

**This tip sheet includes guidance for researchers working in digital health and technology tools for suicide prevention, as well as software developers and companies working in digital health for suicide prevention.** These are not rules to follow, and instead are offered to center patient autonomy, choice, and transparency when offering digital tools. Suicide prevention refers to screening, assessment, risk management, and interventions.

Tools could include digital screening or assessment surveys or apps that are designed to practice coping skills or develop safety plans. Persons with a range of lived experiences—from acute to chronic suicidal despair—should be meaningfully included in the design and development of these tools, to ensure the content is ground in real world perspectives. This guidance supports how to introduce technology tools to patients, but such tools should have perspectives of people with lived experience throughout their development.

## Dos ✓ — How to incorporate digital health tools in suicide prevention

### 1 Be as transparent as possible and explain how privacy and confidentiality is protected

- Explain what happens to responses, who sees them, where they are saved, and what happens to their data and what it is used for
- Have security options, like username and password
- Is there an option for closed captioning so the volume can be off? Are there options for headphones?



### 2 Explain what the tool does and does not do

- Does the tool include suicide screening, assessment, and/or treatment? Are any parts optional?
- Will it make it easier for my clinical team to help me or make decisions about care?
- How long will this take? Can patients take breaks?
- Does this replace a human interaction or interview or a paper form?

### 3 Explain why you are offering this to the patient

- Explain if everyone is offered this tool or if it is offered to specific patients
- Identify how you determined to offer this tool, for example their responses to risk questions
- Some patients may be appreciative that the clinical team is reading their chart and provided customized support for people with suicidal thoughts, while others may feel targeted
- Patients may be curious how information got to the person offering the tool



---

## 4 Appreciate and be open to the idea that patients may have different reactions to being offered a technology tool in the midst of a crisis

- Some patients may prefer technology over face-to-face interactions for sensitive questions
  - Some patients may give different responses over the course of their care, and does not mean they are being untruthful
  - Be sensitive to reactions of persons experiencing psychotic-related experiences or other reasons for difficulties with technology tools
- 

## 5 Be clear if this tool is a choice or a requirement—Allow patients to make the decision to use the tool based on this information

- Explain if they have another way to participate (in an interview or paper-based format)
- Describe the possible advantages and disadvantages of the tool. Does it impact treatment options? Is this part of their clinical record?



---

## 6 Describe digital tools clearly

- A person or a well-done video should introduce the tool
  - A person should be available to answer questions about the tool
  - Description should be clear and concise, in bullet point format
  - Tools should be described with compassion
  - Give as much choice as possible and giving directions if there is a correct order or way to interact with the tool
- 

## 7 Explain the evidence to support the use of the tool

- Is this experimental or does it have science to support it?
- Do experts recommend it?
- How long has this been on the market?
- If it was developed by experts including people who have been suicidal themselves, and so the treatment team believes it can be helpful for the patient as well



---

## 8 Be transparent in what is technology-driven vs. managed by a person behind a screen

- Make it clear what is a chat bot vs. what is a real person
  - Make it clear if a chat bot is artificial technology (where the computer creates new responses based on what is put in) or is the chat bot guiding the person through the same information that is given to everyone
  - Use clear names for technology tools like JoeGPT or JoeBot. Using a human's name for a bot is less clear
  - Use human profile pictures only for humans. Bots should have bot-like or technology-focused profile pictures
-

## 9 Give as much choice and autonomy as possible

- Present multiple options for participation and entry of information
- Multiple choice or text options to personalize
- Allow for breaks and save information (rather than requiring to get to a certain point)

### FAQ ? — Be sure to answer these common questions people have about digital tools for suicide prevention

1. How is privacy protected? Can data be deleted upon request?
2. Who sees this information and when do they see it?
3. Are there alternatives to the digital version of this tool?
4. Can I use this after I leave? (In other words, is there a “home” version of the tool?)

### Don'ts x — What not to do with digital health tools in suicide prevention

1. Don't give an iPad to a patient without fully explaining the tool
2. Don't make changes to someone's treatment plan based on their responses without telling them
3. Don't label people as non-compliant if they do not want to use a technology tool
4. Don't document that a patient declined to use a technology tool, without telling them or offering other ways to complete the screening or intervention

Suggested Citation: CAPES Lived Experience Advisory Board, Harris, L., Goodman, E. Lezine, D. Summers, T., Glynn, J., Do, S., Strait, R. Kelly, L. M. (2025). *Guidance for Researchers and Developers of Suicide Prevention Technology Tools*. Worcester, MA: UMass Chan Medical School, Department of Emergency Medicine, Center for Advancing Practices to End Suicide (CAPES).

This tip sheet was supported by NIMH grant P50MH129701. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

