In developing our Center's Resource Aid Packet on Responding to Crisis at a School, we were impressed by the good work being done by so many people around the country. The unfortunate fact that so many students feel despair and consider suicide has resulted in important common practices at school sites.

Changing systems in schools to support students and reduce unnecessary stress is the first line of defense. However, when concerns arise about a specific student, school staff must be ready to respond. The suicide assessment and follow-through checklists on the following pages are a compilation of best practices and offer tools to guide intervention.

When a Student Talks of Suicide . . .

You must assess the situation and reduce the crisis state (see accompanying Suicidal Assessment Checklist). The following are some specific suggestions.

What to do:

• Send someone for help; you'll need back-up.
• Remain calm; remember the student is overwhelmed and confused as well as ambivalent.
• Get vital statistics, including student's name, address, home phone number and parent's work number.
• Encourage the student to talk. Listen! Listen! Listen! And when you respond, reflect back what you hear the student saying. Clarify, and help him or her to define the problem, if you can.

Consider that the student is planning suicide. How does the student plan to do it, and how long has s/he been planning and thinking about it? What events motivated the student to take this step?

• Clarify some immediate options (e.g., school and/or community people who can help).
• If feasible, get an agreement to no-suicide ("No matter what happens, I will not kill myself.")
• Involve parents for decision making and follow-through and provide for ongoing support and management of care (including checking regularly with parents and teachers).

What to avoid:

• Don't leave the student alone and don't send the student away
• Don't minimize the student's concerns or make light of the threat
• Don't worry about silences; both you and the student need time to think
• Don't fall into the trap of thinking that all the student needs is reassurance
• Don't lose patience
• Don't promise confidentiality -- promise help and privacy
• Don't argue whether suicide is right or wrong

When a Student Attempts Suicide . . .

A student may make statements about suicide (in writing assignments, drawing, or indirect verbal expression). Another may make an actual attempt using any of a variety of means. In such situations, you must act promptly and decisively.

What to do:

• Be directive. Tell the student, "Don't do that; stand there and talk with me." "Put that down." "Hand me that." "I'm listening."
• Mobilize someone to inform an administrator and call 911; get others to help you; you'll need back-up.
• Clear the scene of those who are not needed.
• An "administrator" should contact parents to advise them of the situation and that someone will call back immediately to direct the parent where to meet the youngster.
• Look at the student directly. Speak in a calm, low voice tone. Buy time. Get the student to talk. Listen. Acknowledge his or her feelings "You are really angry." "You must be feeling really hurt."
• Secure any weapon or pills; record the time any drugs were taken to provide this information to the emergency medical staff or police.
• Get the student's name, address and phone.
• Stay with the pupil; provide comfort.
• As soon as feasible, secure any suicidal note, record when the incident occurred, what the pupil said and did, etc.
• Ask for a debriefing session as part of taking care of yourself after the event.

What to avoid:

• Don't moralize ("You're young, you have everything to live for.")
• Don't leave the student alone (even if the student has to go to the bathroom).
• Don't move the student.

In all cases, show concern and ask questions in a straightforward and calm manner. Show you are willing to discuss suicide and that you aren't appalled or disgusted by it. Open lines of communication. Get care for the student.

Read Some More

Adolescent Suicide: Assessment and Intervention
SUICIDAL ASSESSMENT -- CHECKLIST*

(Suggested points to cover with student/parent)

(1) PAST ATTEMPTS, CURRENT PLANS, AND VIEW OF DEATH

Does the individual have frequent suicidal thoughts? Y N

Have there been suicide attempts by the student or significant others in his or her life? Y N

Does the student have a detailed, feasible plan? Y N

Has s/he made special arrangements as giving away prized possessions? Y N

Does the student fantasize about suicide as a way to make others feel guilty or as a way to get to a happier afterlife? Y N

(2) REACTIONS TO PRECIPITATING EVENTS

Is the student experiencing severe psychological distress? Y N

Have there been major changes in recent behavior along with negative feelings and thoughts? Y N

(3) PSYCHOSOCIAL SUPPORT

Is there a lack of a significant other to help the student survive? Y N

Does the student feel alienated? Y N

(4) HISTORY OF RISK-TAKING BEHAVIOR

Does the student take life-threatening risks or display poor impulse control? Y N

*Use this checklist as an exploratory guide with students about whom you are concerned. Each yes raises the level of risk, but there is no single score indicating high risk. A history of suicide attempts, of course, is a sufficient reason for action. High risk also is associated with very detailed plans (when, where, how) that specify a lethal and readily available method, a specific time, and a location where it is unlikely the act would be disrupted. Further high risk indicators include the student having made final arrangements and information about a critical, recent loss. Because of the informal nature of this type assessment, it should not be filed as part of a student's regular school records.
FOLLOW-THROUGH STEPS AFTER ASSESSING SUICIDAL RISK -- CHECKLIST

(1) As part of the process of assessment, efforts will have been made to discuss the problem openly and nonjudgmentally with the student. (Keep in mind how seriously devalued a suicidal student feels. Thus, avoid saying anything demeaning or devaluing, while conveying empathy, warmth, and respect.) If the student has resisted talking about the matter, it is worth a further effort because the more the student shares, the better off one is in trying to engage the student in problem solving.

(2) Explain to the student the importance of and your responsibility for breaking confidentiality in the case of suicidal risk. Explore whether the student would prefer taking the lead or at least be present during the process of informing parents and other concerned parties.

(3) If not, be certain the student is in a supportive and understanding environment (not left alone/isolated) while you set about informing others and arranging for help.

(4) Try to contact parents by phone to:
   a) inform about concern
   b) gather additional information to assess risk
   c) provide information about problem and available resources
   d) offer help in connecting with appropriate resources

   Note: if parents are uncooperative, it may be necessary to report child endangerment after taking the following steps.

(5) If a student is considered to be in danger, only release her/him to the parent or someone who is equipped to provide help. In high risk cases, if parents are unavailable (or uncooperative) and no one else is available to help, it becomes necessary to contact local public agencies (e.g., children's services, services for emergency hospitalization, local law enforcement). Agencies will want the following information:

   * student's name/address/birthdate/social security number
   * data indicating student is a danger to self (see Suicide Assessment -- Checklist)
   * stage of parent notification
   * language spoken by parent/student
   * health coverage plan if there is one
   * where student is to be found

(6) Follow-up with student and parents to determine what steps have been taken to minimize risk.

(7) Document all steps taken and outcomes. Plan for aftermath intervention and support.

(8) Report child endangerment if necessary.

The center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA 90095-1563 Phone: (310) 825-3634.

Permission to reproduce this document is granted. Please cite source as the Center for Mental Health in Schools at UCLA.