

SUICIDE INTERVENTION PROTOCOL

As you are getting started, we know it is important that every school have a suicide intervention protocol in place. If Peer Leader teams are creating effective messaging and shifting culture around help-seeking, you can expect to see an increase in risk referrals after Sources of Strength is implemented. While this can be concerning, it often means that students and staff are watching out for each other and connecting others to help sooner or more often than they previously would have, breaking those codes of secrecy and silence. This is good! If your school already has a protocol in place, we recommend that you review it in staff meetings to ensure it is up to date and that all adults in the school are familiar with the actions they should take if they are concerned about someone in the school. Who should they go to with a concern? What is the plan for follow up after an intervention? These are just some of the important questions that each staff member and volunteer should know the answers to.

Developing or strengthening a protocol for how to respond to a distressed or suicidal student is an important part of preparation for Sources of Strength. This protocol review includes basic suggestions to include in your policy and protocols, and in staff and volunteer training. This is not intended to replace or discard effective protocols that already exist, but to be used as a checklist and guide. If you do not currently have an updated document, here are some things to keep in mind.

Part 1: Importance of Bonding, Connectedness, and Relational Support

Research has shown that long-term relational support is very effective in preventing young adults 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 students and young adults, especially those who report low levels of trust towards adults, or have few connections to supportive adult relationships. It is important that staff and volunteers have caring conversations with students during life's ups and downs, and not just during a crisis. Anyone working with young people can work towards being a Trusted Adult.

Sources of Strength is designed to help students 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 students and young adults to a variety of Strengths.

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-based 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 are often aware of suicidal peers much earlier than adult staff or volunteers, and they usually 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 should arrange to have the staff and volunteers briefed on student self-destructive and 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 among friends of a student that has died by suicide or made attempts resulting in injury or hospitalization.

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 self or others to the designated staff person(s) that same day.

Staff and volunteers are encouraged to talk to young adults they identify as distressed or potentially suicidal, and in a caring and calm manner ask them if they are thinking of suicide, or of killing themselves. If an adult is not comfortable having this conversation with a student, a referral should be made to a counselor immediately. They should personally invite in the designated staff and introduce them. If the situation is a medical emergency, 911 should be called immediately.

Not all clinicians, or emergency service providers are socially, linguistically, culturally or contextually competent. Among BIPOC and LGBTQ+ communities, there are documented incidents of risk and/or harm as they have sought emergency services. It is critically important to continue to advocate for emergency and intervention services to support ALL of our students and staff, regardless of racial/ethnic identity, gender, sexuality, class, age, religious affiliation, English proficiency, literacy and/or ability.

Part 4: Discussion with Youth/Young Adult

The student/young adult should be:

- Privately assessed to determine the level of risk.
- Offered immediate support and assistance.
- If the individual is determined to be at risk, they should 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 the individuals 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 them 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 the student is displaying signs and/or symptoms of suicide/homicide, and the parent refuses to have them assessed, it may be necessary to contact your local child welfare or juvenile justice agencies.

Part 6: Mental Health Provider Contacts and Agreement

Your school or entity should have contacts or agreements in place with mental health providers who 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/centers, tele-health, or private providers. It is important for parents to be provided with a specific name and number, and it is usually best to assist the parent by making the call and appointment together. Always provide the student and parents with 24-hour phone contacts and hotline numbers to access. See opposite page.

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 student/young adult identify a supportive, caring adult who can be activated in support. This adult can be within their family system, school, faith community, etc. If an adult is mentioned by the student, assist in encouraging regular contact 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 student's problems. Also assist them in identifying some other interests around Healthy Activities, Generosity, Positive Friendships, or Spirituality. These other supports and Strengths can be sustained over time and be extremely protective. See the Self Care Card on page ___.

Postvention: Next Steps


A school should also be aware of appropriate steps to take in the event of a death by suicide. The Suicide Prevention Resource Center (SPRC) has created a Toolkit for Schools in the wake of a tragedy, which can be found for free

online. Sources of Strength has also created a resource for utilizing Sources of Strength teams after a traumatic event, available at sourcesofstrength.org.

In general, your school should strive to treat each death within a school community the same way, taking care not to glamorize or memorialize the death. Work quickly to reach out to the young person's family, offering condolences, support, and to identify friends who may be in need of extra support.

Bring your Peer Leader team together, acknowledge the pain of the loss and remind them that the work they do is vital in the wake of a crisis. Ask them to keep their eyes and ears open to identify where there may be unresolved pockets of grief around the school and community that may benefit from extra support. Remind Peer Leaders that they are not junior psychologists or student counselors, but Connectors to Help and Agents of Change.

Additional postvention resources and documents can be found at sourcesofstrength.org. In the wake of a loss or a death in the school and/or community, please contact Sources of Strength. Our staff is available as a resource for your Sources of Strength team with meeting agendas, campaigns specifically geared towards Mental Health and help-seeking, as well as staff support.

	National Suicide Prevention Lifeline:
	1 - 8 0 0 - 2 7 3 - 8 2 5 5 (T A L K)
	Head Counselor Name: _____ Number: _____

 <p>THE TREVOR PROJECT <i>Saving Young LGBTQ Lives</i></p> <p>24/7 HOTLINE 1 - 8 6 6 - 4 8 8 - 7 3 8 6 www.thetrevorproject.org</p>
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<p>Local Crisis Lines:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

 <p>THE STEVE FUND</p> <p>Text "STEVE" to 741-741 stevelfund.org</p>
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