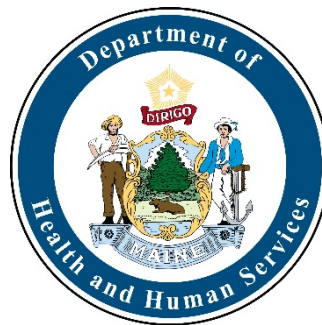


Suicide Protocol Development

Maine Suicide Prevention Program
In Partnership with NAMI Maine





Maine Suicide Prevention Program

A program of the Maine Center for Disease Control and Prevention since 1998

Statewide Activities Include:

- **Data** collection, analysis & dissemination of **print materials**
 - *SAMHS's Information and Resource Center*
www.maine-preventionstore.com/
- **Training** on suicide prevention and assessment to a wide range of partners
- **Technical Assistance** for schools and organizations addressing suicide risk or coping with a suicide loss.
- Annual *Beyond the Basics* **Conference** April 2020



Program Resources

Maine Websites

Maine Suicide Prevention Program: <http://www.maine.gov/suicide>

- *Youth Suicide Prevention, Intervention & Postvention Guidelines*
- Fact sheets and resources
- Separate site for youth
- Links for training registration

National Alliance on Mental Illness (NAMI) of Maine: www.namimaine.org

NAMI Maine

Education Advocacy and Support for people affected by mental illness

- **Education** for peers, family and professionals
- **Support** groups for peers, veterans and family
- Information and Referral **advocacy Helpline** 8-4:30
- **Crisis Intervention Team** Training for Law Enforcement and Corrections
- **Mental Health First Aid** for youth and adults
- NAMI-Maine **Family Respite** Program

www.namimaine.org

1-800-464-5767

Agenda

- Why protocols?
- Staff roles & responsibilities
- Assessment
- Communication and Collaboration
- Safety
- Referral Networks
- Follow up
- Response to a suicide death
- Documentation
- Flow charts
- Work groups



Workshop Objectives

Participants will:

- Understand the reasons for developing suicide prevention, intervention and postvention protocols
- Differentiate between policies and protocols
- List ways that demonstrate a school or agency “is prepared”
- Develop an action plan for creating protocols



Suicide Prevention Is Important:

- Suicide is the 2nd leading cause of death for 15-34 year olds in Maine
- Suicide rates are rising in almost every age group nationally!
- Over the past decade suicide rates nationally have risen by 130% for youth aged 10-15 and by 50% for youth 15-24!
- Often, suicide is a preventable tragedy. Most suicide crises are transient and treatable
- Schools & youth serving agencies provide a strategic setting for suicide prevention and identification of risk.
- It is “reasonable and prudent” for a school system to be prepared to manage suicidal behavior
- During and after a crisis, those impacted often look for guidance

Youth Suicide in Maine 2011-2016

- Maine saw 43 suicides among youth 13-18
 - 28% Female
 - 72% Male
- Hanging was the most common means of teen suicide with firearms second.
- Nationally, there was a significant increase in teen suicides 2008-2014
- By contrast, US unintentional deaths and homicides have decreased over the same timeframe.
- Rates are higher and more gender differentiated in 19-24 y/o.

*Data from US CDC WISQARS and Maine Office of Chief Medical Examiner



Potential Situations

- A student seems out of sorts; not invested in classwork, self isolating, expressing hopelessness about his life-it all comes to a head when the student arrives to school drunk and speaking about “not being here anymore”
- A student has been struggling at school, is depressed, and has confessed some suicidal thinking to staff. Now, staff must decide if/when to bring the family onboard, and would like to look at getting a release of confidentiality for the support he’s getting with outside providers



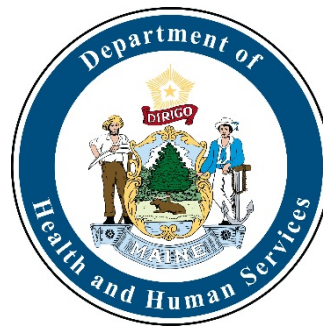
Potential Situations con't.

