# Maine Youth Suicide Prevention Program Suicide Prevention, Intervention and Postvention Guidelines For Substance Abuse/Mental Health Agencies

Substance abuse and mental health agencies provide services and support to youth that are at elevated risk for suicide because of their behavioral disorder(s). Staff is also very likely to play a key role in the aftermath of a suicide in the community. The person who dies might be a client in their program, the peer of youth who participate in their program, or an adult or public figure known to the youth in the community. The impact of suicide can be devastating on those left behind. As such it is important that agencies establish protocols for: 1) how to inform themselves about youth suicide; 2) how to appropriately respond to suicidal behavior; and, 3) how to manage the aftermath of a suicide crisis.

All staff in these substance abuse and mental health organizations need to be very clear about their professional roles/boundaries and personal/organizational liability issues when responding to these type of events. All staff needs to be educated about the suicide contagion factor as it relates to suicidal behavior and suicides. Adolescents and young adults are particularly vulnerable to suicide contagion. The likelihood of contagion can be reduced when schools, media, youth programs, faith communities, friends and family all take the responsibility for following suicide prevention guidelines.

Many activities advance suicide prevention including education about suicide and advanced planning for a suicide related crisis. The Maine Youth Suicide Prevention Program has been asked to provide guidance to schools and youth serving agencies in developing suicide prevention, intervention and postvention protocols. The following questionnaire has been designed to help you assess what has already been done and things which need to be considered in order to help prevent youth suicide. *This questionnaire is only a starting point*. The intention is not to provide definitive declarations for what agencies/programs should do because each will vary in its ability to implement and maintain suicide prevention guidelines. It is of utmost importance to consult with your supervisor and attorney to fully understand your obligations and limitations.

#### **Administrative Questions:**

**Prevention** refers to a variety of coordinated, wide-ranging and concrete steps designed to help prevent youth suicide.

1. Does the agency have an up-to-date	Yes $\square$ No $\square$ Need to consider $\square$
crisis response plan?	Comments:
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2. Does the crisis response plan have solid administrative support?	Yes □ No□ Need to consider □ Comments:
3a. Does the crisis plan have written protocols on how to manage suicidal (youth and/or staff) behavior?	a. Yes □ No□ Need to consider □ Comments:
<ul><li>3b. Attempt on site?</li><li>3c. Attempt off site?</li></ul>	b. Yes □ No□ Need to consider □ Comments:
	c. Yes □ No□ Need to consider □ Comments:
4. Has a lead person been designated (with a back-up person identified) to handle/coordinate the agency response to suicidal behavior?	Yes □ No□ Need to consider □ Comments:
5. Have the individuals in #4 been provided with crisis response training?	Yes □ No□ Need to consider □ Comments:
6. Are copies of the agency crisis plan readily accessible to all personnel?	Yes □ No□ Need to consider □ Comments:
7a. Is there an established method for disseminating protocols that includes who should receive them?	Yes □ No□ Need to consider □ Comments:
7b. Is there a plan for providing new staff with the protocols?	Yes □ No□ Need to consider □ Comments:
8. Has administration provided clear direction about the legal rights and obligations of administrators and staff in assisting with a suicidal youth?	Yes □ No□ Need to consider □ Comments:
9. Has a policy for maintaining confidentiality of sensitive information been created and disseminated to all	Yes □ No□ Need to consider □ Comments:

personnel?	
10a. Does the agency have a formal	a. Yes □ No□ Need to consider □
Memorandum of Agreement (MOA) with	Comments:
the local crisis service provider(s) outlining	
the services to be provided such as risk	
assessments, crisis management, and/or	
debriefing staff in the aftermath of a crisis?	b. Yes $\square$ No $\square$ Need to consider $\square$
	Comments:
10b. Does the agreement include debriefing	
parents and community members in the	
event of a suicide?	
11. Does the MOA include guidelines for	Yes $\square$ No $\square$ Need to consider $\square$
how the agency receives feedback on the	Comments:
outcome of the referrals that are made?	
12a. Have administrators and staff received	a. Yes □ No□ Need to consider □
education and training in suicide	Comments:
prevention within the last 3 years?	
10h Has a plan been developed for	b Ves D NaD Nadda sausidan D
12b. Has a plan been developed for	b. Yes □ No□ Need to consider □
educating new hires?	Comments:
Intervention refers to an autimo of an air	is actions to be implemented in manages to
<b>Intervention</b> refers to an outline of specific suicidal behavior.	ic actions to be implemented in response to
suicidal behavior.	
12 Do your mustocale identify leaves and	Yes □ No□ Need to consider □
13. Do your protocols identify key people	
as contacts to help when suicidal behavior occurs?	Comments:
14. Has someone been designated to	Yes □ No□ Need to consider □
14. Has someone been designated to	Comments:

13. Do your protocols identify key people	Yes $\square$ No $\square$ Need to consider $\square$
as contacts to help when suicidal behavior	Comments:
occurs?	
14. Has someone been designated to	Yes □ No□ Need to consider □
contact the parent/guardian when suicide	Comments:
risk is suspected?	
•	
15. Have procedures been developed if the	Yes □ No□ Need to consider □
parent/guardian is unreachable? (Note: If a	Comments:
youth is a minor you will need	
parental/guardian consent to have the youth	
evaluated. In a life threatening emergency	
situation you do not need the permission of	
the parents/guardian to provide treatment.)	
16a. Have steps been developed to	a. Yes □ No□ Need to consider □
encourage parents to get help for their	Comments:
children including the removal of lethal	
means?	
	b. Yes □ No□ Need to consider □
16b. If the parent refuses?	Comments:

(Note: In the event that a staff member determines that a student under age 18 appears to be at-risk of attempting suicide and the parent/guardian refuses to obtain services for him/her, a report should be made to DHHS 1-800-452-1999 for neglect—failure to seek necessary mental health treatment, which may place the child at-risk of serious harm.)	
17. Are there protocols concerning how to help a youth re-enter the program after an	Yes □ No□ Need to consider □ Comments:
absence or hospitalization for mental	
illness including suicidal behavior?  18. Are there systems/teams in place to	Yes □ No□ Need to consider □
support/address the needs of youth who are	Comments
exhibiting high risk behaviors such as	
substance abuse, depression, deliberate	
self-harm, etc.	

