

INSTRUCTIONS FOR INTERVENING WITH SUICIDAL YOUTH

1. **Supervise the student and assign a designated reporter.** Ideally, the chain of supervision begins with the perceptive, trained gatekeeper who escorts the student directly to the attention of a school crisis team member who will serve as the designated reporter. This is typically a school psychologist, counselor, social worker, or nurse who has been trained to conduct suicide risk assessment. Under no circumstance should the student be allowed to leave school or be alone (even in the restroom) until a risk assessment has been completed and a plan has been generated. It may be appropriate to solicit the aid of collaborators to monitor the child while the crisis team member seeks a phone/consultation in private.
2. **Collaborate with administration and/or crisis team personnel.** Many potentially difficult decisions will have to be made; having the support of an administrator and one other staff member (perhaps the school psychologist, nurse, counselor, or social worker) is both reassuring and prudent. Consider making collaboration a mandatory part of your process.
3. **Warn parents or protective services.** Whether a child/adolescent is assessed to be low, moderate, or high risk, parents or protective services must be notified in a timely fashion by the designated reporter. Never tell a parent that there is no risk.
4. **Provide resources to parents.** Provide parents with school-site and local mental health resources as appropriate.
5. **Utilize law enforcement when appropriate.** All school crisis teams should include a representative from local law enforcement. If a student resists, becomes combative or attempts to flee, law enforcement can be of vital assistance. In some cases, they can assume responsibility for securing a 72-hour hold which will place the youth in protective custody up to three days for psychiatric observation.

ASSESSING RISK IN SUICIDAL STUDENTS

Questions to ask students:

- **Have you thought about suicide?** Thoughts or threats alone, whether direct or indirect, may indicate LOW risk.
- **Have you tried to hurt yourself before?** Previous attempts or repetitive self-injury may indicate MODERATE risk.
- **Do you have a plan to harm yourself now?** The more involved and detailed the planning, the greater the risk.
- **What method are you planning to use and do you have access to the means?** These questions would indicate HIGH risk.

QUESTIONS TO ASK PARENTS, TEACHERS, STAFF:

- What warning signs(s) initiated the referral?
- Has the student demonstrated abrupt changes in behaviors?
- What is the support system surrounding this child? The more the student feels isolated and alone, the greater the risk.
- Is there a history of mental illness (depression, alcohol and substance abuse, conduct or anxiety disorder, co-morbidity)?
- Is there a history of recent loss, trauma, or victimization?

LA COUNTY RESOURCE
877.7.CRISIS or 877.727.4747
Suicide Prevention Center

<http://preventsuicide.lacoe.edu>

NATIONAL RESOURCE
800.273.TALK (8255)
National Suicide Prevention Lifeline

Questions, Indicators, Levels of Risk and Interventions

LOW RISK (Ideation):

- **Sample student question:** Have you ever thought about suicide (harming yourself)?
- **Other Indicators:** current or recent thoughts of suicide without plan; signs of depression; direct or indirect threats (including on social media); sudden changes in personality, friends, and behaviors; evidence of self-harm in art or written work; dark internet websites and chat.
- **Actions:** Reassure and supervise the student; warn parent; assist in connecting with school and community resources; suicide-proof environments; mobilize a support system; develop a safety plan that identifies caring adults, appropriate communication and coping skills, and resource numbers. Never tell parents there is no potential risk.
- **Document all actions.**

MODERATE RISK (Current ideation and previous behaviors):

- **Sample student question:** Have you ever tried to kill (hurt) yourself before?
- **Other Indicators:** previous suicide attempts; recent mental health hospitalizations; recent trauma (losses, victimization); recent medications for mood disorders; alcohol and substance addiction; running into traffic or jumping from high places; repetitive self-injury.
- **Actions:** See high risk.
- **Document all actions.**

HIGH RISK (Current plan and access to method):

- **Sample student question:** Do you have a plan to kill (harm) yourself today?
- **Other Indicators:** current plan with method and access to means; finalizing arrangements; giving away prized possessions or written or emailed goodbye notes; refusal to agree to a safety plan.
- **Actions:**
 - o Supervise student at all times (including in restrooms).
 - o Notify and release the student ONLY to:
 - Parent or guardian who commits to seek an immediate mental health assessment (Can use a police escort if needed).
 - Law enforcement.
 - Psychiatric mobile responder.
- **Document all actions.**
- Prepare a re-entry plan. All students returning from mental health hospitalization should have a re-entry meeting where parents, school, and community mental health personnel make appropriate follow-up plans.

Resource

Lieberman, R., Poland, S. & Cassel, R. (2008). Suicide intervention. In Thomas, A. & Grimes, J., Best practices in school psychology V. Bethesda, MD: National Association of School Psychologists.

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