North Carolina School Suicide Prevention Toolkit

A SCHOOL PROTOCOL FOR IDENTIFYING AND ASSISTING STUDENTS STRUGGLING WITH SUICIDAL/HOMICIDAL THOUGHTS

North Carolina Center for Safer Schools
North Carolina Task Force for Safer Schools
North Carolina Department of Public Instruction
http://www.ncpublicschools.org/cfss/

2018

North Carolina School Suicide Prevention Toolkit

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This toolkit is a result of a 2016-2017 collaborative work between the NC Center for Safer Schools and the Task Force for Safer Schools' Committee on Mental Health and the Special Needs of Students. The subject matter experts on the committee include representative from North Carolina Department of Public Instruction, North Carolina Department of Health and Human Services, and community stakeholders, including but not limited to, clinical psychologists, school administrators, teachers, and statewide experts on mental health and suicide prevention.

The North Carolina School Suicide Prevention Toolkit is designed to be a straight forward and practical resource to assist schools in properly identifying students with suicidal ideation and behaviors, action steps to ensure their safety, protocols for referrals to appropriate professional care, and continuous follow up to ensure wraparound services. This toolkit incorporates existing material, research findings, and templates that have been compiled by the consensus of subject matter experts as an effective and efficient resource for the prevention and intervention of suicide among children and adolescents in a school setting.

Special Thanks

Greta Metcalf. Under her leadership as chair of the Mental Health and Special Needs of Students Committee for the NC Task Force for Safer Schools, Mrs. Metcalf and her team of experts identified the need of schools for streamlined information and effective resources around suicide. This toolkit was developed with the intent to fulfill this need.

Many thanks to the following for granting permission to reproduce their documents: Cherry Creek School District, New York State Psychiatric Institute, Brock & Sandoval & Rockingham County Schools (NC), Greta Metcalf, LPC.

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Additional Resources

Preventing Suicide: A Toolkit for High Schools

Substance Abuse and Mental Health Services Administration. Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012. https://store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf

After a Suicide: A Toolkit for Schools

American Foundation for Suicide Prevention and Suicide Prevention Resource Center. 2011. After a Suicide: A Toolkit for Schools. Newton, MA: Education Development Center, Inc. http://www.sprc.org/webform/after-suicide-toolkit-schools

National Institute of Mental Health

https://www.nimh.nih.gov/health/statistics/suicide.shtml

Suicide Prevention Resource Center

http://www.sprc.org/

American Foundation for Suicide Prevention

https://afsp.org/

SPECIAL REMARKS

Suicide is the second leading cause of death among teens and young adults between the ages of 15 and 24, and the third leading cause of death for individuals between the age of 10 and 14 (NIH). It is therefore critical for those working with children and adolescents to be informed and well prepared to address suicide prevention and intervention. This is certainly true for school personnel who may be called upon to provide time sensitive and informed assistance to students presenting with suicidal ideation and behaviors. This toolkit was developed with the purpose of assisting school officials in their development of protocols and practical resources for helping students who may be experiencing suicidal/homicidal thoughts. It is our hope that schools find the information included in this toolkit to be a helpful guide and resource in their pursuit toward the care and safety of their students.

Kym Martin
Executive Director
North Carolina Center for Safer Schools
North Carolina Department of Public Instruction

The Safer Schools Task Force works tirelessly to promote the safety of our kids. Equipping schools with tools to aid in the emotional and mental health of our students is of utmost importance. Teen suicide is not going away. With this toolkit, schools can better prepare their employees for teen suicide situations, ensuring the safety of our most precious resource.

Sheriff Robert Holland, Chair
Caroline Daily, Vice Chair
North Carolina Safer Schools Task Force

INTRODUCTION

WHAT? This is a Suicide Prevention Toolkit, a protocol that can be implemented in any school to help identify students struggling with suicidal or homicidal thoughts and feelings. It gives schools steps to take to screen a student for suicide risk, document concerns, develop safety plans, and connect the student to mental health care. It was developed by North Carolina's Center for Safer School's Subcommittee on 'Students with Mental Health and Special Needs' in 2017.

WHO? Any school can utilize the process protocol, resources, sample forms, and screening tools and adapt them to a school's individual needs and available resources. It is preferred that personnel-faculty from the support services team administer the screening tools, and if possible have some experience or training in working with students with mental health concerns.

