

**Lenawee  
County  
Suicide  
Prevention  
Plan  
2018-2019**

# Table of Contents

Staff Roles .....	3
Mission.....	4
Lenawee County.....	5
Indicators of Risk.....	6
Intervention.....	7
Flow Chart of Intervention.....	8
Intervention Checklist.....	10
Intervention Interview.....	11
Student Assessment.....	14
Suicide Risk Observation.....	15
Intervention Report/Plan of Action.....	18
Suicide Completion Plan.....	19

# Staff Roles

Responsible Staff Person	Office Phone Number	Cell Phone Number
Administer Student Self-Assessment		
1.		
2.		
Complete intervention interview with student		
1.		
2.		
Complete Suicide Risk Observation		
1.		
2.		
Complete Intervention Report / Plan of Action		
1.		
2.		
Notify student's parents		
1.		
2.		
Contact CPS, if necessary		
1.		
2.		

# **Mission**

**Suicide is the second leading cause of death among school age youth. However, suicide is preventable. Youth who are contemplating suicide frequently give warning signs of their distress. Parents, teachers, and friends are in an important position to recognize these signs and get help. Most important is to NEVER take these warning signs lightly or promise to keep them secret. When all adults and students in a school community are committed to making suicide prevention a priority and are empowered to take the correct actions-we can help youth before they engage in behavior with irreversible consequences. Lenawee County is committed to suicide awareness, education and prevention. This plan is intended to provide information, guidance, and direction for staff members when confronting issues of suicide.**

# Lenawee County

2015-2016 Michigan Profile for Healthy Youth (MiPHY) Lenawee County Michigan	Middle School			High School			
	7 <sup>th</sup>	M	F	9 <sup>th</sup>	11 <sup>th</sup>	M	F
Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.	27.8% (140)	16.8% (41)	37.8% (98)	36.9% (282)	37.5% (288)	27.3% (204)	46.6% (362)
Percentage of students who ever seriously considered attempting suicide.	23.3% (118)	13.9% (34)	31.8% (83)	21.2% (162)	21.2% 162	14.6% (109)	27.3% (212)
Percentage of students who ever made a plan about how they would attempt suicide.	15.7% (79)	9.0% (22)	21.8% (56)	17.3% (131)	17.6% (134)	14.7% (109)	19.9% (154)
Percentage of students who ever tried to kill themselves.	8.6% (43)	4.5% (11)	12.1% (31)	9.6% (73)	8.7% (67)	6.6% (49)	11.3% (88)
Percentage of students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the last 12 months.	3.2% (16)	1.2% (3)	5.0% (13)	2.2% (17)	3.9% (30)	2.0% (15)	4.0% (31)
Percentage of students who could ask their mom or dad for help with personal problems.	81.4% (742)	83.8% (382)	79.0% (358)	77.5% (641)	77.4% (621)	79.0% (620)	76.3% (637)

# Indicators of Risk

- Previous suicide attempt
- Mood disorder (particularly depression) or psychopathology
- Substance abuse disorder
- Family history of suicidal behavior or mental illness
- Relationship, social, work or financial loss
- Access to lethal means
- Exposure to individuals who have attempted or died by suicide with exposure through media, television and direct contact
- History of physical or sexual abuse
- Conduct disorder
- Juvenile delinquency
- Gay, lesbian or bisexual orientation or identification as transgender
- Stressful life events
- Chronic physical illness
- Impulsive or aggressive tendencies
- Being homeless or runaway
- School problems

Doan, Justin. "Risk Factors: Risk and Protective Factors, and Warning Signs."

Risk Factors - Youth Suicide Prevention School-Based Guide. University of South Florida.

<http://theguide.fmhi.usf.edu/pdf/2012PDFs/IB-3a.pdf>.

# Intervention

A concern about a student may come to the attention of school personnel in many different ways. A friend may express a concern, a teacher may notice a change in behavior or a parent may contact the school. At that point, assume a risk is present and notify the student's counselor and/or an administrator. If neither is available stay with that student to keep them safe.

