

SUICIDE SCREENING AND INTERVENTION PROTOCOL

Identify student at risk: Student is identified as needing a risk assessment due to observed behavior/warning signs, self-report, peer report, parent report, or other concerns.

**FOR IMMEDIATE HELP AT ANY TIME
CALL: NATIONAL SUICIDE PREVENTION
LIFELINE AT 800-273-8255 or 988**

YES

Is the student in immediate danger?

NO

- Has already harmed self (eg. taken pills, severe cuts - provide first aid as needed).
- Is actively threatening to harm self and has access to means (If safe to do so, remove means)
- If weapon is present, do not try to take by force, and clear area of other students
- If known suicidal student is too agitated and cannot be deescalated or engaged by any onsite staff and refuses to talk to 988 Crisis Help Line
- If a student in crisis leaves the area and can no longer be supervised
- Notify family immediately if 911 is called
- For mental health crisis help that does not require medical or law enforcement assistance, **CALL 988**

**RECOGNIZE IMMEDIATE
CRISIS**

**CALL 911 for immediate
danger to self or others.
DO NOT LEAVE STUDENT
ALONE**

**Yes to Q5 = IMMINENT RISK (suicidal thoughts now)
Keep student under direct observation
Remove access to all dangerous objects
Needs IMMEDIATE MENTAL HEALTH EVALUATION
Call Jackson County Crisis Line: 541-774-8201
If JCMH is not available, student transport to RRMCC ER
(by family if cooperative, by law enforcement if not cooperative)**

CONNECTION is the initial intervention

- Take every threat seriously
- Do not leave the student alone—send someone to notify school administrator or mental health staff
- Find an emotionally safe place to talk but stay aware of your own safety
- Remain calm—if you appear too distressed, you are not a safe person to talk to
- Remember—many students just need support, connection, someone to listen to them at that moment: don't judge them or try to convince them how they feel; validate their struggle but ultimately offer hope that we will get them help

SCREENING

ASK ABOUT SUICIDE EXPLICITLY (Use NIMH "asQ" Screen)
Asking about suicide does not increase risk—it saves lives, but if for any reason you are not comfortable asking a student about suicide directly, then take the student to staff who will (counselor, administrator, school psychologist, etc.) or
Call 988 if you need help

Say something like: "I'm worried about you. Do you mind if I ask you a few questions?"

1. In the past few weeks, have you wished you were dead? YES NO
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? YES NO
3. In the past week, have you been having thoughts about killing yourself? YES NO
4. Have you ever tried to kill yourself? YES NO
IF YES: When: _____ How: _____
- IF STUDENT ANSWERS 'NO' TO ALL QUESTIONS 1-4, THEN = NEGATIVE SCREEN (SEE LOW RISK).
IF STUDENT ANSWERS YES TO ANY OF THE ABOVE QUESTIONS = POSITIVE SCREEN, THEN ASK:
5. Are you having thoughts of killing yourself right now? YES NO

NO to all Q 1-5: LOW RISK:

- Identify support system
- Promote resiliency factors
- Regular school check ins
- Consider referral for mental Health Counseling
- Give Crisis Numbers
- Notify Parents (if safe) & discuss means reduction

If ONLY YES is Q4, and attempt was ≥ 1 yr ago, student received mental health care and family aware, then consider **LOW RISK**

Any YES to Q 1-4 but NO to Q5 = INTERMEDIATE RISK (Suicidal thoughts without immediate intent)

- Further mental health evaluation
- Create Safety Plan
- Increase school supports
- Notify caregivers (if safe) - child released to caregiver who can keep child safe
- Provide Crisis Numbers
- Discuss Lethal Means Reduction
- Arrange regular check ins

USE OF COLUMBIA-SUICIDE SEVERITY RATING SCALE SCREENING W/ ASSESSMENT FOR STAFF TRAINED IN COLUMBIA SCREENING PATHWAY

1. Identify student at risk:

Student is identified as needing a risk assessment due to behavior/warning signs, **self-report**, peer report, parent report, or student has been brought to your care from other staff member.

2. Recognize Immediate Crisis: See page one for guidance.

Call 911 for immediate danger to self or others: DO NOT LEAVE STUDENT ALONE

3. Connect with student: reflective listening; accept how they feel; don't try to fix; don't leave alone

4. Screen for Suicidal Risk with Columbia Suicide Severity Rating Scale: (See questions below)

- Use C-SSRS version that is appropriate for situation (e.g., Pediatric Version for children under 11 or those with intellectual or processing disabilities. [Link here.](#))
- May use App on phone or version attached to this document ([link here](#))
- If no on-site staff are available for this screening, call the SOESD Mental Health Counselor, School Psychologist, Student Suicide Assessment Line during school hours or the Jackson County Mental Health Crisis Line.

1. Have you wished you were dead or wished you could go to sleep and not wake up?	Past Month	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you actually had any thoughts about killing yourself?	Past Month	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" to question #2, ask questions 3-6. If "NO", go directly to question #6. Always ask question #6.		
3. Have you thought about how you might kill yourself?	Past Month	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thought but you definitely would not act on them?	Past Month	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you started to work out or already worked out the details of how to kill yourself? Do you intend to carry out this plan?	Past Month	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you done anything, started to do anything, or prepared to do anything to end your life? (ex. Collected pills; obtained a gun; gave away your possessions; wrote a will; wrote a suicide note; cut yourself so you would die; tried to hang yourself; etc.)	Lifetime <input type="checkbox"/> Yes <input type="checkbox"/> No	Past 3 months <input type="checkbox"/> Yes <input type="checkbox"/> No

ASK IF THE STUDENT IS HAVING SUICIDAL THOUGHTS RIGHT NOW

Yes, only to Q1 and/or Q2 = Passive suicidal thoughts	Yes, only to Q1-3 = Suicidal thoughts with general methods but no intent or plan within past month (and no prior attempt within past 3 months)	Yes, to Q4 but No to Q5 = Suicidal thoughts with plan but no current intent	Yes, to Q5 = Suicidal thoughts with BOTH Intent and Specific Plan
LOW RISK	INTERMEDIATE RISK	HIGH RISK	IMMINENT RISK
<ul style="list-style-type: none"> • Create Safety Plan • Refer for Mental Health Counseling • Provide more school supports & regular check ins • Notify Parents (if safe) • Discuss means reduction • Give crisis numbers 	<ul style="list-style-type: none"> • Create Safety Plan • Refer for Mental Health Counseling • Notify Parents (if safe) • Follow up within 1 week • Give crisis numbers 	<ul style="list-style-type: none"> • Same day evaluation by Mental Health Crisis Provider--if none onsite, call JCMH: 541-774-8201 • If no on site or JCMH or student's own therapist or provider available for same day assessment, then transport to ER 	<ul style="list-style-type: none"> • Remove access to means • Immediate Evaluation by Mental Health Crisis Provider 541-774-8201 • Transport to RRMCC ER if JCMH isn't available

ALL STUDENTS WITH SUICIDAL IDEATION NEED:

- Increased protective supports
- Lethal Means Restriction
- Safety Planning/Crisis Numbers
- Mental Health Planning
- Notify parents/caregivers (unless safety risk; discuss with student)
- Documentation separate from educational records
- Follow up by school staff (w/in 24 hrs Imminent risk, 48 hrs High, 1 wk others)

For additional help at any stage of assessment call Suicide Prevention Line at 988