

# Suicidal Behavior Prevention, Intervention, and Reintegration Plan

## **NATIONAL TREND FOR YOUTH SUICIDE**

Current statistics and trends regarding youth and adult suicide can be found on the Centers for Disease Control and Prevention (CDC) website.

<https://www.cdc.gov/suicide/suicide-data-statistics.html>

### **HERE IS WHAT YOU CAN DO:**

- Know the risk factors and warning signs of suicide.
- Trust your suspicions.
- Remain calm. Communicate your concern for the well-being of the student.
- Listen without judging. Allow for the discussion of experiences, thoughts, and feelings. Be prepared for expressions of intense feelings. Try to understand the reasons for considering suicide without taking a position about whether such behavior is justified.
- Respond immediately. Escort the student to the school counselor or social worker. If they are not available, find the principal, assistant principal, or qualified mental health professional.

## **RISK FACTORS FOR YOUTH SUICIDE**

There is no single, agreed-upon list of risk factors. The list below summarizes the risk factors identified by the most recent research.

- History of depression, mental illness, or substance/alcohol abuse disorders
- Isolation or lack of social support
- Situational crisis
- Family history of suicide
- Previous suicide attempts
- Self-injury (without intent to die)
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning, which can lead to some of the behavioral health problems listed above)

Note: The presence of multiple behavioral health disorders (especially the combination of mood and disruptive behavior problems or substance use) increases suicide risk.

### **Personal Characteristics**

- Hopelessness
- Impulsivity
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance

- Risk taking, recklessness
- Physical, sexual, and/or psychological abuse
- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as overweight

## **RECOGNIZING WARNING SIGNS FOR SUICIDE**

This consensus statement describes the general warning signs of suicide. Warning signs differ by age group, culture, and even individual.

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide
- Hopelessness—expresses no reason for living, no sense of purpose in life
- Rage, anger, seeking revenge
- Expressions of feeling trapped—like there’s no way out
- Increased alcohol or drug use
- Withdrawal from friends, family, or society
- Anxiety, agitation, inability to sleep, or constant sleep
- Dramatic appearance change may include weight
- Dramatic mood changes
- Loss of interest in activities, hobbies, school
- Giving away important possessions

## **INTERVENTION**

A concern about a student may come to the attention of the school team in many ways: a friend may express concern, a teacher may notice changes, or a parent may call. At that time, the school team will assume risk is present and begin the assessment. The assessment may include an interview, parent conference, or a plan of action including a list of resources/hotlines. Minimally, a Youth Suicide Risk Assessment Form is completed and the parents are contacted.

Included in this manual is a flowchart of concern, a suicide risk assessment, resource numbers, and a parent signature form.

The assessment should take place in a private comfortable area. The forms and questionnaires for the assessment provide a framework for collecting information. The interviewer may wish to introduce the Youth Suicide Risk Assessment Form with a statement such as:

*“I am concerned about you and your well-being. At this time, I am going to ask some questions in order to help provide some additional support/help.”*

Some students may be uncomfortable if the interviewer is actively taking notes during the conversation. In order to avoid raising suspicions and opposition, the forms can be completed after the interview. If a student maintains an attitude of non-compliance and/or hostility about answering the interview questions, the interviewer should assume moderate/ high risk.

