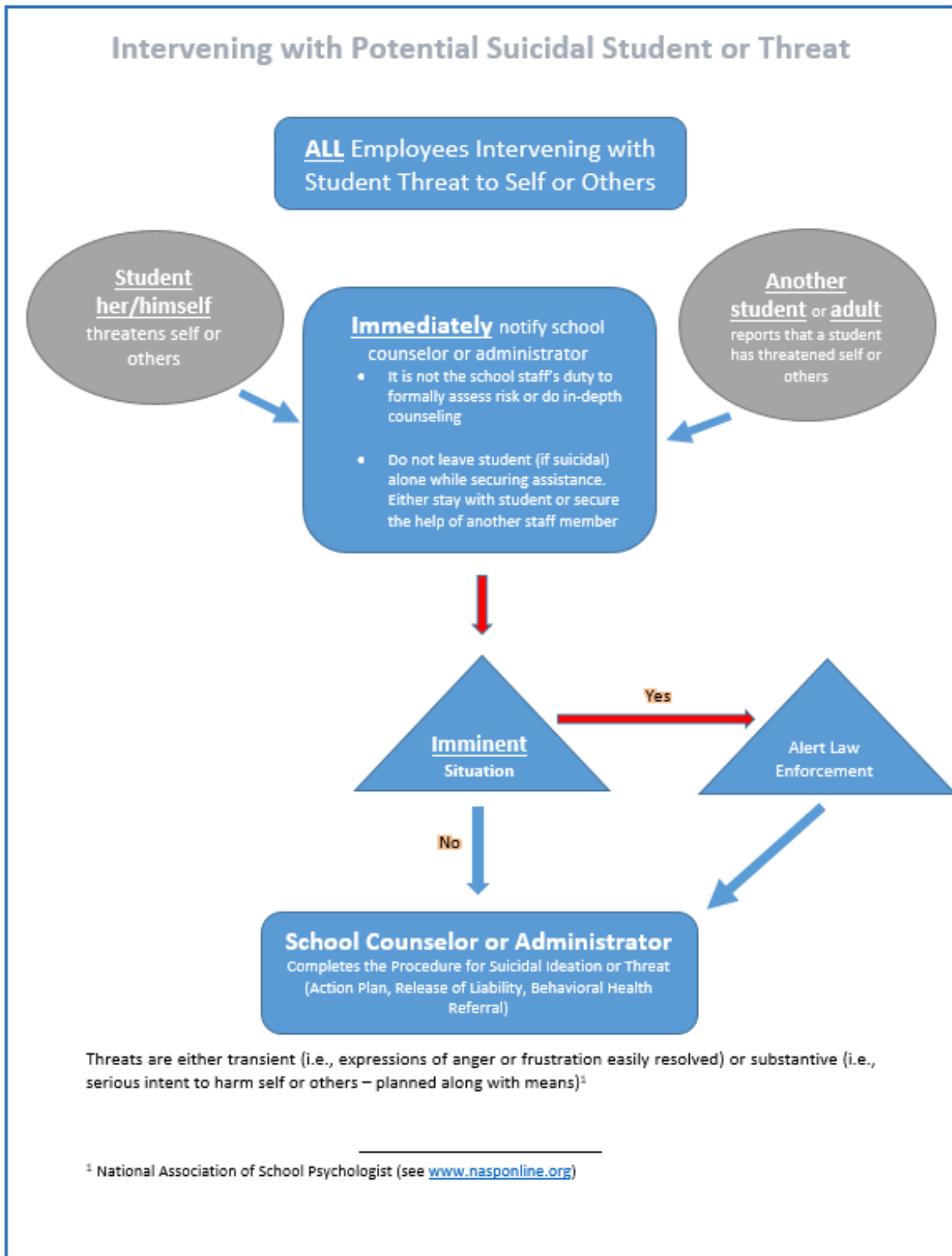


Intervening with Potential Suicidal Student or Threat



Procedure for Suicidal Ideation or Threat

REFERRAL¹

Suicide risk in students exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention by the school and the district. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means. For example, students who belong to groups such as those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings (e.g., youth in foster care, group homes, incarcerated youth), those experiencing homelessness, Native American students, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities may have elevated risks. It is highly likely that behaviors, statements, artwork and so forth may be indicators of potential risk to self or others.

