



Pamantasan ng  
Lungsod ng Maynila  
(University of the City of Manila)

# **SUICIDE PREVENTION AND POSTVENTION PROTOCOL**

A Guide for the School Community

OFFICE OF GUIDANCE AND TESTING SERVICES  
MARCH 2017

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PAMANTASAN NG LUNGSOD NG MAYNILA

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## Foreword

It is very troubling to note that the suicide rate among teenagers and young adults is growing globally. According to a 2015 report of the Centers for Disease Control and Prevention of the United States, suicide is now the second leading cause of death after traffic road injuries among young people ages 10 to 24. It is also the second leading cause of death for college-age youth or those between 12 and 18 years of age. Most worrisome of all, the US agency reported that more teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, combined.

As early as 2011, a World Health Organization study reported that the Philippines had the highest incidence of depression in Southeast Asia. This echoed the results of an even earlier Department of Health – Social Weather Stations survey which in 2004 found that one out of every 100 Filipino households had a family member with mental disorder.

Alarmed by these findings, the Senate last May passed on third and final Senate Bill No. 1354, otherwise known as the Philippine Mental Health Law. The bill seeks to integrate mental health services into the national health system to make it more accessible, affordable and equitable. It also mandates the government to put up basic mental health services at the community level and psychiatric, psychosocial and neurologic services in all regional, provincial and tertiary hospitals.

Coming out with this Suicide Prevention and Postvention Protocol is a project of the Pamantasan ng Lungsod ng Maynila that is designed to help all the members of the PLM community remain vigilant and knowledgeable about suicide prevention and depression awareness. This booklet, which contains information on the facts and symptoms of suicide behavior; ways to identify and assist people at risk; and the referral process and management of suicide behavior, is part of a continuing campaign of the Pamantasan to ensure the overall health and well-being of all the members of the PLM community.

In this regard, I would like to thank the Office of Guidance and Testing Services for spearheading this project, as well as the other members of the PLM administration who contributed to this booklet's publication. I would also like to express the Pamantasan's gratitude to Dr. Eleanor Ronquillo, a medical doctor and psychiatrist whose November 16, 2016 lecture on depression awareness and suicide prevention at the Justo Albert Auditorium helped inspire this project. A staff physician-psychiatrist at the US Department of Veterans Affairs Out-Patient Clinic and a training officer at the Department of Psychiatry of The Medical City Hospital, she also reviewed this protocol to ensure that it conforms with global standards and procedures.

I sincerely hope that this booklet, together with other related initiatives that PLM is committed to continue, will enable our students, faculty and staff to be on the frontline of the campaign to safeguard the mental health and well-being of the whole Pamantasan family.

**MA. LEONORA V. DE JESUS, Ph.D.**  
University President

PAMANTASAN NG LUNGSOD NG MAYNILA  
UNIVERSITY OF THE CITY OF MANILA



*Habalaang  
mabigyan ng  
sapul na  
kumungon,  
Mataking  
puhunan sa  
kinabukasan.*

GAYFIDO ANTONIO J. YLLAGAS

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# Chapter 1

## The Purpose of this Protocol

### Introduction

Suicide is defined as “a tragic event with strong emotional repercussions for its survivors and for families of its victims.” In the global report of World Health Organization in 2014 (as cited in Villa, 2014), it is the second highest cause of death among individuals 15 to 29 years of age. The report said that in every 40 seconds, somebody is taking his/her own life. In the Philippines, according to the report, there were 2,559 suicides (550 females, 2,009 males) in 2012.

Redaniel et.al. (2011) stated that, based on an analysis of 1974-2005 statistics, “the figures in the Philippines are lower than the annual global age-standardized suicide rate of 11.4 per 100,000 population. The Philippines also has the lowest suicide rate among ASEAN member-countries. However, it is important to consider that suicides are likely to be underreported.”

