

Basic Suicide Prevention Planning

Every school, site and community-based organization should have some form of comprehensive suicide prevention plan in place. Suicide prevention planning also creates an *early warning* system and method of responding for every kind of problem and type of issue--from abuse, neglect, sexual assault and domestic violence to behaviors tied to alcohol and drugs, truancy, traumatic loss, and all forms of emotional problems and mental illnesses, etc. [See: "Utilizing Suicide Prevention Resources," for groups and organizations that can provide more in-depth guidelines for suicide prevention planning.]

The following guidelines are based on the Samaritans of New York's experience working in the NYC-Metropolitan area over the past 25 years. They are intended as a preliminary step in developing a site-based plan and *are not intended to fulfill professional or legally mandated reporting requirements* nor are they meant to take the place of any school, program or site policy or protocol.

The effectiveness of any plan is dependent on the proper training of all lay, professional and administrative staff; and anyone working within the program who comes into contact with the general population, including custodians, food service workers, security guards, etc. But a plan will only be effective if it includes input from all the stakeholders involved in its implementation and is based on realistic expectations in terms of peoples' accountabilities, responsibilities and capabilities.

Samaritans suggests that your initial suicide prevention planning include the following:

A site awareness and education campaign

Basic information about suicide as a public health problem, its causes and relation to other health problems, the statistics, trends, populations most at risk, warning signs and risk factors, the myths and misconceptions people have about suicide as well as the keys to prevention must be disseminated and reviewed by every person served by or providing service. The better educated every member of the site's community, the more effective the planning and implementation will be.

A site crisis protocol to ensure a consistent quality response

Some form of user-friendly flowchart outlining the procedures that should be followed in every interaction with a student/client who may be in crisis, including how to assess suicide risk, the support staff and their roles and available resources. Issues addressed should include but not be limited to: what to do when a student/client is clearly demonstrating warning signs; what to do when he/she talks about suicide; what to do when a student/client tells you about another person who is suicidal; what to do when it is determined that the student/client is potentially suicidal and should not be left alone; etc.

A dedicated site for those in crisis who need someone to talk to

Specific rooms and staff as well as times available should be identified so students/clients know where to go and who to turn to when they are in need of confidential feedback, help and support. The plan should also include procedure(s) students/clients should follow to access that help (whether it is a slip to get out of class, which room to go to, the phone number to call, etc.), what the help will consist of and program-wide encouragement to access that help and support.

A pre-tested community referral and resource list

One of the more significant components of the plan--resources and referrals--are often overlooked until after an emergency has occurred for which the site's staff found itself ill-prepared. A resource list *should not* be taken from other sources but compiled by front-line staff who make direct contact with the site, police precinct, hotline, hospital, etc. The list should provide resources (if not responses) to any scenario that can be imagined. Once compiled, these lists should be distributed to every member of the staff. [A basic outline for creating this list appears on Page 2. Note that every city and state has its own unique division of community health support services. Make sure, when compiling your site's resource list, that you receive input and feedback from those most familiar with your locale.]

Community Resource & Referral List

It is suggested that your resource and referral list include agency/service, contact person's full name, direct phone number, beeper number, hours available, how to contact, backup, etc. Your list should be as specific as possible, covering 24 hours a day. This should include but not be limited to:

Local/county hospital (24-hour direct phone number)

For medical and psychological emergencies and support services, including ambulance service.

- Emergency room
- Head triage nurse
- Head ER resident
- Psychiatric resident
- Senior attending physician
- Clinical social worker

Local police precinct (24-hour direct phone number)

For crimes, including assault, child abuse, domestic violence, sexual abuse, and for emergencies and support services.

- Precinct captain
- Community affairs officer
- Public liaison officer
- Crisis/trauma team leader
- Special duty officer(s)
- Emergency medical services

Community health agencies and organizations

Agencies and non-profits that respond to those problems most frequently faced by students and clients, including but not limited to:

- Child abuse
- Teen alcoholism
- Child welfare
- Mental health information and referral
- Crime victims
- Domestic violence
- Incest
- Drug abuse and treatment
- Gay and lesbian issues
- AIDS information
- Sexual abuse
- Immigration services
- Social services
- Victim's services

Local fire department station (24-hour direct phone number)

For immediate response to emergencies and other potentially dangerous situations such as someone on a window ledge.

- Station captain
- Head of emergency services
- Head of crisis/trauma team
- Community affairs officer

Local 24-hour suicide prevention hotlines and support services

Those 24-hour hotlines that respond to those problems most frequently faced by students and clients, including but not limited to:

- AIDS hotline
- AA and Al-Anon
- Child abuse reporting
- Gay & Lesbian issues
- Runaways
- Sexual problems
- Suicide
- Teen and youth issues
- Teen shelters
- Victims services

Other names and numbers that may be helpful

- Community advocacy groups
- Community social groups
- Local community and district leaders
- Local religious leaders (every denomination)
- School and district union representative(s)
- City health and mental health dept.
- Department of Health (AIDS, women's health, domestic violence)
- Department of Mental Health (citywide mental health referrals)
- Department of Youth and Community Development (youth services)