

## **INTERVENTION IN A SUICIDAL CRISIS**

For use when a peer, parent, teacher, or school staff identifies someone as potentially suicidal because of directly or indirectly expressed suicidal thoughts (ideation) or demonstrated warning signs. *Recognizing and Responding to Warning Signs of Suicide*, attachment 1.11

### **Low Risk Level of Suicide**

**Take every warning sign or threat of self-harm seriously.**

- Take immediate action by sending someone to inform the counselor or school psychologist of the situation.
- Remain with the student until the counselor/school psych talks with him/her in a quiet, private setting to clarify the situation, and assess suicide risk with chosen tool.
- When necessary, counselor or school psychologist will contact an administrator or designee to inform them of the situation.
- Counselor or school psychologist will notify parent/guardian of situation unless this will exacerbate the situation *Guidelines for Notifying Parents, Supporting Parents Through Their Child's Suicidal Crisis* attachment 2.5, and *Contact Acknowledgement Form*, 2.6
- Develop a safety plan with the student and parents. *Safety Planning Guide*, 2.11, and *Personal Safety Plan*, 2.12.
- Refer to primary health care provider or mental health services if necessary *Guidelines for Student Referrals*, 2.7, *Referral Process for Special Education Mental Health Assessment*, 2.8, and *Referral, Consent, and Follow-Up Form*, 2.9
- Document actions on appropriate forms *Student Suicide Risk Documentation Form*, 2.13
- Counselor will follow up with the student and family as often as necessary until the student is stable.

### **Moderate to High Risk Level of Suicide**

Students with a moderate to high risk of suicide display suicidal ideation or behavior with an intent or desire to die.

- Keep student under close supervision.
- Notify nearest CRT member who will evaluate the situation and then notify a school administrator.
- CRT member will conduct a suicide risk assessment to determine student's risk level and convey to trained professionals (UFS).
- Consult with appropriate designated school site staff and/or crisis service agency (e.g. UFS) to assess student's mental state and obtain a recommendation for next steps. If student requires hospitalization or immediate emergency medical treatment proceed to Extremely High (Imminent) Risk.
- School administrator or designee notifies parents/guardians *Guidelines for Notifying Parents, and Supporting Parents Through Their Child's Suicidal Crisis*, 2.5, and *Parent Contact Acknowledgement Form*, 2.6. Arrange to meet with parents.
- Create a safety plan, or if already in place, review and update.

**If the student does not require emergency medical treatment or hospitalization, review the following:**

- Confirm understanding of next steps for student's care.
- Ensure that student and parents, with the assistance of a CRT member, have discussed importance of lethal means restriction *Means Matter: Recommendations for Families*, 2.18
- Sign the *Referral, Consent and Follow-Up Form*, 2.9 and *Parent Contact Acknowledgment Form*, 2.6
- Provide referrals and resources for parent/guardians including *What to Expect; When Your Child Expresses Suicidal Thoughts*, Appendix B4
- Explain that a designated school professional will follow-up within the next two days.
- Establish a plan for periodic contact from school personnel
- Students are eligible for home teaching if a doctor's letter recommends an extended absence of two weeks or more.
- Document actions taken *Student Suicide Risk Documentation Form* 2.13
- Debrief with all staff members who assisted with the intervention, providing for the expression of feelings, worries, concerns, and suggestions.

### **Extremely High (Imminent) Risk Level of Suicide**

Students with an extremely high risk level of suicide have voiced the intent to engage in a suicidal act, have access to the lethal means needed to carry out the act, and may have lethal means on their person. Do the following:

- Ensure that a school staff member remains with the student at all times.
- Clear the area and ensure that all other students are safe.
- Alert CRT member.

**Mobilize community links (e.g. UFS and/or 911)**

- If a life threatening emergency, call 911. Note: 911-responder will determine if emergency treatment or hospitalization is required and will arrange transport
- If not life threatening, call UFS Suicide Assessment at 877-412-7474. If student is 18 years or older, call 911
- Principal or designee notifies parents about the seriousness of the situation, unless this will exacerbate the situation. In certain cases, it may be necessary to wait to notify parents due to clinical circumstances as determined by Psychologist, UFS or other mental health provider.

**If the student has lethal means on their person:**

- Do not attempt to take a weapon by force
- Talk with the student calmly
- Have someone call 911
- Clear area for student safety
- Once the student gives up the potentially lethal means, stay with the student until the CRT or 911 emergency support arrives.

**At this level of risk the student may require hospitalization**

- Case manager (school psychologist or counselor) will work with student's doctor/ therapist. Frequency of check-in with the student, family, doctor and/or therapist will be determined by the individual situation.
- Before student returns to school, initiate re-entry plan.

### C. LOW RISK LEVEL OF SUICIDE

Students with a low risk of suicide display warning signs of suicide and/or express thoughts of killing themselves with no intent to act on these thoughts.

1. When a peer, parent, teacher, or other school employee identifies someone as potentially suicidal because s/he has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated warning signs (see Attachment 1.11, “Recognizing and Responding to Warning Signs of Suicide”), consider the following:
  - a. Take every warning sign or threat of self-harm seriously.
  - b. Take immediate action by sending someone to inform the counselor or school psychologist of the situation.
  - c. Remain with the student until the counselor/school psychologist talks with him/her in a quiet, private setting to clarify the situation, and assess suicide risk with chosen tool. Create a safety plan (see Attachment 2.12, “Personal Safety Plan”) and provide appropriate support.
  - d. When necessary, counselor or school psychologist will contact an administrator or designee to inform them of the situation.
  - e. Counselor or school psychologist will notify parent/guardian of situation unless this will exacerbate the situation (see Attachment 2.5, “Guidelines for Notifying Parents”, and “Supporting Parents Through Their Child’s Suicidal Crisis” and Attachment 2.6 “Contact Acknowledgement Form”).
  - f. Develop a safety plan with the student and parents (see Attachment 2.11, “Safety Planning Guide”, and Attachment 2.12, “Personal Safety Plan”).
  - g. Refer to primary health care provider or mental health services if necessary (see Attachment 2.7, “Guidelines for Student Referrals”, Attachment 2.8, “Referral Process for Special Education Mental Health Assessment”, and Attachment 2.9, “Referral, Consent, and Follow-Up Form”)
  - h. Document actions on appropriate forms (Attachment 2.13, “Student Suicide Risk Documentation Form”).
2. The counselor will follow up with the student and family as often as necessary until the student is stable and no longer of concern.