A counselor will conduct an interview, suicide risk observation checklist, self assessment and complete an intervention report. After the parent has been contacted, they will be given the intervention report and list of resources. The interviewer should keep a copy of the Risk Observation checklist and the Intervention Report/Parent Plan of Action page. The school principal should receive a copy of the Intervention Report.

## Sharing Interview Results with Parents:

Parent contact is a requirement of suicide intervention. A parent's greatest fear is that something may happen to harm their child. When discussing the possibility of self-harm and suicide, parents may have many different reactions. It is anticipated that most parents will join the school team in looking at risk factors and share their concerns about their student.

At the completion of the interview, if the risk is deemed to be low, a phone call alerting the parent may be sufficient.

Moderate and high risk categories require "in person" contact. The Intervention Report/Plan of Action form asks for a commitment from the parent for action. Parents will be provided with information for a mental health/hospital assessment and county resources. The counselor will also make an appointment with the student for a follow-up visit at school. If the risk is "High" and the interviewer has intense concerns about the student's immediate safety, the parent is asked to commit to transporting the student immediately for an emergency assessment. If the parent is unwilling or unable to transport the student, or if the parent cannot or will not commit to immediate response, or the school may contact community resources in order to ensure the student's safety. If the student is 18 years old, and refuses to seek an assessment, call 911 and ask for assistance.

The following flow chart serves as a structure on how to proceed once a student presents as a possible risk of suicide:

# Is a student at risk?



## Lower Risk

Student has passing thoughts of death with no immediate plan  
They have "reasons to live" and support from friends/family

## High/Moderate Risk

Student has a specific plan



- Parents notified of student's concern BEFORE end of school day
- Maintain close home/school communication
- Provide support/follow up with resources
- Encourage parents to consult with doctor/therapist

### Do....

- Consult with counselor/administrator
- Contact Parents IMMEDIATELY
- Provide resources
- Follow Up

### Don't...

- Leave student alone
- Allow student to go to bathroom/locker
- Allow student to leave school by self on bus/driving





**Complete  
Intervention  
Report/Plan  
of Action**

If Parents refuse or  
you are concerned  
they will not follow  
through with getting  
help/support for the  
student contact  
Protective Services  
(855-444-3911) or 911



**DEBRIEF WITH SCHOOL TEAM**

# Intervention Checklist

	Yes	No	Not Sure
<b>Protocols for helping students at risk of suicide</b>			
We have a written protocol for helping students who may be at risk of suicide.			
We have a written protocol for responding to students who attempt suicide at school.			
We have established agreements with outside providers to provide effective and timely mental health services to our students.			
<b>Protocols for after a suicide</b>			
We have a written protocol for responding to the suicide of a student or other member of the school community.			
Staff who will implement the suicide response protocol are familiar with this protocol and the tools that will help them fulfill their responsibilities.			
We have identified community partners to help us in the event of a suicide.			
<b>Staff education and training</b>			
All professional and support staff have received information about the importance of school-based suicide prevention efforts.			
All professional and support staff have been trained to recognize and respond appropriately to students who may be at risk of suicide.			
Our school has staff who have been trained to assess, refer, and follow up with students identified as at risk of suicide.			
<b>Parent/guardian education and outreach</b>			
We educate the parents of our students about suicide and related mental health issues.			
We have a sufficient level of participation in our programs to educate parents about suicide.			
<b>Student education</b>			
We have implemented at least one type of program to engage students in suicide prevention.			
Suicide prevention is integrated into other student health/mental health courses and initiatives.			
<b>Screening</b>			
We have implemented a suicide screening program.			
We have the support of parents, school staff, and community mental health providers for our suicide screening program.			

# Intervention Interview

**Sample questions to ask in relation to observation checklist:**

***Note: If a student is non-compliant and/or hostile about answering questions, interviewer should assume moderate/high risk.***

## **SYMPTOMS**

**Depression:**

- Have you been feeling sad?
- Overwhelmed?
- Are you finding that your moods are up and down or feeling out of control?

**Stress:**

- Are there things in your life that are hard to handle?
- Are there things that you have trouble seeing a solution to?

**Demeanor:**

*(Interviewer will make this assessment based on responses throughout interview)*

**Attendance:**

- How is your attendance? *(Interviewer will verify with school records)*

**Hopelessness:**

- What are you looking forward to?
- What activities are you involved in or want to get involved in?
- What do you see yourself doing in the future?

