

# **Sunflower County Consolidated School District Suicide Prevention Program**

Suicide is the third leading cause of death in youth between the ages of 10-19. Eleven percent of high school students have made at least one suicide attempt, while 40 percent have indicated serious suicidal thoughts. Schools are in a unique position to teach /reinforce resiliency skills, identify at risk students/adults, and provide appropriate intervention and postvention strategies.

A program that implements a systematic approach has the potential to increase both emotional and academic performance stability.

This protocol will serve as a uniform tool for school counselors, psychologists and administrators when assessing a person for suicidal risk, intervention and continued safety.

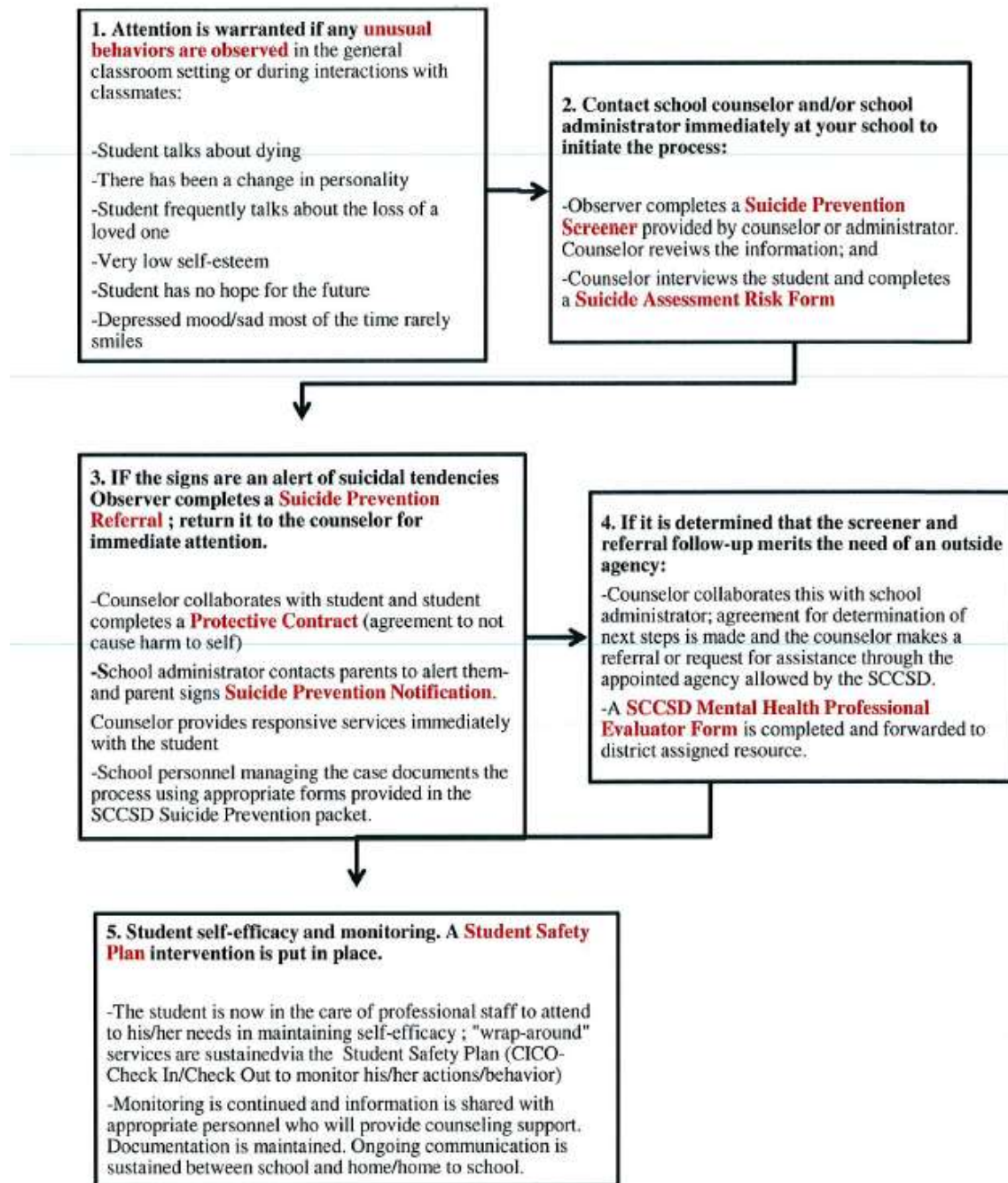
The protocol component of Sunflower County Consolidated School District's Suicide Prevention Program will include systematic training for staff at each campus. This will also contribute to a more normalized educational setting at each campus.