WHEN? The toolkit can be implemented anytime by a dedicated workgroup at your school.

HOW? An explanation of each tool:

B. **Prevention, Screening, and Access to Care Protocol to Manage Behavioral Health and Suicidal/Homicidal Concerns in Schools**-This document gives you an outline of steps to take to implement preventative measures for students who are struggling; a suicide screening tool, connecting the student to a suicide assessment, then follow up strategies.
C. **Protocol Description**-A description of the first document and recommended resources by the subcommittee.
1. **Documentation of Suicide Risk Intervention**-Checklist for steps to take and logging the incident.
2. **Columbia-Suicide Rating Scale**-An evidenced based screener for suicide risk that results in either emergent, urgent, or routine dispositions.
3. **Columbia-Suicide Rating Scale Tri-Fold**-Folded, a useful pocket-sized form of the screener and resources.
4. **Suicide Risk Action Safety Plan**-Describes each level of risk and how to respond to each, offers a monitoring/action plan, and a safety plan for students and families.
5. **Parent Tips in Keeping your Child Safe**-a guideline of safety tips for caregivers and supports.
6. **Notification of Emergency Contact and Needs**-A form to use to document the caregivers were notified of the concern and need for mental health services.

Prevention, Screening, Access to Care Protocol to Manage Behavioral Health and Suicide/Homicidal Concerns in Schools

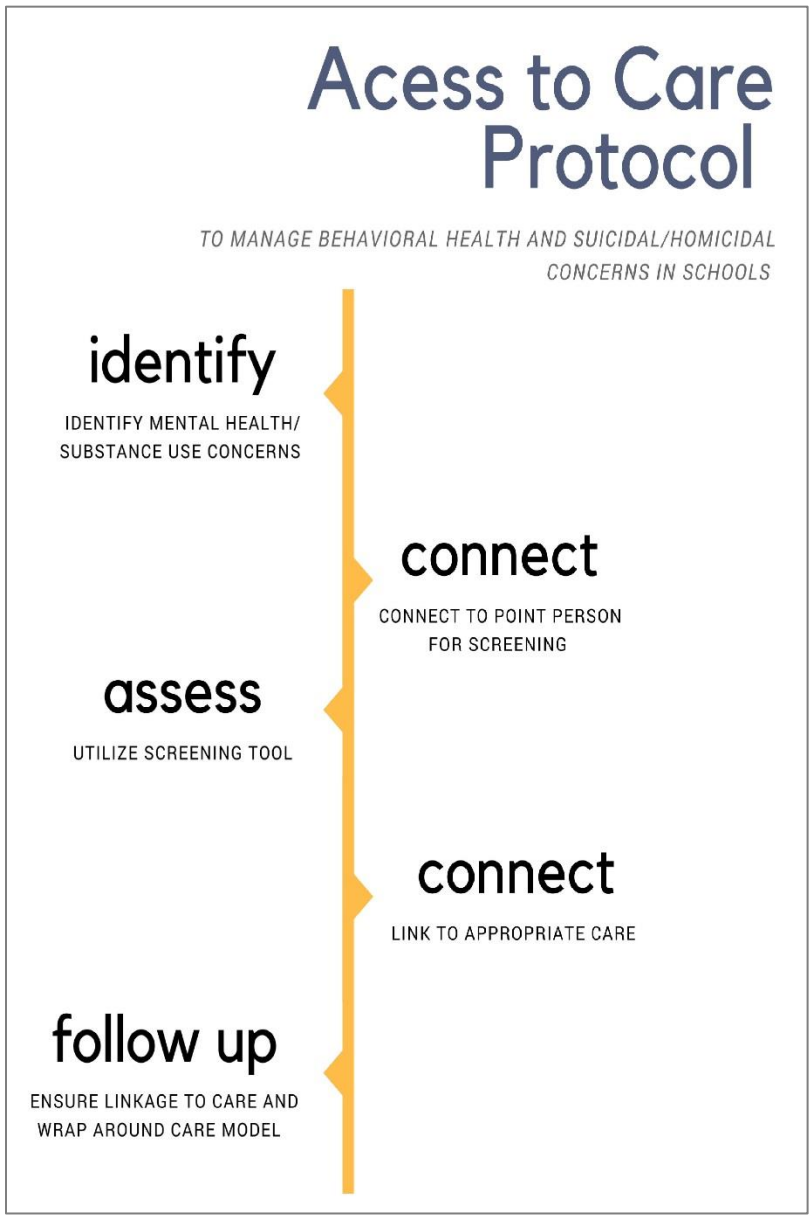
Prevention/Identifying Mental Health and Substance Abuse Concerns	Screening	Access to Care-Urgent/Emergent	Access to Care-Routine/Prevention	Follow up
All school faculty, students, and community members need to be equipped to identify warning signs of at-risk behaviors. Education is key and must be provided in varying venues.	Schools need to have one or two faculty who will be the point person to receive referrals from identifying warning signs at each school.	Linking to care is essential when the student presents as urgent or emergent. CSSR rating scale 3 to 6.	If CSSR rating scale is 1 to 2, refer to preventative/routine care.	Ensure linkage to care occurs and there is a wraparound care model in place
• Choose what works for your school: • Anonymous APP SPK^ • Rapid Assessment for Adolescent Preventative Services Screener • Youth Mental Health First Aid • PEACE Protocol-for school-based providers to implement • Anonymous Drop Boxes • Compassionate Climate Culture • Monitor Social Media • Suicide Hotlines • 'CALM' Counseling on Access to Lethal Means • Restorative Justice Practices	• Obvious point persons: School social worker, guidance counselor, nurse, or vice principal. Must be visible/accessible. • Decide how point person/s will receive referral and advertise very well • Utilize Screening Tools: • Columbia Suicide Severity Rating Scale (CSSRS) • Gather information from a variety of sources to help make a decision. • If Threat-Notify SRO and follow the Secret Service School Threat Assessment: https://www2.ed.gov/admins/lead/safety/threatassessmentguide.pdf	• An assessment must take place within 2 hours if considered emergent: CSSRS rating scale of 3 to 6. • Inform the parent/LRP asap • Use suicide notification form • Contact local provider who can provide rapid access or mobile crisis management • Always inform the SRO if determined a Threat • Provide direct supervision of the student until linkage to care has been achieved. Use trifold interventions	• School social worker or guidance counselor caseload to monitor • Refer to school skill building group if available • Refer to community prevention program • Use 'At-Risk Teams' 'Care Teams,' or 'Child and Family Student Support Teams' to monitor • Refer to local provider for MH services. http://www.ncdhhs.gov/providers/lme-mco-directory	• With consent to release of information in place, letter from the provider summarizing findings/recommendations is helpful. At min, this can be verbally communicated. • Point Person needs to relay recommendations to teaching staff and check in with the student on a regular basis. • The school point person needs to ensure linkage to care occurred once referred.

