

Anson County Schools
Suicide Risk Assessment Protocol



Suicide Risk Assessment – Student Interview

The following questions are provided as a guideline to discover the initial level of risk and are designed to determine whether there has been a history of suicidal behavior, a current workable plan in place, whether the student has experienced a recent loss, has any perceived social supports, and is or has recently been engaged in risky behaviors.

Be sure to discuss the limits of confidentiality with the student. Let the student know that if he/she is at risk, his/her parent must be contacted. Offer to make contact in his/her presence or allow the student to make the initial contact so he/she will be clear as to what information you are sharing with the parent and retains some control over the situation.

Information should be gathered in each area listed below. Feel free to add/omit questions and customize the interview based on responses the student gives.

Intent

- Are you thinking of killing yourself? Hurting yourself?
- Have you ever thought about it in the past?
- How long have you been thinking of hurting yourself?

History of Suicide Attempts

- Have you attempted to harm yourself? How? When? How many times?
- Did you need medical attention? (Severity)
- Did you tell anyone? (Secretiveness)

Plan

- If you were to take your own life, have you thought about how you would do it?
- Do you have access to such a method? Where is it? How would you get it? Is it loaded?
- Have you made any preparations?
- When did/do you plan to kill yourself?
- Where are/were you going to kill yourself?
- Have you told anyone about your plan?
- Have you written a note?

Lethality

- Do you know how to (shoot a gun, etc.)?
- If you (shot yourself, took a bottle of aspirin, etc.), what do you think would happen to you?
- Would anyone be likely to find you? How soon?

Risk Factors

- What is happening in your life right now?
 - Have you experienced any major changes/losses in your life recently? (death, loss of significant relationship/object/status/health/self-esteem, move)
 - Do you know anyone who has attempted or committed suicide?
 - Are you on any medications? What? Why?
 - Are you using any drugs or alcohol? What? When? How often/much?
 - Are there any guns, etc. in the home? Do you have access to weapons of any kind?
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Resources & Coping Skills

- When you are upset, who do you talk to? Where to you go? What do you do?
 - Are there people or activities that you would miss? Who do you feel is closest to you?
 - Are there any future events you look forward to?
 - How do you think people will react to your death?
 - How do you wish they would react?
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-
-

Affective & Behavioral Factors

- Do you feel very sad or hopeless?
 - Some people think these feelings will never go away, that things will never get better. Do you ever feel this way?
 - When was the last time you felt this way?
 - Why do you feel it would be better to die than to keep living in the current situation?
 - Do you feel this way often?
-
-
-

Compliance

- Will you sign a Safety Promise?
 - Can you promise not to hurt yourself?
 - Are you willing to talk with some other adults that can help you?
-
-
-

Levels of Suicide Risk

Low Risk	Moderate Risk	High Risk
<ul style="list-style-type: none"> • No serious consideration of suicide • No plan • Seems to be suffering a brief reactive episode in regards to defined situational stressors • Suicidal thoughts are brief and fleeting • Open and willing to work on problems • No history of attempts 	<ul style="list-style-type: none"> • Some suicidal ideation or threats • A vague plan • No access to method or low lethality • Willingness to work on stressors • No prior attempts 	<ul style="list-style-type: none"> • Has stated intent to harm self • Has a plan • Has access to method & high lethality
	<ul style="list-style-type: none"> • Low Level Risk but prior attempts or unwilling to accept help 	<ul style="list-style-type: none"> • Moderate Level Risk but prior attempts or unwilling to accept help

Consult the Suicide Risk Flow Chart for assistance assigning appropriate level of risk.

After level of risk is determined, follow the action plan.



Anson County Schools

320 Camden Road, Wadesboro, NC 28170

Ph: 704-694-4417 Fax: 704-694-7479

www.ansonschools.org

Suicide Risk Assessment Report

Student's Name: _____

Student's School: _____

Age: _____ Grade: _____ Sex: _____ Race: _____

Date of Incident/Referral: _____

Risk Level: _____ Low

_____ Moderate

_____ High

Brief Summary of Suicide Assessment:

Outcome: _____ Parents Contacted

_____ Referral Information Provided

_____ Support Plan Developed

_____ Contacted DSS

_____ Called 911

_____ Other (Please Specify)

Service Provider's Signature: _____ Date: _____

cc: Administrator

School Counselor

Administrator of Student Services

Low Level Risk Action Plan

1. Inform parent/guardian that you have talked to the student and you are making them aware of the information you have. Give the parent/guardian the option of picking the student up at school. Document.
2. If the parent/guardian cannot be reached, send Parent Notification Letter by certified mail or hand deliver via home-visit as soon as possible.
3. Student signs "Safety Promise".
4. Agency referral options are given to the parent.
5. Set up follow-up session within 24 hours (or next school day) to check on the student.
6. Determine if any additional interventions/referrals are needed and follow up.

