

Crisis Response Planning for Non-residential Agencies/Organizations that Serve Potentially Suicidal Youth

Questions to consider in the development or enhancement of a crisis response plan for a community organization:

1. How are clients with suicidal thoughts and behavior currently identified in our agency/organization?
2. What is the organizational response to clients who are suicidal?
3. Do staff consistently document current and past suicidal thoughts and behaviors of clients?
4. Are staff fearful of working with clients who are suicidal because of legal and malpractice concerns?
5. Do staff believe that they have sufficient skills and knowledge to screen for suicidality and talk comfortably about suicide with clients?
6. Do staff know about treatment resources for suicide?
7. Is there a mechanism within our organization to offer debriefing and professional support to staff after a serious suicide event?
8. Is there a mechanism within our organization to offer debriefing and support to other youth in the aftermath of a completed suicide?
9. Is suicide treated as a serious problem in our organization?
10. Does our organization have good relationships with mental health agencies, hospitals and other places where clients with suicidal thoughts and behaviors can be referred?
11. Do staff – at any level – have negative attitudes toward suicide or youth who are exhibiting suicidal behaviors?

Organizational Policies should be developed/enhanced that address:

- Staff training and competence
- Screening and referral of clients who are exhibiting suicidal behaviors; i.e., who will conduct the initial assessment of a potentially suicidal client?
- Accessing supervision and/or consultation, i.e., who should be called/paged to provide consultation or assistance with the assessment of a potentially suicidal client?
- Taking action, i.e., referral to DMHP for hospitalization or developing a safety plan; do staff know what emergency department is closest to our clinic/facility, if hospitalization is being considered?
- Documentation that needs to be completed;
- Staff role in following up with a client after a suicide attempt;
- Support for youth impacted by the completed suicide of a friend or peer;
- Communication with the parents or guardian, if the youth is under 18 years of age.

Elements of Staff Training:

- Recognition of warning signs & key risk factors
 - Link between substance abuse and risk for suicide
 - Heightened awareness of risk for youth in foster care and juvenile justice systems; also tribal youth and those who identify as LGBT or who are questioning their sexual orientation
- Restricting access to lethal means – especially firearms and prescription medication
- Risk assessment related to ideation, planning and intent
 - How frequent, how intense are the thoughts of suicide?
 - Does the youth have a specific plan?
 - How desperate is the youth?
 - How alone is the youth feeling – does anyone else know about their plans?
 - Has the youth ever tried to kill him/herself before?
 - What stops the youth from killing him/herself?
- Protective factors
 - Internal factors, like religious factors or ability to cope with stress
 - External Factors, like friendships, beloved pets
- Referral & intervention, including a safety plan
 - Written list of coping strategies and sources of support for suicidal youth
 - Plan is brief, in youth's own words & is easy to read
 - A tool to engage the youth and is only one part of comprehensive suicide care plan
- Documentation

Resources for the staff:

- [YSPB brochures and posters](#)
- [National Suicide Prevention Lifeline materials](#): free wallet cards, magnets, brochures
- Websites:
 - [Suicide Prevention Resource Center](#)
 - [The Trevor Project](#) (operates 24-hour hotline for GLBTQ youth):
 - [American Association of Suicidology](#)
 - [American Foundation for Suicide Prevention](#)