The goals of this suicide protocol are to:

- Increase the knowledge of at-risk indicators.
- Provide strategies to increase and reinforce resiliency factors.
- Provide a user friendly and standardized concerned persons/referral protocol.
- Provide a standardized intervention/postvention protocol that includes cooperation and collaboration with outside agencies and a more overall, protective environment for potential existing, returning and reoccurring suicidal students.

# SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT

## Suicide Prevention Screening and Referral Process - Approximately First 12-24 School Hours (Flow Chart)



**SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT**  
**Suicide Prevention Screener**

Date: \_\_\_\_\_

Name of Referring Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

**Directions: Carefully review each behavioral/emotional characteristic and check any item(s) that has been consistently demonstrated by the student/child over the past month.**

\_\_\_ Student talks about dying (any mention of dying, disappearing, jumping, shooting oneself, or other types of self-harm)

\_\_\_ There has been a change in personality (sad, withdrawn, irritable, anxious, tired, indecisive, apathetic)

\_\_\_ Student frequently talks about the loss of a loved one or other person he/she may have known (through death, divorce, separation, broken relationship, self-confidence, self-esteem, loss of interest in friends, hobbies, activities previously enjoyed).

\_\_\_ Is not liked and/or is teased by others (may frequently be bullied)

\_\_\_ Student unable to sleep or sleep patterns have changed (insomnia, often with early waking or over-sleeping, nightmares)

\_\_\_ Unable to eat or has had a loss of appetite/change in eating habit (loss of appetite and weight, or over-eating)

\_\_\_ Student exhibits fear of losing control (acting erratically, harming self or others)

\_\_\_ Very low self-esteem (feeling worthless, shame, overwhelming guilt, self-hatred, "everyone would be better off without me")

\_\_\_ Student has no hope for the future (believing things will never get better; that nothing will ever change)

\_\_\_ Reluctant and/or refuses to interact with others

\_\_\_ Depressed mood/sad most of the time rarely smiles

\_\_\_ Reports strange ideas (false beliefs, excessive paranoia) and /or hearing voices

\_\_\_ Appears overly worried/anxious (excessive crying, feeling worthless)

\_\_\_ There has been a change in behavior (can't concentrate on school, work, routine tasks)

\_\_\_ Mood changes quickly for no apparent reason

**Total Indicators Checked:** \_\_\_\_\_

Sunflower County Consolidated School District  
**Suicide Assessment Risk Form (SARF)**  
Confidential

Referral Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_
2. Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. School: \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnicity: \_\_\_\_\_
4. Person Completing SARF: \_\_\_\_\_
5. Name of person you collaborated with: \_\_\_\_\_
6. Student referred by: \_\_\_\_\_

\_\_\_\_\_ Self                      \_\_\_\_\_ Parent                      \_\_\_\_\_ Teacher  
\_\_\_\_\_ Counselor                      \_\_\_\_\_ Other

7. Previous SARF \_\_\_\_ Yes \_\_\_\_ No

8. Reasons for referral:

_____ District Threat	TO SELF _____	OTHERS _____
_____ Indirect Threat	TO SELF _____	OTHERS _____
_____ Sudden Change in Behavior	_____ Signs of Depression	
_____ Previous Attempt (s) _____	_____ Truancy/Running Away	
_____ Giving Away Possessions	_____ Frequent Complaints of Illness	
_____ Mood Swings	_____ Alcohol or Drug Use	
_____ Self-Injurious Behavior	_____ Other: _____	

