

SUICIDE PREVENTION PROTOCOL

School-based approach to suicide prevention



Capital Region
ESD 113

PURPOSE

This protocol provides guidance to school districts about suicide.

This protocol outlines procedures for:

- Prevention
- Intervention
- Post-vention

LEGISLATURE

- ([RCW28A.320.127](#)) School districts must adopt a plan for recognition, screening, and response to emotional or behavioral distress in students. This includes substance abuse, violence, and youth suicide.
- ([RCW 28A.300.288](#)) OSPI requires suicide prevention training for employees in all Washington State Public Schools.
- ([RCW 28A.410.226](#)) School nurses, counselors, and social workers must complete suicide screening and referral training to maintain certification.

DEFINITION

A student is at risk of suicide when they:

- Express a suicidal thought (ideation) directly or indirectly
- Demonstrates other clues or warning signs of suicide

School employees must report risk of suicide to a School Screener immediately. The student of concern should receive appropriate attention. Staff must complete a suicide risk screening for every student expressing thoughts of suicide.

If imminent danger exists, call 911 and follow your district's emergency procedures. This is especially important if the student of concern has left the campus.

PLAN IMPLEMENTATION

Schools should complete this plan and implement training protocols. Conduct an annual review of the plan and make revisions before the beginning of the school year

SUICIDE PREVENTION TEAM

Assign one staff person to the role of designated Suicide Prevention coordinator. Train at least three staff members to screen for the level of risk for imminent harm.

These staff members must receive suicide risk training to maintain their certification:

- School Counselors
- Social Workers
- Nurses
- Psychologists

Additional school staff may receive training and conduct screenings.

[Networks for Life: An Educator's Role in Youth Suicide Prevention](#)

SETTING UP INTERNAL SCHOOL SYSTEMS

SUICIDE PREVENTION PROTOCOL

Develop a list of staff who have expertise in behavioral health and crisis response. Identify staff in each school and at the district level. Include their contact information and days in the office.

District personnel

Location	Position	Name	Trained Suicide Screener	Phone (Office/ Personal)	Email	Days at this location
	Superintendent		<input type="checkbox"/>			
	Assistant Superintendent		<input type="checkbox"/>			
	Nursing Supervisor		<input type="checkbox"/>			
	Suicide Prevention Coordinator		<input type="checkbox"/>			
	Counseling Supervisor		<input type="checkbox"/>			
	Communications Officer		<input type="checkbox"/>			
	Special Ed/Special Services Supervisor		<input type="checkbox"/>			
	Safety/Security Supervisor		<input type="checkbox"/>			
	Threat Assessment Coordinator		<input type="checkbox"/>			

SETTING UP INTERNAL SCHOOL SYSTEMS

Complete for each Elementary, Middle, and High School

Location	Position	Name	Trained Suicide Screener	Phone	Email	Days at this Location
	Elementary-Suicide Prevention Coordinator		<input type="checkbox"/>			
	Middle-School Suicide Prevention Coordinator		<input type="checkbox"/>			
	High School Suicide Prevention Coordinator		<input type="checkbox"/>			
	Principal		<input type="checkbox"/>			
	Assistant Principal		<input type="checkbox"/>			
	School Counselor		<input type="checkbox"/>			
	School Nurse		<input type="checkbox"/>			
	School Social Worker		<input type="checkbox"/>			
	School Psychologist		<input type="checkbox"/>			
	SRO/SSO/Security		<input type="checkbox"/>			
	Prevention & Intervention Specialist		<input type="checkbox"/>			
	Behavioral Health Counselor		<input type="checkbox"/>			

SETTING UP INTERNAL SCHOOL SYSTEMS

Develop a list of agencies outside the school who will assist during a crisis:

Agency or Organization	MOU in Place	Lead Contact Name & Title	Trained Suicide Screener	Phone	Email	Days at this Location
District Employee Assistance Program	<input type="checkbox"/>		<input type="checkbox"/>			
ESD SAPISP Coordinator	<input type="checkbox"/>		<input type="checkbox"/>			
Local Law Enforcement Coordinator	<input type="checkbox"/>		<input type="checkbox"/>			
Certified Mental Health Provider	<input type="checkbox"/>		<input type="checkbox"/>			
Designated Crisis Responders	<input type="checkbox"/>		<input type="checkbox"/>			
Local Hospital (with Emergency Beds for Adolescents)	<input type="checkbox"/>		<input type="checkbox"/>			
Local Faith Community Leader	<input type="checkbox"/>		<input type="checkbox"/>			
Surrounding School District(s) Who Will Send Staff to Help	<input type="checkbox"/>		<input type="checkbox"/>			
Other	<input type="checkbox"/>		<input type="checkbox"/>			

Identify staff member(s), who can communicate with students and families during a crisis, in the most common languages in the district.

