

UPA Suicide Prevention Protocol

To ensure the safety of all students, UPA takes every warning sign or threat of self-harm seriously. Thus, for their protection and that of their peers, any student who is reported to be at risk of self-harm or suicide prompts the following course of action.

Protocol:

1. **Concern for student reported**
 - a. By teacher, staff, student, or parent
 - b. GoGuardian program flags student for online activity related to self-harm or suicide.
 - i. Notification sent to executive director, technology director, student services director, mental health coordinator.
2. **Guidance counselor and administration** is notified of potential risk
3. **Counselor (or administrator if needed) meets with student**
 - a. explains protocol
 - b. sends student to UPA therapist
4. **Therapist assesses student for risk level** and notifies MH coordinator and counselor (and any administrators as needed) of risk and next steps
5. **If student risk level is:**
 - a. **NO Risk**
 - i. Counselor notifies parents of situation
 - b. **LOW - MODERATE Risk**
 - i. Therapist develops safety plan with student (or updates plan for existing clients)
 - ii. Parent/guardian is notified of risk-- unless this will exacerbate the situation
 - iii. Therapist recommends ongoing meetings with student and/or refers parent/guardian to primary health care provider of mental health services
 - iv. Therapist follows up with student and family until student is stable
 - c. **HIGH (imminent) Risk**
 - i. Ensure student is with a school staff at all times
 - ii. Mobilize community links (e.g. Uplift Mobile Crisis Team at (408) 379-9085 or toll-free 1-877-41-CRISIS and/or 911)
 - iii. Principal or designee notifies parents about the seriousness of the situation, unless this will exacerbate the situation. In certain cases, it may be necessary to wait to notify parents due to clinical circumstances as determined by psychologist, Uplift, or other mental health provider.

- iv. **If the student has lethal means on their person:**
 - 1. Do not attempt to take a weapon by force
 - 2. Talk with the student calmly
 - 3. Have someone call 911
 - 4. Clear area for student safety
 - 5. Once the student gives up the potentially lethal means, stay with the student until the CRT or 911 emergency support arrives.
- v. At this level of risk the student may require hospitalization
- vi. Counselor will work with the student's parents/doctor/ therapist as needed.

6. Before the student returns to school, initiate a re-entry plan.

Students “need considerable support and monitoring, especially during the first several months they are back at school, during any school crisis, or near the anniversary of their attempt or mental health crisis” (SAMHSA Toolkit). It is critical to create or review the Safety Plan at the first 'return to school meeting' with the student and parents. A student is at increased risk of attempting suicide in the days and weeks immediately following discharge from the ER, hospital or care facility.

Important points to remember in facilitating a successful student re-entry:

- a. Work with student, family and relevant staff (counselor and school psychologist) to create an individualized re-entry plan before the student's return. A meeting with family and the student is strongly recommended before the student returns to school.
- b. Ensure that the appropriate staff (school psychologist, counselor, administrator) has the pertinent information from the student's doctor, psychiatrist, psychologist or therapist necessary to create the
- c. Student's re-entry plan.
- d. The re-entry plan will be based on Doctor or Mental Health Provider recommendation
- e. Details of the student's mental health history should be shared only as needed to support the student's successful re-entry.