SUICIDE PREVENTION & INTERVENTION

NC SCHOOL TOOLKIT & RESOURCE GUIDE

PREVENTION, SCREENING, ACCESS TO CARE PROTOCOL

TO MANAGE BEHAVIORAL HEALTH AND SUICIDE/HOMICIDAL CONCERNS IN SCHOOLS



1.
Develop partnerships with local mental health providers who can provide rapid access to care and/or mobile crisis management.

2.
Develop Memorandum of Agreements to outline process.

3.
Solicit the help of your Manage Care Organization/Local Management Entity.

Questions? Contact Greta Metcalf at 828-399-1399

PROTOCOL DESCRIPTION

I. PREVENTION

There are various methods for faculty and students to identify behavioral health concerns including suicidal/homicidal concerns of students. Schools are encouraged to choose activities best suited for their local needs. Below are recommendations:

Anonymous APP SPK^:

SPK UP NC is a school safety program for students that enables them to send anonymous tips about school safety concerns from an app they download on their phone, iPad, MacBook, or other mobile and web-based technology. The tips will be received by school administration who will respond appropriately based on the type of tip. The SPK UP NC program combines the school safety prevention, intervention and response expertise of the N.C. Center for Safer Schools.

Rapid Assessment for Adolescent Preventative Services Screener:

The Rapid Assessment for Adolescent Preventive Services (RAAPS) is an evidence-based, web-based screening tool used by schools and healthcare professionals across the U.S. as well as a dozen other countries. It can efficiently and effectively identify the risky behaviors of youth that contribute to adolescent morbidity, mortality, and social problems. https://www.raaps.org

Youth Mental Health First Aid:

Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situation.

