

Suicide Risk Screening

A *Suicide Risk Screening* shall be initiated immediately **when a student talks about harming himself/herself, or if there is concern a student has thoughts about hurting himself/herself.** Do not leave the student unattended by an adult. Do not allow the student to leave the building until this protocol is completed and a plan is implemented for ensuring the student's safety. A school administrator must be informed. The following protocol will guide the evaluation, document the concerns, and assist with development of a safety plan.

If there is a concern about a student being a threat to others, complete the *Threat Screening*. In some cases, both the *Threat Screening* and the *Suicide Risk Screening* will need to be completed.

Student: _____ Date of Incident: _____

School: _____ Grade: _____ DOB: _____

Step 1: Keep the Student Safe

- Appropriately supervise the student being assessed until the protocol is completed
- If there is immediate danger, call 911
- If there are any indications of self-harm, have injuries treated and documented by school nurse
- Notify & consult with appropriate school personnel

Step 2: Identify & Report Risk

In order to maintain a safe and orderly school environment, all school personnel and students have the responsibility to immediately report student self-harm or threats of suicide to school administration.

Self-harm is behavior that deliberately results in injury to oneself and can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

School personnel are mandated reporters; therefore, confidentiality limitations do not apply in cases of threat to self or others. Any self-harm or suicide threat must be taken seriously.

Describe the incident as you observed or as it was reported. Be as complete as possible, using direct quotes when reporting statements made by others. Provide any documentation (i.e. writings, notes, drawings, printed email, or social media) which may help to conduct a preliminary risk Screening.

What statement/behavior has the student demonstrated to indicate he/she is possibly at risk for suicide? _____

When and where did statement/behavior occur? _____

Who was present or has knowledge of the incident? _____

Describe any other concerns regarding this student:

Name of individual making report: _____ Date: _____

Step 3: Evaluate & Classify Risk

When a student is identified and referred as possibly at risk for suicide, the student will be interviewed immediately for the purpose of establishing sequential factors or events leading to the crisis. The following interview questions may be used to begin the screening, and should be modified, as appropriate/necessary. The goal is to determine the student’s intent and the **level or risk or lethality involved**.

Questions for Beginning the Interview - *What warning signs initiated the referral?*

- 1. Someone has noticed _____ about you (i.e. an essay, a drawing, a statement). It concerned me and so I wanted to ask you about it. What were you meaning to say? What did you want to happen? _____
- 2. Is the student taking any medications? _____ Diagnosis? _____
- 3. Is the student currently receiving counseling services? _____ With whom? _____
- 4. Is the child receiving Special Education Services? _____ Disability? _____

Questions for Assessing Current Feeling & Thinking - *What problem is the student experiencing?*

- 1. How are things going for you right now? _____
- 2. Have you been feeling down or discouraged? _____
- 3. What problems are getting you down right now? _____
- 4. Has someone hurt you, or has someone hurt your feelings in some way? _____
- 5. Do you feel like things can get better? _____

Questions for Assessing Suicidal Thinking & Behavior - *Is the student suicidal; do they have a plan?*

- 1. Have you been thinking about hurting yourself or taking your own life? _____
- 2. What happened to make you think about hurting or killing yourself? _____
- 3. Do you know someone who's committed suicide? _____
- 4. Has someone you care about died? Have you tried to hurt or kill yourself before? _____
- 5. Have you thought about how to make yourself die? _____
- 6. How are you planning to hurt yourself? (Ask about access to a means to inflict self-harm that matches how the student responds—medications, firearms, etc.) _____

Questions for Assessing Coping - *How does the student solve problems?*

- 1. What would it take to make things better? _____
- 2. What would have to happen for things to work out? _____
- 3. What have you tried to do to make things better? _____

Questions for Assessing Supports - *What strengths and supports does the student have?*

- 1. Can you talk to family and friends about how you're feeling? _____
- 2. Who have you told about how you are feeling? _____
- 3. Are they helping you? _____
- 4. Would you be willing to talk to someone about how you're feeling (i.e., a therapist)? _____

When evaluating a risk for suicide, also consider the age of the student, credibility of the information obtained from the inquiry, and the capacity of the student to carry out his/her threat.