Language	Staff who speak this language	Available translators and/or interpreters	Community resources with services in this language	Community leaders who can assist families in this language

SUICIDE RISK QUICK REFERENCE

WARNING SIGNS FOR SUICIDE

This is not a definitive list

- Ideation (thoughts of suicide)
- Suicide plans
- Unbearable pain
- Displaying signs of depression
- Making final arrangements
- Self-destructive behavior
- Changes in behavior

RISK FACTORS FOR SUICIDE

This is not a definitive list

- Previous suicide attempt
- Exposure to suicide
- Abuse
- Social isolation
- Depression, anxiety, agitation
- Access to lethal means
- Perceived major trouble
- Peer victimization

CRISIS TEXT LINE

Text “HEAL” to 741741

NATIONAL SUICIDE PREVENTION LIFELINE

800-273-TALK (8255)

TREVOR PROJECT LIFELINE (LGBTQ)

866-488-7386

5 STEPS TO HELP A SUICIDAL STUDENT

Take all suicidal behavior seriously

1. Establish rapport. Express your concerns about what you are seeing in their behavior.
2. Ask the question, “Are you thinking about suicide?”
3. If “Yes,” then do not leave this student alone.
4. Offer comforting things to say, such as “Thanks for telling me, I am here to help.”
5. Escort student to School Screener. Tell an administrator.

Suicidal event is recognized (thoughts or behaviors)

NO

YES

Has the student harmed, or in danger of harming themselves?

Event is reported to a school screener (do not send email or leave voicemail)

IMMINENT DANGER
• Designated crisis response team
• Inform administration
• Call parents/guardians
• Support transportation to the hospital
• Develop a re-engagement plan

School Screener(s) meets with the student to complete screener.

“No” to questions 1-6

“Yes” to any question 1, 2, & 3
“No” to all questions 4, 5, & 6

“Yes” to any question 4, 5, & 6

UNFOUNDED CONCERN
• Inform administrator(s)
• Call parents/guardians
• Support student’s return to class

LEVEL 1 RESPONSE
• Inform administrator(s)
• Call parents/guardians
• Complete Level 1 protocol
• Screener contacts 1 of the following:
• Designated mental health provider
• Qualified school provider
• Community behavioral health provider

LEVEL 2 RESPONSE
• Inform administrator(s)
• Call parents/guardians
• Complete Level 2 protocol
• Contact current mental health provider
• Call Regional Crisis Line

POST-VENTION

KEY IDEAS

Post-vention after a suicide attempt or a completion is very important. Adolescents and others associated with the event are particularly vulnerable. They may be at increased risk for suicide (known as “suicide contagion”).

It is important to not “glorify” the suicide. Be sensitive when speaking about the event, particularly with the media.

It is important to address all deaths in a similar manner. For example, avoid having an approach for a student who dies of cancer and another for a student who dies by suicide. This reinforces the stigma that still surrounds suicide.

Families and communities can be especially sensitive to the suicide event.

WHAT SHOULD A SCHOOL DO?

The school’s primary responsibility in these cases is to respond to the tragedy in a manner which supports the students and school community that have been impacted. This includes having a system in place to work with additional groups that may eventually be involved, such as staff, parents/guardians, community, media, law enforcement, etc.

- Identify staff who will take the lead in the event of a suicide attempt or completion.
- Identified staff should review and discuss the resource [After a Suicide: A Toolkit for Schools Second Edition](#).
- Staff should meet once a year to establish roles and responsibilities in the event that there is a suicide attempt or completion.

- After an attempt or completion, consult the website www.sprc.org or www.afsp.org.
- Communicate with appropriate community partners for assistance and resources.
- Work with community partners to address the immediate needs of students, staff and parents/guardians.
- ***Be aware that persons may still be traumatized months after an event.*** Refresh staff on prevention protocols and be responsive to signs of risk.