Prevention of Escalating Adolescent Crisis Events (PEACE):

A protocol that can be integrated into the school culture to help manage crisis events. To learn more contact Dr. Kurt Michael at Kurt Michael michaelkd@appstate.edu

Anonymous Drop Boxes:

A way for students to anonymously report incidents of bullying and other safety risk.

Compassionate Climate Culture and Trauma Informed Schools

Develop a culture where students feel safe and their peers are taught to support one another. http://traumasensitiveschools.org/

PROTOCOL DESCRIPTION

Monitor Social Media

Students reach out for help on social media. Develop a monitoring system or purchase software that will mine for unsafe posts.

Suicide Hotlines

Post the National Suicide Prevention Lifeline. 1 (800) 273-8255

'CALM' Counseling on Access to Lethal Means:

a program which aims to train helping professionals to counsel high-risk individuals and their families to temporarily reduce access to firearms and dangerous medications. To learn more contact Dr. Kurt Michael at Kurt Michael michaelkd@appstate.edu.

Restorative Justice Practices

Restorative Justice practices strives to bring victims and offenders together using restorative justice practices in an effort to foster collaborative healing, rather than specifically seeking punishment. Bring Restorative Practices to your school by contacting the Restorative Justice Clinic at Campbell Law School. http://law.campbell.edu/page.cfm?id=587&n=the-restorative-justice-clinic or call at 919-865-4692.

PROTOCOL DESCRIPTION

II. SCREENING

Schools need to have one or two faculty who will be the point person to receive referrals from identifying warning signs at each school. Offer both an anonymous and a face to face method. Students will use both.

Obvious point persons

- School social worker, guidance counselor, nurse, or vice principal are obvious point persons. In other cases, the SRO, principal, or lead teacher works better. They must be visible, accessible, and approachable.
- Decide how point person/s will receive referrals and advertise in varying methods. (Announce at faculty meetings, assemblies, post on website, newsletters, student letters, classroom teaching, guidance teaching are just some methods)

Utilize Screening Tools:

- Columbia Suicide Severity Rating Scale (CSSRS) brief version. This is a well-validated 6-item screening instrument to identify individuals at risk of suicide. It was developed as part of the National Adolescent Attempter's study to develop an instrument that predicts suicide based both on behavior and ideation. There is a short online training. Anyone can administer it. Gather information from a variety of sources to help make a decision. Always follow your instinct and choose the conservative route. http://cssrs.columbia.edu/training/training-options/
- If a student expresses a Threat-Notify SRO and follow the Secret Service School Threat Assessment Protocol: https://www2.ed.gov/admins/lead/safety/threatassessmentguide.pdf

III. LINKAGE TO CARE

After screening, the CSSRS produces an objective result that levels the severity and immediacy of the concern. With each result, a pathway to care and helpful interventions are noted. At this time, the student can be linked to care from the available local resources. For example, if a student is in need of an emergent suicide assessment, the student will be connected to a local provider whom can address this need within two hours of referral.

Access to Care-Urgent/Emergent: Linking to care is essential when the student presents as urgent or emergent. CSSR rating scale 3 to 6.

- Assessment must take place within 2 hours if considered emergent (HIGH RISK)/within 24 hours if determined urgent (MEDIUM RISK): CSSRS rating scale of 3 to 6.
- Inform the parent/caregiver asap
- Complete 'Documentation of Suicide Intervention' form and all related steps and forms included in packet.
- Contact local provider who can provide rapid access or mobile crisis management
- Always inform the SRO if determined a Threat
- Provide direct supervision of the student until linkage to care has been achieved. Use trifold interventions

Access to Care-Routine/Prevention: If CSSR rating scale is 1 to 2, refer to preventative/routine care.

a. School social worker or guidance counselor caseload to monitor
b. Refer to an internal school skill building/guidance group if available
c. Refer to community prevention program
d. Use 'At-Risk Teams' 'Care Teams,' or 'Child and Family Student Support Teams' to monitor
e. Refer to local provider for MH services. http://www.ncdhhs.gov/providers/lme-mco-directory

V. FOLLOW UP

Ensure linkage to care occurs and there is a wraparound care model in place so students don't fall through the cracks. Students exhibiting behavioral health and/or crisis concerns need a lot of natural supports from the school community.

- With consent to release of information in place, letter from the provider summarizing findings/recommendations is helpful. At min, this can be verbally communicated.
- Point Person needs to relay recommendations to teaching staff and check in with the student on a regular basis.
- The school point person needs to ensure linkage to care occurred once referred.