On the other hand, a survey on mental depression among 135 students from 16 to 24 years old made by Tristan Yuvienco of the University of the Philippines (as cited in Butuyan, 2016, para. 8), showed that “96% of the participants experienced an episode of moderately intense to very intense depression during their stay in school.” According to the survey, the main factor that contributed to their “depressed feelings” was academic work next are concerns in the family and relationships. It was also revealed greater than “50% of the students felt a lack of understanding from friends and family.” (Yuvienco as cited in Butuyan, 2016, para. 9).

Yuvienco also quoted mental health practitioners and wrote (as cited in Butuyan, 2016, para. 10): “When faced with stressful events, individuals prone to depression experience negative thoughts to one’s self, the world, and the future. For these individuals, the environment presents obstacles that are so overwhelming that they guarantee personal failure. This world is seen as an overwhelming burden filled with excessive demands and daily defeats, making these individuals experience helplessness. This ends up with a negatively distorted way of thinking.”

Butuyan (2016) also mentioned that there are two types of treatment for self-defeating way of thinking; thru prescription of antidepressant drugs and “interpersonally based intervention” which is considered to be more effective. He described the second method as “listening to and talking with a depressed person” in order to help the individual in modifying his/her “way of thinking into a positive way of looking at life.”

With this, it is important that as an institution we become responsive, adaptive and proactive to the situations that are happening within and outside the university premises. Montano (2013) stated that mental health providers would most likely initiate efforts to prevent suicide in schools. However, no one can establish effective suicide prevention strategies alone. Thus, the participation of the whole school community is necessary.

It is, thus, the aim of this resource material to provide information and guidelines on how to perform preventive and responsive support to suicide attempts or death (caused by suicide) inside and outside university premises. It aims to set standards and guidelines for dealing with this kind of incident and outlines the functions of the university community to deliberately provide the intervention needed in every situation.

### Rationale

Montano (2013) stated that “any death can have a profound effect on young people, especially the unexpected death of a peer or someone they know.” Consequently, a need for a protocol on the prevention, intervention and postvention of a suicide crisis can be beneficial for every individual especially the youth for the following reasons:

1. The death of someone threatens the adolescents’ sense of vulnerability;
2. The death of a significant person produces ambivalent feelings of loss and betrayal;
3. The death of a person makes other individuals vulnerable to contagion;
4. The loss of an individual may be challenging for those who were left behind to go back and do their routines.

The World Health Organization aims to reduce the rate of suicide by at least 10 percent by 2020. Thus, institutions are encouraged to set up prevention plans for the early identification and management of individuals at risk of suicide due to certain conditions. Therefore, this suicide prevention protocol aims to achieve the following:

**S** *tart awareness of suicide risk and protective factors among the young; learn about the warning signs, clues, and steps for handling crisis.*

**A** *ccomplish a protocol for the prevention, intervention and postvention of suicide risk.*

**V** *alue the importance of building connections or linkages for immediate assistance and support.*

**E** *ducate learners, parents, administrators, faculty and staff about effective prevention and intervention strategies to uphold the value of life.*



## Suicide Risk Management Team

A support system which is very vital to prevent or reduce any danger that might happen inside and outside university premises is called a Suicide Risk Management Team (SRMT). Every member of the team has specific roles to play in order for the team to be effective.

The following is a list of the members recommended to compose the SRMT that also enumerates the responsibilities of each one:

