Suicide
Risk Factors, Interventions, and Considerations

The following section is designed to assist the teacher or counselor in interacting with a student who exhibits signs of “risk”.

Establish a safe environment from the beginning in your classroom/school:
- Creating a safe reporting environment
- Emphasis of friends reporting and keeping friends/classmates safe
- Differences between “tattling” and “reporting”
- Purposeful discussion to students about “this is not a safe secret to keep”
- Statement to class/students that ALL school staff being mandated reporters and want to keep students safe

Those signs may include (but are not limited to):
- Talking or writing about wanting to die or to kill oneself.
- Looking for a way to kill oneself, such as searching online or buying a pills/weapons
- Talking or writing about feeling hopeless or having no reason to live.
- Talking or writing about feeling trapped or in unbearable pain.
- Talking or writing about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawn or feeling isolated (Withdrawing from friends/family)
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.
- Preoccupation with death.
- Dramatic change in mood; suddenly happier, calmer.
- Loss of interest in things one cares about.
- Visiting or calling people to say goodbye.
- Making arrangements; setting one’s affairs in order.
- Giving things away, such as prized possessions.
- Current self-harming behaviors

If you see warning signs respond by:
- Showing concern and empathy for the student
- Asking the student directly if he/she is having suicidal thoughts? Do not avoid using the term suicide. Be confident in how you ask the question, as it is important not to express dread or judgement.
- Are you having suicidal thoughts?
- Are you thinking of killing yourself?

IF **NO** to the above questions, then observe behaviors and use professional judgement, weighing on the side of caution. Some people may not respond to these questions and not everyone will tell the truth.

IF **YES** to the above questions, then ask:
- Have you decided *how* you would kill yourself?
- Have you decided *when* you would kill yourself?
- Do you have access to resources (tools/time) to complete your plan?
  - Tools = method (firearm, drugs, bridge, rope, etc)
  - Time = availability of opportunity

Continue establish care and concern for well-being of the student. Acknowledge referral to crisis team. Example statements may look like:
- “I care about you and your safety. We need to come up with a way to help you. You are too important to me to ignore statements/cuts/behaviors."
- “You are not in trouble. It is because you are important and because I care that I can’t leave you alone right now.”
- “By law, if I have concern for your safety, I need to let someone that can keep you safe know about it.”
- “At this time, we are going to go visit with the school counselor/resource officer, principal, etc.”

Immediately escort student to building crisis team member (eg. administrator, SSS, school nurse, resource officer) AND provide crisis team member a detailed account of risk factors and concerns. **DO NOT LEAVE STUDENT ALONE.**

*Complete Suicide Assessment and obtain a Release of Information

Crisis Recovery Plan
- What do you currently have in place for crisis recovery?
- What do you need to tweak/add/omit?
PROTECTIVE FACTORS FOR YOUTH SUICIDE

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to cope positively with the effects of risk factors is called “resilience.” Actions by school staff to enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risks, including violence, substance abuse, and academic failure.

There is no single, agreed-upon list of protective factors. The list below summarizes the protective factors identified by the most recent research.

Individual Characteristics and Behaviors

- Psychological or emotional well-being, positive mood
- Emotional intelligence: the ability to perceive, integrate into thoughts, understand, and manage one’s emotions
- Adaptable temperament
- Internal locus of control
- Strong problem-solving skills
- Coping skills, including conflict resolution and nonviolent handling of disputes
- Self-esteem
- Frequent, vigorous physical activity or participation in sports
- Spiritual faith or regular church attendance
- Cultural and religious beliefs that affirm life and discourage suicide
- Resilience: ongoing or continuing sense of hope in the face of adversity
- Frustration tolerance and emotional regulation
- Body image, care, and protection

Family and Other Social Support

- Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
- Close friends or family members, a caring adult, and social support
- Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior such as beating someone up or drinking alcohol
- Family support for school
School
- Positive school experiences
- Part of a close school community
- Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)
- Adequate or better academic achievement
- A sense of connectedness to the school
- A respect for the cultures of all students

Mental Health and Healthcare Providers and Caregivers
- Access to effective care for mental, physical, and substance abuse disorders
- Easy access to care and support through ongoing medical and mental health relationships

Access to Means
- Restricted access to firearms: guns locked or unloaded, ammunition stored or locked
- Safety barriers for bridges, buildings, and other jumping sites
- Restricted access to medications (over-the-counter and prescriptions)
- Restricted access to alcohol (since there is an increased risk of suicide by firearms if the victim is drinking at the time)

REFERENCES


SUICIDE ASSESSMENT

1. What are the student’s presenting problems? What are the student’s issues? What are the precipitating events?

2. Assess student’s current level of thinking. Do they have tunnel vision, distorted thinking, or fantasies of suicide? Are they denying intent?
   a. Consider frequency (Has the student thought about suicide in the past?)
   b. Consider duration (How long has the suicidal thoughts been going on? How long have the acute risk factors been present?)