Although procedures in this document focus on middle and high school students current data has shown an increased (albeit still low) suicide rate for children at younger ages. Keeping in mind that a student talking about suicide must be taken seriously at any age, much of the information is relevant for elementary schools as well as older students.

A student may self-refer or be referred by a friend, parent, teacher or other person to school counselor or school-based mental health provider (social worker or psychologist). For younger children, referrals are most likely to be made by parent, teacher, or other adult at the school. In all cases, the school principal should be notified immediately. The referral information should be investigated as much as possible prior to interviewing the student. This investigation might include determining behavior changes that have been noticed and other relevant historical information the referring party may have. It should include consulting with adults who are most familiar with the student and her/his day-to-day behavior. The investigation should be done on the same day the referral is made. Confidentiality and privacy should be observed at all times during the implementation of the suicide protocol. However, while confidentiality and privacy are important, students should know that when there is risk of suicide, safety comes first.

¹ Adapted from *Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources* by the American Foundation for Suicide Prevention (AFSP), American School Counselor Association (ASCA), National Association of School Psychologists (NASP), and The Trevor Project: [file:///C:/Users/brosario/Desktop/Model%20School%20Policy%20\(Suicide%20Prevention\).pdf](file:///C:/Users/brosario/Desktop/Model%20School%20Policy%20(Suicide%20Prevention).pdf)

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RESPONSIBILITIES OF DISTRICT EMPLOYEES

All district employees are expected to inform the school counselor, social worker, psychologist, or administrator immediately of any concerns, reports, or behaviors relating to suicidal behavior. School staff are not equipped to make a formal assessment of risk nor do the necessary in-depth counseling. However, school staff are in a position to immediately secure assistance.

RESPONSES TO SUICIDE IDEATION

The following are procedures for staff to respond to any reports of students at risk for suicide and/or exhibiting self-injurious behaviors in schools and at school-related activities. The urgency of the situation will dictate the order and applicability in which the subsequent steps are to be followed.

A. Respond Immediately:

- Immediately and directly report concerns to the school counselor, social worker, psychologist, or administrator. In short, **do not leave a note** in any of these individual's mailboxes, send an e-mail, leave a voicemail, or wait until the end of the school day to report concerns about a student at risk for suicide. Note: The school counselor, social worker, psychologist, SEL interventionist, administrator, or their designee will **make a phone call to parent/guardian or other emergency contacts until someone is reached** – Immediately and not at the end of the school day.
- Ensure that any student sent to the office for counseling is accompanied by a staff member, not a student. For example, use a walkie-talkie, intercom, or send for the school counselor or administrator to come to your location in order to pick-up the student at risk for suicide or self-harm. In short, the **student should never be left unattended** by school staff at any time.

B. Secure Safety of Student and Others:

- Supervise the student at all times or ensure another staff member is able to do so.
- For immediate, emergency life threatening situations the school counselor, social worker, psychologist, or administrator will call 911.
- If a student is agitated, aggressive, and is unable to be contained after de-escalation techniques have been implemented (every school has a Crisis team – see administrator for more detail) consequently posing an immediate danger to himself or others, the school counselor, social worker, psychologist, or administrator may contact law enforcement or tribal officials for assistance.
- School staff should not transport students exhibiting behaviors described above.

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- The school counselor, social worker, psychologist, or administrator may contact law enforcement to request a welfare check if there are concerns for well-being of the student in the home if deemed appropriate.
- The school counselor, social worker, psychologist, or administrator may contact child protective services (*Children, Youth, & Families Department* or tribal social services) if deemed appropriate.

C. **Rate Suicide Risk and Contact Parent:**

- The school counselor will complete the *Columbia - Suicide Severity Rating Scale* (C-SSRS) screener with the student (p. 6). Training is NOT required to use the Columbia protocol, but interested parties may view a short 30-minute video to familiarize themselves further with the tool: [Columbia Suicide Screener Training](#)
- The school counselor or designee will make phone calls to parent(s)/guardian(s) or other professionals in a confidential manner. This will require the student at risk for suicide to be supervised by another staff member during this time.