Collateral Contacts: Seek information from collateral contacts (List name, contact information, and date(s) of services, if known).

- History of referral-related disciplinary incidents _____
- Police, Juvenile Court (DJJ, CDW) _____
- Social service agencies (DCBS) _____
- Family Resource/Youth Service Center _____
- Special Education, 504, or Under Consideration _____
- Community mental health _____
- School-based therapist _____
- Social media _____

Notes: _____

Risk Factors: Warning signs which may indicate the potential for suicide risk:

- Expressions of hopelessness in writings & drawings
- Making final arrangements
- Giving away possessions
- Reading or writing about death
- Excessive feelings of sadness & hopelessness
- Social withdrawal or lacking interpersonal skills
- Domestic violence of other family conflict
- Poor coping skills
- Limited support system
- Drug & alcohol use
- Child abuse/neglect
- Sexual identity issues or sexual abuse
- Increased risk-taking
- Being a victim of violence, teasing, bullying
- Feelings of being picked on
- Previous suicide attempt(s), cutting
- Sense of desperation
- Access to a means to harm self

Notes: _____

Precipitating Events: Recent triggers which may increase the potential for suicide risk:

- Recent public humiliation or embarrassment
- Boyfriend/girlfriend relationship difficulties
- Death, loss or other traumatic event
- Deployment or incarceration of parent/guardian or other close family member
- Friend or family member attempted suicide
- Family fight or conflict
- Recent victim of teasing, bullying or abuse
- Separation or divorce of parents
- Other

Notes: _____

Stabilizing Factors: Factors which may minimize or mitigate the potential for suicide risk:

- Effective parental involvement
- Receiving mental health services (identify, if known)
- Social support (church, school, social organizations)
- Close alliance with a supportive adult (counselor, mentor, teacher, pastor)
- Positive, constructive peer group
- Appropriate outlets for grief or other strong feelings
- Positive focus on the future or appropriate future events

Notes: _____

Level of Risk: To what extent does this student pose a threat to himself/herself?

Minimal Risk for Harm	Moderate Risk for Harm	High Risk for Harm
<ul style="list-style-type: none"> ✓ Few/no serious <i>Risk Factors</i> or history of suicidal behavior. ✓ <i>Stabilizing Factors</i> appear reasonably well-established. ✓ The student does not appear serious about harming himself/herself, nor have they thought seriously about a means to do so. ✓ Information suggests that the student is unlikely to carry out the threat. ✓ Heat-of-the-moment <p>The student is in distress but has positive supports. The student's concerns and needs may be readily addressed.</p>	<ul style="list-style-type: none"> ✓ Some <i>Risk Factors</i> and evidence of emotional distress, but also may have some <i>Stabilizing Factors</i>. ✓ Student's suicidal thinking is concerning but they are not expressing a clear intent to harm herself/himself. ✓ Moderate or lingering concerns about the student's potential to harm herself/himself. <p>The student is in distress. There is suicidal thinking but the student does not seem intent on harming herself/himself. The problem situation can be resolved and the student appears able to use some coping skills. The student is open and responsive to support, or already has sufficient support.</p>	<ul style="list-style-type: none"> ✓ Significant <i>Risk Factors</i>, evidence of extreme emotional distress. ✓ Student has a specific plan and immediate access to the method. ✓ Strong concern about the student's potential to harm herself/himself. <p>The student is in significant distress. There is clear suicidal thinking and warning signs are present. The student's coping skills and social supports are limited or compromised. There may be a situation that is difficult to resolve. The student appears to be in imminent danger of inflicting self-harm or committing suicide. There is a need for immediate intervention and possibly hospitalization.</p>

Notes: _____

Step 4: Respond to Risk

In responding to any threat, the immediate concern is safety. Students should not be permitted to leave school and staff should appropriately supervise the student being assessed until this protocol is completed.

Student is Not Actively Suicidal

If a student is not found to be actively suicidal, the parent/guardian will be notified of the referral, concerns expressed, and all conclusions reached. Resources will be provided for support services, including a referral to the school-based therapist, if needed. Parent may decide if they want to come and pick student up, or if student is to return home by ordinary means (walking, riding bus, etc.)