DOCUMENTATION OF SUICIDE RISK INTERVENTION

Student Name: _____ **Date/Time:** _____
Date of Birth: _____ Grade**:** _____ **Gender:** M F
Ethnicity: ___American Indian ___Asian ___Black ___White ___Hispanic
Special Education: Y N **Disability Category:** _____

School: _____
Form completed by: _____
Referred by: _____

Reason for Suicide Screening:

_____
_____
_____

Required Actions:
Provide direct supervision of student until screening and plan is completed and student is released according to action/monitoring plan. Contact the caregivers to include them in the process immediately.

- ❑ Complete the Columbia-Suicide Severity Rating Scale Screener
- ❑ Utilize the 'Assessed Level of Suicide Risk' for action plan instructions
- ❑ Complete action/monitoring plan steps according to level of risk
- ❑ Student supervised until released
- ❑ Student released
  To caregiver _____ Transported by: _____
  Therapist _____ Transported by: _____
  ER/hospital _____ Transported by: _____
  Other _____
  Returned to class (low risk only and w/ parent permission) _____
- ❑ Caregiver notified Time: _____ Spoke to: _____
- ❑ If Moderate Risk, copies of screener/safety plan given to parent
- ❑ Notification of Emergency Contact and Needed Services signed
- ❑ Discussion of home safety/supervision (access to weapons, drugs, Rx's, etc.)
- ❑ "Tips for Keeping Your Child Safe" provided to caregiver
- ❑ Outpatient therapist/MD notified (if applicable)
- ❑ Other_____

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

(Overview)

For inquiries and training information contact: Kelly Posner, Ph.D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu

When a Student presents with suicidal warning signs	Screen with a Columbia Suicide Severity Rating Scale to determine the pathway of care
Description of Suicide Screening Tool	Columbia Suicide Severity Rating Scale (CSSRS) – brief version. This is a well-validated 6-item screening instrument to identify individuals at risk of suicide. It was developed as part of the National Adolescent Attempter's study to develop an instrument that predicts suicide based both on behavior and ideation.
Purpose of Screening Tool	The CSSRS is used when a quick assessment of an individual's suicidality should be performed to determine if there is a need for further assessment. It can be used with a variety of populations, including adolescents.
Person/s Designated to Utilize the Screening Tool	The CSSRS can be administered by non-professionals, including school resource officers, school guidance counselors, school social workers, principals, etc. and others after a brief 30-minute online training. It is recommended someone with behavioral health background administer the tool
Training Information	Free online training is available at http://cssrs.columbia.edu/training_cssrs.html. This training takes about 30 minutes. Training DVDs are also available for those without on-line access.
Costs	Although the "e" version of the CSSRS has a small cost, the paper version of the CSSRS is free of charge. The on-line training is similarly free of cost.
Challenges	Triage points, based on scores on the CSSRS, will need to be developed for each local system and updated as needed.
Strengths	It is very brief – six questions at most – and can be administered by a wide variety of individuals, after a brief training. It has simple scoring instructions with clear cutting scores. It has both good inter-rater reliability and predictive validity, yielding both low rates of false-positives and false-negatives.

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

For inquiries and training information contact: Kelly Posner, Ph.D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. *Have you wished you were dead or wished you could go to sleep and not wake up?*		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "*I've thought about killing myself*" without general thoughts of ways to kill oneself/associated methods, intent, or plan. *Have you actually had any thoughts of killing yourself?*		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*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.*" *Have you been thinking about how you might kill yourself?*		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "*I have the thoughts but I definitely will not do anything about them.*" *Have you had these thoughts and had some intention of acting on them?*		
(5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*		
6) Suicide Behavior Question: *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 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:** *How long ago did you do any of these?* □ Over a year ago? □ Between three months and a year ago? □ Within the last three months?		

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Read aloud the questions Below	Past month	
Ask Questions 1 and 2	**YES**	**NO**
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 of killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Have you been thinking about how you might kill yourself?		
4) Have you had these thoughts and had some intention of acting on them?		
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?		
6) Have you ever done anything, started to do anything, or prepared to do anything to end your life? If YES, ask: How long ago did you do any of these?		

