

# *The Samaritans of New York*

## *Basic Suicide Prevention Planning*

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As of 2013, the US Surgeon General suggests that every school, agency site and community-based organization put some form of comprehensive suicide prevention/crisis response plan in place. Prevention planning creates an early warning system and method of responding for almost every kind of problem and type of issue--from abuse, neglect, sexual assault, domestic violence and bullying to behaviors tied to substance abuse, truancy, traumatic loss and all forms of mental illness, emotional problems and trauma.

There are a number of experts that provide detailed guidelines in the design of a prevention plan and it is advised that you review them to determine which is most appropriate for your site [see: *A NYC Guide to Suicide Prevention, Planning and Resources* for additional information, research and resources].

The basic guidelines below are based on the Samaritans of New York's experience working in the NYC-Metropolitan area the past 30 years with hundreds of public and private schools, non-profits and government agencies. They present issues you should consider and review and are intended as an initial step in developing a site-based plan. They *are not intended to fulfill professional or legally mandated reporting requirements* nor are they meant to take the place of any school, program or site policy or protocol.

The effectiveness of any plan is dependent on the proper training of all frontline, administrative, executive, professional and volunteer staff, and anyone else who comes into contact with the population you serve. But a plan will only be effective if it includes input from all the stakeholders involved in its implementation and is based on realistic expectations in terms of peoples' accountabilities, responsibilities and capabilities.

### **A site awareness and education campaign**

Basic information about depression and suicide, their causes and relation to other health problems, the statistics, trends, populations most at risk, warning signs and risk factors, the myths and misconceptions people have about suicide as well as the keys to prevention must be disseminated and reviewed by every staff person who provides services. The better educated every member of the site's community, the more effective the planning and implementation will be.

### **A site crisis protocol to ensure a consistent quality response**

Staff education should include some form of user-friendly guide or flowchart outlining the procedures that should be followed in every interaction with a client/student who may be in crisis, including how to assess suicide risk, each staff member's role and accountabilities, how to access additional support and supervision, and available resources. Issues addressed should include but not be limited to: what to do when a client/student is clearly demonstrating warning signs; what to do when someone talks about suicide; what to do when a client/student tells you about another person who is suicidal; what to do when it is determined that the client/student is potentially suicidal and should not be left alone; etc.

### **A dedicated site for those in crisis who need someone to talk to**

Specific offices and staff members as well as times they are available should be identified so that clients/students know where to go and who to turn to when they are in need of confidential feedback, help and support. The plan should also include procedure(s) clients/students should follow to access that help (whether it is a slip to get out of class, which room to go to, the phone number to call, the program or professional to contact, the emergency service to utilize, etc.), what the help will consist of and program-wide encouragement to access that help and support.

### **A pre-tested community referral and resource list**

One of the most necessary and significant components of the plan--resources and referrals--is often overlooked until after an emergency has occurred for which a site's staff found itself ill-prepared. A resource list *should not* be taken from other sources but compiled by program staff who make direct contact with the service, health facility, police precinct, hotline, etc. The list should provide resources (if not responses) for any crisis scenario that can be imagined, including the individual's name, title, best way to contact, phone number, hours available, etc. Once compiled, these lists should be distributed to every member of the staff. [A basic outline for creating this list appears on the following page to assist you in developing a site-specific list that fits your organization's needs.]

# Community Resource & Referral List

The Samaritans of New York suggests that your resource and referral list include agency/service, contact person's full name, direct phone number, beeper number, hours available, how to contact, backup, etc. The list should be as specific as possible, covering 24 hours a day. It should include but not be limited to:

## **Local/county hospital (24-hour direct phone number)**

For medical and psychological emergencies and support services, including ambulance service.

- Emergency room
- Head triage nurse
- Head ER resident
- Psychiatric resident
- Senior attending physician
- Clinical social worker

## **Local police precinct (24-hour direct phone number)**

For crimes, including assault, child abuse, domestic violence, sexual abuse, and for emergencies and support services.

- Precinct captain
- Community affairs officer
- Public liaison officer
- Crisis/trauma team leader
- Special duty officer(s)
- Emergency medical services

## **Community health agencies and organizations**

Agencies and non-profits that respond to those problems most frequently faced by students and clients, including but not limited to:

- Child abuse
- Teenager alcoholism
- Child welfare
- Mental health information and referral
- Crime victims
- Domestic violence
- Incest
- Drug abuse and treatment
- LGBTQ issues
- AIDS/HIV information
- Sexual abuse
- Immigration services
- Social services
- Victim services

## **Local fire department station (24-hour direct phone number)**

For immediate response to emergencies and other potentially dangerous situations such as someone on a window ledge.

- Station captain
- Head of emergency services
- Head of crisis/trauma team
- Community affairs officer

## **Local 24-hour suicide prevention hotlines and support services**

Those 24-hour hotlines that respond to those problems most frequently faced by students and clients, including but not limited to:

- AIDS/HIV
- AA and Al-Anon
- Child abuse reporting
- LGBTQ issues
- Runaways
- Sexual problems
- Suicide
- Teen and youth issues
- Teen shelters
- Victim services

## **Other names and numbers that may be helpful**

- Community advocacy groups
- Community social groups
- Local community and district leaders
- Local religious leaders (every denomination)
- School and district union representative(s)
- City health and mental health dept.
- Department of Health (AIDS, women's health, domestic violence)
- Department of Mental Health (citywide mental health referrals)
- Department of Youth and Community Development (youth services)