9. Intervention:

\_\_\_\_\_ Parent/Guardian Contact Date/Time: \_\_\_\_\_

\_\_\_\_\_ Resources Provided to Parent/Guardian INCLUDING: \_\_\_\_\_

\_\_\_\_\_ Outside Referral Made: \_\_\_\_\_

\_\_\_\_\_ Child Abuse Report Made (endangerment): NAME OF INTAKE WORKER: \_\_\_\_\_

\_\_\_\_\_ Refereed to SRO/Police: NAME OF OFFICER: \_\_\_\_\_

\_\_\_\_\_ Hospitalization \_\_\_\_\_

\_\_\_\_\_ School Based Counseling: \_\_\_\_\_

\_\_\_\_\_ Program Modification INCLUDING: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Counselor's/School Psychologist's Name: \_\_\_\_\_

**Place This Form In Your Confidential File – DO NOT Place in CUM FILE**

Sunflower County Consolidated School District  
**Suicide Prevention Referral Form**  
(Confidential Document: Do Not Duplicate Without Counselor Notification)

Date: \_\_\_\_\_

Name of Referring Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School where student attends: \_\_\_\_\_

Relationship to student: \_\_Parent \_\_Teacher \_\_ Administrator \_\_ Counselor \_\_ Other: \_\_\_\_\_

**REASON(S) FOR REFERRAL**

**Moods/Behaviors**

\_\_\_\_ Anxious/worried  
\_\_\_\_ Depressed/unhappy  
\_\_\_\_ Eating disorder  
\_\_\_\_ Body image concerns  
\_\_\_\_ Hyperactive/inattentive  
\_\_\_\_ Shy/withdrawn  
\_\_\_\_ Low self-esteem  
\_\_\_\_ Aggressive behaviors  
\_\_\_\_ Stealing  
\_\_\_\_ Talks about death often or loss of a loved one  
\_\_\_\_ Other: \_\_\_\_\_

**Relationships**

\_\_\_\_ Bullying  
\_\_\_\_ Difficulty making friends  
\_\_\_\_ Poor social skills  
\_\_\_\_ Problems w/ friends  
\_\_\_\_ Boy/girl-friend issues  
\_\_\_\_ Withdrawn  
\_\_\_\_ Other: \_\_\_\_\_

**School Concerns**

\_\_\_\_ Homework not turned in/not complete  
\_\_\_\_ Low test/assignment grades  
\_\_\_\_ Poor classroom performance  
\_\_\_\_ Poor concentration  
\_\_\_\_ Sleeping in class/always tired  
\_\_\_\_ Sudden change in grades  
\_\_\_\_ frequently tardy or absent  
\_\_\_\_ New student  
\_\_\_\_ Other: \_\_\_\_\_

**Home Concerns**

\_\_\_\_ Fighting w/family members  
\_\_\_\_ Illness/death in the family  
\_\_\_\_ Parents divorced/separated  
\_\_\_\_ Suspected Abuse  
\_\_\_\_ Suspected substance abuse  
\_\_\_\_ Parent request  
\_\_\_\_ Other: \_\_\_\_\_

**Counselor's Use:**

		<b><u>Other Consult Needed:</u></b>	<b><u>Referral To:</u></b>
		N Y	
<b>Date Rec'd</b>	<b><u>Date Seen</u></b>		

# Sunflower County Consolidated School District

## Protective Contract

I, \_\_\_\_\_, promise to not engage in any behavior that will or may cause myself bodily injury. Should I have any thoughts or feelings about hurting or killing myself, I promise to contact one or all of the individuals listed on this contract. These individuals include:

1.	_____	_____	_____
	Name	Number	Location
2.	_____	_____	_____
	Name	Number	Location
3.	_____	_____	_____
	Name	Number	Location
4.	_____	_____	_____
	Name	Number	Location

IF NONE OF THE ABOVE ADULTS ARE AVAILABLE TO CONTACT THEN I WILL CONTACT 911 AND ASK THE DISPATCHER FOR AN OFFICER TO CONDUCT A WELFARE CHECK TO KEEP ME SAFE.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
School Counselor/School Psychologist Signature

\_\_\_\_\_  
PARENT SIGNATURE

**Suicide Hotline 1-800-SUICIDE (1-800-784-2433)**

**Give a copy to student and place a copy in school counselor's confidential file.  
Do not place in cum file.**

# Sunflower County Consolidated School District

## Suicide Prevention Notification

I have been informed that the school has serious concern about my child, \_\_\_\_\_, and his/her expressed desire to commit suicide.