GUIDANCE CARD FOR CRISIS INTERVENTION

IF THE PERSON IS ---------- THEN YOU SHOULD

Emotionally upset? ---------- Don't take their words personally
Withdrawn? ----------Engage in relevant discussion
Difficulty concentrating? ---------- Be brief, repeat instructions
Hallucinating? ----------Respond to feelings, not content
Delusional? ---------- Don't argue about their beliefs
Fearful? ----------Be reassuring and calm
Insecure? ---------- Be caring and accepting
Over-stimulated? ---------- ----------Quiet the scene & limit input
Ignoring your commands? -------- Make sure they can hear you
Confused? ---------- Use simple words & simple instructions
Pre-occupied? ---------- Get their attention
Hopeless? ---------- ----------Instill hope & explore suicide risk
Agitated? ---------- ----------Give them space and time
Angry? ------ Validate feelings, consider assertive intervention

TRIAGE POINTS

If "Yes" to Item 1: - Low suicide risk – Monitor at school among student support team.
If "Yes" to Item 2: - Mild suicide risk – Monitor at school among student support team. Staff with a Macon Psych. clinician.
If "Yes" to Item 3: - Moderate suicide risk – Contact Macon Psych for suicide evaluation
If "Yes" to Item 4: High risk of suicide – Contact Macon Psych. for suicide evaluation or Mobile Crisis
If "Yes" to Item 5: High risk of suicide – Contact Macon Psych. for suicide evaluation or Mobile Crisis
If "Yes" to Item 6: Highest risk of suicide, with more recent actions reflecting greater risk. Immediately seek emergency mental health intervention for these individuals! Under no circumstances should you leave this individual alone!! Contact Macon Psych. or Mobile Crisis.

When to take the consumer to the Emergency Department or crisis facility?

Consumer presents one or more of the following:

- ✓ is unconscious, confused and disoriented
- ✓ has experienced a drug or alcohol overdose
- ✓ has a medical emergency (like delirium tremors, seizures, bleeding, serious injury) or unstable medical condition like severe diabetes or high blood pressure
- ✓ made a suicide attempt requiring medical intervention
- ✓ is unable to walk and/or speak clearly
- ✓ has any other medical condition requiring acute attention

To a behavioral health crisis facility in all other circumstances!

TO CONVEY EMPATHY

1. Reflect feelings: a clear, precise description of the emotion the person is experiencing. AND
2. Reflect content: a concise description of the situation or event that elicited that emotion.

FORMAT: "***You feel (specific emotion) because (content).***"

THREE-STEP ASSERTIVE INTERVENTION

1. **Empathy statement:** Lets the person know you understand him or her.
2. **Conflict statement:** Describe a conflict or problem that needs to be addressed before you can help the person.
3. **Action statement:** Let the person know exactly what you need him or her to do.

RESOURCES for Suicide Evaluation

List Resources Below:
Suicide Prevention Lifeline 1-800-273-TALK (8255)
Manage Care Organization:
Behavioral Health Provider:
Mobile Crisis:

Assessed Level of Suicide Risk

Adapted from Brock & Sandoval & Rockingham County Schools (NC)

Student: _____ **Date:** _____

School: _____ **Grade:** _____

** The following is to be used as a guide. Always defer to professional, clinical judgment and err on the side of caution. **

Low Risk – Score of 1 or 2 on the Columbia-Suicide Severity Rating. Minimal risk of suicide. Student may have made a remark about suicide or admitted to occasional thoughts of suicide (ideation) but has not made a plan. Possible adjustment problems in school and/or at home but idea of suicide not actively being considered, i.e. no intent or risky behavior. Strong Protective Factors. Reasons for Living > Reasons for Dying.

Moderate Risk – Score of 3 on the Columbia-Suicide Severity Rating. Moderate risk demonstrated by constant ideation, changes in behavior patterns (e.g. sleeping, eating, moods, school performance, and social relationships), and verbalized threats. Suicidal ideation with a vague and/or non-lethal plan (if one exists), but no intent. Some protective Factors. Reasons for Living ≥ Reasons for Dying.

HIGH Risk – Score of 4, 5, or 6 on the Columbia-Suicide Severity Rating. Extreme risk present when student makes frequent threats, has detailed and lethal suicide plan, makes final arrangements (e.g. gives away prized possessions, writes suicide note, discusses funeral plans, buys a gun or rugs, etc.), has a history of previous gestures or attempts, and/or is isolated from friends and family. These behaviors lead interviewer to believe that there is imminent risk of suicide. Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal. INTENT, PLAN, LETHAL MEANS. Reasons for Living < Reasons for Dying.