- A student has attempted suicide over a school break-staff must decide what the next steps will be in providing care for this student & how to support the student upon his/her return to school
 - Is action taken re. an Attempt on school grounds different?
- The school loses a student to suicide
- The school is looking to strengthen their ties to providers in the community in order to ensure continuity of care for students at risk

Contagion Risk in Adolescents

- **Suicide Contagion:** refers to the influence of a known suicide or suicides on others; especially those who emotionally connect with the victim or their circumstances.
 - Most prominent in populations of adolescents or young adults.
 - The suicide death of a prominent celebrity can increase suicide rates broadly
 - Youth 15-19 may be 2-4 times more prone to suicide contagion.
- Contagion may lead to suicide clusters.
- The way in which a suicide attempt or a death by suicide is handled in the media or within a school or organization can exacerbate OR limit the degree of contagion

Legal Expectations for Schools to be Prepared





Duty, Responsibility and Liability

- Negligence results from some sort of wrongful action, which results in injury to another
- Courts look for evidence that practitioners and professionals act in a “prudent and reasonable manner,” meaning:
 - Pay attention to “possibility of suicide”
 - Evaluate that risk (or have it evaluated)
 - Respond reasonably based on the evaluation
 - Notify guardians when risk is present

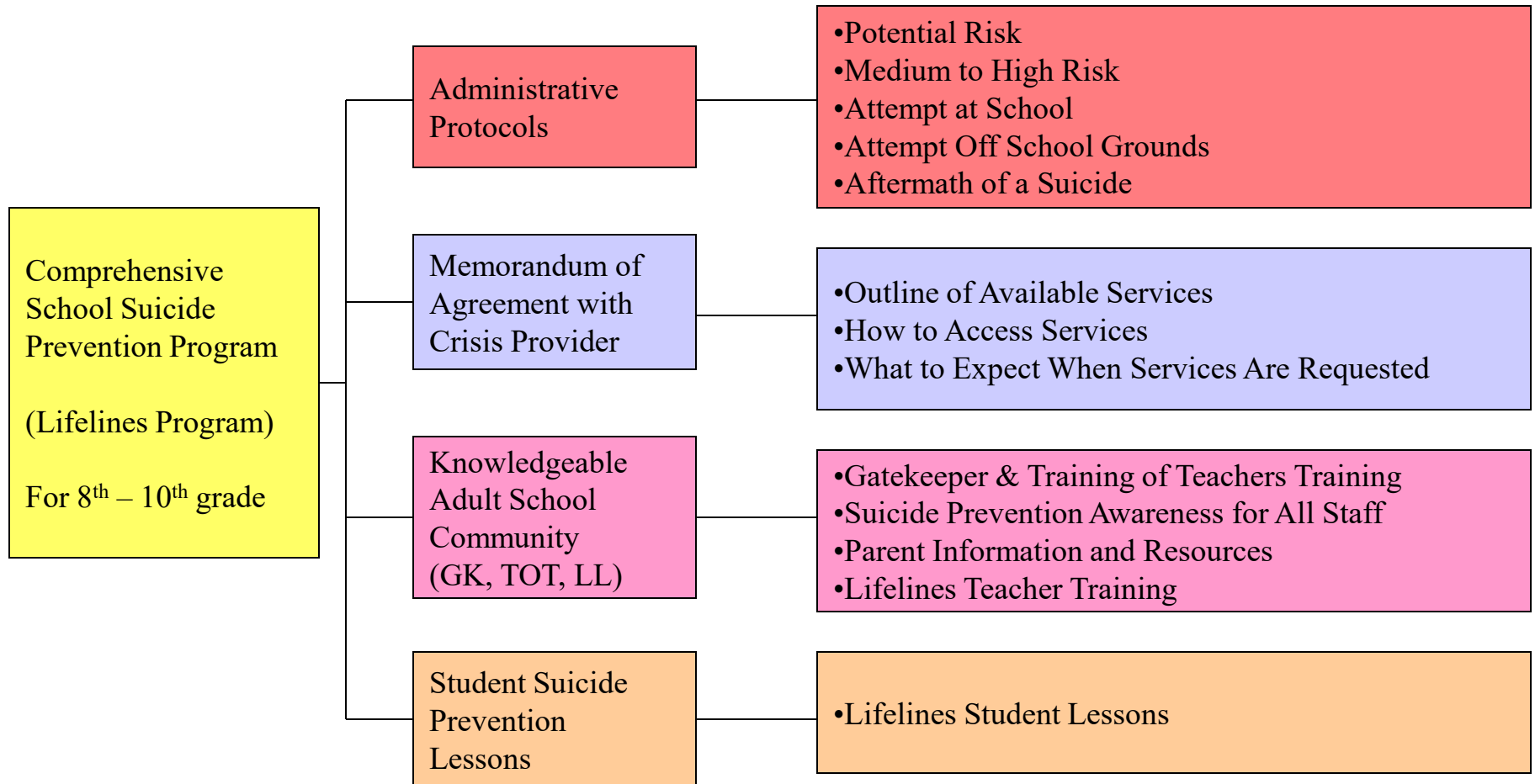
It is VERY wise to be prepared to take action!!



