



Illinois Coalition for School Health Centers

A project of the Illinois Maternal and Child Health Coalition

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SUICIDE ASSESSMENT & MANAGEMENT: Guidelines for Illinois School Based Health Centers

PURPOSE

To provide guidelines for School Health Center staff on appropriate assessment & management of students who demonstrate **suicidal behavior - i.e., ideation, threats, potentially self-injurious behaviors, attempts** (O'Carroll et al., 1996). These guidelines should be applied with reasonable care, diligence, and judgment. All clinic staff should be educated as to the characteristics of suicidal behavior (see attached references). Medical staff should seek consultation from a qualified mental health professional if there is any question as to whether a student should be referred for further assessment and treatment.

PROCEDURES

Students who initially present to the medical staff (e.g., doctor, nurse, etc.) with suicidal behavior should be immediately referred to a qualified mental health professional in the clinic for further evaluation. If there are no qualified mental health services offered in the clinic, the medical staff should follow the mental health linkage procedures established by the clinic for obtaining services in the community. If no mental health professionals are available in the clinic at the time of the suicidal crisis, medical staff should contact the student's parents and refer the student to the nearest hospital emergency room for suicidal evaluation. The School Clinic mental health staff should follow the guidelines below for those students who initially present to them with suicidal behavior. **While the appropriate services are being arranged, the student should be kept in a safe place and monitored closely in a calm, supportive manner by the clinic staff. Students should be asked to relinquish any weapons or other means of committing suicide (e.g., weapons, pills, etc.) that they have in their possession.**

I. EVALUATION BY A QUALIFIED MENTAL HEALTH PROFESSIONAL:

(A qualified mental health professional = a board-certified psychiatrist, a licensed psychologist or social worker, a trainee or non-licensed professional staff person under the supervision of one of these professionals, or a nurse with psychiatric training and experience.)

Determine if student is in need of immediate attention and possible hospitalization. Include the following in your risk assessment - see attached Risk Assessment Checklist (adapted from Rudd, 1998)

- **Risk factors** : suicidal thinking and associated behaviors (active vs. passive ideation, frequency, intensity, and duration of suicidal ideation, specificity of plans – how, when, where, availability of method and opportunity, preparatory behaviors, self-control, reasons for living and dying, and intent); mood (i.e. depression, hopelessness, anxiety/panic); current stressors/losses; current psychiatric diagnosis (e.g., affective disorders, substance abuse, psychosis); cognitive rigidity/impaired coping problem-solving abilities; social isolation/limited social support; impulse control problems; physical illness or concerns about possible physical illness

- **Pre-disposing factors** : age; sex; ethnicity; previous history of psychiatric diagnosis; previous history of suicidal behavior (past ideation, threats, # of past attempts and lethality); family Hx of suicide or suicidal behavior; treatment Hx
- **Protective factors** : currently in treatment; good physical health; cognitive flexibility and good problem-solving abilities; psychosocial support; family support; hopefulness
- Refer to medical staff for physical exam/medical management if necessary

II. CONFIDENTIALITY:

- Discuss with student the parameters of confidentiality with regard to informing parents/guardian and other concerned parties - i.e., school personnel

III. DECISION TO HOSPITALIZE VS. OUTPATIENT MANAGEMENT:

- Consider treatment alliance, risk-benefit analysis, imminent danger of self-harm, patient willingness to contract for no-harm.
- Consult with available mental health professional as needed. For further consult, call Hospital Crisis Unit, ER, or Screening Assessment & Support Services (SASS)

IV. INTERVENTION WITH PARENTS/GUARDIAN:

- Contact parent/guardian by phone
- Tell parent/guardian that you think student is at risk for suicide
- Gather additional information
- Discuss recommendation for outpatient treatment vs. hospitalization
- Safety planning if student returns home

V. FOR HOSPITALIZATION:

- **Determine insurance info**: If student has no insurance, call SASS and request an evaluation at school, home, or hospital. If you are concerned about a student who is not currently in the Health Center, SASS can also go out to the home.
- **Transport**: Transport student by police or ambulance to Hospital ER or Crisis Unit. Inform ER that student will be transported for evaluation and possible admission to hospital. Provide hospital with: student's name, address, D.O.B., SS #, suicide risks, stage of parent notification, language spoken, guardian's insurance information. Complete petition and give to ambulance driver or police for involuntary commitment to hospital if you suspect resistance from student or parent (**need verification**).
- **Follow health center policy for notification of school personnel.**

VI. FOR OUTPATIENT MANAGEMENT:

- Schedule counseling sessions (increased frequency) and phone follow-up
- Refer for medication consult if appropriate
- Discuss safety planning: 24-hr. crisis number, involvement of family members
- Evaluation and monitoring of suicide risk on ongoing basis

VII. DOCUMENTATION AND CHARTING:

- Include evaluation and management of suicide risk, consultation, parent contact, student's willingness to contract for no-harm, hospital interaction, safety planning,

* These guidelines were developed by the Mental Health Task Force of the Illinois Coalition for School Health Centers.

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