Follow-up

1. Document facts, actions, etc.
2. Monitor for 30 days.

Moderate Level Risk Action Plan

1. Don't leave the student alone.
2. Have the student sign a "Safety Promise".
3. Identify someone the student can call during a crisis.
4. Inform the student that the parent/guardian must be contacted.
5. Contact the parent/guardian and ask them to come to the school. If the parent cannot be reached, detain the student at school, and contact the emergency contact. The student cannot be released until the parent or responsible adult comes to the school.

At the Parent Conference

1. Give the student the option of being present during the conference or waiting in another room with supervision.
2. Share your concern and stress the gravity of the situation.
3. Stress the need for a professional assessment and provide the parent with names and addresses of community resources. Offer to assist in making the contact.
4. Set up a support system for the student and parent so that they will have someone to contact in case of emergency.
5. Review how to "suicide proof" the home.
6. Review and have parent sign "Letter to Parent of Child at Moderate/High Risk"
7. Create Support Plan

Follow-up

1. Contact the student the next day in person or by phone. If unable to make contact, make a home visit.
2. Contact the parents to discuss their follow-through with the referrals to the community.
3. Document all interactions with the student, parents, staff.
4. Complete Suicide Risk Assessment Report, send a copy to Administrator of Student Services and flag in PowerSchool.
5. Implement Support Plan – Revise as necessary

High Level Risk Action Plan

1. Don't leave the student alone.
2. Provide constant one-on-one supervision.
3. Contact the parent/guardian immediately.
4. Recommend to parent/guardian immediate transport and assessment at mental health facility. Call facility and/or accompany parents/child if necessary.
 - Daymark
 - Walk-ins accepted M-F (8:00-4:00)
 - Call to alert if possible, especially after 3:00
 - 704-694-6588
 - 704 Old Lilesville Rd.
Wadesboro, NC 28170
 - Carolinas Healthcare System – Anson Emergency Room
 - 704-994-4500
 - 2301 US Hwy 74 West
Wadesboro, NC 28170
5. Review and have parent sign "Letter to Parent of Child at Moderate/High Risk".
6. ***In situations where the student is at imminent risk, call 911 immediately.***

Follow-up

1. *If parents do not seek mental health services, notify DSS*
2. Student brings clearance from a mental health agency upon return to school.
3. Create and implement Support Plan.
4. Document all interactions.
5. Update appropriate school personnel.
6. Complete Suicide Risk Assessment Report, send a copy to Administrator of Student Services and flag in PowerSchool.

Parent/Guardian Conference Prior to Student Release from School

Once a student is considered to be at risk for suicide, a parent/guardian must come to the school to pick up the student. This is considered a life threatening emergency and any forms of educational rights will not apply in this instance. The parent/guardian should meet with an administrator or the school designee along with the school personnel that completed the risk assessment. It is best practices to implement the subsequent procedures and communicate them to a parent/guardian at the meeting:

- Emphasize the immediate need of the student to receive a mental health evaluation at the expense of the parent/guardian. Provide the most current Mental Health Providers list as a resource, and suggest the parent call and schedule an appointment prior to leaving the school. Parent can contact their insurance provider for a list of approved mental health providers and number of sessions in which they support.
- If a current provider is being utilized by the student and therapy sessions are concurrent, parent/guardian should supply a copy of the most recent treatment plan along with recommendations for the school to implement.
- Upon returning to school the parent/guardian should provide a letter or documented treatment plan from a mental health facility/provider stating the student is no longer an imminent risk for harming himself/herself or others in the school. ***The licensed mental health provider may not be an employee of Anson County Schools.***
- The parent/guardian should be given a direct school contact such as the School Counselor/School Psychologist/Social Worker/Principal for scheduling dates of meetings and obtaining necessary documentation.
- Provide the parent with a return meeting date and time. Be mindful this is a tentative date for the meeting to discuss a treatment plan and accommodations if needed for the student.
- The consent to release should be signed by the parent/guardian prior to leaving the student's school. This form allows a School Personnel to have an open dialog with the mental health provider regarding the students' academic achievements or barriers.



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Letter to Parent of Child at Low Risk of Suicide

Date: _____

Dear _____,
(parent/guardian)

On the date shown above, I engaged in a conversation with your child, _____. As a result of our conversation I saw that he/she appeared to be troubled with personal issues. I spoke to your child at length and do *not* feel that there is need for alarm. However, it is always best to be cautious in such matters. Please call me, or come by my office to discuss this matter further. I would like to explain my concerns to you and to be able to give you additional resources to assist you and your child if you so desire.