LD 609: An Act to Increase Suicide Awareness & Prevention in Maine Public Schools

- Passed unanimously in legislature & signed 4-25-13
- Requires **all** public school personnel to attend a 1-2 hour suicide prevention awareness presentation
 - For new staff, training must be done within 6 months of hire.
- Requires each school district to have a minimum of 2 trained suicide prevention Gatekeepers
 - Recommends having a Gatekeeper for each school building
- Requires that school districts develop and implement protocols for managing suicide risk **by 2019/20 school year!**
- Awareness and Gatekeeper Training must be renewed every 5 years.

MSPP Promotes the Following Components of School Readiness to Prevent Suicide



Optional--enhance with the addition of Student Assistance Teams, local referral networks and Transitions Lessons for high school seniors.



Activity

- ***How close to compliance with the Lifelines Model of Suicide Prevention (or state law) is your school?***
- ***What needs to change to ensure compliance?***



Why Protocols?

*“In the midst of the
crisis we would have
been lost without
protocols.”*

Maine School Administrator



Policies and Protocols...

- The difference is in the details!
- Policy is generally a broad-based statement or statements & help in reaching particular objectives. Often district wide.
- Today's focus is on protocols (guidelines)-a set of procedures to be followed. Supportive of policy. Often school-focused.
- Both are necessary



Why Protocols?

Protocols address:

- Issues of personal safety
- Roles and responsibilities during a crisis
- Processes to be followed under defined circumstances:
 - Administrative issues
 - Clinical issues
 - Legal issues



What About the Elementary Level School?

First and most importantly, acknowledge that the risk of suicide is real, even in kids under the age of 10!

- Acknowledge the impact of trauma/ ACEs in risk***
- Ensure excellent implementation of social/emotional learning to support growing awareness of emotions, actions and help!***
- Prepare staff to recognize risk factors and warning signs associated with suicide risk.***
- Coordinate with parents and outside partners for care.***



Reasons for School-based Protocols

- Protocols form the foundation of any comprehensive suicide prevention program
 - Reflect understanding and commitment of leadership
- All staff understand that suicide is a serious threat and feel some responsibility towards prevention (buy-in)
- Ensure that staff have necessary information to respond appropriately to a suicide crisis
- Delineate roles and responsibilities.
- Any resistance to suicide prevention protocol development has more to do with fear and feeling ill-equipped to handle the behavior than any other issue



Protocols Form the Heart of a Crisis Response to Suicidal Behavior

School Protocols should address the spectrum of prevention, intervention, & postvention

- **Prevention:**

- Providing for a trained and alert adult staff
- Making prevention materials available parents & the community
- Delivery of student curricula lessons at appropriate age groups
- Maintaining an active and engaged school/district crisis team



Protocols Form the Heart of a Crisis Response to Suicidal Behavior

School Protocols should address the spectrum of prevention, intervention, & postvention

- **Intervention:**

- Tools and processes for identification of risk,
- Adoption of tools and associated training to assess risk
- Measured, graduated response based on degree of risk
- Clear guidance on safety
- Clear protocols for staff response to a crisis
- Accessing crisis and emergency services
- Implementation of Collaborative Safety Planning
- Process for transition back into school after a crisis



Protocols Form the Heart of a Crisis Response to Suicidal Behavior

School Protocols should address the spectrum of prevention, intervention, & postvention