**Discipline/Legal:**

- How are things going at school?
- Have you had any referrals to the office? *(Interviewer will verify with school records)*
- What about outside of school-any trouble with the police?

## **SUICIDE PLAN**

### **Details, Availability of Means, Chance of Intervention:**

- **Have you thought about how you might hurt yourself?**
- **Do you have a plan? If so, what is it?**
- **Do you have access to the means you mentioned in your plan?**
- **When would you do this?**
- **How long have you been thinking about hurting yourself?**
- **Have you talked to anyone about this?**

## **PRIOR ATTEMPTS**

- **Have you hurt yourself before? If so, when was that?**
- **Any other times?**
- **Have you been hospitalized? If so, when?**

## **MEDICAL HISTORY**

- **How has your health been?**
- **Have you been sick lately?**
- **When was your last check-up?**
- **Are you taking any medications right now?**

## **PROTECTIVE FACTORS**

### **Resources:**

- **Are there people in your life that you feel would be worried about you right now?**
- **Are those people willing to help you?**
- **Do they know/have you told them how you are feeling?**
- **Can you talk to them today?**
- **Which adults do you know that you can trust and talk to?**
- **Who do you go to when things are hard?**
- **Are you in counseling now? Have you ever been to counseling before?**

**Coping Behaviors:**

- Describe your sleeping patterns. How many hours? When do you sleep? Is this a change from your routine?
- How about school-are you doing as well as your would like in school?
- Has your appetite changed?
- Are there any significant changes to your daily routine?
- What do you like to do in your free time?
- What activities, organizations, community, religious, etc. are you involved in?
- Are you still attending practice/rehearsal/club meetings?

**Lifestyle:**

- How are things at school?
- Are you getting along with friends?
- How about your teachers?
- Describe your home environment and who you live with.
- What do you like to do in your free time?

These questions are not designed to get you in trouble. Sometimes people who are feeling down/sad/suicidal find themselves drinking or using. Talk to me about that.

- Are you drinking or using drugs?
- Are you partying/using more than usual?
- Is it affecting your ability to complete your daily routines?

**NOTES:**

---

---

---

---

---

---

---

---

---

---

# Student Self Assessment

## 1. How is your energy?

*Hard to get out of bed*

*Best day ever*

## 2. How stressed do you feel?

*Relaxed*

*Tense*

*Overwhelmed*

## 3. Do you have hope?

*I will always feel this sad*

*I will get better*

## 4. Have you thought about ways to hurt yourself?

*No*

*Kind of*

*I have a detailed plan*

## 5. How often have you thought about hurting yourself?

*Almost never*

*Once or twice*

*Almost always*

## 6. How do you feel right now?

*Strong*

*Weak*

## 7. How are you sleeping?

*Less than usual*

*Usual*

*More than usual*

# Suicide Risk Observation

*\*This form is designed as a tool to inform parents and community mental health agencies of concern.\**

*\*\*This form is structured to be completed after the interview takes place. If a student maintains an attitude of non-compliance and /or hostility about answering the interview questions, the interviewer should assume moderate/high risk.\*\**