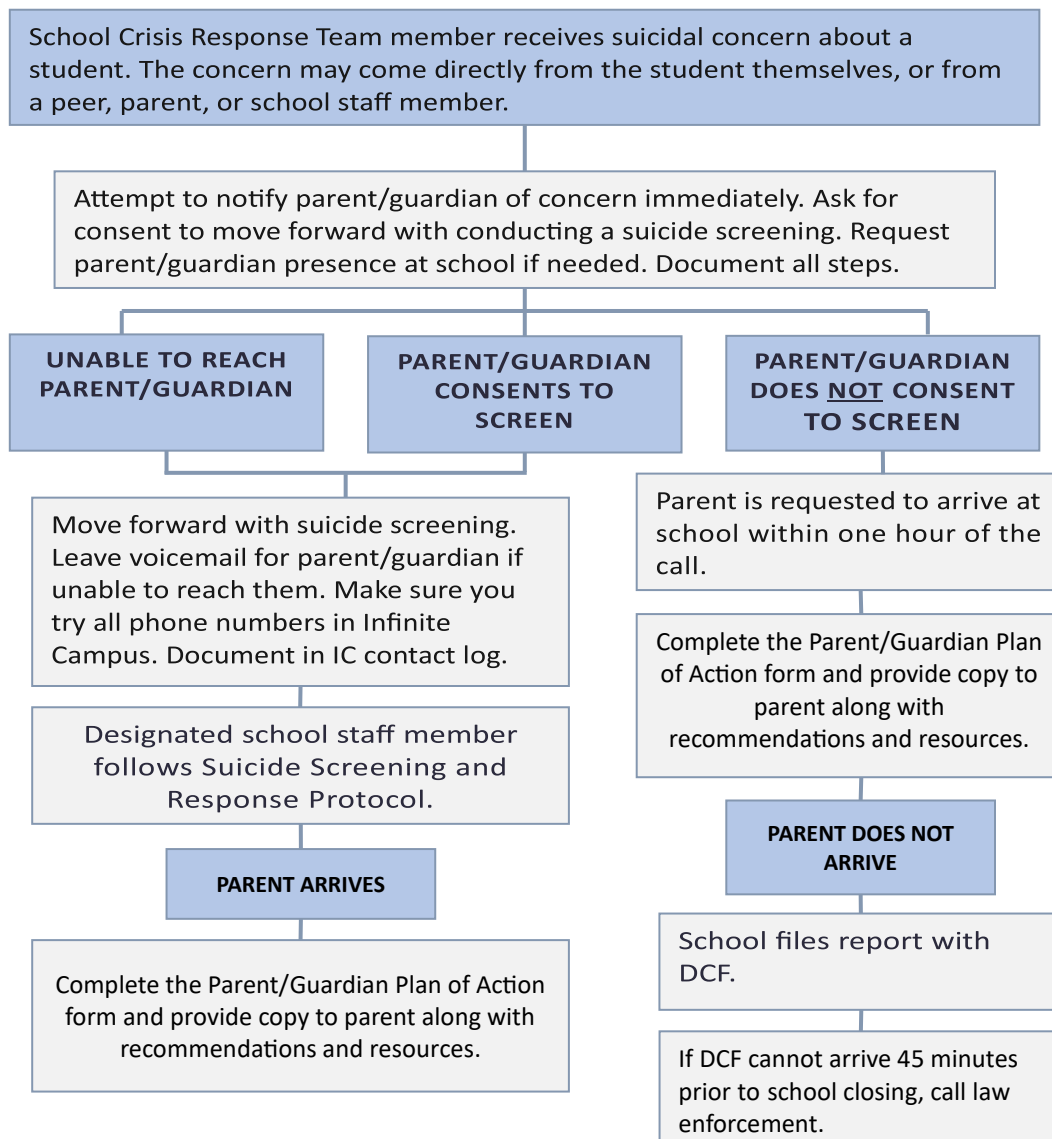
The interviewer should keep a copy of the Youth Suicide Risk Assessment Form and the Parent Plan of Action page. The school principal should be made aware of the situation and documentation should be recorded in Infinite Campus. A copy of the Youth Suicide Risk Assessment Form and the Parent/Guardian Plan of Action form including local resources should be sent with the parent/guardian.

## PARENT/GUARDIAN NOTIFICATION FLOWCHART

Parents and/or guardians should be contacted immediately when a student has been identified as possibly being at risk of suicide. The person who contacts the family is typically the principal, school mental health staff, or a staff member with a close connection to the student or family.

Staff need to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help seeking. It is also critical that the school takes steps to address language/cultural barriers and ensure proper and adequate communication with parents/guardians.

**Example:** "We received a concern that your child may be thinking about suicide. Your student is currently safe and is not in trouble with the school. This can feel scary, and we want to support you and your student, so we would like your permission to check in with [student name] directly to ask some questions related to suicidal thoughts. Then we can talk about safety and support from there. Do we have your permission to screen and support your child? We will update you immediately."



## **SUICIDE SCREENING AND RESPONSE PROTOCOL**

Before screening a student, the school must attempt to notify parents/guardians and get permission to screen. Make sure that a School Mental Health Team member stays with the student until parent-contact has been attempted.

The Columbia-Suicide Severity Rating Scale (C-SSRS) is the recommended screening tool to be used by schools in Kansas. A modified version of the C-SSRS starts on the next page. It includes adapted language to meet the needs of elementary-age and/or cognitively impaired students.

Be sure to document the student's responses as you go so that you can accurately record and communicate the results of the screener. However, some students may feel uncomfortable if the interviewer is actively taking notes during the conversation. In such cases, to avoid raising suspicions and opposition, the forms can be completed after the interview

Once the screening is complete, consult the table entitled Suicide Screening Response Protocol to determine the appropriate next steps for the student's safety. Keep in mind that the recommendations in the Suicide Screening Response Protocol are not requirements; they are merely suggested responses. School districts can modify the chart to fit their specific needs.

Screeners do not assign risk nor do they predict suicidal behavior.

