

**Suicidal Ideation Protocol**

The objective of the following protocol is to orient actions in suicidal ideation cases, planning and/or suicidal attempt that may occur in the educational establishment. It must be considered that each case is different and with their own particularities, therefore, we need to deal with them in a personal and specific way. For our establishment, any situation aimed at attempting on your life is considered serious, and it will be dealt with immediately, as steps here defined.

Suicidal behavior is manifested by: (a) suicidal ideation, (b) suicide planning and (c) suicide attempt. Each of these behaviors is associated to different risk and action behaviors:

1. Suicidal ideation: Suicidal ideation is defined as the appearance of thoughts to terminate with your own life. In addition, there are thoughts that make allusion to a valueless life, death wishes, and suicidal fantasies. This ideation not necessarily leads to the planning of a lethal act.
2. Planning: It consists in materializing a specific plan and method aimed at finishing with your own life. In this case, the person materializes the necessary instruments, knows how to get them and determines the moment.
3. Suicidal attempt: It is the action intended to cause your own death, although this act is not considered medically significant. It is important to stress that it may be preceded or not by threatens or suicidal gestures.

Main indicators for this warning:

* Hopeless.
* Lack of interest in making activities that loved in the past.
* Suicide is idealized as the one alternative to get rid of a problem.
* Sudden and impulsive reactions are known.
* Lack of support verbalizations.
* Verbalizations about social and family misunderstandings.
* Isolation and emotional withdrawal.
* Verbalizations that the rest will be better without his/her presence.
* Consumption of alcohol and other substances that limit self-control and increase the risk of committing the suicidal act.
* Any social problem.
* Depressive state of being.
* A not defined sense of life.
* Presence of negative feelings.
* Firm believe that suicide is the one alternative for his/her problems. Specific assumptions for the school:
* It is necessary to look out for any comment and not consider it unimportant.
* This topic must be managed with discretion, without exposing the student involved.
* Do not address the topic in group.

# Possible situations and steps to be followed

* 1. **A STUDENT FIRST DESCRIPTION TO A TEACHER**
1. Description reception:

It is important that the person who receives the description of suicidal ideation, planning or attempt to commit suicide remains calm. He/she must have a supportive attitude, without expressing overburden or exacerbation with the description. It is necessary to avoid labeling the case as ‘super especial’ or ‘alarming’.

1. It is necessary to thank the student’s confidence and his/her willing to tell what is happening. It is important to know if he or she has talked about it with someone else, and if he or she is being accompanied by a treating specialist.
2. It is important that the student knows that this topic is delicate, since his/her life is in risk. It is necessary to open this topic to parents and the school psychologist.
3. If the student refuses the above, the idea of helping him/her must be stressed. At the same time, tell him/her that this topic will be addressed carefully, just with pertinent professionals.
4. In this cases, do not make any judgement.

The person who received the description must convey the information to the cycle coordination and the staff of psycho-orientation, which will be the responsible for the steps to be followed.

1. Psychologist and student interview
* The psychologist must explore suicidal ideation with the student.
* On the other hand, protector factors around the student must be explored.
* It is important to support the student, tuning the emotional tenor and inquiry on the present emotions.
* If there are previous background or planning of suicide attempt, it is necessary to generate a commitment with the student to avoid this behavior.
* Tell the student about the help of professionals and parents, because his/her life is in risk. It is necessary to stress that the help of adults is necessary to care for him/her.

It is important that the student does not describe the facts again, to avoid a general alarm and not being secretive with the topic.

In case of planning or suicidal attempt, it is necessary to call the guardian to pick up the student from the school. It is necessary an adult accompaniment not to abandon the student during this process.