RISK ESTIMATION

□ **Low**

(Monitor Student; Notify Caregivers, teachers; Complete Action/Monitoring Plan; Provide Resources)

□ **Moderate**

(Monitor Student; Notify Caregivers, teachers; Complete Action/Monitoring Plan; Develop Safety Plan; Make Referral to a Behavioral Health provider to complete a suicide assessment; Provide Resources; Provide parents with copies of Safety Plan, Assessed Level of Suicide Risk, Action/Monitoring Plan, and Columbia Suicide-Severity Scale for provider)

□ **HIGH/EXTREME**

(Monitor Student; Notify Caregivers, teachers; Complete Action/Monitoring Plan; Develop Safety Plan; Make Referral to a Behavioral Health provider to complete a suicide assessment immediately; Provide parents with copies of Safety Plan, Assessed Level of Suicide Risk, Action/Monitoring Plan, and Columbia Suicide-Severity Scale for provider)

Action/Monitoring Plan

Adapted from Brock & Sandoval & Rockingham County Schools (NC)

Student: _____ **Date:** _____

School: _____ **Grade:** _____

Notification of-It is essential caregivers and teachers are notified. Student Support Team members if available.	— Caregivers _____ □ By Phone □ In Person — Administrator _____ — Teachers (list) — School Nurse — School Resource Officer — Other _____	
Supervision-The student needs to be directly supervised until an action plan is developed/resolved. Thereafter, they need someone to check in with on a routine basis.	At School	Home/Safety Supervision
	— Adult Supervision (specify who and when) _____ — Check-in with whom and when _____	— Remove access to weapons — Remove access to drugs, medications, etc. — Provide copy of "Tips for Keeping Your Child Safe"
Outside Involvement	— Recommendation to seek outside services — Provided list of area resources — Referred to behavioral health emergency services (Moderate/HIGH) — Current mental health provider _____ — Other (note if appointments made) _____ — Consent for Release of Information Signed with Mental Health provider for coordination of care (optional) but encouraged so school knows how to support student	
Follow-up-It is essential the school follows up with student and parents to ensure safety.	— Point Person will meet with student within 1 week _____ — Point Person will follow-up with parents on _____ — Parent will contact point person by _____ — Point Person will consult with new school, if there is change in placement	

TEAM SIGNATURES		
NAME	POSITION	DATE

Safety Plan

Adapted from Brock & Sandoval & Rockingham County Schools (NC)

Student: _____ **Date:** _____

School: _____ **Grade:** _____

STEP ONE: Warning Signs

What thoughts or events tend to make you feel suicidal? What do you experience when you start to think about suicide or feel extremely distressed?

STEP TWO: Internal Coping Strategies

1. What can you do, on your own, if you become suicidal again, to help yourself and not act on these thoughts or urges?

2. How can I make my environment safe? Or where can I go to feel safe?

3. What might interfere with your thinking of these activities or doing them once you think of them?

4. What are my reasons for living? What are you looking forward to in the future?

Safety Plan

Adapted from Brock & Sandoval & Rockingham County Schools (NC)

STEP THREE: Social Contacts Who May Distract from the Crisis

1. Who or what social settings help you to take your mind off your problems for a little while? Who helps you feel better when you talk to them?

STEP FOUR: Family Members or Friends Who May Offer Help (Prioritize list)

STEP FIVE: Professionals and Agencies to Contact for Help. List name and number

1. _____
2. _____

In an emergency I can also call: _____

STEP SIX: Parents/Guardian have been provided a copy of 'Parent Tips.'

Student: _____ **Date:** _____

Team Leader: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Caregiver TIPS
KEEPING YOUR CHILD SAFE

It is important to remember the signs and risk factors listed are generalities. Not all youth who contemplate suicide will exhibit these kinds of symptoms AND not all students who exhibit these behaviors are suicidal.