## YOUTH SUICIDE RISK ASSESSMENT

*Adapted from the Columbia-Suicide Severity Rating Scale*

**\*Includes adapted language for elementary-age and/or cognitively impaired students.**

Ask questions 1 and 2.		Past Month	
		YES	NO
<p><b>1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b></p> <p>If yes, describe:</p> <p><b>*Adapted language:</b>  <i>Have you thought about being dead or what it would be like to be dead?</i>  <i>Have you wished you were dead or wished you could go to sleep and never wake up?</i>  <i>Do you wish you weren't alive anymore?</i></p> <p>If yes, describe:</p>			
<p><b>2) <u>Have you had any actual thoughts of killing yourself?</u></b></p> <p>If yes, describe:</p> <p><b>*Adapted language:</b>  <i>Have you thought about doing something to make yourself not alive anymore?</i>  <i>Have you had any thoughts about killing yourself?</i></p> <p>If yes, describe:</p>			
If YES to question 2, ask question 3; If NO to question 2, go directly to question 6.		Past Month	
		YES	NO
<p><b>3) <u>Have you been thinking about how you might do this?</u></b>            e.g. "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it... and I would never go through with it."</p> <p>If yes, describe:</p> <p><b>*Adapted language:</b>  <i>Have you thought about how you would do that? OR</i>  <i>Have you thought about how you would make yourself not alive anymore (kill yourself)? AND</i>  <i>What did you think about?</i></p> <p>If yes, describe:</p>			
If YES to question 3, ask question 4; If NO to question 3, go directly to question 6.		Past Month	
		YES	NO





**ALWAYS ASK QUESTION 6.**

**6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?**

Examples: collected pills, obtained a gun, gave away valuables, wrote a will or a suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

**If YES, ask: Was this within the past 3 months?**

If yes, describe behaviors:

**Lifetime**

YES

NO

**Past 3 Months**

YES

NO

**\*Adapted language:**

***Did you do anything to try to kill yourself or make yourself not alive anymore?***

***What did you do?***

***Did you hurt yourself on purpose? Why did you do that?***

- ***Did you \_\_\_\_\_ as a way to end your life?***
- ***Did you want to die (even a little) when you \_\_\_\_\_?***
- ***Were you trying to make yourself not alive anymore when you \_\_\_\_\_?***
- ***Did you think it was possible you could have died from \_\_\_\_\_?***

If yes, describe behaviors and intentions:

## SUICIDE SCREENING RESPONSE PROTOCOL

Student Response to Screener	School Response to Student/Caregivers
<p><b><u>Student answers no to questions #1, #2, and #6</u></b></p> <p><input type="checkbox"/> No wish to die or thoughts of suicide.</p> <p style="text-align: center;"><b>AND</b></p> <p><input type="checkbox"/> No suicidal behavior in their lifetime.</p>	<p style="text-align: center;"><b><u>Notify Parents of Initial Concern</u></b></p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student's responses to screener.</p> <p><input type="checkbox"/> Provide resources for services in the community.</p>
<p><b><u>Student answers yes to question(s) #1 and/or #2</u></b></p> <p><input type="checkbox"/> Wish to die or thoughts of suicide WITHOUT method, intent, plan, or behavior.</p>	<p style="text-align: center;"><b><u>Recommend Ongoing Community Services</u></b></p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student's responses to screener.</p> <p><input type="checkbox"/> Request parent/guardian presence at school.</p> <p><input type="checkbox"/> Stay with the student until parents/guardians arrive.</p> <p><input type="checkbox"/> Provide resources for services in the community.</p> <p><input type="checkbox"/> Have parent sign document.</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p>
<p><b><u>Student answers yes to question #3</u></b></p> <p><input type="checkbox"/> Suicidal ideation with method, WITHOUT plan, intent, or behavior.</p> <p style="text-align: center;"><b>OR</b></p> <p><b><u>Student answers yes to question #6 re: lifetime</u></b></p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago.</p>	<p style="text-align: center;"><b><u>Create Collaborative Safety Plan</u></b></p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student's responses to screener.</p> <p><input type="checkbox"/> Request parent/guardian presence at school.</p> <p><input type="checkbox"/> Stay with the student until parents/guardians arrive.</p> <p><input type="checkbox"/> Create collaborative safety plan with the student for home and school</p> <p><input type="checkbox"/> Adjust safety plan with parent/guardian involvement as needed.</p> <p><input type="checkbox"/> Provide resources for services in the community.</p> <p><input type="checkbox"/> Have parent sign document.</p> <p><input type="checkbox"/> Encourage further clinical assessment.</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p>
<p><b><u>Student answers yes to question #4 or #5</u></b></p> <p><input type="checkbox"/> Suicidal ideation with intent or with plan.</p> <p style="text-align: center;"><b>OR</b></p> <p><b><u>Student answers yes to question #6 re: past 3 months</u></b></p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago.</p>	<p style="text-align: center;"><b><u>Create Collaborative Safety Plan</u></b></p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student's responses to screener.</p> <p><input type="checkbox"/> Request parent/guardian presence at school.</p> <p><input type="checkbox"/> Stay with the student until parents/guardians arrive.</p> <p><input type="checkbox"/> Explain need for immediate further assessment.</p> <p><input type="checkbox"/> Adjust safety plan with parent/guardian involvement as needed.</p> <p><input type="checkbox"/> Provide local options (crisis center, mental health center, or ER).</p> <p><input type="checkbox"/> Have parent sign document.</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p>