1. Administrator
  - Supports the Suicide Prevention Education of the school community
  - Reviews the Suicide Prevention Protocol prior to dissemination to the school community
  - Assigns personnel to who will take part in the SRMT
  - Leads and facilitates activities of the SRMT
  - Monitors the implementation of the Suicide Prevention Protocol
2. Guidance Counselor
  - Assesses the risk or threat during the crisis
  - Communicates with the individual in crisis
  - Documents the individual's safety plan
  - Plans, develops and implements Suicide Prevention Education to the school community in coordination with the SRMT, administrators, academic and support units, and outside organizations.
  - One of the first to be notified in case of an in-campus suicide risk
  - Coordinates with parents and other SRMT members
  - Offers counseling and support to learner and family
  - Monitors the re-entry process of the individual
  - Provides debriefing to learners and staff in coordination with SRMT, administrators, academic and support units
  - Ensures proper safekeeping and confidentiality of individual records in accordance with ethical standards
3. Academic Heads
  - Coordinate with the counselor and/or medical personnel in referring individuals at-risk
  - Assist the individual in processing his/her leave of absence if necessary
  - Help the learner through his/her re-admission
  - Monitor the re-entry process of the individual
  - Serve as contacts for other staff members who need to be alert to re-occurring warning signs

4. Medical Personnel
  - Assesses the risk or threat during the crisis
  - Communicates with the individual in crisis
  - Coordinates with the guidance counselor during the crisis
  - Refers the individual to a specialist
  - Gives medical attention if needed and will arrange for transportation to a hospital
  - Monitors the re-entry process of the individual
5. Public Affairs Officer
  - Secures the permission of the family or a legitimate source to publicly announce the difficult situation
  - Takes charge of making public announcements regarding suicide incidents
6. Staff / Personnel
  - Refers the individual at-risk to a guidance counselor and/or medical personnel
7. Security Personnel
  - Clears the area during a crisis
  - Ensures the safety of the members of the school community
  - Provides a supportive presence until the emergency situation is put under control
  - Notifies the guidance counselor and/or medical personnel for the proper referral of the individual in crisis
  - Calls emergency hotlines, the hospital and/or the nearest police station if needed
  - Re-establishes the safety and security of the university to maintain the daily normal routine after the incident

### Definition of Terms

**Contagion or “Copy-Cat”** – A phenomenon where a suicide death of someone may influence other individuals to consider suicide as their personal option.

**Intervention** – The activities and/or procedures to follow in assisting individuals who have attempted to commit suicide inside or outside school premises that would prevent death by suicide.

**NSSI or “Nonsuicidal Self-injury”** – is the act of causing harm or damage to the tissues of the body particularly of the skin through cutting, burning, biting and scratching without any intention to commit suicide.

**Postvention** – The activities and procedures given to survivors of a suicide episode or an aftermath of a death by suicide.

**Prevention** – The activities and procedures given to individuals who have suicidal ideation / thoughts and/or intent / threat, whether low, moderate or high risk, that would prevent any suicide attempt.

**Suicide** – The act of taking one’s own life.

**Suicide attempt** – A potentially injurious act or behavior directed to one’s self with an intention to die as the consequence of the behavior.

**Suicide ideation / thought** – A term for suicidal thoughts and feelings without suicidal actions.

**Suicide intent / threat** – A verbal or non-verbal behavior indicating a self-destructive desire with a plan of action.

**Survivor** – A person who survives a suicide attempt. It can also be a family member or a friend of someone who died by suicide.

## Chapter 2

# Understanding Suicide

Taking one's own life appears to be the extreme form of escape; feelings of depression and hopelessness are some of the few signs which may indicate that a person is likely to engage in such an act. However, suicide behavior is more than just that. This chapter provides universal and local information about the risky behavior, as well as warning signs to pay attention to in order to immediately identify individuals who may be at risk.

### Universal Facts About Suicide

#### Box 1. Universal Facts About Suicide

- “Most teens will reveal that they are suicidal; however, they are more willing to discuss suicidal thoughts with a peer than a school staff member”;
- “Most suicidal adolescents do not want suicide to happen. The person who contemplates suicide believes that the action will end the pain of feeling hopeless and helpless or is making a dramatic plea for help”;
- “Most adolescent suicide attempts are precipitated by interpersonal conflicts. The intent of the behavior may be to influence the behaviors or attitudes of others”;
- “Not all adolescent attempters may admit their intent. Thus, any deliberate self-harming behaviors should be considered serious and requiring of further evaluation”;
- “One of the most powerful predictors of completed suicide is a prior suicide attempt”;
- “Most adolescents who are contemplating suicide are not currently seeing a mental health professional”;
- “When issues concerning suicide are taught in a sensitive educational context, they do not lead to, or cause, further suicidal behavior. Thus, talking about suicide in the classroom provides adolescents with an avenue to talk about their feelings, enabling them to be more comfortable with expressing their suicidal thoughts and increasing their chances of seeking help from a friend or school staff member” Suicide Prevention Coalition of Warren and Clinton Counties (2010)

