Protocols and Policies Addressing the Needs of Students at Risk for Suicide

SAMHSA Contract 283-07-0705 to IFC Macro
Suicide Prevention Protocols

• Protocols or procedures are needed to address the needs of young people identified through suicide prevention activities, or in clinical settings.

• However, the degree to which there has been a systematic implementation of protocols is unclear.
Heterogeneity in Recommendations

• There is no agreed-upon gold standard of care – there is much heterogeneity in the recommendations offered for managing suicide risk among youths and young adults that are identified in suicide prevention programs.
Need for Planning

• Several groups have highlighted the need to identify, in advance of emergent situations, who makes decisions when a young person potentially at risk is identified, and how these decisions are made.
Infrastructure

• The effectiveness of case identification suicide prevention programs relies both on their ability to identify youths and young adults and the presence of infrastructure or resources, including referral networks for working with individuals that are identified.

• However, the degree to which implementation of case identification suicide prevention programs are preceded by steps to ensure adequate referral network or support services is not clear.
Examples
“So let’s say you had intervention systems . . . , but if you don’t have services in place in the school, you’re going to be identifying a lot of troubles, a lot of problems without much intervention. I don’t know how effective that is.” - a social worker in the state of Maine commenting on how the effectiveness of suicide prevention programs can be compromised by lack of services
Examples

• Attempt to replicate the Reconnecting Youth Suicide Prevention program in schools – 29% of participating students found to be “at risk,” which overwhelmed counselors, leading to discontinuation of the program (Hallfors et al., 2006)
An Ethical Issue

• Once a mental health professional knows that a specific individual he or she is working with is at elevated risk for suicide or suicidal behaviors on the basis of an assessment, s/he has an obligation to assess further to make sure no action is needed to prevent harm befalling that person (e.g., to prevent a suicide).

• If insufficient resources are in place for working with at-risk individuals when screening has been implemented, the mental health professional now is faced with the dilemma of knowing that someone is at higher risk without ability to do anything about this.
Suicide Prevention and Confidentiality on Campuses

• The issue of referrals following identification raises important questions and issues related to the confidentiality of college-age students who are identified through campus-based screening or treatment programs.

• Campus policies regarding withdrawal of students identified as suicidal may discourage college students from seeking help or disclosing suicidal thoughts or behavior, and may provide a further stress for students.
Jed Foundation

- Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student

- [http://www.jedfoundation.org/assets/Programs/Program_downloads/Framework_color.pdf](http://www.jedfoundation.org/assets/Programs/Program_downloads/Framework_color.pdf)
In providing a safety net for the mental health needs of college students, the Jed Foundation stresses need for attention to all three domains of

- Prevention
- Intervention
- Postvention
I. Developing a Safety Protocol
   A. Responding to acutely distress or suicidal students
   B. Addressing needs for care
   C. Development of post-crisis follow-up plan
   D. Documentation of encounters with at-risk students
   E. Addressing other issues such as whether a student at risk is able to participate in off-campus programming
II. Developing Emergency Contact Notification Protocol

III. Developing Leave of Absence and Re-entry Protocol
Themes in Standards and Programs for Acute or Emergency Care

• Need for careful assessment
• Involvement of parents or guardian, particularly if a minor
• Collaborative safety plan - reduction of access to means if possible, discussion of alternatives when feeling suicidal, provision of emergency contact information
• Steps to underscore the importance of aftercare and to facilitate rapid aftercare entry (including problem-solving and removal of barriers to aftercare)
• Follow-up contact with individuals following the emergency presentation
Report Recommendations

1. Case identification approaches to suicide prevention should always be preceded by efforts to ensure that adequate resources exist for working with youths or young adults, or efforts to establish adequate linkages and support services.
Recommendations

2. The details of a suicide risk management plan be clearly articulated in advance of crisis situations. Such a plan should ideally include:

- a determination of who will be responsible for making decisions if such a situation were to arise,
- precisely what process will be in place to underlie the decision-making,
- the documentation necessary to ensure clear communication about the youth’s care, and
- what procedures are in place for follow-up with young people and families.
Recommendations

3. In settings where suicidal young people may be identified, careful attention needs to be paid to safety planning. This process should minimally include:

- Education regarding removal or limitation of access to potentially lethal methods of suicide attempts.
- Provision of emergency contact information.
- Ideally, a formal plan for what the adolescent or young adult should do in the event that s/he is not feeling confident about his/her ability to not act on suicidal thoughts.
Recommendations

4. Procedures for working with suicidal youths and college students and emergency department protocols should if at all possible should include

- a focus on facilitating entry into treatment
- follow-up contact to ascertain if there has been follow-through with aftercare recommendations or if assistance is needed in this regard.
5. Important consideration needs to be given to issues of confidentiality in the context of suicide prevention activities on campuses. College concerns about provision of resources and a safe environment for students that have been suicidal (and resulting policies requiring withdrawal of suicidal students) need to be carefully weighed against the harmful effects of these policies for students, including discouragement of disclosure of suicidal thoughts and behavior and discouragement of help-seeking.