Student is Actively Suicidal

If a student is found to be actively suicidal (Moderate or High Risk), a conference must be held with the parent/guardian and a referral must be made to a qualified mental health professional.

Reasonable steps should be immediately taken to avoid or mitigate any imminent threat of harm, including hospitalization if necessary.

Administrator shall request for parent to sign a ***Parent Notification to Seek Assistance*** and a ***Release of Information form (EC-26)*** for communication between the school and the mental health facility to which the student will be taken, the student's therapist, and other individuals as appropriate.

If the parent/guardian cannot be contacted or if they refuse to come to the school, the case will be treated as a medical emergency and arrangements will be made to transport the student to an area hospital emergency room or mental health facility. Administrator will notify parent/guardian that the school may be required to file a medical neglect report with the Kentucky Cabinet for Health and Family Services.

If student is found to be at High Risk for Harm and it reasonably appears based on the factors present that hospitalization may be required to address the High Risk for Harm, and **if parent refuses to seek treatment for student**, the issue must be reported to the County Attorney's Office or to the Kentucky Cabinet for Health and Family Services to determine whether an involuntary hospitalization should be pursued.

Under no circumstance should a student who is determined to be actively suicidal (Moderate or High Risk) be allowed to go home alone. Instead, unless hospitalization is required, the student must be released only to a parent/guardian or other responsible adult.

Re-Entry Procedure

For student returning to school after a mental health crisis (i.e., suicide attempt or psychiatric hospitalization), an administrator will meet with the student and student's parent/guardian to discuss re-entry and the appropriate next steps to ensure the student's readiness for return to school.

- ✓ **Parent/guardian will provide documentation from a qualified mental health professional that the student has undergone examination and that the student is no longer a danger to self or others.**
- ✓ **If the parent/guardian refuses to provide such documentation**, the principal or ARC (as the case may be), with advice from the school-based therapist, will determine the appropriate placement for the student based on the information known at the time. If the principal or ARC determines on the information available that there is a substantial likelihood of an immediate and continuing threat to self or others, the principal may place the student in a placement that represents the least restrictive alternative for the student. The student may not be disciplined for the failure of the parent/guardian to provide the information.

The results of this screening do not predict specific behavior, nor are they a foolproof method of assessing an individual's potential to harm self or others. The purpose of this screening is to identify circumstances that may increase the risk for potential suicide and to assist school staff in developing a safety and intervention plan.

This Suicide Risk Screening is guided by findings and recommendations published in the *Developing a Comprehensive School Suicide Prevention Program (Journal of School Health, 2001)*, the *Safe Schools Initiative, Threat Screening in Schools* (U.S. Department of Education, U.S. Secret Service, 2002), and *National Strategy for Suicide Prevention: Goals & Objectives for Action* (U.S. Department of Health & Human Services, 2001) in addition to other sources.

Intervention & Support Plan

Initial Intervention:

- Low or Minimal Risk for Harm (Student is not actively suicide)**
- Notify parent/guardian (Date/Time): _____ by (Title/Name): _____
- Resource Referral (<http://www.suicidepreventionlifeline.org/>)
- Referral to School-Based Therapist - Appointment Date/Time: _____
- Discipline per **Code of Acceptable Behavior & Discipline**, if applicable (attach copy)
Offense/Consequence: _____
- Moderate or High Risk for Harm (Student is actively suicidal)**
- Direct supervision of the student
- Contact SRO to assess the need for law enforcement intervention
- Notify parent/guardian (Date/Time): _____ by (Title/Name): _____
- Schedule parent/guardian conference: (Date/Time): _____
- Threat Screening** completed (attach copy)
- Student Safety Contract** completed (attach copy)
- Parent Notification to Seek Assistance** completed (attach copy)
- Release of Information (EC-26)** signed for communication with agency being referred to (attach copy).
- Contact then scan & email referral to:
 - Pennyroyal RESPOND - Phone (270) 881-9551 Email - vwatkins@pennyroyalcenter.org
 - Cumberland Hall Hospital - Phone (270) 886-1919 Email - cumberlandhalladmissions@uhsinc.com
- Call made by (Title/Name): _____ (Date/Time): _____
- Talked with: _____ Email sent (Date/Time): _____
- Discipline per **Code of Acceptable Behavior & Discipline**, if applicable (attach copy)
Offense/Consequence: _____