## PARENT/GUARDIAN PLAN OF ACTION

### Turner School District

Student Name \_\_\_\_\_ Date \_\_\_\_\_

I understand that my child has been assessed as being at-risk for suicide due to the following indicators:

- ☐ Has considered suicide or is considering suicide
- ☐ Has the means available or immediate accessibility
- ☐ Other: \_\_\_\_\_

#### EMERGENCY RESOURCES

<b>PACES Crisis Clinic</b> 9:00-6:00 Mon-Thurs; 9:00-4:30 Fri.	913-563-6500 913-788-4200 (24/7 crisis line)	7840 Washington Ave. Kansas City, KS 66102
<b>KVC Prairie Ridge Hospital</b>	913-890-7468	4300 Brenner Dr. Kansas City, KS 66104
<b>Marillac Campus –</b> University of Kansas Hospital	913-681-5437 (M-F) 913-951-4444 (after hours)	8000 W. 127 <sup>th</sup> St. Overland Park, KS 66213
<b>Vibrant Health</b>	913-342-2552	21 N 12th St. Kansas City, KS 66102
<b>University of Kansas Hospital</b> Emergency Room	913-588-1227	4000 Cambridge St. Kansas City, KS 66160
<b>National Suicide Prevention Lifeline</b>	Text or Call 988	<a href="http://www.suicidepreventionlifeline.org">www.suicidepreventionlifeline.org</a>

*DISCLOSURE: This School District is not responsible for costs associated with any medical or mental health services that may be recommended.*

Parent Plan of Action: \_\_\_\_\_

Appointment with family physician: \_\_\_\_\_

Appointment with outside therapist/psychiatrist/counselor: \_\_\_\_\_

- ☐ School Counselor/School Social Worker/School Psychologist scheduled follow-up visit with student on day student return to school. *(circle one)*

Date: \_\_\_\_\_

Time: \_\_\_\_\_

#### Release to Parent

I have been informed by school personnel about their concerns for my child's safety. I understand that I am responsible for taking the necessary actions to ensure my child's continued safety. If the required steps are not taken, I am aware that the Department of Children and Families (DCF) may be notified.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Safety Plan

## Step 1: My Warning Signs

A warning sign is something you think, feel, or do as suicidal thoughts are starting to develop.

Name	Contact Info
Name	Contact Info
Name	Contact Info

**Ask yourself:** How will I know when to use my safety plan?  
**Ask yourself:** What is happening when I start to experience suicidal thoughts or feel overwhelmed?  
**Ask yourself:** How do I feel physically before I begin feeling suicidal or like harming myself?

## Step 2: My Coping

Coping strategies are things you can do on your own to help feel a little better in the moment.

Name	Contact Info
Name	Contact Info
Name	Contact Info

**Ask yourself:** What can I do, on my own, to help myself stay safe?

Category examples: self-soothing, distractions, mindfulness, emotional awareness, etc.

## Step 3: My Distractions

Distractions are people or places that may offer comfort in a time of distress.

Name	Contact Info
Name	Contact Info
Name	Contact Info

**Ask yourself:** Which people or places help me take my mind off my problems at least for a little while?

**Ask yourself:** Who helps me feel better when I socialize with them?

It is not necessary to tell the people on this list what you are going through or feeling.

## Step 4: My Supports

Supports are people you feel comfortable talking to about what you are going through, and who can provide some help.

Name	Contact Info
Name	Contact Info
Name	Contact Info

Who do you feel you can talk to about what you're experiencing?  
Among your family and friends, who do you think you could contact for help during a crisis?

Unlike the previous step, you will reveal to others that you are in crisis.

## Step 5: Professional

Professional contacts are people who can provide professional care and support.

Name	Contact Info
Name	Contact Info
Name	Contact Info

**Ask yourself:** Who are the mental health professionals you feel belong on your safety plan?

List other contacts, such as urgent care, text/call lifelines, mental health clinic, or a crisis center.

## Step 6: My Safe

In this step, evaluate means that could be considered during a suicidal crisis and how to clear them from your environment.

Name	Contact Info
Name	Contact Info
Name	Contact Info

What other items do you have access to and may use to attempt to kill or harm yourself?

What would make it harder for you to access and use these items?