Resource: [OSPI Post-vention - Recovery](#)

REGIONAL CRISIS LINES

Crisis lines are ready to assist you, a friend or a family member 24 hours a day, 7 days a week. Crisis lines are available to all Washington residence regardless of insurance status.

- **Grays Harbor County:** 800-803-8833
- **Lewis County:** 800-803-8833
- **Mason County:** 800-270-0041
- **Pacific County:** 800-803-8833
- **Thurston County:** 800-270-0041

TEEN TALK

Hours:

- Monday – Thursday 4:00pm-9:00pm
- Friday 4:00pm-9:00pm

Phone: 360-397-CHAT (2428)

DOMESTIC VIOLENCE/SEXUAL ASSAULT HOTLINE

Phone: 360-715-1563

NATIONAL ALLIANCE ON MENTAL ILLNESS

Phone: 360-695-2823

RESOURCES

THE COLUMBIA LIGHTHOUSE PROJECT

cssrs.columbia.edu

NATIONAL SUICIDE PREVENTION LIFELINE

suicidepreventionlifeline.org

- 800-273-TALK (8255)
- En Espanol: 1-888-628-9454
- Deaf & Hard of Hearing: 1-800-799-4889

SEATTLE CHILDREN'S HOSPITAL

Free Mental Health Referral Service

- 833-303-5437 (Monday-Friday)

THE TREVOR PROJECT

www.thretrevorproject.org

Phone: 866-488-7386

EVIDENCE-BASED AND BEST-PRACTICE PROGRAMS

The Suicide Prevention Resource Center
Page for Resources and Programs

www.sprc.org/resources-programs

- Searchable database of evidence-based programs and practices for education, screening, treatment, environmental change
- Filter based on intended population.

National Registry of Evidence-based Programs and Practices

www.samhsa.gov/ebp-resource-center

- Searchable database of programs by intended outcome category (mental health, wellness)
- Lists intended populations to be served

NATIONAL BEST PRACTICE RECOMMENDATIONS

- [Preventing Suicide: A Toolkit for High Schools from the Substance Abuse and Mental Health Services Administration](#) (SAMHSA)
- [The Trevor Project Model School Policy:](#) developed in partnership with American Foundation for Suicide Prevention, the American School Counselor Association, and the National Association of School Psychologists
- [HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention:](#) a toolkit utilizing evidence-based youth suicide prevention guidelines.
- [Preventing Youth Suicide](#) from National Association of School Psychologists
- [To Live to See the Great Day That Dawns](#) Preventing Suicide by American Indian and Alaska Native Youth and Young Adults
- [Healthy Mind and Body: A Mental Health and Suicide Prevention Guide](#), resources from True Recovery
- [Effective Suicide Prevention:](#) Instructional video from the Suicide Prevention Resource Center
- [Risk Factors and Warning Signs:](#) American Foundation of Suicide Prevention
- [Now Matters Now:](#) research based ways to manage the most painful moments of life. Teaches Mindfulness, Mindfulness of Current Emotion, Opposite Action and Paced-breathing.
- [Beyond Blue: Guiding Their Way Back](#) Information for people who are supporting someone after a crisis.
- [Suicide Safety Plan](#) and [Safety Planning Guide](#) from Stanley and Brown recommendations
- [A Journey Toward Health and Hope:](#) a guide for recovery after a suicide attempt.
- [After a Suicide: A Toolkit for Schools](#) American Foundation for Suicide Prevention and the Suicide Prevention Resource Center
- [Suicide Postvention: The Role of the School Community After a Suicide:](#) Kognito recorded webinar using the After a Suicide Toolkit
- [After a Suicide Resource Directory:](#) downloadable handbook guides people through the first steps toward recovery and a hopeful future after a suicide attempt.
- [Suicide Prevention Resource Center: Survivors of Suicide Loss](#)
- [Reportingonsuicide.org](#)
- [Talking About Suicide and LGBTQI Populations-Media Guide](#)
- [Action Alliance Framework for Successful Messaging](#)

STUDENT RISK ASSESSMENT CHECKLIST

Student Name: _____ Date of Birth: _____

School: _____ Current Grade: _____ Date: _____

Person Completing Form: _____

Circle one: Counselor Psychologist Nurse Administrator

The questions below should not be read to the student, but rather should be used as a guide while assessing the student.

