

# Suicide Intervention Protocol

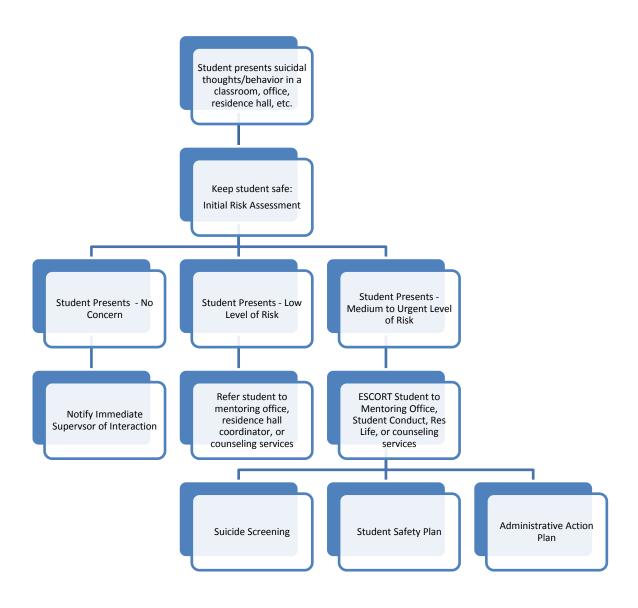
The news media has widely publicized the high rates of suicide in Mesa County. Nationally the average rate of suicide per 100,000 people is 12.4. In Colorado that number jumps to 17.2 and in Mesa County the number again escalates to 21.78. In recent years the suicide rate has continued to climb in Mesa County and the population at most risk of suicide are typically those that fit the demographics at Colorado Mesa University where we have a large population of white males. According to the Journal of Mental Health Counseling, suicide intervention should include the following steps. 1. Assess Lethality 2. Establish Rapport 3. Listen 4. Manage Feelings 5. Explore Alternatives 6. Implement Behavioral Strategies 7. Follow up. The following protocol addresses each of these areas and it is the hope of Colorado Mesa University that this tool is used whenever suicidal tendencies are present. This intervention tool is designed to follow national best practices of suicide intervention as it appears in current mental health literature. This protocol has been developed by a team comprised of both scholars and practitioners within the university.

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## **Suicide Intervention**

## **Initial Risk Assessment**

A suicide risk assessment should be initiated **immediately** whenever a person talks about harming himself/herself, or if there is a concern that a person has thought about hurting himself/herself. Do not leave the person unattended. Do not allow the person to leave your office or setting until this protocol is completed. This assessment can be completed by ANYONE on campus. <u>Please fill out information for the person who is of concern below.</u>

Name:		700 Number:
Date:	Address/Residence: _	
Cell Phone: _	Age:	
Step 1:	Keep the Person Safe	
• Do no	t leave the person alone	
• If the	re is substantial danger call 911	
0	•	ady taken action, or is ready to act on their suicide has a weapon, overdosed, etc.)
Step 2:	Risk Assessment	
What probler	ns is the person experiencing?	

Is the person suicidal; do they have a plan? (If the person can answer **YES** to any of the below questions please check medium level of risk at the bottom of the assessment)

Are you thinking about suicide? (it's important to directly ask the question)

- Do you know someone who's attempted or died from suicide?
- Has someone you care about died?
- Have you tried suicide before?
- Have you thought about how to make yourself die?

NOTES:	
	Staff/Faculty Member Name:
	Date:

#### IF PERSON IS UNWILLING TO GET HELP AND IS MEDIUM LEVEL OR HIGHER CALL 911.

PLEASE MARK THE LEVEL BEST REPRESENTATIVE OF THE STUDENT, IF YOU ARE UNSURE PLEASE CHECK MEDIUM LEVEL AND FORWARD PAGES 4 AND 5 TO AN AUTHORIZED SCREENER. TURN IN THIS FORM TO LHH 107 OR TO DIVERSITY, ADVOCACY, & HEALTH IN ALBERS HALL.

NO CONCERN (Notify Immediate supervisor of incident)
LOW LEVEL (Refer student to mentoring office and/or counseling services)
<b>MEDIUM-URGENT LEVEL</b> ( <b>ESCORT</b> student to mentoring office, conduct office, or counseling services)
Student Services/Mentoring/Conduct = Ext. 1366 or 1765  Counseling = 241-6500