Assessing Youth for Suicide Risk

In the aftermath of a death in the school community, especially if the death was a suicide, certain, vulnerable students may experience thoughts about suicide themselves. Although not all these students will be actively suicidal, it is important for crisis team members or resource staff to speak with each of these at-risk students individually to assess possible suicide risk. This initial assessment generally takes place in the climate of emotional chaos and increased demand for support services that often characterize the first days of postvention. The following outline provides an abbreviated assessment tailored to the realistic limitations of that situation. If the staff member making this initial assessment has any concern about a student's safety, a call should be made to the parent or guardian immediately. *A staff member should remain with the student until the parent/guardian arrives, and a referral for a more in-depth assessment should be made immediately.*

1. Remember the framework for an effective interview:
   a. Calmly gather information.
   b. Be direct and unambiguous in asking questions.
   c. Use effective listening skills by reflecting feelings, remaining nonjudgmental, and not minimizing the student's feelings.
   d. Communicate caring, support, and trust while providing encouragement for helpful coping strategies.
   e. Pay attention to nonverbal cues as well as verbal communication. If you feel a disconnect between the two, ask about it ("You say you're doing fine, but your tears tell me otherwise").
   f. Don't assume a student who reports suicidal feelings is simply trying to get attention; consider all thoughts of suicide serious.

2. Begin the interview with questions related to the student's relationship to the student who died. Remember that suicide risk may be unrelated to any relationship between the deceased student and the student you are interviewing.
   a. Ask about the student's connection to the deceased ("Did you know Maggie?").
   b. If the student had a close relationship to the deceased, express your condolences for his or her loss.
   c. Find out how the student learned about the death and what his or her reactions are.

3. Explain that sometimes the death of someone close to us can make us think about death ourselves. Calmly ask if the student has had any of those thoughts. Ask if the

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suicide has made the student think about his or her own suicide. Most students will deny suicidal ideation. A small percentage of them, however, may admit to having suicidal thoughts.

4. If the student admits to thoughts about suicide, continue with the following questions:
   a. When did you first have these thoughts?
   b. Do you have a specific plan?
   c. Do you have access to the means?
   d. Have you shared these thoughts with anyone else?
   e. Is there anything that would keep you from suicide?

5. Any student reporting even *thoughts* of suicide should be referred to a qualified mental health professional immediately for a more in-depth assessment. This type of comprehensive assessment requires a level of clinical expertise that is beyond the school's responsibility, especially during a crisis. Even if a school staff member is trained to provide these types of extensive assessments, this is the point where an effective postvention plan turns the responsibility over to its community mental health partners.

6. If a referral for additional services is indicated, the parents or guardians should be contacted immediately, preferably in the presence of the student. (This reflects the focus on clear, open, and unambiguous communication that characterizes all aspects of this postvention model.) Explain to the parents/guardians that the student is reacting to the death of a peer by suicide, is having some personal thoughts about suicide, and needs to speak to a mental health professional who can make a more in-depth assessment of what's going on. This is when direct communication is important; be sure to use the word "suicide." If you speak in more euphemistic terms ("Your daughter is having upsetting thoughts" or "We're worried about your son's safety"), the parents/guardians may not pick up on the urgency of your referral request.

   Provide the parents/guardians with a list of resources to contact to set up this evaluation as soon as possible. Ask them to sign a release of information with the provider so there can be open communication with the school about ways in which the school can provide an appropriate level of support for the student. Emphasize that the school does not want and will not ask for information about the details of the assessment other than about the student's level of risk for suicide and how to address this in the school setting.

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7. If you are worried that a student may be in immediate or imminent risk, convey your concern to the parents/guardians and offer to assist in a referral to your local emergency department or crisis screening center. With permission from the parent or guardian, call your local emergency provider, explain the situation, and ask for an immediate assessment.

8. Remind students who deny suicidal thoughts that resource staff will continue to be available in the school as well as in the community to help them deal with the death of their friend. Tell them you want them to check in with you during the next few days to report how they're holding up. If they don't seek you out, make a point to track them down to follow up.

9. Ask all students to let a member of the resource team know if they have any worries about friends or peers. Remind them that at a time like this, everyone needs to look out for each other and realize that lots of resources have been mobilized to provide everyone in the school community with support.

Please review Lifelines Intervention *for guidelines on conducting a more complete risk assessment.*

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