Sincerely,

School Personnel

School

Phone Number



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Letter to Parent of Child at Moderate or High Risk of Suicide

I/We, _____, the parents/guardians of _____ were involved in a conference with school personnel on _____.

At the time, we were informed that our child _____ was assessed and determined to be at risk for suicide. We were advised to seek immediate consultation from a community-based mental health center or hospital emergency room that will be at our own expense. A list of possible community resources has been provided. School personnel explained Anson County School System's role in providing support and follow-up assistance to our child in conjunction with the treatment services from the community. We will inform school personnel of the outcomes and appropriate documentation of student receiving services. I understand there will be a return meeting scheduled to ensure the immediate safety of the student as well as the safety of the school.

Parent/ Guardian agrees to notify a Mental Health Provider to receive appropriate services and provide the school with the necessary documentation verifying the student is receiving services and accommodations that can be made at the school.

Parent or Legal Guardian

Date

Student (when applicable)

Date

School Personnel

Date

School Principal

Date



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Phone Conference with Parent of Suicidal Student

_____, the parents/guardians of _____, were involved in a phone conference with school personnel on _____.

At that time they were informed that their child, _____, was assessed and determined to be at risk for suicide. They were advised to seek immediate psychological/psychiatric consultation. School personnel explained Anson County School System's role in providing support and follow-up assistance to their child in conjunction with the treatment services from the community.

A resource list of possible community resources was mailed to the parents/guardian. The school will continue to work collaboratively with this student, family, and identified care providers.

School Personnel

Date

Witness

Date

A copy of this should be provided to the parent/guardian and principal.



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Suicide Prevention Safety Promise

I, _____, promise that I will not attempt suicide or hurt or endanger myself in any way. During this time, I promise to take care of myself by eating well and getting enough sleep at night. I can also _____ to take care of myself.

If I begin having thoughts of suicide I will:

1. Talk with at least one adult I trust right away.

- At Home: _____
- At School: _____
- Anywhere else: _____

2. If I feel like the resources above are not alleviating my desire to cause self-harm I am to call:

- 1-800-SUICIDE (1-800-784-2433)
- 911
- Daymark Office (704) 694-6588
- Daymark Crisis Line 1-866-508-9490

I understand it is important to keep my promise and stay safe!!!

Student Signature

Date

School Personnel

Date

Witness

Date

Parent/Guardian

Date



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Support Plan

Student: _____ Start Date: _____

School: _____ Grade: _____

Parent/Guardian in Attendance: _____

Primary School Contact for student: _____

Secondary School Contact for student: _____

Changes to Student Routine & Schedule (optional)*:

***If student has an IEP, any changes to schedule/school day must be done in an IEP meeting.**

School Staff to be used as resources for student:

Individual or Group Counseling Dates: _____

Additional Recommendations:

Date of Distribution: _____

Distributed to: _____

Date to Review (within a week): _____



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Follow-up Meeting

Student: _____ Date: _____

Parent/Guardian in Attendance: _____

School Staff in Attendance: _____

Current status of student regarding mental health treatment or counseling:

Recommendations for academic interventions/accommodations (ex. missed assignments)

Support offered at home: _____

Future meeting date (if needed): _____

Updated Action Plan: _____

Suicide Postvention Strategies

- Reduce suicide contagion: Suicide contagion occurs when suicidal behavior is imitated. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides, and is a phenomenon unique to teenagers and young adults. Studies estimate that 1-5% of all suicides within this age group are due to contagion. Suicide postvention strategies, designed to minimize contagion, include avoiding sensationalism or giving unnecessary attention to the suicide, avoiding glorifying or vilifying suicide victims, and minimizing the amount of detail about the suicide that is shared with students.
- Provide support to survivors (classmates, close friends, siblings-possibly in other schools). Individuals must be aware that emotional support is available and encouraged to take advantage of such assistance.
- Information should be provided systematically and carefully regarding suicidal behavior. It should refrain from glorifying or vilifying the suicide victim.
- Once a suicide has been confirmed, teachers should be provided with written procedures for announcing the suicide to their classes. This should be announced simultaneously in all classes. Public address system announcements and school-wide assemblies should be avoided. Information should be accurate but avoid details about the method of suicide. Information should be sent home to parents including facts about the death, how the school is supporting students, warning signs of suicidal thinking, and a list of available resources.
- **On-campus physical memorials, funeral services, or flying the flag at half-mast are discouraged because it may sensationalize the death and glorify the suicide victim. School should not be cancelled for the funeral, but affected individuals should be encouraged to attend, with parental permission. Any memorials should focus on how to prevent future suicides.**