*Sources: Suicide Prevention Coalition of Warren and Clinton Counties (2010). Dealing with Suicide in Schools: Prevention, Intervention and Postvention A Model Protocol. Lebanon, OH. Mental Health Recovery Services of Warren and Clinton Counties. Retrieved from [http://www.mhrsonline.org/media/spc\\_schools/A%20Model%20Protocol%20-%20PDF%20Format.pdf](http://www.mhrsonline.org/media/spc_schools/A%20Model%20Protocol%20-%20PDF%20Format.pdf). Reprinted with permission*

## Suicide Facts in the Philippines

### Box 2. Suicide Facts in the Philippines

In the article of Redaniel, Dalida, Gunnell in 2011, the following suicide facts are presented:

- “Official suicide rates are lower in the Philippines than in many other countries in the Western Pacific Region”;
- “There is likely to be under-reporting because of its non acceptance by the Catholic Church and the associated disgrace and stigma a suicide brings to the family”;
- “In other Catholic countries, a high proportion of suicide deaths are likely to be misclassified as injuries of undetermined intent or as accidents”;
- “More women than men attempt suicide in the Philippines”;
- “The case fatality is higher in males due to their preference for more violent / lethal methods of suicide (This is also true in other countries)”;
- “The male to female ratio for suicide (3:1) in the Philippines is higher than in China or India but comparable to those in Thailand, Japan and New Zealand”;
- “The most commonly used methods of suicide in the Philippines appear to be hanging, shooting, and organophosphate poisoning (i.e. gramoxol). The choice of method is greatly influenced by availability. Also, there is minimal regulation for the sale of over-the-counter drugs and organophosphate insecticides. The private possession of firearms is likewise allowed as long as the owner can get a license, a process which is not subject to background checks”;
- “Suicide attempts and mortality are generally higher in adolescents and young adults than in the older age groups in the Philippines. This could be due to the increased vulnerability of young people to social stressors. Adolescence is a period of many life changes and most teenagers struggle with issues such as independence and the development of a sense of identity and a system of values and responsibilities” (Redaniel, Dalida, Gunnell, 2011).

*Sources: Redaniel, Dalida, Gunnell (2011). Suicide in the Philippines: Time Trend Analysis (1974-2005) and Literature. Review. London, U.K. Redaniel et al; licensee BioMed Central Ltd. Retrieved from <http://www.biomedcentral.com/1471-2458/11/536> Adapted with Permission*

## Warning Signals for Suicide

### Box 3. Warning Signals for Suicide

According to Suicide Prevention Coalition (2010), risk is higher if there are more clues and signs present. All warning signs must be taken seriously and utilize them as basis for asking the learner about it.

#### Direct Verbal Clues

"I've decided to kill myself."

"I wish I were dead."

"I am going to commit suicide."

"I'm going to end it all."

"If (such and such) doesn't happen, I'll kill myself."

#### Indirect "Coded" Verbal Cues

"I'm tired of life, I just can't go on."

"My family would be better off without me."

"Who cares if I'm dead anyway."

"I just want out."

"I won't be around much longer."

"Pretty soon you won't have to worry about me."

#### Behavioral Clues

Previous suicide attempt.

Acquiring a gun or stocking up on pills.

Depression, moodiness, hopelessness.

Putting personal affairs in order.

Giving away prized possessions.

Sudden interest or disinterest in religion.