D. **Suspected Child Abuse or Neglect:**

If child abuse by a parent/guardian is suspected or the parent/guardian is contacted and is unwilling to respond, staff is required by state law to contact child protective services (CYFD or tribal social services) (see **Referral Resource List** for phone numbers, pp. 12-13). This report should include information about the student's suicide risk level based on the C-SSRS screener or any concerning ideations or behaviors. The reporting party must follow directives, as provided by child protective services agency personnel (see [NM Stat § 32A-4-3](#)).

E. **Determine Appropriate Safety & Follow-Up:**

- Upon completion of the [Columbia-Suicide Severity Rating Scale or C-SSRS](#) (p. 6) the school counselor and administrator will collaborate to determine appropriate actions based on level of risk (Note: The rating scale provides a response protocol for each 'Yes' indicated on the screener).
- The school counselor will contact the parent/guardian or check the emergency/registration form for appropriate alternate contact persons if parent/guardian cannot be reached. Communication with parent/guardian shall include:
 - a. Development of an Action Plan with input from student and parent/guardian (see **Action Plan** form, p. 7).
 - b. While not required for re-entry, a referral for formal mental health assessment at parent/guardian costs. The school counselor will provide the **Behavioral Health Referral** form (see p. 9) to parent/guardian.

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- c. Discussion and completion of ***Parent Statement of Understanding/Release of Liability*** form (see p. 8).
- d. Discussion of safety at home to limit the access to mechanisms for carrying out suicidal attempts (e.g., guns, knives, pills, etc.). (see ***General Guidelines for Parents*** form, pp. 10-11).
- e. Providing parent the ***Referral Resource List*** form (See pp. 12-13). **Students with private health insurance should be referred to their provider.*

F. STUDENT RE-ENTRY GUIDELINE

- Whenever possible, the parent of a student returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), and if appropriate, the student as well, shall meet with the school counselor, other mental health professional, principal or other designated staff person to discuss re-entry.
- Following a student hospitalization or behavioral health assessment conducted by a mental health professional from an external agency, parents may be encouraged to inform the designated staff person of the student's treatment plan or hospitalization to ensure continuity of service provision and increase the likelihood of a successful re-entry.
- The designated staff person shall periodically check-in with the student to help with readjustment to the school community and address any ongoing concerns, including social or academic concerns.
- The designated staff person shall check-in with the student and the student's parents or guardians at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time period (e.g. for a period of three months). These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then fading support.
- The designated staff person shall notify the principal and provide a copy of the completed protocol to the district-level suicide prevention coordinator (currently the director of special education and health services).

COLUMBIA-SUICIDE SEVERITY RATING SCALE²

	Past month	
Ask questions that are in bold and underlined.	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you had any actual thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
If YES, ask: <u>Was this within the past 3 months?</u>		

Response Protocol to C-SSRS Screening (Contact Parent in all cases)

Item 1 Behavioral Health Referral

Item 2 Behavioral Health Referral

Item 3 Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions

Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

Item 6 Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions

Item 6 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

Any **YES** indicates that someone should seek a behavioral health referral. However, if the answer to **4, 5 or 6** is **YES**, seek immediate help: go to the emergency room, call 1-800-273-8255, text 741741 or call 911 and STAY WITH THEM until they can be evaluated.

² Adapted from Columbia-Suicide Severity Rating Scale (C-SSRS) <https://cssrs.columbia.edu/wp-content/uploads/Community-Card-Teachers-2020.pdf>

ACTION PLAN³

Student Name _____

Completed by (staff) _____ Today's Date _____

Causes: Things that tend to set me off (make me feel mad, sad, upset):

Warning Signs that I am mad, sad, or upset (how can I/others tell?):

I am responsible for my behavior and if life becomes overwhelming, I'm upset, or I want to harm myself in any way, I will do the following:

Coping Strategies: Things or activities I can do to help me calm myself at school.