Category	Assessment Question	Yes	No
1. Current Ideation	Is the student thinking of suicide now?		
2. Communication of Intent	Has the student communicated directly or indirectly ideas of intent to harm/kill themselves? Communication may be verbal, non-verbal, electronic, or written.		
3. Plan	Does the student have a plan to harm/kill themselves now?		
4. Means and Access	Does the student have the means or access to kill themselves now?		
5. Past Ideation	Has the student ever thought of suicide?		
6. Previous Attempts	Has the student ever tried to kill themselves? (i.e. previous attempts, repetitive self-injury)?		
7. Changes in Mood or Behavior	In the past year, has the student ever felt so sad that they stopped doing regular activities?		
	Has the student demonstrated abrupt changes in behavior?		
	Has the student demonstrated recent, dramatic changes in mood?		
8. Stressors	Has the student ever lost a loved one by suicide?		
	Has the student had a recent loss of a loved one or significant other? (E.g. death in family, divorce or separation, relationship breakup)?		
	Has the student experienced a traumatic/stressful event (e.g. domestic violence, community violence, natural disaster)?		
	Has the student experienced victimization or been the target of bullying/harassment/discrimination?		
9. Mental Illness	Does the student have a history of mental illness (i.e. depression conduct or anxiety disorder)?		
10. Substance Use	Does the student have a history of alcohol/substance abuse?		
11. Protective Factors	Does the student have a support system of family and friends at home and school?		
	Does the student have a sense of purpose in his/her life? Can the student readily name plans for the future, indicating a reason to live?		

PUBLIC SCHOOLS SAFETY PLAN

Student Name: _____ Date of Birth: _____

School: _____ Current Grade: _____ Date: _____

Person Completing Form: _____

Step 1: Warning Signs (thoughts, images, moods, situations, behavior) that a crisis might be developing:	
1.	
2.	
3.	
Step 2: Internal coping strategies – things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activities):	
1.	
2.	
3.	
Step 3: People and social settings that provide distraction: (students)	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Step 4: People whom I will ask for help: (adults)	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Step 5: Professionals or agencies I can contact during a crisis:	
<ul style="list-style-type: none"> • Emergency Services: Call 911 • SW WA Crisis: 360-696-9560 • Legacy Medical Center: 503-413-4848 • Peace Health Medical Center: 360-514-2000 	<ul style="list-style-type: none"> • National Suicide Hotline: 800-273-8255 • Trevor Project (LGBTQ): 800-866-4-U-TREVOR • TEEN Talk: 360-397-CHAT
Step 6: Making the environment safe:	
Staff Signature:	
Student Signature:	
Date:	

HOME SAFETY AND SUPERVISION

TIPS FOR KEEPING YOUR CHILD SAFE

WHAT DO I NEED TO KNOW ABOUT YOUTH SUICIDE?

Risk factors for exhibiting suicidal behavior:

- Loss of significant other
- Depression and other mental health issues
- Previous suicide of a peer or family member
- Problems at school
- Family and personal stress
- Access to weapons or other means of harming oneself
- Substance Abuse
- Questions regarding sexual orientation

Students who are having suicidal thoughts may exhibit a variety of symptoms:

- Significant changes in behavior such as
 - Change in appearance,
 - Changes in grades
 - Withdrawing from friends
 - Changes in eating or sleeping habits
- Appears sad or hopeless
- Reckless behavior
- Self-inflicted injuries

- Making suicidal threats
 - Direct: “I want to die”
 - Indirect: “Things would be better if I weren’t here”
- Giving away prized possessions
- Saying goodbye to friends and family
- Making out a will

It is important to remember the signs and risk factors listed are generalities.

Not all students who contemplate or die by suicide will exhibit these kinds of symptoms *and* not all students who exhibit these behaviors are suicidal.

WHAT CAN I DO TO KEEP MY CHILD SAFE?

Ask

- Talking about suicide does not make a student suicidal.
- Asking if someone is having suicidal thoughts gives him/her permission to talk about it.
- Asking sends the message that you are concerned and want to help.