I understand that by signing this form I am acknowledging that the school is fulfilling its duty to notify me regarding a matter of my child's safety and that professional counseling is recommended to begin immediately.

\_\_\_\_Referrals for an emergency evaluation for suicide risk/potential have been given to me and I understand that it has been recommended that I take my child to one of these agencies immediately to help ensure the safety of my child.

**OR**

\_\_\_\_ Referrals to local counseling services have been provided to me and I understand that it is recommended that I contact one of them directly to schedule an appointment to obtain professional psychological services for my child. I understand that a school counselor/school psychologist will have a mandatory follow up meeting with me and my child on \_\_\_\_\_.

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Parent/Legal Guardian Signature

Date

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School Counselor/School Psychologist Signature

**GIVE PARENT COPY AND FILE ORIGINAL IN CONFIDENTIAL FILE**

Sunflower County Consolidated School District  
**SCCSD Mental Health Professional Evaluator Form**  
**CONFIDENTIAL**

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TO: Mental Health Professional Evaluator

FROM: \_\_\_\_\_, Counselor

SUBJECT: \_\_\_\_\_  
(Student's Name)

DATE: \_\_\_\_\_

The above student told me the following:  
**(Check all that apply)**

\_\_\_\_\_ Student said that he/she had been thinking about suicide, the last time he/she thought about suicide was \_\_\_\_\_ **BUT IS NOT CLEAR WITH THE THOUGHT.**

\_\_\_\_\_ Student said that he/she had A PLAN BUT WILL NOT DIVULGE:

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\_\_\_\_\_ Student indicated that he/she had previously attempted suicide on \_\_\_\_\_ by means of:

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\_\_\_\_\_ Other Important Information:

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This is a recommendation for further psychological evaluation for suicide based on the following:

\_\_\_\_\_ Suicide Interview

\_\_\_\_\_ Other: \_\_\_\_\_

If you should have any questions, please call \_\_\_\_\_. Upon the student's return to school I would like to meet with him/her and the parent(s)/guardian(s) to determine how the school can assist with a mandatory follow up plan.



# Sunflower County Consolidated School District

## STUDENT SAFETY PLAN

The purpose of this plan is to build the student's support system on campus. By connecting students to a team of identified staff members we are providing a safety net of individuals that the student can turn to in time of need, and the staff can check in on the student, encouraging student to follow their treatment plan. It is recommended that a minimum of 2 staff be identified to contact for a minimum of two weeks and re-evaluated for modification after that time.

For the next two weeks \_\_\_\_\_ will check in with the following people:

Name	How Often	When	Where
1.			
2.			

\_\_\_\_\_, (Staff) will check in with \_\_\_\_\_, (Student) daily for the next two weeks during the following times and location. (If the primary staff (#1) is not available the student will contact the secondary person #2):

Staff Name	Time	Location
1.		
2.		

Parent communication—please list time and frequency of parent contact.

Name	How Often?	Phone Number
Who will initiate contact? Parent or Interviewer		

**DATE/TIME FOR NEXT MEETING:** \_\_\_\_\_

**IF STUDENT IS UNABLE TO FOLLOW THIS PLAN THE FOLLOWING WILL OCCUR:**

\_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

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**\*\* Make copy for student, keep original. File in counselor's confidential file, NOT cum.**

# Sunflower County Consolidated School District

## Suicide Prevention Screening and Referral Process

### FAQ's

#### **Q: Why should a screener or referral be initiated?**

**A:** Suicide is the third leading cause of death in youth between the ages of ten and nineteen.

Eleven percent of high school students have made at least one suicide attempt, while forty percent have indicated serious suicidal thoughts. Schools are in a unique position to teach/reinforce resiliency skills, identify at risk students/adults, and provide appropriate preventive measures to assist with identification of teen suicidal tendencies. The ultimate result for early identification is to employ intervention strategies to prevent an occurrence of a possible suicidal act.

