

Suicidal thoughts: Use S.A.F.E. steps

S

Stay with the student

A

Access help

F

Feelings: validate them

E

Eliminate risk

Campus safety:

Advanced responder:

Advanced responder:

If a student has expressed thoughts of suicide or self-harm behaviors, stay with the student. Some phrases to help in this situation include:

- "I'm going to stay with you while we get help."
- "This is important. I'm glad you shared this."
- "Let's walk together to get help."
- "I am concerned about your safety. I will get help."
- "Do you have any weapons, pills or other self-harm items in your possession?"

Collegiate S.A.F.E. Guidelines

Student has expressed thoughts of suicide or self-harm behaviors



Student is present on campus:

S Stay with student: don't leave them alone.

A Access help: "I'm going to stay with you while we get help."

Contact Campus Safety or another Advanced Trained Responder, using the code words: "blue envelope."

Escort to advanced responder - "Let's walk together to get help."

F Feelings: "This is important. I'm glad you shared this."

E Eliminate risk: Ask student if they have any weapons, pills or other self-harm items in their possession.

Remove lethal means if possible - if student refuses Campus Safety or **911** immediately.



If threat is identified via text, email or social media:

S Stay with student: Determine current student location and verify if they are with someone and safe. If student cannot be located, call Campus Safety or 911 to report the concern and ask for a safety check.

Obtain phone number for parent/guardian.

A Access help: Alert an Advanced Trained Responder of the situation. Continue communication with student.

F Feelings: "This is important. I'm glad you shared this." "I am concerned about your safety. I will get help."

E Eliminate risk: Ask student if they have any weapons, pills or other self-harm items in their possession.

Remove lethal means if possible. If student refuses, call **911** immediately.

Access help - code words:
blue envelope

Directly connect student
to advanced trained
responder

Advanced trained
responder completes
C-SSRS

Advanced Trained Responder speaks with the student to assess:

Risk level | Protective factors | Release of information | C-SSRS | Determine next steps

Low risk

Complete safety plan
Contact campus services

Moderate risk

Access risk and protective factors
Decide if low or high risk steps are more appropriate
Link with campus and/or out-patient counseling resources

High risk

Facilitate immediate mental health evaluation – CMH or ED with verbal call ahead
Consider parent/guardian notification

Safety plan

S A F E

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____
4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Campus resource name _____ Phone _____
Campus emergency contact # _____
2. Clinician name _____ Phone _____
Clinician pager or emergency contact # _____
3. Local urgent care services _____
Urgent care services address _____
Urgent care services phone _____
4. Provide Suicide Prevention Lifeline phone: 988 or text "HELP" to 988.

Step 6: Making the environment safe (lock or eliminate lethal means):

1. _____
2. _____

Step 7: For referral information regarding ongoing behavioral health services:

Step 8: The one thing that is most important to me and worth living for is:

Date completed:

Plan de seguridad

S A F E

Paso 1: Señales de alerta (pensamientos, imágenes, estado de ánimo, situación, comportamiento) de una posible crisis inminente:

1. _____
2. _____
3. _____

Paso 2: Estrategias internas de afrontamiento – cosas que yo puedo hacer para desviar mi mente de los problemas sin contactar a otra persona (técnica de relajación, actividad física):

1. _____
2. _____
3. _____

Paso 3: Personas y entornos sociales que proporcionan distracción:

1. Nombre _____ Teléfono _____
2. Nombre _____ Teléfono _____
3. Lugar _____
4. Lugar _____

Paso 4: Personas a quienes puedo pedir ayuda:

1. Nombre _____ Teléfono _____
2. Nombre _____ Teléfono _____
3. Nombre _____ Teléfono _____

Paso 5: Profesionales o agencias a quienes puedo contactar durante una crisis:

1. Nombre del recurso en el campus _____ Teléfono _____
Número de contacto para emergencias _____
2. Nombre del profesional clínico _____ Teléfono _____
Nro. de localizador del profesional clínico o nro. de contacto de emergencia _____
3. Centro local de atención de urgencias (*urgent care*) _____
Dirección del centro de atención de urgencias _____
Teléfono del centro de atención de urgencias _____
4. Proporcionar el número de la línea telefónica para la Prevención del Suicidio: 988 o envíe por texto la palabra "HELP" al 988.

