# TREATMENT GUIDELINES FOR HEALTH STAFFSuicidal Self-Directed Violence

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

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| **COMMON SYMPTOMS OF SUICIDALITY** | **RISK FACTORS FOR SUICIDALITY** |
| * Talking about committing suicide or harming oneself in some way
* Having a plan for completing suicide
* Taking steps to complete suicide (e.g., stockpiling pills, taking possession of a gun, etc.)
* Rehearsing the act of suicide
* Feelings 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**
 | * 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 put in jail or prison
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**Authorized health and wellness staff may treat students with suicidal self-directed violence as follows:**

## WHAT TO DO FIRST

1. Take all suicide-related ideation, communications, and behaviors seriously.

If directed here from another Treatment Guideline start at [Assess Symptoms and Risk Behaviors Part 2](#_Part_2) described below.

1. Stay calm and say in a caring way something like: ***“I’m here to help you.”***
2. Provide a private, supportive space where the student feels safe, and you can assess any possible self-harm.
3. Immediately assess whether a suicide attempt has occurred. Ask the student directly in a caring and non-judgmental way ***“I was told that you tried or wanted to end your life. Tell me what happened.”***
4. If the suicide attempt is life-threatening and/or the student is not able to cooperate with the assessment, call 911 or immediately transport the student to the nearest emergency room per **center operating procedure (COP)** **for Mental Health Emergencies**. **Do not leave the student alone until they are safely transferred to medical care.**
5. If the suicide attempt is not life-threatening, treat any physical injuries per the center's medical protocol, then call 911 or immediately transport the student to the nearest emergency room per **COP** **for Mental Health Emergencies**. Suicide attempts without serious self-harm should still be considered psychiatric emergency. **Do not leave the student alone until they are safely transferred to medical care.**
6. If no suicide attempt has occurred (only thoughts), proceed to the next section “Assess Symptoms and Risk Behaviors”.

## ASSESS SYMPTOMS AND RISK BEHAVIORS

1. 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.
2. Assess suicidal ideation (thoughts), intent, 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*.”**
3. If the student is tearful, provide tissues. Avoid saying, ***“Stop crying”*** or offering empty words of reassurance like ***“It’s going to be OK.”*** Instead, just say, ***“I’m here with you.”***
4. Avoid giving advice, lecturing, or trying to “fix” the situation. Listening is the most helpful thing you can do to support a student.
5. Start with the Part 1 questions if you did not assess current suicidal ideation using another treatment guideline. Start with the Part 2 questions on the next page if you *did* assess suicidal ideation using another treatment guideline. *Consider creating Suicide Assessment pocket cards* (see last page).

### Part 1

Say in a caring and non-judgmental way: **"*Sometimes people feel that life is not worth living.”***

1. ***How are you feeling about living right now?"*** *[wait]*
2. Ask ***"Have you ever thought of harming yourself or trying to end your own life?”***

Start here if coming from another TG.

1. Ask ***"Are you feeling that way now?"*** If “no,” go to the next section “What to Do Next.” If “yes,” go to Part 2.

### Part 2

1. Ask” Have ***you thought about how you would do it?”***

If “no,” go to next section (“What to Do Next”). If “yes,” go to the next question.

1. Ask ***“Do you have a way to carry out that plan?”***

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). Go to the next question. **Do not leave student alone.**

1. Assess whether a suicide attempt has ever occurred in the past. Ask ***“Have you tried to end your own life in the past?”*** Go to the next question.
2. Ask the student directly, ***“Do you think you need to go to the emergency room to get help?”*** Go to the next section.

## WHAT TO DO NEXT

1. If the student answers “yes” to any of the suicide risk assessment questions or if you are unsure about the student’s level of risk or the student refuses to cooperate with the assessment, consult with the Center Mental Health Consultant (CMHC)/Center Physician (CP) or a local mobile crisis unit (if available) to determine if any immediate action is needed. If consultation is not available, maintain constant supervision and arrange for transport to the nearest emergency room for stabilization and psychiatric evaluation per the **COP** **for Mental Health Emergencies**. **Do not leave the student alone until they are safely transferred to medical care.**
2. If the student is not at imminent risk (low risk) (e.g., transient suicidal ideation with no intent, plan, means, and no history of suicide attempts) and the acute distress has been addressed, discuss with the student how a referral to the CMHC would be helpful to develop strategies for managing their mood and stress better. Refer the student to the CMHC for evaluation and treatment as soon as possible.
3. If the student does not want to meet with the CMHC, it is recommended that health and wellness staff alert the CMHC so that the student can be discussed with the student’s counselor as soon as possible and help identify ways for the counselor to support the student. The counselor can refer the student to the CMHC in the future, if needed.

**Suicide Risk Assessment**

**Before using this pocket card, develop rapport and help the student feel at ease by starting with these questions:**

* How is the center treating you?
* How is the dorm?
* How is trade?
* How is the cafeteria?
* How is home?
* Do you have any concerns or issues going on that you feel you need help with?

**Part 1**

1. Say in a caring and non-judgmental way: **"*Sometimes people feel that life is not worth living. How are you feeling about living right now?"*** *[wait]*
2. Ask ***"Have you ever thought of harming yourself or trying to end your own life?*** Go to next question.
3. Ask ***"Are you feeling that way now?"*** If “no,” stop and consult with Health and Wellness Director (HWD)/CMHC/CP. If “yes,” go to Part 2.

**Part 2**

1. Ask” Have ***you thought about how you would do it?”***

If “no,” stop and consult with HWD/CMHC/CP. If “yes,” go to the next question.

1. Ask ***“Do you have a way to carry out that plan?”***

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). Go to next question. **Do not leave student alone.**

1. Assess whether a suicide attempt has ever occurred in the past. Ask ***“Have you tried to end your own life in the past?”*** Go to the next question.
2. Ask the student directly, ***“Do you think you need to go to the emergency room to get help?”*** If “no,” stop and consult with HWD/CMHC/CP.