



## HELPING SUICIDAL YOUTH: DETAILED STEPS FOR SCHOOLCOUNSELORS

### SUPPORTING DOCUMENT TO IDAHO GUIDELINES FOR SCHOOL-BASED SUICIDE INTERVENTION

Always remain calm and non-alarmist no matter the seriousness of the situation or what the youth says. Convey hope that this is a health issue and not the youth's fault.

Suggest that just like a broken bone, there is treatment and that the youth will recover from whatever is occurring.

#### STEPS

- Referral Documentation:** Document what the referring person, e.g., a teacher or student, saw, heard, or read and collect any relevant materials (writings, drawings, email, texts, tweets, etc.). Have the referring party write a statement about what they saw, read, or heard. If the referring person is a student, ensure their name is not on their statement.
- Retrieve: Go get** the youth in person. Take someone with you if you have concerns for the school, yourself, or the youth's immediate safety or if the youth may have means with them. Check lockers and backpacks.
  - If this is the end of the day, call parents immediately, unless they are part of the problem. Do NOT let the youth leave the school. Contact child protection, an SRO, or other authority if you have concerns about the parents.
  - If parents cannot be reached, discuss the situation with crisis team members, the administration, the SRO if available, or with child protection for next steps.
- Setting & Rapport:** In a private place with support staff closely by, establish rapport, and let the youth know the limits of confidentiality. **Never leave the youth alone, even to step outside the office.** See *MANAGING RELUCTANCE* section below for more examples of building rapport.
- Listen and Broach the Subject:** Listen carefully for suicidality and, if needed, share what signs someone may have noticed. Say, "What might someone have seen or heard that caused them concern for you?"
- Screen:** [Administer Columbia Scale Screener](#). It is always safe to ask about the youth's plan, specifically how (their means) and when.
- Screener Copies:** Make copies of the Screener, one to give to parent and another for mental health facility. Keep a copy of the Screener.

7. **Parent/Guardian Notification for *Low Risk*:** Contact parents ***with the youth on the speaker phone*** if student is ***deemed to have suicidal thoughts but is at low risk*** to act upon them, ***before*** he/she leaves school. If at any time, you are concerned about determining this risk level, check in with a crisis team member or principal. Ask another adult to sit with the student while you conference.
  - a. Share with the parent what the referring person (maintain anonymity) may have noticed and any means/plans the youth shared.
  - b. Try to get parents to pick up the student so that you can share mental health referrals, hotline information, means restriction, and relevant school support phone numbers. Ask the parents to sign that they received these materials. If parent cannot come in, have another adult listen to their request (as a witness) to let the youth go home on their own (***for low risk only***) and request a follow up appointment within a few days.
  - c. Discuss blame and shame around suicidality and the benefit of letting the student know how brave they are to ask for help. Let parents know that thinking about suicide is not uncommon. Also, normalize that most people will suffer from depression and/or anxiety sometime in their lives, and this is not their fault and they will get through it. However, especially as these may affect brain chemistry, people may need medical or mental health help to recover.
  - d. Morbid thinking. It is important to understand the difference between morbid thinking and suicidality. Suicidal thinking is morbid, but most morbid thinking is not suicidal thinking. Students thinking, speaking, writing, etc. about death in general, mortality, or that they could possibly die in different scenarios is morbid thinking. When thinking turns to causing one's own death, this is suicide ideation.
8. **Refer:** Make every attempt to supply parents/guardians with MENTAL HEALTH REFERRALS, AND CHECK TO SEE IF A placement was secured for that STUDENT, being culturally sensitive. Follow up as needed.
9. **Parent/Guardian Notification for *Medium or High Risk*:** Ask parents to come to school to pick up the youth ***if deemed medium or high risk or questionable*** and do not let the student go home even if parents want the student to ride the bus, drive or walk home. ***No exceptions.***
  - a. Be aware of parents' feelings as they may be defensive or feel inadequate as parents. Let them know that anyone can become suicidal (***See Engaging the Parent***) and that suicidal thinking is a brain issue, like any physical ailment. Assure them that they are not to blame and that you are here to support both them and their child and, with help, the child will get through this.
  - b. Have parents sign a document acknowledging that they received referral information, means restriction pamphlet, and a confidentiality release with a mental health agency, if they are willing (***See Exchange of Information Form***). If parents are reluctant to sign the confidentiality release, let them know that you do not receive any personal information, only a consult on how to offer follow-

up support, and that the school will maintain confidentiality around this information, except to make sure the treatment plan is supported.