Paso 6: Cómo hacer que el entorno sea seguro (guardar bajo llave o eliminar los objetos letales):

1. _____
2. _____

Paso 7: Para información de derivación con respecto a servicios continuos de salud conductual:

Paso 8: Lo más importante para mí y la razón por la que vale la pena vivir es:

Fecha de compleción: _____

Columbia suicide severity rating scale



Suicide ideation definitions and prompts:	In the last month	
Ask questions that are in bold.	Yes	No
Ask questions 1 and 2 (in the last month)		
1. Wish to be dead: Student endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up? In the last month, have you wished you were dead, or wished you could go to sleep and not wake up?		
2. Suicidal thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. In the last month, have you had any actual thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3. Suicidal thoughts with method (without specific plan or intent to act): Student endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it....and I would never go through with it." In the last month, have you been thinking about how you might do this?		
4. Suicidal intent (without specific plan): Active suicidal thoughts of killing oneself and student reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." In the last month, have you had these thoughts and had some intention of acting on them?		
5. Suicide intent with specific plan: Thoughts of killing oneself with details of plan fully or partially worked out and student has some intent to carry it out. In the last month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6. Suicide behavior question: Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: Was this within the past 3 months?	Lifetime [Orange box] Past 3 months [Red box]	

After a blue envelope event

1. Submit care report

- Columbia-SSRS results - suicide thoughts, intent, plan, student denies current risk, etc.
- Safety plan completed?
- Risk reduced and addressed?
- Follow-up plan.

2. Notify emergency contact per institutional policy

- Provide warning signs education and resources.
- Obtain release of information for seamless transition of care.
- Provide safety plan.

3. Report de-identified incident data

- Complete the blue envelope event tracking tool. (REDCap)
- Attend clinical review meetings to review data trends, best practices and eliminate barriers to safe services.

Student safety measures and response protocols based on C-SSRS responses

C-SSRS quick screen questions (in the last month)			Action for highest "yes" response
Question	"Yes" indicates	Level of risk	Schools
1. In the last month, have you wished you were dead in the last month or wished you could go to sleep and not wake up?	Wish to be dead	Low	<ul style="list-style-type: none"> Consider referral to campus counseling. Complete SAFETY PLAN with student, provide copy and follow-up accordingly (at clinician's discretion). Consider student education and local resources with crisis contacts.
2. In the last month, have you actually had any thoughts of killing yourself?	Nonspecific thoughts		
3. In the last month, have you been thinking about how you might kill yourself?	Thoughts with method (without specific plan or intent to act)	Moderate Consider C-SSRS answers plus risk factors/protective factors	<ul style="list-style-type: none"> Assess risk factors and protective factors to determine if low or high-risk disposition is more relevant – follow associated steps. Complete SAFETY PLAN with student, provide copy and follow-up regularly. Recommend a mental health evaluation with campus counseling and a community mental health organization. Consider student education and local resources with crisis contacts.
4. In the last month, have you had these thoughts and had some intention of acting on them?	Thoughts with some intent (without specific plan)	High Consider C-SSRS answers plus risk factors/protective factors	<ul style="list-style-type: none"> Facilitate immediate mental health evaluation with <ul style="list-style-type: none"> Private existing therapist OR Community mental health OR Pine Rest Psychiatric Urgent Care Center OR Emergency department Educate student on signs of suicide, risk factors and, safety measures with resources and crisis contacts. Consider parent notification and education (needed for students under 18 years).
5. In the last month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Thoughts, intent with plan		
6. Have you ever: Done anything, Started to do anything, or Prepared to do anything to end your life?	Behavior	Moderate Lifetime	<ul style="list-style-type: none"> Assess risk factors and determine if low or high-risk disposition is more relevant – follow associated steps. Complete SAFETY PLAN with student, provide copy and follow-up regularly. Recommend evaluation with campus counseling and a community mental health organization. Educate student on signs of suicide risk factors and safety measures with crisis contacts.
		High Past 3 months	<ul style="list-style-type: none"> Facilitate immediate mental health evaluation with <ul style="list-style-type: none"> Private existing therapist OR Community mental health OR Pine Rest Psychiatric Urgent Care Center OR Emergency department Educate student on signs of suicide, risk factors, and safety measures with resources and crisis contacts. Consider parent notification & education (needed for students under 18 years).