- **Postvention:**

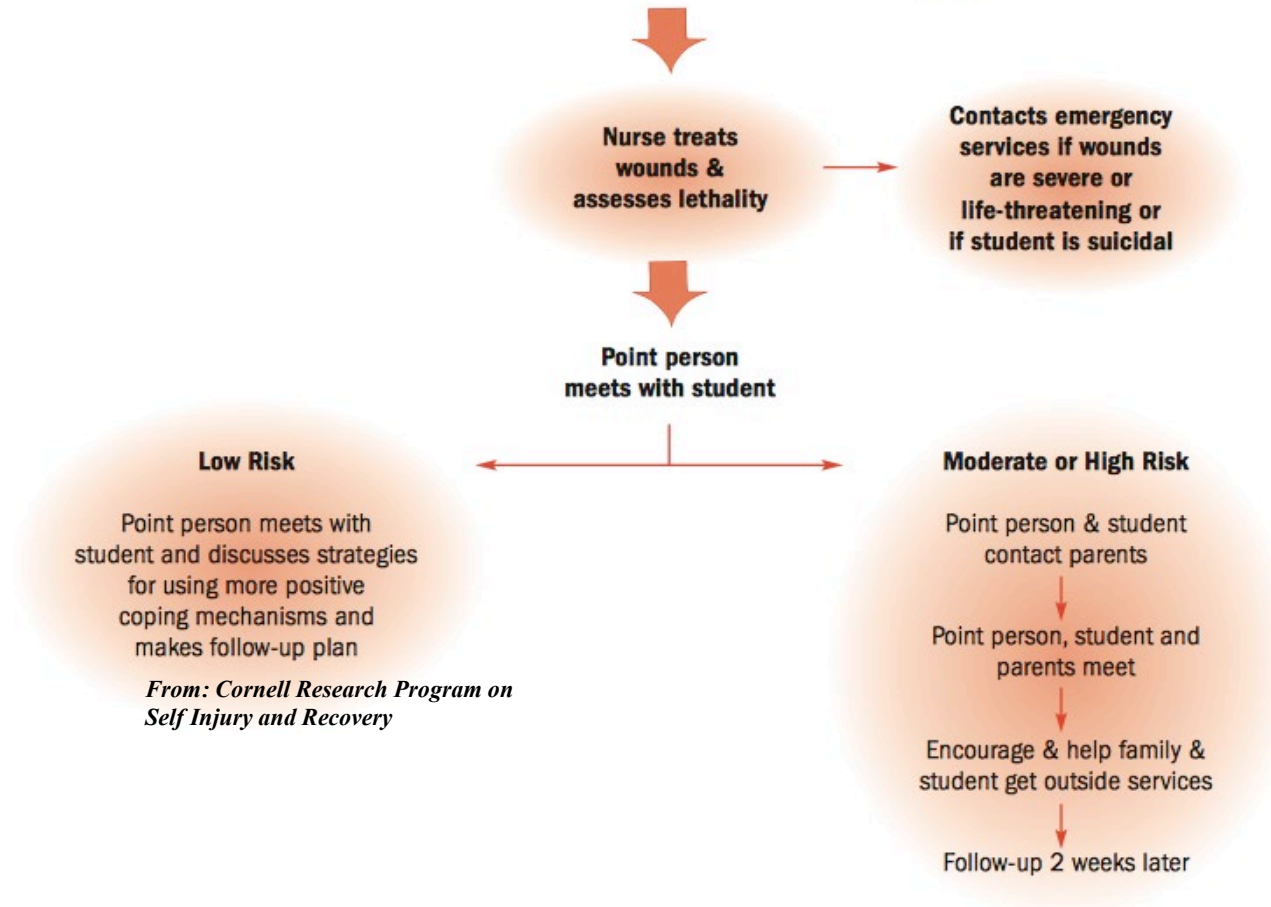
- Immediate actions to confirm loss and engage crisis team
- Actions to assess impact and identify vulnerable students and staff for targeted support to reduce suicide contagion
- Accessing outside clinical supports as needed
- Clear steps to support grieving needs of students, staff and the community
- Steps taken to return school to normal functioning while
- Maintaining vigilance of ongoing risk

School Protocols on Self-Injury Address:

- Identification of self-injury and response (training for all staff)
- ***Designated staff position to serve as the point person in school*** (training!):
 - Assess self-injury & assessing suicide risk
 - Determine circumstances triggering parent contact
 - Partner to manage active student self-injury
 - Determine when and how to seek outside referrals
 - Identify external referral sources for treatment
 - Provide follow-up to student and parent
 - Educate staff, parents & students about self-injury

Protocol Flow Chart (CRPSIR)

School becomes aware of student self-injury



Resources for School Protocols

- Cornell Research Program on Self-Injury and Recovery_ Developing and Implementing School Protocols: <http://www.selfinjury.bctr.cornell.edu/documents/schools.pdf>
- STUDENT NON-SUICIDAL SELF-INJURY: A PROTOCOL FOR SCHOOL COUNSELORS
<http://professionalschoolcounseling.org/doi/pdf/10.5330/1096-2409-21.1.37?code=asca-site>
- Non-Suicidal Self-Injury. National Association of School Counselors;
[http://www.nasponline.org/publications/periodicals/spf/volume-7/volume-7-issue-4-\(winter-2013\)](http://www.nasponline.org/publications/periodicals/spf/volume-7/volume-7-issue-4-(winter-2013)) (Cost Associated)