#### **Q: What is the result for initiating a screener and/or referral?**

**A:** Prevention-Screeners and referrals are primary tools used to identify possible behaviors that may lead to an act of suicide. Youth often have limited skills on which to rely to help them make healthy decisions regarding their self-sufficiency.

Intervention-Screeners help the care-giver in taking positive action when an immediate referral is warranted and allows the counselor or other school staff to employ appropriate intervention steps based on the students' immediate need.

#### **Q: Why is it important to screen for suicide, all students don't have this problem?**

**A:** Screeners are initiated not by whole groups, but when a student exhibits a certain (unusual) behavior that appears to be developmentally out of place. A school/district staff is trained to identify signs that are identified as "red-flag" behaviors. The screener is provided to the staff member an observer of the child in his/her school setting and "red-flag" behaviors are tagged (marked on a Suicide Prevention Screener form)

#### **Q: When should I initiate a referral?**

**A:** A referral is made when any of the following signs are observed:

- Student talks about dying
- There has been a change in personality
- Student frequently talks about the loss of a loved one
- Very low self-esteem
- Student has no hope for the future
- Depressed mood/sad most of the time rarely smiles

**Q: Who should I provide information to if I see any "red-flag" behaviors?**

**A:** The first line of defense is to alert the counselor and/or a building administrator. These personnel will be able to assist you in next steps. You will be required to complete a screener and referral to that acts as a running record that prevention/intervention steps are in progress.

**Q: Who is responsible for alerting the appropriate personnel?**

**A:** Any individual with the responsibility of overseeing youth in the SCCSD are responsible to report to the appropriate personnel. This includes but is not limited to administrators, certified and non-certified staff as well as district staff who may be familiar with a potential case of concern.

**Q: Where can I find a referral/screening form in the event I need to refer a student?**

**A:** The counselor at your particular school will be able to assist you with attaining a referral and/or screening form as needed. Your building administrator will also have access to these forms.

**Q: What happens after the referral is submitted?**

**A:** All persons involved in the well-being of the student must remember that confidentiality must be kept at the forefront! The counselor or mental health therapist (if allowed by the school district) will take the necessary steps of meeting with the student and alerting the administration; the administration will contact parents. The student will then receive "wrap-around" services by certified staff able to assist him/her clarify what is occurring. Parents will be informed and provided resources available that will help the student retain self-efficacy (outside referral to mental health agency, etc.). The referring staff will be updated regarding the student's general progress. Student is carefully monitored.

**Q: What will I have to do while the student is in attendance at school?**

**A:** Keep in touch with counselor about student progress. Stay connected to the student, but don't invade his/her space (smother). Ask questions about his/her day, talk to him/her about how you can provide academic assistance/home assistance/school assistance to make things better for him/her. Stay in touch with parents to provide regular updates - focus on the positives (at least once a week). Maintain regular routines with timely monitoring.

**Q: What other actions may occur during this time?**

**A:** Professional counselors/therapists/administrators collaborate regularly to provide "wrap-around" services while the child is in attendance during his/her school day. Student remains on "watch status" Parents may choose to take other preventive measures to assist their child with the concern.

## ADDITIONAL RESOURCES USED TO COMPILE INFORMATION

American Psychological Association - APA  
750 First St. NE, Washington, DC 20002-4242  
Telephone: (800) 374-2721; (202) 336-5500  
TDD/TTY: (202) 336-6123  
<http://www.apa.org/research/action/suicide.aspx>

**Mississippi Department of Mental Health**  
1101 Robert E. Lee Building  
239 N. Lamar Street • Jackson, MS 39201  
PHONE: 601-359-1288 • FAX: 601-359-6295  
TDD: 601-359-6230  
**TOLL FREE HELP LINE:**  
1-877-210-8513  
<http://www.dmh.ms.gov/what-we-believe/strategic-plan/>

**SAMHSA's** mission is to reduce the impact of substance abuse and mental illness on America's communities.

Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road • Rockville, MD 20857  
1-877-SAMHSA-7 (1-877-726-4727)  
<http://www.samhsa.gov/>



The National Suicide Prevention Lifeline (NSPL) is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. NSPL is committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

**Life Help 24/7 Mobile Crisis Hotline: 1-866-453-6216**