chapter 3.1.

As part of TU Dresden's security and emergency management, such incidents must also be reported promptly and, again, without mentioning personal details, such as the name of the person concerned, to the Rector at ✉ [rektorin@tu-dresden.de](mailto:rektorin@tu-dresden.de) and the Chancellor at ✉ [kanzler@tu-dresden.de](mailto:kanzler@tu-dresden.de).

### 3.3 Data disclosure in acute cases

In the event of acute suicide risk, you are authorized to take appropriate measures to avert imminent danger to life and limb. This may include the disclosure of **necessary data** to the authorities to be involved in averting the danger and thus the breach of confidentiality or professional secrecy.

Data and information may be disclosed without the consent or against the will of the person concerned in order to protect them and others from potentially serious consequences.

In an emergency situation of this type, it is also permissible to obtain data from other offices within TU Dresden that have access to relevant systems. These may include the Academic Affairs Offices, the ServiceCenterStudies (SCS), the Admissions Office or the Directorate Personnel.

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In cases of acute suicide risk, the protection of life and limb is valued higher than confidentiality, data protection and professional secrecy.

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This is based on “necessity as justification” (§ 34 StGB), which is fulfilled under data protection law by Art. 6 para. 1 subpara. 1 lit. d and Art. 9 para. 2 lit. c GDPR as a basis for legitimization. According to this, confidentiality or the duty of secrecy may be breached if there is an imminent threat to life and limb. All other means of averting this danger must be exhausted and the disclosure of the information must not be disproportionate. The information disclosed must be limited to what is necessary and the person concerned should be informed of the disclosure where possible.

### 3.4 Talking on the phone with a suicidal person

If you are speaking to a suicidal person over the phone, try to continue the conversation as described in chapters 2 and 3. This means:

1. Listening attentively
2. Addressing suicidal statements directly
3. Indicating appropriate support services

If the person remains in an acute risk of suicide (see chapters 3.1 and 3.2), try to obtain information about them (e.g. name, degree program, “Where are you right now?”, ...). Inform the person that you are very worried about them and will inform the police to send support. Here too, you may disclose the available information to the authorities to the extent necessary so that the person concerned can be reached as quickly as possible.

In such cases, call the police at ☎ 110 and describe the situation.

### 3.5 How to act in cases of doubt

Ultimately, the final assessment of suicide risk requires specific knowledge and experience in dealing with mental crises and disorders and must be

left to experts. Do not shoulder all the burden yourself if you have received worrying information, for example during a conversation, but the situation is not clear-cut.

Communicate your thoughts and uncertainty to the person concerned. If possible and with the consent of the other person, bring in a colleague – ideally an experienced colleague.

If the person concerned is still with you, you can also proceed as described in chapter 3.1: Call the emergency number and describe the situation so that an emergency doctor can be involved if necessary. If at this moment you are unsure whether there is a danger to life and limb and you decide to make an emergency call, this is by no means a mistake – even if the situation turns out to be less critical afterwards.

If you have any doubts after a conversation or would like to discuss cases where there is no immediate time pressure, the following contact points are available. The next steps can be considered together:

- Supervisor or head of your own organizational unit
- Occupational Health Services of TU Dresden
  - Psychological Counseling
    - ↗ [tud.link/xgug](https://tud.link/xgug)
  - Occupational Health Consultation
    - ↗ [tud.link/z9uj](https://tud.link/z9uj)
- Social Psychiatric Service of the City of Dresden
  - ↗ [dresden.de/spdi](https://dresden.de/spdi)

Please note that (announcing intent to) harm to one's own health without the risk of suicide does not justify a breach of confidentiality, professional secrecy and the protection of entrusted data. This means, for example, that a person talks about cutting themselves, scratching themselves until they bleed or otherwise injuring themselves, but credibly denies any suicidal intent.

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**Self-endangering behavior without suicide risk does not justify data disclosure**

**In these cases, try to react sensitively, express your concern for the person and motivate them to make use of support options in accordance with chapter 2.3.**

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## 4. Self-care and continuing education

### 4.1 Take care of yourself

Dealing with a suicidal person can be demanding and emotionally stressful for everyone involved, even for trained counseling staff. Distancing yourself and subsequent self-care are therefore crucial and more than just empty phrases. Pay attention to yourself and your limits to what you can do. If needed, make use of support services for yourself.

Bear in mind that you cannot solve a suicidal person's problems. Be aware that you can (and should!) accept a suicidal person in their despair and offer them support, but that you are not responsible for their decisions and actions.