What it means for schools to “be prepared”

- Create (and update) protocols
- Disseminate protocols to all staff (or available online)
- Build relationships w/crisis service providers & other area resources for added support
 - Contracted clinicians have ROI for school as normal process
- Develop and support school crisis response teams
 - Ensure training for members according to their roles
- Educate all school personnel (don't forget new hires!)
- Involve family & community members
- Educate and support students (curriculum lessons...)
- Keep records, release of confidentiality

Activity

- ***In your school groups or small groups of convenience, explore what protocols you have in place now and what your task is for the near future.***
 - ***No protocols***
 - ***Old protocols need updating***
 - ***Other***
- ***What support do you have and what support do you need in order to proceed?***

Protocol Content: Sample Section Break Down



Communication Process and Procedures

- Who is the key staff person (position) or group to “catch all”
- Confirmation of the threat or situation
 - Eg. Suicide loss and the means, or attempt made off campus
- How is the community alerted
 - Process for disseminating information to staff to all staff
 - Student Body
 - Parents and the Community
- Roles for the school crisis team

Staff Training

Based on position and role

- *Protocol Training (for appropriate staff)
- *Basic Suicide Prevention Awareness (all school staff)
- *Gatekeeper Training (key individuals/positions)
 - Advanced Gatekeeper for staff renewing their training
- Clinical Assessment (for appropriate staff)
- TOT (Training of trainers)

Other potential training:

- YMHFA (Youth Mental Health First Aid)
- Population focused supplemental training (as appropriate)
- Non-suicidal Self Injury (if appropriate to populations served)
- Collaborative Safety Planning in school setting
- *What else has been helpful?*

Trainings should be renewed on regular basis



Staff Roles & Responsibilities

- Identifies staff positions for crisis team inclusion
- Identifies individual or team to oversee a crisis event (ideation, threat, attempt, or aftermath response)
 - Person chosen based on org. structure, decision making capacity, strengths, accessibility, communication skills
 - Tasks to include gathering info, coordinating staff response, calling 911, talking w/youth, family, police, Mental Health professionals, media etc...
 - Staff support and debriefing
- Flowchart that guides staff process in low, moderate, and high risk situations
- Reaching out to develop referral networks

Staff Roles & Responsibilities

- Staff designated to lead prevention efforts
- Trainers for staff awareness sessions
- Roles for administration vs. clinical staff
- Roles in a crisis (will be outlined in flowchart)
- Designates key gatekeepers (at a minimum)
- If internal suicide risk assessment-identifies who conducts these
- Identifies main contact with SBHC for crisis situations

Assessment and Referral

- Identifies when an assessment is needed
 - Specifies process and timeframe for assessment
 - Specifies assessment tools to be used (eg. C-SSRS)
 - Sharing confidential information (outside providers & SBHC)
 - Documentation needed re. referral efforts, follow up etc...
- Actions & response taken are based on level of risk assessed
 - Low, moderate, high risk requires modified plans
- Is collaborative safety-planning used in your school?
- How is follow-up after a crisis or intervention assured?
- How is the event documented and where are records held?

Table 1. Determine Level of Risk for Suicide and Appropriate Action in Primary Care