- c. Be sure that parents receive a pamphlet on means restriction and ideas to help.
- d. State that the youth is not to be left alone until mental health is accessed.
- e. If high risk, suggest that parents may want to use emergency services.

10. **Parent/Guardian Refusal:** If parents refuse to come to school to pick up a youth deemed medium to high risk, call child protection, the SRO, or 911 to ask for next steps. Document carefully what each party states.

11. **Document Intervention:** Document all steps and share with the administration or other crisis team members before leaving school, even if a phone call is needed.

12. **Follow-up:** Follow up with all involved.

- a. The next day, follow up with the referring person to thank them and let them know that a referral to parents/mental health has been made.
  - i. Do NOT share any specifics of what was learned or decided. In Idaho, all adults are required to report a suicidal youth so letting staff/adults know that you followed up is helpful to them.
  - ii. Let student referrers know that they are much appreciated for their brave steps and that their actions show their caring for someone else. Ask them to respect the privacy of the youth.
- b. Follow up with the family and student to see how they are doing later in the day if possible or by the next day at the latest. If same day, specifically check to see if they found mental health help. The next day, specifically ask when and where the youth received mental health help.
- c. If youth was deemed medium to high risk, and parent signed the release of information consent, follow-up with the mental health provider.

13. **Document Follow-up:** Document all follow-up steps taken and share with the crisis team or principal. ([See Documented Actions List](#))

14. **Self-care:** Take self-care steps. We help other best when we are also helping ourselves. ([See Self Care](#))

### **ETHICAL DISCUSSION ABOUT WHEN TO NOTIFY**

For more information see [Creating Policies to Support Health Schools: Policymaker, Educator, and Student Perspectives](#) by Bonnie Solomon, Emily Katz, Heather Steed, and Deborah Temkin.

## MANAGING RELUCTANCE

Why are students sometimes reluctant or not what anyone to know about their suicidal thoughts?

- They may already feel as though they are a burden to family and friends and this will add to it.
- They may feel shameful, e.g., if people knew what I was thinking, they wouldn't like me.
- They may have fear about what will happen next, e.g., hospitalization
- Perfectionist personality types may feel that if they cannot be perfect (something is wrong with me), they cannot be.

If you have reason to believe that the youth is suicidal but he/she is not forthcoming, open, honest about it, you may use some of the following statements/strategies:

- Keep them talking if possible. Ask about sleeping and extra-curricular activities. Ask how things are going at home. Ask them what is going well in life right now; what is a concern? Listen for suicidality in these answers.
- Use the statement "What might make someone think you are suicidal? "
- Tell them that they are not in trouble and that suicidal *thinking* is not uncommon. Also, their thinking is not their fault. It is just as if they had an appendicitis. They would get professional help for the appendicitis because they are in pain and there are professionals to take care of it. The same is true when our brains are in pain, there are professionals to help us.
- Instill hope. Tell them that recovery for being suicidal is the norm. Vastly most people who become suicidal get better.
- Look up their grades, attendance, any concerns from staff, including coaches, etc., so that you might use these warning signs in the following statement. If needed, send a quick email to ascertain the status of these areas. When you have some warning signs to share with the youth, state "Sometimes when people are \_\_\_\_\_ (list signs noticed), they are thinking of killing themselves. Are you?"
- Ask what they would do if they were considering suicide; what means, when, where. If the youth has ready answers to these questions, they probably are considering suicide.

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