**Postvention** refers to a sequence of planned support and interventions carried out in the aftermath of a suicide with the intention of preventing suicide contagion.

19a. Do the protocols include a section about working with the media?	a. Yes □ No□ Need to consider □ Comments:
19b. Has a spokesperson been designated?	b. Yes □ No□ Need to consider □ Comments:
20a. In the event of a suicide, are there established methods for identifying close friends/other vulnerable youth and plans to support them?	a. Yes □ No□ Need to consider □ Comments:
20b.Are there established methods for identifying staff that might be affected either due to their relationship with the youth or their own experience of suicide in their family?	b. Yes □ No□ Need to consider □ Comments:
21. Has a plan been developed that explicitly details what to do following a suicidal crisis to avoid copycat behaviors?	Yes □ No□ Need to consider □ Comments:

22. Are there clear parameters around the agency's role following any youth/staff death (for any reason) that take into consideration the fact that following a suicide, permanent memorials are NOT recommended?	Yes □ No□ Need to consider □ Comments:
23. Are there guidelines about who must be identified about a suicide attempt or death? (i.e. executive director, State Agencies, etc.)	Yes □ No□ Need to consider □ Comments:
24a. Have plans been developed about informing the staff member(s) who worked directly with the individual?	Yes □ No□ Need to consider □ Comments:
24b. Do these plans include additional support for this individual(s)?	Yes □ No□ Need to consider □ Comments:
25. Is there an identified process to inform other staff?	Yes □ No□ Need to consider □ Comments:
26. Has someone been designated to secure the chart/file of the deceased client?	Yes □ No□ Need to consider □ Comments:
27. Has a procedure/checklist been developed to document any additional follow up steps?	Yes □ No□ Need to consider □ Comments:
28a. If the client participated in group therapy, is there a process to inform other group members?	a. Yes □ No□ Need to consider □ Comments:
28b. Does it include reinforcing the need for confidentiality?	b. Yes □ No□ Need to consider □ Comments:
29a. Are there clear guidelines for staff about what contact, if any, is allowed with the family?	Yes □ No□ Need to consider □ Comments:
<ul><li>29b. Attending the wake or funeral service?</li><li>29c. Other memorial activities?</li></ul>	Yes □ No□ Need to consider □ Comments:
	Yes □ No□ Need to consider □ Comments:

30. Will staff be available to assist the	Yes $\square$ No $\square$ Need to consider $\square$
community with grief issues/counseling?	Comments:

# **Staff Related Questions**

1. Has ALL staff received training about suicide prevention?	Yes   No   Need to consider   Comments:
2. Has ALL staff been provided with the agency protocols?	Yes □ No□ Need to consider □ Comments:
3a. Have trained Gatekeepers (and back- ups) been identified as contacts for when suicidal behavior occurs?	a. Yes □ No□ Need to consider □ Comments:
3b. Has everyone in the building been informed who the Gatekeepers are?	b. Yes □ No□ Need to consider □ Comments:
4. Does staff know what to do in the event that they come upon or hear about a suicide event?	Yes □ No□ Need to consider □ Comments:
5. Have the confidentiality guidelines been provided and discussed with ALL staff?	Yes □ No□ Need to consider □ Comments:
6. Do protocols guide staff on what to look for and what to do if they learn of youth work/messages that focus on death or suicide? (i.e. artwork, doodling, journal entries, notes, etc.)	Yes □ No□ Need to consider □ Comments:
7. Do agency personnel understand that it is not their responsibility to assess the seriousness of a situation but that all suicidal behavior must be taken seriously and reported using the agency protocols?	Yes □ No□ Need to consider □ Comments:
8. Has staff been informed about what to do if there is any reason to suspect a weapon is present/readily available?	Yes □ No□ Need to consider □ Comments:
9. Are procedures in place to brief and debrief staff in the event of a crisis?	Yes □ No□ Need to consider □ Comments:

10. Are parents provided with a list of	Yes □ No□ Need to consider □
community resources and agencies to	Comments:
contact if they are concerned about their	
son or daughter being suicidal?	

### **Parent Related Questions**

1. Are opportunities provided for parents to	Yes □ No□ Need to consider □
learn about suicide prevention?	Comments:
2. Are there efforts to actively	Yes □ No□ Need to consider □
communicate with parents about risk	Comments:
factors, warning signs, and the importance	
of restricting access to lethal means?	
3. Have parents been told what the agency	Yes □ No□ Need to consider □
is doing to prevent and address the issue of	Comments:
suicide, what will be done if their son or	
daughter is thought to be at risk of suicide,	
and what will be expected of them?	

## **Youth Related Questions**

1. Do youth know whom to go to if they	Yes $\square$ No $\square$ Need to consider $\square$
are worried about a suicidal friend?	Comments:

