POLICIES AND PROTOCOLS ADDRESSING THE NEEDS OF YOUTHS WHO HAVE ATTEMPTED OR ARE CONSIDERING SUICIDE

The purpose of this document is to provide recommendations for developing protocols designed to meet the immediate needs of adolescents and young adults who have expressed suicidal plans or have attempted suicide. All youth-serving organizations should have a protocol in place to guide the actions of program administrators and staff. It is important that these organizations develop, implement, and train staff members on the application of a suicide prevention or postvention protocol, regardless of the availability of on-staff mental health professionals.

- Suicide-risk protocols should include clear, specific plans for addressing how to meet the needs of youths who have expressed suicidal plans or have attempted suicide.
- Suicide-risk protocols should specify who will make decisions regarding the safety of the youths and how decisions will be made in the event of a suicide-related crisis. These protocols also should specify what steps must be taken by key personnel, include instructions on how assessment and management information will be documented and communicated, and establish procedures for follow-up with suicidal individuals and their caregivers.
- Youth-serving organizations should ensure that staff members have access to the protocols and receive training on how to respond when an individual is identified as having attempted or is considering suicide.
- Suicide prevention and early identification programs should have a suicide prevention–trained clinician on staff or accessible through established linkages. This clinican should be prepared to provide timely crisis intervention, help to determine whether a youth is at immediate risk, and determine whether the youth requires a more intensive evaluation.
- A decision-making plan should be developed regarding the involvement of at-risk youths' parents. In cases of abuse or neglect, it may be best to not first involve parents or family. In these cases, the plan should provide for ways to involve another responsible adult (e.g., guidance counselor).
- Whether a youth is considering or has attempted suicide, the response protocol should include a safety plan, which outlines collaborative steps for ensuring safety and for identifying behavioral alternatives to suicide. Safety planning, at a minimum, should
    - o include a formal plan for what the youth should do (e.g., engage in self-soothing behaviors, call or talk with a support person) in the event that he or she is not feeling confident about his or her ability to not act on suicidal thoughts;
    - o provide emergency contact information (e.g., after-hours phone numbers for treatment providers and/or emergency services, number for the National Suicide Prevention Lifeline—1-800-273-TALK[8255]);
    - o include education for individuals and families about the importance of removing or limiting access to potentially lethal methods of self-harm.
- Protocols for working with suicidal youths should include a focus on facilitating entry into treatment and educating youths and their families regarding the importance of support services. Efforts should be made to identify barriers to entering or receiving treatment (e.g., transportation, financial, or language difficulties; lack of insurance; work hours; attitudes about mental health services; or distrust of authorities). When possible, steps should be taken to discuss and resolve these barriers with the youth and family to reduce the degree to which these barriers may interfere with receipt of care.
- Routine and rapid follow-up contact with suicidal individuals following crises—including those discharged from emergency and in-patient departments—should be done to determine whether there has been follow-through with aftercare recommendations. Follow-up contact should be regular and ongoing until the youth's risk, verified by a suicide prevention–trained clinician, is being safely managed outside of the context of the crisis response.

These recommendations were developed under Substance Abuse and Mental Health Services Administration (SAMHSA) leadership, with input from youth suicide prevention experts and Garrett Lee Smith Suicide Prevention and Early Intervention Program partners, for grantees and others interested in implementing community-based youth suicide prevention training. Recommendations are intended for policies and protocols addressing the needs of youths who have attempted or are considering suicide.

BACKGROUND INFORMATION

ADDRESSING THE NEEDS OF YOUTHS WHO HAVE ATTEMPTED OR ARE CONSIDERING SUICIDE

The Lessons Learned Working Group (LLWG) includes participants from multiple agencies and key stakeholders in suicide prevention, including Garrett Lee Smith Youth Suicide Prevention and Early Intervention Program grantees and experts in the field of suicide prevention. Led by Dr. Richard McKeon, Chief of the Suicide Prevention Branch at the Substance Abuse and Mental Health Services Administration (SAMHSA), the LLWG also includes participants from the Suicide Prevention Resource Center (SPRC), Centers for Disease Control (CDC), ICF International, and Gallup Consulting.

The purposes of the LLWG are to gather information about what we know, what we are learning, and the implications for implementing effective suicide prevention programs; identify areas for additional research and evaluation; and communicate and engage with the field about youth suicide prevention.

In 2011, after an analysis of possible study areas, the LLWG prioritized topics addressed by most GLS Suicide Prevention Program grantees or topics without research-based recommendations or guidelines. This is the third in the series of recommendations and is based on a review of published research literature, examination of relevant evaluation data, and shared lessons learned by invited grantees. From this collaborative effort, the group created recommendations for addressing the needs of youths who have attempted or have expressed plans for suicide.

The following persons were involved in the development of these recommendations:

- Richard McKeon, Substance Abuse and Mental Health Services Administration
- David Litts, Suicide Prevention Resource Center
- Phil Rodgers, American Foundation for Suicide Prevention
- David Goldston, Duke University
- Christine Walrath, ICF International
- Chad Rodi, ICF International
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