There are rarely clear right or wrong decisions in any of these borderline cases. What is essential is that you support another person as best you can for a limited period of time in a difficult, possibly crisis-ridden situation. Thereafter, however, you should hand over the associated responsibility, such as to the emergency doctor.

Please follow the advice in these guidelines and act responsibly. Should you be confronted with a challenging situation as described here, you can rely on the support of TU Dresden.

A summary of suggestions and options for self-care, distancing yourself, and contact points is given in the following:

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#### Boundaries

- Communicate your own boundaries: What are you willing to do and what are you not willing to do?
  - Avoid getting too emotionally involved in the situation. Try to keep an empathetic but objective perspective.
  - Don't blame yourself if what you have achieved feels unsatisfactory.
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#### Self-care

- Take your time to calm down and process what you have experienced.
  - Talk to colleagues, your supervisor, friends or family about how you feel and what you have experienced.
  - Engage in a hobby or other activity that you enjoy and that distracts you.
  - Take a conscious respite, for example by going for a walk in the fresh air, taking a bath, or using a relaxation technique.
  - Exercise or do some other form of physical activity to reduce stress.
  - Get enough sleep to regain your physical and emotional strength.
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### Support services

- Psychological Counseling at TUD  
↗ [tud.link/xgug](https://tud.link/xgug)
  - Occupational Health Consultation at TUD  
↗ [tud.link/z9uj](https://tud.link/z9uj)
  - Psychosocial Counseling Office of the Students' Union (*Studentenwerk*)  
↗ [swdd.eu/psb](https://swdd.eu/psb)
  - Peer advising (via TUD's Center for Continuing Education)  
↗ [tud.link/ah0q](https://tud.link/ah0q)
  - Supervision, especially for professional counseling staff
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## 4.2 Continuing education

If you are interested in relevant continuing education opportunities, please contact TU Dresden's **Center for Continuing Education (ZfW)**. The ZfW is the first point of contact at our university for all matters relating to continuing education and training. In collaboration with the Unit Occupational Health Services, it regularly organizes and offers suitable training courses and workshops. Moreover, you may benefit from discussing issues as part of peer advising sessions.

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# Annex: Flowchart

**Generally speaking:** If you have experienced a challenging situation with a suicidal person, this may also put a great strain on your own mental health. Therefore, make sure you look after yourself and take care for yourself. If needed, make use of support services for yourself.

You think you recognize suicidal tendencies in the person you are talking to.

**Address these actively.**

Do you have valid concerns that the person in question is having suicidal thoughts?

**No**

Carry on the conversation or consultation as normal.

**Keep talking to the other person and encourage them to accept help.**

Are you worried that the other person will harm themselves imminently because they are unable to distance themselves from pressing suicidal thoughts

**No**

You should nonetheless review measures for short-term support in subsequent conversations. Ask for persons of trust who can offer support. Encourage the person to seek professional help. If necessary, arrange a follow-up appointment.

The other person's thoughts are pressing – for example, they are talking about an imminent suicidal act or an acute, concrete plan to die by suicide.

**There is immediate need for action! Offer immediate support by calling the emergency services.**

Does the other person refuse this support?

**No**

Do not leave the affected person alone!  
**Dial 112 and describe the situation.**  
Wait with the person for the emergency doctor to arrive and then decide how to proceed.

Afterwards, make a note of the incident and inform your supervisor without giving any personal details of the person concerned.

The other person refuses to accept offers of help and is still unable to credibly distance themselves from the suicide plan.

**Announce that you need to make an emergency call.**

Has the other person left? → **Call the police 110**

Is the other person waiting with you? → **Call the emergency services 112**

**Do not try to physically restrain anyone to prevent them from leaving.** Describe the situation to the emergency services or the police. Provide necessary data such as personal details if requested by the authorities.

**Afterwards, make a note of the incident** and inform your supervisor and the university management [✉ kanzler@tu-dresden.de](mailto:kanzler@tu-dresden.de) and [✉ rektorin@tu-dresden.de](mailto:rektorin@tu-dresden.de) without giving any personal details of the person concerned.

### **Project manager:**

Jochen Richter (Occupational Health Services)

These guidelines have been compiled with contributions from Cornelia Blum (Central Student Information and Counseling Service), Berit Schubert and Juliane Sichler (Center for Teacher Education and Educational Research).

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### **Liability disclaimer**

The information provided in these guidelines has been carefully researched and checked. However, we cannot accept any liability or guarantee that it is up-to-date, correct or complete.

### **Status**

May 30, 2024

### **Contact**

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