# SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF SUICIDAL SELF-DIRECTED VIOLENCE (SSDV)

**DO NOT LEAVE STUDENT ALONE AT ANYTIME IF CONCERNED ABOUT SUICIDALITY!**

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| **WARNING SIGNS OF SUICIDE** |
| * Talking about suicide or engaging in self-harm. * Having a plan for completing suicide * Acquiring the means to complete suicide (e.g., stockpiling pills, taking possession of a gun, etc.) * Rehearsing the act of suicide * Feeling hopeless or worthless * Talking, writing, or drawing about death * Withdrawing from social activities, ties, or relationships * Losing interest in normal pleasurable activities, and everyday activities * Posting “goodbye” messages on social media * Giving away or throwing away important personal belongings (getting their affairs in order) * Making statements like, “I won’t be a problem for much longer,” “Nothing matters anymore”, “It’s no use trying”, and “I won’t see you again” * **Becoming suddenly cheerful after a period of depression** |
| **RISK FACTORS FOR SUICIDE** |
| * Previous suicide attempt (regardless of how serious) * Experiencing a serious loss (personal relationships, job, death of a loved one, etc.) * Family history of suicide * History of abuse, being abusive or family violence * Having a mental illness and substance abuse (dual diagnosis) * Using/abusing alcohol or drugs * Severe disabling and/or chronic illness and/or severe pain * Being arrested or imprisoned |

**Non-health staff may be the first to discover SSDV. In this event, non-health staff should proceed as follows:**

## WHAT TO DO FIRST

1. Take ALL suicidal comments, behaviors, and threats seriously.
2. If the suicide attempt is life-threatening or serious, or the student is not able to cooperate with the assessment, or if you are unsure of the student’s condition, **call 911 or immediately transport the student to the nearest emergency room per your center operating procedures (COP) for Mental Health Emergencies.** *Suicide attempts without serious self-harm should still be considered a psychiatric emergency.* Alert the health and wellness director (HWD) or designee. **Do not leave the student alone until they are safely transferred to medical care.**
3. If the student is alert, mostly calm, and able to talk with you. Stay calm and say in a caring way something like ***“I’m here to help you.”***
4. If possible, provide a private, supportive space where the student feels safe, and you can assess any possible self-harm.
5. Immediately assess whether a suicide attempt has occurred. Ask the student directly in a caring and non-judgmental way. Say something like, ***“I was told that you tried or wanted to end your life. Tell me what happened.”***
6. If no suicide attempt has occurred, go to the next section “Assess Symptoms and Risk Factors.”

## ASSESS SYMPTOMS AND RISK FACTORS

1. Listen to the student non-judgmentally and with empathy and genuine concern.
2. If the student is willing to talk, allow the student to express their current feelings and concerns. Acknowledge the student’s feelings. For example, ***“I can see you’re having a hard time right now”*** or ***“I can see how that could be upsetting.”***
3. If the student is tearful, provide tissues. Avoid saying, *“Stop crying”*or offering empty words of reassurance like *“It’s not that bad.”* Instead, just say, ***“I’m here with you.”***
4. Speak clearly and use short sentences in a calm and reassuring tone of voice. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.
5. Avoid offering advice, lecturing, or trying to “fix” the situation. Listening is the most helpful thing you can do to comfort a student.
6. Ask about suicidal thoughts, intentions, and plans.Start by saying to the student**: *“I know it might be difficult, but I will need to ask some questions about how you are thinking and feeling*.”**
7. Say:

* **"*Sometimes people feel that life is not worth living. How are you feeling about living right now?"*** *[wait]*
* Ask ***"Have you ever thought of harming yourself or trying to end your own life?***
* Ask***"Are you feeling that way now?"***If “no,” go to #8. If yes, go to the next bullet.
* Ask “***Have you thought about how you would do it?”*** If “no,” go to #8. If yes, go to the next bullet.
* Ask ***“Do you have a way to carry out that plan?”*** If “no,” go to #8. If the student has a way (means) to hurt themselves such as a knife, razor, rope, etc., calmly remove or have someone else remove the object(s). **Do not leave the student alone.**

1. Always contact the HWD or center mental health consultant (CMHC) immediately with the information that you have and wait for further instructions on how to proceed. If it is after hours or weekend, contact the on-call health and wellness staff. **Do not leave the student alone.**
2. If a student expresses feelings of hopelessness and/or helplessness but denies having thoughts about suicide and has taken no action to hurt themselves, still escort the student to the health and wellness center or if on weekend contact the on-call health and wellness staff.

## WHAT TO DO NEXT

1. After the student has been taken care of, talk to other students who may have witnessed or been involved and provide reassurance that the student in distress is safe and getting help. Privacy rights must be protected. Do not share specific health information.
2. After the episode has resolved (within 1-2 days), consult with health and wellness staff for information how to best support the student going forward.
3. Take care of yourself. If you are feeling stressed or upset about the situation, consider contacting your manager or your center HR representative for information about Employee Assistance Program (EAP) services.

Diagram

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