Risk of Suicide	Indicators of Suicide Risk	Contributing Factors †	Initial Action Based on Level of Risk
High Acute Risk	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Persistent suicidal ideation or thoughts <input checked="" type="checkbox"/> Strong intention to act or plan <input checked="" type="checkbox"/> Not able to control impulse OR <input checked="" type="checkbox"/> Recent suicide attempt or preparatory behavior †† 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Acute state of mental disorder or acute psychiatric symptoms <input checked="" type="checkbox"/> Acute precipitating event(s) <input checked="" type="checkbox"/> Inadequate protective factors 	<p>Maintain direct observational control of the patient. Limit access to lethal means Immediate transfer with escort to Urgent/ Emergency Care setting for Hospitalization</p>
Intermediate Acute Risk	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Current suicidal ideation or thoughts <input checked="" type="checkbox"/> No intention to act <input checked="" type="checkbox"/> Able to control the impulse <input checked="" type="checkbox"/> No recent suicide attempt or preparatory behavior or rehearsal of act 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Existence of warning signs or risk factors †† AND <input checked="" type="checkbox"/> Limited protective factor 	<p>Refer to Behavioral Health provider for complete evaluation and interventions Contact Behavioral Health provider to determine acuity of the referral Limit access to lethal means</p>
Low Acute Risk	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Recent suicidal ideation or thoughts <input checked="" type="checkbox"/> No intention to act or plan <input checked="" type="checkbox"/> Able to control the impulse <input checked="" type="checkbox"/> No planning or rehearsing a suicide act <input checked="" type="checkbox"/> No previous attempt 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Existence of protective factors AND <input checked="" type="checkbox"/> Limited risk factors 	<p>Consider consultation with Behavioral Health to determine:</p> <ul style="list-style-type: none"> - Need for referral - Treatment <p>Treat presenting problems Address safety issues Document care and rationale for action</p>

Coordination, Collaboration & Communication

- Specifies linkage between greater school and outside partners
 - If there is none established, develop plan
 - Postvention efforts-communication and support from clinical staff
 - Sharing of information
- When to contact family (process to take)
- How/when to include referral source (teacher, friend etc...)
- When to call in Resource Officer/ Local law enforcement
 - Student out of control
 - Risk of harm to others
 - Intoxicated or potentially psychotic
 - Weapons referenced or present
 - After a death

Coordination, Collaboration & Communication

- Process for sharing information
 - With family
 - Between teaching staff, support staff, & other school staff
 - With outside agencies/providers (within and outside school)
 - Release of information
 - Document any release in student's records
- Postvention collaboration
 - Supporting family, staff, outside agency

Safety in a Crisis

- When to call 911 (who calls)
- Who sits with the at-risk student?
- Transport to ER/crisis support-who, when, process
 - Does a school staff person accompany student?
- Plan for high risk students
 - Use of a safety plan tool and process
 - Safety check (personal belongings)
 - Supervision during school day
 - Ensure they will not leave campus
- Safe environment? Lethal means restriction? Discuss with family

Referral Networks & Resources

Establishes how the school community accesses and uses outside resources:

- MOA w/crisis provider
- Identify key resources in area
- Criteria for referrals given-internal support services, mental health (incl. crisis), primary care, other
- Obtain release of information for services provided
- Specifies any documents to be shared with external service providers
- Plan for supporting students after potentially “triggering” events

Follow up after a Crisis

How do we manage student and community needs after a crisis has occurred?

- How to support student upon return to school after crisis event
- Debrief with staff & students (when appropriate) after crisis
- Assess & debrief how process went-change accordingly
- When to communicate with student and family to support follow-up with treatment recommended
- Circumstances when communication with parents is advised.
- Procedures and timeframe for tracking follow-up after referral given to crisis or ER
- How to stay in touch when student is hospitalized



Response to Suicidal Behavior

- ***Be prepared to address a range of suicide risk:***
 - Communicated suicide ideation, threats...
 - Verbally at school or outside school
 - In school work/ artwork
 - Suicide attempt:
 - At school
 - Away from school
 - Suicide death or sudden death of undetermined cause



Response to Suicidal Behavior

- Preserving immediate safety/ addressing the crisis
- Transitioning back into school or program
- Necessary communications and support w/peers, families, staff
- Safety Plans & ongoing support
- Focus on all aspects of suicide-prevention, intervention, and postvention



Response to a Death by Suicide

- Assisting the school community with the aftermath
- Preventing contagion
- Supporting peers closely associated w/individual who died & others who are “constitutionally vulnerable”
- Securing charts and files
- Filing required incident reports & other documentation needs
- Respect ongoing confidentiality needs

In the Aftermath of a Student Suicide

Contact Suicide Prevention team at NAMI Maine for guidance and resources!

Go To [Http://Www.Maine.Gov/Suicide](http://www.Maine.Gov/Suicide) For Postvention Guidelines And Resources.

- Keep the school open
- Consult your protocols!
- Confirm the facts
- Outreach for clinical support
- Outreach to nearby schools
- Debrief and support staff
- Memorialize carefully!
- Offer information to parents
- School crisis team coordination
- Contact the family
- Communicate the news
- Identify/support most vulnerable students
- Support appropriate grieving
- Acknowledge complexity
- Provide fact sheets

Maintain vigilance re: contagion

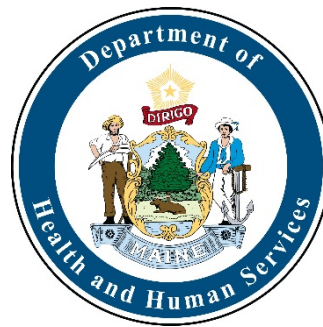
Protocols are invaluable during a Crisis!