1. _____
2. _____
3. _____
4. _____

While at school, the adults I can contact for support are:

Name: _____ Location: _____

Name: _____ Location: _____

While at home or away from home, the adults I can contact for support are:

Name: _____ Phone: _____

Name: _____ Phone: _____

School Follow-Up Meeting Date: _____ Time: _____

Parent contact made by: _____
(School Counselor or Other Staff)

Parent Name/Number: _____

**Copy to student, counselor, administrator, and others who need to know.*

³ Adapted from <https://suicidepreventionlifeline.org/>

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Parent Statement of Understanding Release of Liability

Student Name _____ Date of Birth _____

Parent/Guardian Name _____

Parent/Guardian Phone # _____

(Please check all that apply)

☐ I am the parent or legal guardian of the child listed above.

☐ I understand that a recommendation has been made to take my child for a same day formal mental health/suicide risk assessment. Some recommended sites included, but are not limited to:

- Any Emergency Room;
- A Licensed clinical mental health counselor (LMHC); licensed professional clinical counselor (LPCC); licensed master in social worker (LMSW); licensed clinical social worker (LCSW);
- A psychologist or psychiatrist;
- See Attached Resource List.

☐ **I AGREE** to take my child to an above listed professional mental health/medical care provider or facility of my choice today. I will bring in the **Behavioral Health Referral** form or a medical release form from the agency stating that my child is safe to return to school.

☐ The assessment or services listed above will require medical insurance or out-of-pocket payment.

☐ I understand that I will be responsible for any payment required for this assessment or any subsequent services from the agency.

☐ **I DO NOT AGREE** that my child needs a same-day formal mental health assessment.

**Community mental health referral information has been made available to me. The state of New Mexico defines neglect of a child as "one who is without proper parental care and control, subsistence, education, medical or other care or control necessary for the child's well-being" (NM Stat § 32A-4-2). I further understand that my child's school has a responsibility to report suspected abuse or neglect to CYFD or tribal social services (NM Stat § 32A-4-3). I further agree as is indicated by my signature below, to provide the school with information regarding their concerns as it becomes available.*

Parent Signature _____ Date _____

Witness Name (School Official) _____

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Behavioral Health Referral

From: _____ in Bernalillo Public Schools
(Name of School)

Contact Person: _____ **Date:** _____
(School Counselor or Other Staff)

_____ has threatened self or others.
(Student Name)

Please complete the form below so that the parent/guardian may confirm that a mental health assessment by a licensed independent level mental health professional was completed.

Thank you for your assistance.

For mental health professional licensed by the State of New Mexico

(Please check as appropriate):

☐ Student has been evaluated.

☐ Student has been referred for additional behavioral health services at: _____

Behavioral Health Professional:

Name (Print): _____ License/Degree Type: _____

Signature: _____ Date: _____

Comments:

TO BE RETURNED TO SCHOOL COUNSELOR

General Guidelines for Parents

(Page 1 of 2)

LISTEN

- Address the behavior as soon as possible by asking open questions and listening to what they say and how they act.
- Talk to your son/daughter with compassion, calm and caring. Understand that this is his/her way of coping with pain.

PROTECT

- Foster a protective home environment by maintaining structure, stability, and consistency.
- Maintain high expectations for behavior and achievement.
- Set limits and provide supervision and consistency to encourage successful outcomes.
- Provide firm guidelines and set limits around technology usage.
- Be cautious about giving out punishments or negative consequences as a result of the self-injury behavior, as these may inadvertently encourage the behavior to continue.

CONNECT

- Check in with your child on a regular basis.
- Become familiar with the support services at BPS such as the school social worker, School counselor and School Nurse.

MODEL

- Model healthy and safe ways of managing stress and engage your child in these activities, such as taking walks, deep breathing, journal writing, or listening to music.
- Be aware of your thoughts, feelings and reactions about this behavior. Lecturing, expressing anger or shock can cause your child to feel guilt or shame.

TEACH

- Teach about normal changes that can occur when experiencing stressful events.
- Teach your child about common reactions to stress and help them identify alternative ways to cope.
- Teach your child help seeking behaviors and help them identify adults they can trust at home and at school when they need assistance.

RESOURCES

- Check out the ***Pull Together*** website at: <https://pulltogether.org/> for advice and resources. You may also call 1-800-691-9067 or e-mail info@pulltogether.org for more information.