Performance/Degree	Risk Present	Moderate Risk	High Risk
<b>SYMPTOMS:</b>			
<b>Depression</b>	<input type="checkbox"/> Mild, feels slightly down	<input type="checkbox"/> Moderate, some moodiness, sadness, irritability, loneliness and decrease in energy	<input type="checkbox"/> Overwhelmed with sadness and feelings of worthlessness
<b>Stress</b>	<input type="checkbox"/> No significant stress	<input type="checkbox"/> Moderate reaction to loss or environmental/family changes	<input type="checkbox"/> Severe reaction to loss or environmental/family changes
<b>Demeanor</b>	<input type="checkbox"/> Direct expression of feelings and/or suicidal intent, sadness or crying "I just don't want to feel this way anymore"	<input type="checkbox"/> Hostile or angry Example: "They'll be sorry", "I'll show them" or "I am a burden"	<input type="checkbox"/> Flat affect, little to no emotion expressed, matter-of-fact statement of intent
<b>Attendance</b>	<input type="checkbox"/> No change noted, attendance pattern is not consistent	<input type="checkbox"/> Increasing number of absences over previous 6 weeks	<input type="checkbox"/> Significant absences/truancy
<b>Hopelessness</b>	<input type="checkbox"/> Ambivalent towards future	<input type="checkbox"/> Expresses that things will not get better	<input type="checkbox"/> Cannot offer reasons for living
<b>Discipline/Legal</b>	<input type="checkbox"/> No significant school discipline issues/legal involvement	<input type="checkbox"/> Prior significant school discipline issues/legal involvement	<input type="checkbox"/> Current school consequences /legal consequences
<b>SUICIDE PLAN:</b>			
<b>Details</b>	<input type="checkbox"/> Vague	<input type="checkbox"/> Some specific	<input type="checkbox"/> Well thought out, *knows when, where and how
<b>Availability of means</b>	<input type="checkbox"/> Not available, will have to get	<input type="checkbox"/> Within a few hours	<input type="checkbox"/> Have on hand

<b>Time</b>	<input type="checkbox"/> No specific time or in future	<input type="checkbox"/> Within a few hours	<input type="checkbox"/> Immediately
<b>PRIOR ATTEMPTS:</b>	<input type="checkbox"/> Any reported concern (by adult or student/friend)	<input type="checkbox"/> Repeated threats	<input type="checkbox"/> Any previous attempt
<b>MEDICAL HISTORY:</b>	<input type="checkbox"/> No significant medical history	<input type="checkbox"/> Short term illness, currently under doctor's care	<input type="checkbox"/> Chronic or debilitating illness
<b>PROTECTIVE FACTORS:</b>			
<b>Resources</b>	<input type="checkbox"/> Help available, significant other concerned and willing to help	<input type="checkbox"/> Family and friends available but unable to consistently help	<input type="checkbox"/> Family and friends not available , exhausted or unable to intervene
<b>Coping Behaviors</b>	<input type="checkbox"/> Daily activities continue as usual with little change	<input type="checkbox"/> Some daily activities disrupted; disturbance in eating, sleeping, school work	<input type="checkbox"/> Gross disturbances in daily functioning
<b>Lifestyle</b>	<input type="checkbox"/> Stable relationships, personality, and school performance	<input type="checkbox"/> Recent acting out behavior and substance abuse; acute suicidal behavior, unstable personality	<input type="checkbox"/> Suicidal behavior in unstable personality, emotional disturbance, repeated difficulty with peers, family and teachers
<b>NEXT STEPS:</b>	If the student is assessed as "risk present", maintain close home/school communication, provide support and follow-up resources and community resources.	If the student is assessed as "moderate risk", contact parents to come in for a meeting as soon as possible. <u>Parents must sign "Intervention Report/Plan of Action" before student is released from school.</u>	If the student is assessed as "high risk", CONTACT PARENTS. Student is transported immediately for emergency assessment. Complete action plan.
	<b>Notes:</b>	<b>Notes:</b>	<b>Notes:</b>



<b>COMMUNICATION TO PARENTS:</b>	<b>Contact Parent. Share results of “risk present”, encourage parents to consult with doctor or therapist</b>	<b>Request parent meeting TODAY. Share serious concerns of at-risk behaviors.</b>	<b>Parents may transport student for assessment. If parents are unavailable. Call 911 for immediate intervention.</b>
	<b>Notes:</b>	<b>Notes:</b>	<b>Notes:</b>

**\*\*\*Adapted from the Blue Valley Schools Suicide Risk Observation**

# Intervention Report/Plan of Action

Student Name \_\_\_\_\_ Date \_\_\_\_\_

I understand that my child has been assessed as being at-risk for suicide due to the following indicators:

- Has considered suicide or is considering suicide  
 Has the means available or immediate accessibility  
 Other: \_\_\_\_\_