Warning Signs of Suicide

TALKING ABOUT IT
Suicide| Death| Preoccupation with dying

TROUBLE EATING SLEEPING
Sleeping all the time| Unable to sleep| Overeating| No able to eat

SUICIDE EXPOSURE
Previous suicide of a peer or family member

WITHDRAWING
From family and friends

SIGNIFICANT CHANGES IN
Behavior| Personality| Appearance| Change in grades

LOSS OF INTEREST
In activities| Work| School| Hobbies| Social Interactions

GIVING THINGS AWAY
Giving away prized possessions

PREVIOUS SUICIDE ATTEMPTS

SUBSTANCE USE
Increased drug and.or alcohol use

PROBLEMS IN PERFORMANCE
School| Work|

SUDDEN CHANGES IN BEHAVIOR
Sudden happiness or calmness following a depressed mood

OBSESSION WITH SUICIDAL MEANS
Guns| Knives| Hanging material

PHYSICAL SYMPTOMS
Chronic Pain| Frequent Complaints of physical symptoms

HOPELESSNESS
Makes statements of hopelessness or worthlessness

TROUBLE REMEMBERING
An inability to concentrate

SAYING GOOD BYE
Saying good bye to family, friends,

SELF INFLICTING INJURIES
Cutting| Burning|

MAKING A WILL OR SUICIDE NOTE

MAKING SUICIDAL THREATS
Direct: "I want to die"|
Indirect: "Things would be better if I wasn't here"

Adapted from Cherry Creek School District 2008
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WHAT CAN I DO TO KEEP MY CHILD SAFE?

- **ASK.** Talking about suicide does not make a person 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.** Most people who die by suicide showed some of the warning signs in the weeks or months prior to their death.

- **GET HELP.** If you have concerns that your child is suicidal, seek immediate help from a mental health practitioner. You can also access emergency services at your nearest hospital. Suicidal children need to be evaluated by an expert in assessing risk and developing treatment plans. Contact your school psychologist, social worker, or counselor for a list 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.

- **SECURE WEAPONS, ROPES/CORDS, MEDICATIONS AND OTHER MEANS OF HARM. (Fire Arms are #1 means; Suffocation is #2 form of means)**

- **DO NOT LEAVE YOUR CHILD ALONE.** Surround yourself 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 making statements such as "I know what it's like" or "I understand." Instead, make statements such as "Help me understand what life is like for you right now."

EMERGENCY RESOURCES:

National Suicide Prevention Lifeline	1-800-273-TALK	(1-800-273-8255)
Local Police	911	
Local Mental Health Providers:		
Local LME/MCO:		

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Caregivers, work with your child, school, and community to increase Protective Factors and reduce Risk Factors to decrease suicide risk:

PROTECTIVE FACTORS

FACTORS THAT CONTRIBUTE TO RESILIENCY, AN ABILITY TO RECOVER FROM OR ADJUST EASILY TO MISFORTUNE OR CHANGE

- Family/Parental support and connectedness to family, strong relationships with caregivers
- Close friends
- A caring adult
- Family involvement in school
- Positive school experiences
- Safe environment at school
- Access to basic needs: Adequate food, clothing, medical care, dental care, shoes
- Access to mental health care
- Involvement in activities that your child enjoys, such as sports, theater, school clubs, skate boarding, music lessons, church youth group, dance, art, cultural
- Gain an understanding of your child's developmental stage. Support them in trying out new identities
- Restrict access to guns, medications, ropes, cords, harmful internet sites, alcohol

PARENT NOTIFICATION OF EMERGENCY CONTACT AND NEEDED SERVICES

I (we), _____, the parents of _____, were involved in conference with school personnel on _____ at _____ School. We have been advised that following a suicide screening, our child was determined to be at risk for suicide and appears to be in a state of psychological emergency.

We have been further advised that we should seek intervention for our child immediately. School personnel explained the district's role in providing support and follow-up assistance to our child in conjunction with treatment services from the community. We understand that services received through any outside agencies will be at our own expense. We have been provided a list of community resources and crisis/emergency numbers and recognize that 911 should be called in life-threatening situations.

If I (we) do not accept responsibility for the plan, I (we) attest to the understanding that a referral to Child Protective Services for possible emotional neglect can/will be made.

_____
Parent Date

_____
School Point Person Date

List Mental Health Community Resources Here:

Copies to: School Point Person
Parent

North Carolina School Suicide Prevention Toolkit

NORTH CAROLINA CENTER FOR SAFER SCHOOLS
NORTH CAROLINA TASK FORCE FOR SAFER SCHOOLS
NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION
WWW.CENTERFORSAFERSCHOOLS.ORG