1. Inform guardians the same day

Once the student is supported, call guardians for a meeting the same day, if possible. In that meeting, what occurred must be explained, details on the conversation given and the steps to be followed:

* 1. In case of a Suicidal Ideation:
1. Urgent need of professional accompaniment for a student is required based on the severity and importance of what occurred.
2. The student is referred to a psychiatric evaluation, to determine the severity level of the situation. If it is necessary, the school has data of professionals trained to do this.
3. Likewise, the school may elaborate a report of what happened for the treating professional, to facilitate collaborative communication and work.
	1. In case of planning or suicide attempt:
4. The student is referred to a psychiatric and/or psychologic evaluation, to determine the severity level of the situation. If it is necessary, the school has data on professionals trained to do this.
5. Likewise, the school may elaborate a report of what happened for the treating professional, to facilitate collaborative communication and work.
6. Depending on the particular situation, guardians will be reported on the non-integration of the student to the school community, until the treating physician determines the student is in medical and psychologic conditions to re-integrate to school life. Moreover, the treating physician shall issue suggestions for the school to support the student in an optimum way to help in his/her recovery process.
7. Once the treating physician issues the report, a meeting among the student’s guardians, the academic coordinator and psycho-orientation staff shall be arranged, to review the situation and show steps to be followed in each particular case.
8. Monitoring

The school psychologist will be in charge of the monitoring. The specialist must communicate directly and constantly with the family and student’s treating physician, as well as sharing information and indications with teachers.

Once the student re-integrates to school, periodical interviews with him/her shall be made.

# THE TOPIC IS OPEN TO SCHOOL AND THE STUDENT IS ALREADY RECEIVING A TREATMENT

1. Reception of the information:

It is necessary that the educator that perceives and receives the self-aggression description, establishes a conversation with the student, keeping always present point A.1.

As in the previous case (A), this case must be dealt with the psycho-orientation staff and the corresponding cycle coordination.

1. Psychologist and student interview:

After the first description, the school psychologist will be in charge of having an interview with the student, taking points already mentioned in case A.2 into account.

1. Inform guardians the same day

It is necessary to inform parents, in a personal interview, about the conversation with the student. It is necessary taking points already mentioned in A.3 into account.

1. If parents already know the about the ideation, it is necessary that they urgently get in contact with the treating professionals, so that they elaborate a report for the school. This will comprise indications for the teachers’ staff.
2. In case that parents do not know about the suicidal ideation, they will be asked to get in contact with any specialist to report what occurred.
3. Communication with the specialist: Previous authorization of guardians, psychologist and/or school. There will be a direct contact with the treating specialists, to share background on what happened and ask for the specific case orientation.
4. Monitoring:

As in the previous case, the person in charge of tracking made to the student will be the school psychologist.

# WHEN OTHER STUDENTS COMMENT THE CASE OF A CLASSMATE

When the staff (psycho-orientation, cycle coordination, head teacher, inspectorate, etc.) is informed, and:

1. The specific case is known and is being addressed:

Students must be calmed down, having an interview with each of them. During the interview:

1. Thank the confidence given to the adult in charge. It must be noted that classmates are not responsible for what is happening to one of their peers, under any circumstance, and that the topic is being addressed by adults.
2. Ask for the information not to be disclosed. Stress the extreme secretive management of the situation.
3. It is necessary that during the interview it is established that the situation is being addressed by specialists. It is better to manage this topic one by one, not to generate a setting of fear and alarm.
4. Since this is an imitative behavior, it is necessary to explore the risk extent of each student in a personal interview, in addition, it should be asked whether they are scared or have doubts about the topic.
5. It is necessary to ask if this topic has been discussed with parents. If not, it is necessary to call on students to talk about it.

In case that information is managed at community level, it is necessary that the school informs in a general way that the topic is being discussed by school adults and external specialists. Those who have a closer relationship with the student may talk to him/her, if needed.

1. The case is not being addressed

In this case, it is necessary to open the topic with the affected student and his/her guardians, by following the steps above mentioned.

In the interview with the student, the psychologist shall:

1. Generate a space of confidence and support, so that the student may open and describe what is happening. Along with the above-mentioned, it is necessary to talk about the school procedure for these cases and about the concern of classmates that come and ask for help.
2. Follow instructions of the case A.1

# IN CASE IT WAS A FALSE ALARM

Once the information on an alleged suicidal ideation, planning or suicide attempt is received, through any information channel, the school psychologist will interview the student following the steps described in A1. But if he or she denies this information, support of school adults must be reinforced.

1. Inform parents the same day:

The staff must call parent of the student to give them details on what occurred and conversation held with the student. They are explained that the information was denied by their son/daughter, but anyway we inform the occurred for safety and care of your son or daughter.

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