Take Signs Seriously

- More than 75% of people who die by suicide showed some of the warning signs in the time prior to their death.

Get Help

- If you have concerns that your child is suicidal, seek immediate help from a mental health practitioner.
- Suicidal students need to be evaluated by an expert in assessing risk and developing treatment plans.
- Parents can contact school counselors, nurse, or psychologists for a listing of resources.
- Parents may also want to consult with their insurance company to obtain a list of mental health providers covered by their policy.
- When you call to make an appointment, tell the person on the phone that your child is suicidal and needs to be seen as soon as possible.

Limit access to:

- Weapons
- Prescription drugs
- Medications
- Other harmful means

Do leave them alone

- Parents should surround themselves with a team of supportive friends or family members who can step in and help as needed.

Reassure your child that life can get better

- Many suicidal people have lost all hope that life can improve.
- They may have difficulty problem solving even simple issues.
- Remind your child that no matter how bad things are the problem can be worked out.
- Offer your help.

Listen

- Avoid saying “I know what it’s like” or “I understand.”
- Say “Help me understand what life is like for you right now.”

SUICIDE PREVENTION PROTOCOL

NOTIFICATION OF EMERGENCY

The undersigned, the parent/guardian of _____
was involved in a conference with school personnel indicated below on _____

____ I have been advised that my child appears to be in a state of psychological emergency.

____ I have been further advised that I should seek some psychological/psychiatric
consultation as soon as possible/immediately.

____ I have been provided with a list of mental health resources and emergency numbers.

____ I have been provided Home Safety and Supervision Tips for Keeping Your
Child Safe information.

I understand that the school is not responsible for the provision of or payment for these
services, but is alerting me to this emergency just as they would inform me of any health
problem. Any further action that I undertake in regard to this matter is of my own decision
and my own financial responsibility.

I understand a re-entry meeting must occur upon my child's return to school.

Parent or Legal Guardian

Parent or Legal Guardian

Date

Staff members present at conference:

School:

COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS) SCREENER

1. Have you wished you were dead or wished you could go to sleep and not wake up?

2. Have you actually had any thoughts about killing yourself?

If **YES** to 2, answer questions 3, 4, 5 and 6
If **NO** to 2, go directly to question 6

3. Have you thought about how you might do this?

4. Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?

High Risk

5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

High Risk

Always ask question 6

Lifetime

Past 3 Months

6. Have you 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 suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.

	High Risk
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Any **YES** to **4, 5 or 6** requires a Level 2 response:
Assessment from regional crisis line.

Any **YES** to **1, 2 or 3** requires a Level 1 response:
Assessment from a qualified mental health provider.

**DON'T LEAVE THE PERSON ALONE.
STAY WITH THEM UNTIL THEY ARE IN
THE CARE OF PROFESSIONAL HELP**

Risk Is Identified

A concern for risk of suicide is brought to the attention of the School Screener by a staff member, student's peers, or from direct referral by the student.

- Contact the School Administrator, and then the School Screener.
- Immediate Concern: If the student is in possession of lethal means (such as guns, weapons, knives, medications), secure the area and prevent other students from accessing this area.
- If the student has harmed themselves or is in danger of harming themselves or others, call 911 immediately.
- Follow your district's emergency medical procedures to ensure the safety of all staff and students.

Use Supervision

- A school staff person must stay with the student in a quiet, private setting to provide supervision and appropriate support until the School Screener meets with the student.
- If possible, this should be the person who identified the student at risk.
- All efforts should be taken to avoid leaving the student alone or sending home before completing the assessment.

Use the Columbia Suicide Severity Rating Scale (C-SSRS)

- Read the C-SSRS questions exactly as they are written to ensure the validity of the tool.
- There are many evidence based suicide risk screening and assessment tools available. *We chose the C-SSRS because it is an evidence based tool that is simple and effective.*
 - This protocol uses the shorter "Screener" version of the C-SSRS.
 - Longer versions of the C-SSRS and other helpful documents are available <http://cssrs.columbia.edu/>.

Interpret Suicide Risk Screening Form Results

- If the answer is "no" to all questions 1-6, there is an unfounded concern.
- Next steps
 - Inform administrator(s)
 - Call parents/guardians