

Suicide Intervention Protocol

Schools, Agencies, Faith and Community-based Organizations

Introduction

A major focus of Sources of Strength is having Peer Leaders present Hope, Help, and Strength-based messages to other peers that build protective factors against suicide and other risk behaviors, increase help seeking with adults, and reduce codes of silence around suicide. Peers often are aware of friends in suicidal distress far earlier than adults and once trained will often bring emotionally distressed friends to trusted adults for support. Developing or strengthening a protocol for how to respond to those distressed or suicidal youth is an important part of the preparation process for Sources of Strength. This protocol review includes basic suggestions to include in your policy and protocol and in staff and volunteer training. This is not intended to supplant or discard effective protocols that already exist, but to be used as a checklist and guide.

Please write your school, agency, or entity name in the line below:

Part 1: Importance of bonding, connectedness, and relational support

- ❖ Research has shown that long-term relational support is very protective in preventing youth from becoming suicidal or acting on suicidal feelings and impulses. It is our policy that all staff and volunteers be intentional about developing caring relationships with youth and young adults, especially with those youth that are least trusting and have few connections and supportive adult relationships. It is important that staff and volunteers have caring conversations with youth during life's ups and downs and not just during a suicide crisis.
- ❖ Sources of Strength is also designed to help our youth and young adults develop multiple strengths and supports in their life, as represented in the Sources of Strength wheel. Our staff and volunteers should play an intentional role in introducing our youth and young adults to a variety of strengths. Research suggests that the more protective factors individuals have decreases risk for suicide.
- ❖ It is our policy that staff and volunteers support the Peer Leaders trained in the Sources of Strength program as they deliver peer to peer Hope, Help, and Strength messages. Providing personal encouragement, sharing expertise, allowing access of approved Peer Leader messaging activities, and allowing time for Peer Leaders to participate in scheduled activities are examples of support. Trained Peer Leaders often are aware of suicidal peers much earlier than adult staff or volunteers and they usually will turn first to an adult they trust. They are an important partner in suicide prevention and their efforts should be encouraged and valued.

Part 2: Awareness of Warning Signs/Symptoms of Distress for Suicide

- ❖ At the beginning of each year the principal or lead administrator will arrange to have the staff and volunteers briefed on student self-destructive and/or suicidal behaviors. It is important to remember that suicidal ideation or behavior may be linked with isolating behavior often associated with depression, aggressive or

impulsive behavior, substance abuse, trauma, or being among friends of a youth that has died by suicide or made serious suicide attempts.

Part 3: Referral of Suicidal Student to Designated Staff

- ❖ Each school or entity should have a person or group of individuals within the organization who are trained in handling a beginning level assessment, conversation, and referral process of a suicidal individual. ***It is mandatory that all staff and volunteers refer a student they suspect is suicidal or threatens to harm others to the designated staff person(s) that same day.*** The contact information for those individuals is listed in the box below.
- ❖ Staff and volunteers are encouraged to talk to youth they identify as distressed and in a caring and calm manner ask them if they are thinking of suicide or of killing themselves. They should personally bring students to the designated staff and introduce them. If staff and volunteers are uncomfortable with asking about suicide, they should immediately contact the designated staff to begin the follow-up.
- ❖ If the situation is a medical emergency 9-1-1 should be called immediately.

(Write contact information below.)	
Name:	
Title:	
Phone	
e-mail:	
Night phone:	
Holiday phone:	

Part 4: Discussion with Youth/Young Adult

The youth should:

- ❖ Be privately assessed to determine the level of risk;
- ❖ Offered immediate support and assistance;
- ❖ Be kept under constant adult supervision until parents or other protective custody can be arranged.

Part 5: Notifying Parents

- ❖ Contact the custodial parent or guardian regardless of youth's age and ask them to come immediately to the school/agency/entity or in some cases meet at a hospital or mental health clinic/provider.
- ❖ The custodial parent or guardian should leave with the student after being supported and strongly encouraged to take the youth to a facility/treatment provider of their choice.
- ❖ These recommendations should be put in writing and sent to the parents on formal letterhead.
- ❖ Explain that signing a release of information form from the treatment provider is very helpful.
- ❖ If a youth has signs and symptoms for suicide/homicide and the parent refuses to have their student assessed it may be necessary to contact your local child welfare or juvenile justice agencies.

Part 6: Mental Health Provider Contacts and Agreements

- ❖ Your school or entity should have contacts or agreements in place with mental health providers that agree to provide same day assessment of suicidal individuals.
- ❖ Depending on your region and availability these providers may be emergency rooms, clinics, mental health facilities, or private providers.
- ❖ It is important that parents be provided a specific name and number, and usually it is best to assist the parent by making the call and appointment together.
- ❖ Always provide the youth and parents with 24-hour phone contacts and hotline numbers to access.
- ❖ The following is a specific list of recommended providers (If providers list is large add as an attachment).

(Write providers information below.)	
Name:	
Title:	
Phone	
e-mail:	
Night phone:	
Holiday phone:	

Part 7: Follow-up and providing long-term support.

- ❖ Upon returning from hospitalization, intervention, or treatment, encourage all individuals to use mental health and medical resources, but also engage them in conversations regarding other supports and strengths using the Sources of Strength wheel as a guide.
- ❖ Help the youth/young adult identify a supportive caring adult that can be activated. This can be within their family system, school, faith community, community setting, etc. If an adult is mentioned by the youth, assist in encouraging regular contacts and supports that can last at least two years. Provide the adult with a brief training in suicide warning signs and who to contact if concerns arise. Help the adult understand that they are there as an older friend to walk alongside, not to fix all the youth’s problems.
- ❖ Also assist the youth in identifying some other interests around healthy activities, generosity, leadership, or spirituality. These other supports and strengths can be sustained over time and be extremely protective.

Further information regarding policies and protocols for early identification and referral of suicidal youth can be accessed on:

Suicide Prevention Resource Center’s website, at the following addresses:

- ❖ http://www.sprc.org/library_resources/items/recommendations-youth-suicide-prevention-training-early-identification-and-r

SAMHSA’s Preventing Suicide: A Toolkit for High Schools, at the following address:

- ❖ <http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>