General Guidelines for Parents

(Page 2 of 2)

-
- ☐ Hourly check-ins with responsible adult/parent
 - ☐ For weekends - 72 hour within sight supervision
 - ☐ 24 hour within sight supervision
 - ☐ May sleep in own room
 - ☐ Frequent nighttime checks
 - ☐ No nighttime checks needed
 - ☐ Bedroom Door open at night
 - ☐ Remove shoelaces
 - ☐ Remove Firearms or Weapons
 - ☐ Secure all medications (i.e., prescription and over the counter)
 - ☐ Secure all sharp objects (i.e., knives, etc.)
 - ☐ May leave home with adult supervision
 - ☐ Recommend Emergency follow-up ASAP
 - ☐ Recommend community assessment within:
 - ☐ 24 hours
 - ☐ 48 hours
 - ☐ 72 hours
 - ☐ Call School Psychologist, Social Worker, or Counselor the following day
Phone Number: _____
 - ☐ Participation in Outside Activities with Adult Supervision
-

☐ Other Recommendations: _____

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Referral Resource List

The following is a partial list of behavioral health providers that may help you in your search for assistance for your child. You may choose to look online, consult your own health provider, or access your health insurance directly for more information.

[New Mexico Crisis and Access Line](#)

Call toll free anytime 24/7/365

1-855-NMCRISIS (1-855-662-7474)

[Agora Crisis Center](#)

1-505-277-3013 or 855-505-4505

[Spanish-Language Suicide Hotline](#)

1-888-628-9454

[Crisis Text Line](#)

Text “HOME” to 741741

[National Hopeline Network](#)

1-800-442-HOPE (4673)

[The Trevor Lifeline](#)

(Resource for LGBTQ)

1-866-488-7386

Text “START” to 678-678

BERNALILLO and RIO RANCHO/ABQ AREA

El Pueblo Health Services 121 Calle Del Presidente Bernalillo, NM 87004 (505) 867-2324	Presbyterian Medical Services - Rio Rancho Family Health Center 184 Unser Blvd NE Rio Rancho, NM 87124 (505) 994-1640
Southwest Family Guidance Center 2469 Corrales Road, Suite E Corrales, NM 87048 (505) 830-1871	

TRIBAL

Five Sandoval Indian Pueblos of Behavioral Health Services (505) 867-3351 Ext. 120	Four Winds Behavioral Health 4100 Barbara Loop Rio Rancho, NM 87124 (505) 702-8547
Indian Health Services Santa Fe Service Unit Behavioral Health Patient Advocate: (505) 946-9464 or Appointment Desk: (505) 946-9282 and 9283	Santa Ana Social Services (505) 771-6765 or Indian Child Welfare (505) 753-0419

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Santo Domingo Pueblo Social Services (505) 465-0630 Cochiti Pueblo Indian Child Welfare (505) 465-3139 <u>Jemez Pueblo Social Services</u> (575) 834-7117	<u>Zia Pueblo Social Services</u> (505) 867-3304 ext. 211 <u>San Felipe Pueblo Behavioral Health Services</u> (505) 771-1463 or Indian Child Welfare (505) 771-9900 <u>Sandia Pueblo Health Center</u> (505) 867-4696
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OTHER

<u>Boys Town National Hotline</u> Call anytime 24/7/365 1-800-448-3000	<u>UNM ACCESS – Children’s Psychiatric Center</u> (505) 272-4866
<u>Peak Behavioral Health (Santa Teresa, NM)</u> (575) 268-2017 or main line (575) 589-3000	<u>Kaseman Child & Adolescent Behavioral Health</u> (505) 291-5300
<u>Rape Crisis Center of Central NM (Sexual Assault)</u> 9741 Candelaria Rd NE Albuquerque, NM 87112 (505) 266-7711	<u>Haven House (Domestic Violence)</u> PO Box 15611 Rio Rancho, NM 87174 (800) 526-7157 or (505) 896-4869
<u>NM Legal Aid (Domestic Violence)</u> 51 Jemez Canyon Dam Road, Suite 102 Santa Ana Pueblo, NM 87004 (505) 867-3391 or 1-833-LGL-HELP (1-833-545-4357)	