3. Assess lethality.
   a. Does the student have a plan or method (specificity of plan)?
   b. How lethal is the plan?
   c. Is the method available to the student?
   d. Does the student have the opportunity?

4. What are the student’s risk factors? (Account for age appropriateness)
   * The more factors, the higher the risk.
   - Lack of resources (adult and/peer)
   - Family history of mental illness
   - Personal history or current mental illness
   - History of hospitalizations
   - Chronic illness/medical problems
   - Recent loss or separation (e.g., death, break-ups, divorce, foster care, incarcerated parent)
   - Lack of daily function skills
   - Instability of life style
   - Prolonged drug/alcohol use
   - Lack of school connections or feeling of connectedness with school (e.g., truancy, no involvement in activities).
   - History of suicide attempts
   - History of self-harming behaviors
   - Exposure to abuse (physical, sexual, emotional)
   - Witnessing of violence (e.g., mother being abused)
   - One or no biological parents
   - History of impulsive/reckless behaviors
   - History of violent behaviors
   - Talking/writing about wanting to die or kill one’s self
   - Current self-harming behaviors
   - Statement of suicide/self-harm
   - Loss of interest in things once cared about
   - Preoccupation with death
   - Hopelessness
   - Anxiety/Depression
   - Extreme mood swings (e.g., rage)
   - Withdrawn or isolation
   - Sleeping too little or too much
   - Increased use of drugs/alcohol
   - Talking/writing about feeling trapped
   - Researching or looking for a way to kill oneself
   - Giving away possessions
   - Contacting friends/family members to express harm or suicide
   - Hostile
   - Struggle with sexual orientation and gender identity
   - Victim of bullying

5. Assess the resources or inhibitory factors. For example, religion, family commitments, future plans, social support network. Are there any reasons for you to go on living? What has stopped you so far?

6. Compare the inhibitory factor to lethality, risk factors, and current level of thinking.

7. Determine plan and document.
   * Request consent for interagency release of information (see bottom of assessment)
 Least Restrictive
☐ Contact guardian
☐ Resources on card and life contract
☐ Friend/family members’ phone number on card
☐ Mobilize social network
☐ Increase school, parent, resource contact
☐ Telephone check-ins
☐ Purposeful implementation of student/school involvement. Please list:

☐ Other:

 More Restrictive
☐ Contact guardian
☐ Escorting student to/from and between classes
☐ Contact mental health center
☐ Contact other community supports (pastor, Big Brother/Big Sister)
☐ Voluntarily hospitalization
☐ Contact agency/hospital to let them know the student is in route
☐ Contact police to do safety check-ins after school hours
☐ Reentry Plan
☐ Other:

 Most Restrictive
☐ Daily contact with guardian
☐ Limit student’s access to resources (sharp objects, time alone)
☐ Escorting student to/from bathroom and locker room
☐ Daily contact with mental health and/or other community supports
☐ Involuntary hospitalization
☐ Police transport
☐ Reentry Plan
☐ Other:

Remember to do four things:
1. Consult - You are not alone. This protects all involved.
2. Document! Document! Document! Everything you do, everyone you talk to, every question you ask student should be documented.
3. Debrief with crisis team and others involved.
4. Establish student follow-up (eg. reentry plan, student/parent check-in)

RELEASE OF INFORMATION

The purpose of this disclosure is to communicate with local and state agencies to ensure student safety and well-being.

I authorize the following persons and agencies to share information about my child regarding confidential information or records including: Risk Assessment, Medical, Psychological Assessment/Evaluation, IEP, Social/Developmental History, and/or Other ________________________. I understand that this information will be strictly confidential and will not be released to any other party without prior written consent. This release is valid for a period of 12 months and I may cancel it in writing at any time.

Initial/Check the agencies authorization to share information:
- Public/Private School
- Flint Hills Special Education Cooperative
- Lyon County Health Department
- Department for Children and Families
- Mental Health Center, East Central Kansas
- Newman Memorial Hospital
- Specialist, Hospitals, Clinics
- Religious Affiliation
- Other
- Other ________________________

Signature of Parent, Guardian, or Lawful Custodial __________________ Date __________________

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