Trends in School/Community Postvention Support

- Immediate needs and partnering opportunities
 - Well-functioning school crisis teams are invaluable
 - Partnership with your regional crisis provider for clinical support
 - Engage School counselors from adjacent schools/districts
 - Communication with parents/community
- Recognize the regional impact of a suicide in the Social Media Era
 - Communicate with other area schools!
- Social media as a means to communicate (+ & -)
- Addressing staff needs!
 - Make staff support someone's role
 - Consider a staff debriefing
 - Plan for additional subs
 - EAP?
- Beware of the additive nature of repeat losses/trauma on school climate

Reducing the risk of contagion is primary!

Other Considerations



Monitoring and Responding to Social Media

Recognize the significant role played by social media:

- Rapid dissemination of information!
 - Can easily get ahead of the “official” story
- Prone to rumor, innuendo...
- Used by vulnerable youth to communicate distress
- Last messages sent by suicidal youth
 - Can add to contagion effect
- Used by other youth to communicate their grief
- Can serve as a venue to monitor youth response...

Using Social Media as a Tool for Response

- To communicate the known facts of the loss (wi. family permission)
- To let the school community know what the school is doing to support students and others.
- To provide information and links to support resources
- To track contagion and respond as needed (whose role?)

Documentation

- Don't forget to document every step of the way.
 - When an event happens
 - When you share records
 - Level of risk assessed (in student file)
- What else needs to be documented?
- Where does documentation live?

Flow charts

Flow charts should focus on intervention and postvention needs.

They are a quick reference tool to be referred to in a crisis

Templates provided-review and edit to fit your need

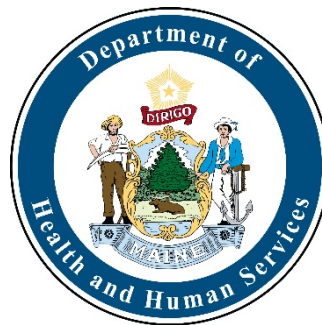


Disclaimer !

This is only the beginning...please seek advice from your own legal counsel before adopting your final protocols.

Review Protocol Rubric

Use this rubric to guide your discussion as you develop an outline for protocol content.



Next Steps

Today we had a chance to get a good start and...

- Moving forward-write and finalize the protocol
 - Who else needs to be involved (other input)
 - Get input from our team, too. We're here for technical assistance
 - Revisit them annually or every couple of years
 - Assure that a staff member is always assigned as the 'crisis lead'-one task would be to assure that this gets updated etc...
- If you have a copy of current protocols please leave it with me for our records



Follow up:

Participants will:

- Assess if your school is prepared to manage suicidal behavior and plan next steps
- Write protocols based on outlines developed today
- Examine generic flow charts and determine how to adapt for your system
- For technical assistance contact Greg Marley at NAMI Maine

MSPP Training and **Technical Assistance**

- *Suicide Prevention Gatekeeper Training*
- *Advanced Gatekeeper for School Personnel*
- *Suicide Prevention: Training of Trainers*
- *Teacher Training in Suicide Prevention Curricula*
 - *Lifeline Lessons*
 - *Middle School Lessons*
- *Suicide Prevention Protocol Development Training & TA*
- *Non-suicidal Self Injury*
- *Collaborative Safety Plan Training*
- *Suicide Assessment for Clinicians*

Contact NAMI Maine Suicide Prevention Training Coordinator for details

mspp@namimaine.org

Maine Suicide Prevention Program

Education, Resources and Support—It's Up to All of Us

- Sheila Nelson MSPP Program Coordinator
Sheila.Nelson@maine.gov
Phone: 207-287-3856
- Greg A. Marley, LCSW Clinical Director, NAMI Maine
gmarley@namimaine.org 207-677-5767 x. 2302
- Nicole E Foster, Training Program Inquiries: 207-622-5767
x. 2310 mspp@namimaine.org

Before you leave

Any questions?

Evaluations and Certificates will be sent to you
through your email contact.

Thank You
for learning about suicide prevention