## EMERGENCY RESOURCES:

<b>Crisis Center</b>	<b>517-263-8905 or 1-800-664-5005</b>	<b>www.lcmha.org</b>
<b>Toledo Hospital-Psychiatric Unit</b>	<b>419-291-7919</b>	<b><a href="https://www.promedica.org/toledo-childrens-hospital/pages/specialty-services/pediatric-psychiatry.aspx">https://www.promedica.org/toledo-childrens-hospital/pages/specialty-services/pediatric-psychiatry.aspx</a></b>
<b>University of Michigan-Crisis Center</b>	<b>1-734-764-8312</b>	<b>caps.umich.edu</b>
<b>National Suicide Prevention Hotline</b>	<b>1-800-273-TALK (8255)</b>	<b><a href="http://www.suicidepreventionlifeline.org">www.suicidepreventionlifeline.org</a></b>
<b>Other Resources</b>	<b>Call 211`</b>	

Parent Plan of Action: \_\_\_\_\_

Appointment with family physician: \_\_\_\_\_

Appointment with outside therapist/psychiatrist/counselor: \_\_\_\_\_

- School Counselor scheduled follow-up visit with student.

Date: \_\_\_\_\_

Release to Parent:

I have been informed by school personnel of their concerns for my child's safety. I understand that I am responsible for taking action necessary to ensure my child's continued safety:

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

# Suicide Completion Plan

**Death by suicide of school personnel or family members may also touch the lives of children. Activate the School Crisis Team As with any death or other crisis event, the school crisis team should be activated after a suicide has occurred.**

1. Accurate information is important. Verify the information (e.g., from family members and/or local authorities).
2. Find out what the family would like shared and what has already been reported by the media and/or authorities.
3. Once the death has been verified, notify school personnel, students, and parents.
4. Determine if additional supports (e.g., grief counselors, community mental health providers) may be needed.

1. Notify the School Crisis Team and develop a plan. If initial notification occurs outside of school hours, this may require initiating the phone tree or alternate communication system to notify the school staff and to have them meet before school to organize a unified plan and to brief school staff.

2. Involve the Public Information Officer (PIO) for the school district as early in the process as possible. It is important that a death by suicide not be sensationalized. If the media is involved, the PIO for the school should discuss coverage of the story with the media. Media coverage should acknowledge the loss, but not sensationalize it (e.g., avoid front page coverage or details about the means of suicide) or risk making suicide appear appealing to depressed or disenfranchised students. The focus of the message should be the importance of talking to someone when upset. Stress prevention and provide information about school- and/or community sponsored programs for suicide prevention. When informing students, it is important to use the phrase "death by suicide" to underscore that you are willing to discuss this difficult topic. It is preferable to avoid "committed suicide" (which may imply a criminal act). Included in the message should be the importance of sharing any concern for the safety of others with a trusted adult -- no secrets about suicidal thoughts or intentions should be kept now or in the future. health problems (for which there are sometimes, but not always, observable signs) such that the individual is not thinking clearly and cannot effectively consider other solutions.

3. Notify teachers and staff prior to students when possible. A meeting before school with teachers and other school personnel to discuss what is known about the death by suicide is one way to ensure everyone hears the same message and to quell rumors. It also allows teachers and other school personnel to ask questions and voice concerns before they face students. Openly discussing the death by suicide sends the message that it is "ok" to talk about the topic. For example, when addressing school personnel, the leader of the crisis team may say, "there has been a death by suicide of one of our students, John Smith." Then insert facts as they are known, but omit graphic details. It is important to directly address the death with students; if a teacher does not feel able to talk to his/her students about the death by suicide, a member of the crisis team should be available to assist with the notification.

4. A staff member who is familiar with the students should share a prepared statement in person. This should be done in small, naturally occurring groups such as homeroom or first period classes. Avoid the use of public address systems or large assemblies to make such announcements. Every effort should be made to ensure that all students are present at the time this information is shared so all students receive the same information simultaneously. Include information about the availability of mental health and support services and how students may access these services. If some students do not begin the day until second period, consider having these students meet with a familiar staff member in small groups upon their arrival to be informed and offered support.

5. Prepare a statement for parents. Draft a letter to be sent home with students for parents to notify them about the death by suicide and what services are being offered to students and families. Consider posting this on a parent section of the school website. Assure parents that crisis teams have been mobilized and support services are available. Provide information about plans for a meeting for parents to ask questions about what to expect and how to best support their children after a loss.