Team Member Completing Form: _____ Date: _____

Administrator Signature: _____ Date: _____

Follow-Up:

- Evaluation - Agency/Result _____
- Hospitalization (Inpatient Treatment) - Agency/Discharge Date _____
- Outpatient Treatment - Agency/Assigned Therapist _____
- Medication Prescribed - Name/Dose/Prescribing Dr. _____
- DCBS Report - Date/Time/Report # _____
- DCBS Worker Assigned - Name/Contact Info _____
- Removed from Home/Placed in Foster Care - Name/Contact Info _____
- Arrested - Arresting Officer/Charge(s) _____
- Detained/Sent to MRJDC _____
- Sent to Court Designated Worker - Name/Contact Info _____
- Placed in Diversion Program _____
- Assigned Department of Juvenile Justice (DJJ) Worker- Name/Contact Info _____

Date Returning to School: _____

Support Plan (Upon Return to School):

Created in collaboration with student, parent/guardian, and Crisis Team members.

- Return-to-school Conference: (Date/Time): _____
- Release of Information (EC-26)** signed for communication with ALL service providers (attach copy)
- Alert staff & teachers on a need-to-know basis
- Daily or Weekly check in with (Title/Name): _____
- Staff & teachers that the student can talk to for support (from **Student Safety Contract**): _____
- Identify precipitating/aggravating circumstances and intervene to alleviate tension. Describe: _____

Student Safety Contract

I have made verbal comments, written statements, or displayed other behaviors which indicate that I could pose a danger to myself and/or others. School staff members are concerned and want to support me. I understand I have a responsibility to keep myself safe, and to maintain a safe learning environment at school. I, _____, agree to abide by the following rules for school behavior (check all that apply):

- I promise not to hurt myself or others.
- I promise not to bring a weapon on school property.
- I promise not to use alcohol or drugs.
- I promise to express my feelings in ways that will not be harmful to myself or others.
- I promise to seek out the assistance of an adult if I am having thoughts of harming myself.
- I promise I will actively participate in any counseling made available to me by my school or parents.
- I promise to attend all scheduled monitoring meetings with _____.
- I promise to _____.

If I am having thoughts of harming myself or others, I will do the following until I receive help:

At school, I will talk to: _____ or _____.

Outside school, I will talk to: _____ or _____.

I will tell my parent/guardian how I am feeling.

Call 911 or a 24-Hour Crisis Hotline:

- ✓ Pennyroyal RESPOND: (270) 881-9551
- ✓ Suicide Prevention Lifeline: (800) 273-8255

If I do not comply with these rules, I understand the following consequences will occur:

1. _____
2. _____
3. _____

****It is not recommended that students 4th grade or below be requested to sign Safety Contract.**

Student Signature

School Staff Signature

Date

Date

Student: _____ Date of Incident: _____

School: _____ Grade: _____ DOB: _____

Parent Notification to Seek Assistance

I have been notified my child has made verbal comments, written statements, or displayed other behaviors which indicate he/she may pose a danger to self and/or others. Due to the severity of these concerns, I acknowledge I am being advised to seek outside assistance for my child.

Outside assistance can be obtained through the following agencies:

Pennyroyal RESPOND
607 Hammond Plaza
Hopkinsville, KY 42240
(270) 881-9551

Cumberland Hall Hospital
270 Walton Way
Hopkinsville, KY 42240
(270) 886-1919

- I have been advised of the school's concerns.
- I have been advised to seek outside assistance for my child.

If student is found to be at High Risk for Harm and it reasonably appears based on the factors present that hospitalization may be required to address the High Risk for Harm, and **if parent refuses to seek treatment for student**, the issue must be reported to the County Attorney's Office or to the Kentucky Cabinet for Health and Family Services to determine whether an involuntary hospitalization should be pursued.

Parent/Guardian Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____
 Witnessed by: _____ Date: _____

Student: _____ Date of Incident: _____
 School: _____ Grade: _____ DOB: _____