### D. MODERATE TO HIGH RISK LEVEL OF SUICIDE

Students with a moderate to high risk of suicide could display suicidal ideation or behavior with any intent or desire to die. Do the following:

1. Keep the student safe and under close supervision. **Never leave the student alone.** Designate one or more staff members to stay with and support the individual in crisis while help is being sought.
2. Notify the nearest CRT member who will evaluate the situation and then notify a school administrator that a student has expressed the intent to engage in suicidal behavior.
3. Trained Crisis Response Team (CRT) member will conduct a suicide risk assessment with chosen tool, to attempt to determine the student’s risk level and then convey this information to trained professionals, such as UFS.

4. Consult with appropriate designated school site staff and/or crisis service agency (e.g. UFS) to assess the student’s mental state and to obtain a recommendation for next steps. **If the student requires hospitalization or immediate emergency medical treatment based on the assessment, proceed to part C, Extremely High (Imminent) Risk.**
5. School administrator or designee notifies parents/guardians (see Attachment 2.5 “Guidelines for Notifying Parents” and “Supporting Parents Through Their Child’s Suicidal Crisis”, and Attachment 2.6, “Parent Contact Acknowledgement Form”). Arrange to meet with parents whenever appropriate.
6. Create a safety plan or, if a student already has a safety plan, review and update (see Attachment 2.11, “Safety Planning Guide”, and Attachment 2.12, “Personal Safety Plan”).
7. If the student does not require emergency medical treatment or hospitalization based on the assessment, and the immediate crisis is under control; before the student is released to the parent/guardian review the following:
  - a. Confirm an understanding of what next steps for the student’s care will be.
  - b. Ensure that student and parents, with the assistance of a CRT member, have discussed the importance of lethal means restriction (see Harvard School of Public Health “Means Matter: Recommendations for Families: <http://www.hsph.harvard.edu/means-matter/recommendations/families/index.html>).
  - c. Sign both Attachment 2.9, “Referral, Consent and Follow-Up Form”, and Attachment 2.6, “Parent Contact Acknowledgment Form”.
  - d. Provide referrals and resources for students and parent/guardians (See Appendix B3 Mental Health Information for Students and B4 Parent Handouts)
  - e. Explain that a designated school professional will follow-up with parents and student within the next two days.
  - f. Establish a plan for periodic contact from school personnel while the student is away from school to ensure the student is improving and treatment is being maintained.
  - g. If appropriate, make arrangements for classwork assignments to be completed at home.
  - h. Students are eligible for home teaching if a doctor’s letter recommending an extended absence of two weeks or more is provided.
8. Document actions taken (see Attachment 2.13, “ Student Suicide Risk Documentation Form”).
9. Debrief with all staff members who assisted with the intervention, providing for the expression of feelings, worries, concerns, and suggestions.

## **E. EXTREMELY HIGH (IMMINENT) RISK LEVEL OF SUICIDE**

Students with an extremely high risk level of suicide have voiced the intent to engage in a suicidal act, have access to the lethal means needed to carry out the act, and may have lethal means on their person. Do the following:

1. Ensure that a school staff member remains with the student at all times.
  2. Clear the area and ensure that all other students are safe.
  3. Alert nearest adult to recruit Crisis Response Team (CRT) member.
  4. Mobilize community links (e.g. Uplift Family Services and/or 911)
    - If a life threatening emergency, call 911.
    - If not life threatening, call **UFS** Suicide Assessment at 1-877-412-7474
- Note:** 911-responder will determine if emergency treatment or hospitalization is required and will arrange transport
5. Principal or designee to notify parents about the seriousness of the situation unless this will exacerbate the situation. In certain cases, it may be necessary to wait to notify parents due to clinical circumstances as determined by Psychologist, UFS or other mental health provider.
  6. If the student has lethal means on their person:
    - a. Do not attempt to take a weapon by force
    - b. Talk with the student calmly
    - c. Have someone call 911
    - d. Clear area for student safety
    - e. Once the student gives up the potentially lethal means, stay with the student until the CRT or 911 emergency support arrives.
  7. At this level of risk the student may require hospitalization.
  8. Case manager (school psychologist or counselor) will work with student's doctor and therapist treating the student. Frequency of check-in with the student, family, doctor and/or therapist will be determined by the individual situation.
  9. Before student returns to school, initiate re-entry plan.

## **F. PROCESS FOR RE-ENTRY TO SCHOOL AFTER EXTENDED ABSENCE OR HOSPITALIZATION**

Students “need considerable support and monitoring, especially during the first several months they are back at school, during any school crisis, or near the anniversary of their attempt or mental health crisis” (SAMHSA Toolkit). It is critical to create or review the Safety Plan at the first 'return to school meeting' with the student and parents. (See Attachment 2.14, “Guidelines for Facilitating a Student’s Return to School”, and Attachment 2.15, “Guidelines for When a Student Returns to School Following Absence for Suicidal Behavior”) A student is at increased risk of attempting suicide in the days and weeks immediately following discharge from the ER, hospital or care facility.