Unexplained anger, aggression, irritability.

Drug or alcohol abuse, or relapse.

Perfectionism.

Recent disappointment or rejection.

Sudden decline in academic performance.

Increased apathy.

Physical symptoms: decline in personal hygiene or grooming, eating disturbances, changes in sleep patterns, chronic headaches, stomach problems.

Sudden improvement in the mood or optimism, or making of grandiose plans.

### Situational Clues

- Being expelled from school or fired from job.
- Family problems or alienation.
- Loss of any major relationship.
- Death of a family member or close friend; especially by suicide.
- Diagnosis of a serious or terminal illness.
- Financial problems (self or family).
- Sudden loss of freedom or fear of punishment.
- Victim of assault.
- Public shame to family or self.

*Sources: Suicide Prevention Coalition of Warren and Clinton Counties (2010). Dealing with Suicide in Schools: Prevention, Intervention and Postvention A Model Protocol. Lebanon, OH. Mental Health Recovery Services of Warren and Clinton Counties. Retrieved from [http://www.mhrsonline.org/media/spc\\_schools/A%20Model%20Protocol%20-%20PDF%20Format.pdf](http://www.mhrsonline.org/media/spc_schools/A%20Model%20Protocol%20-%20PDF%20Format.pdf). Reprinted with permission*

## Chapter 3

# Prevention

### Background

The Suicide Prevention Protocol is a guide that will provide accurate and easy to use information. For this chapter, the school community will be provided certain guidelines and mechanisms on how to prevent a suicide crisis.

The Maine Youth Suicide Prevention Program (2009), in its Youth Suicide Prevention, Intervention and Postvention Guideline, stated that suicide prevention education should also include information on the following:

1. suicide risks and warning signs;
2. building help-seeking skills;
3. suicide hotlines and resources; and
4. school that values safety and respect for all Maine Youth Suicide Prevention Program (2009).

Thus, it is the aim of this protocol to adopt guidelines, mechanisms, and/or strategies for the prevention of a suicide crisis which will include information on the following:

1. suicide prevention education;
2. assessment of people-at-risk of suicide;
3. preventive measures;
4. referral process;
5. management of people-at-risk of suicide: for school counselors;
6. documentation procedures;
7. responsive support services for people-at-risk

### Suicide Prevention Education

In the resource material made by the University of Otago and the Ministry of Education of New Zealand (2013), entitled "Preventing and Responding to Suicide Resource Kit for Schools," it was mentioned that "institutions must develop school-wide policies and practices that will promote positive behaviors and well-being." The following may be done for the education of the school community:



**Box 4. Suicide Prevention Education**

1. Conduct educational campaigns that will bring mental health awareness issues among learners to promote positive mental health and prevent a suicide crisis;
2. Tie up with external organizations or individuals who provide programs on suicide prevention for learners or the whole school community or who can talk at school assemblies or classes about suicide prevention;
3. Educate learners on when and how to refer classmates who seem to be at risk and to value the importance of referral to adults who can provide appropriate support;
4. Hold professional development activities for teachers, school personnel and counselors that will develop their knowledge and skill in recognizing distressed learners and in making the proper referral to mental health professionals if necessary;
5. Identify appropriate individual who can support learners who are at risks of suicide;
6. Encourage teachers to talk with the school counseling staff about sensitive issues that may be discussed in class which may lead to self harm;
7. Make use of the following printed information materials to ensure that learners and the school community can be provided with information on the prevention of suicide and the ways on how to get help:
  - brochures
  - leaflets
  - posters
  - books
  - bulletin board postings;
8. Provide pro-active support services for promoting mental health and preventing suicide crises such as guidance enrichment programs / group guidance activities, symposia, seminars, trainings and/or workshops

*Source: New Zealand Ministry of Education.(2013).Preventing and responding to suicide. Resource kit for schools. New Zealand.Ministry of Education. Retrieved from: [www.education.govt.nz/assets/Document/School/Traumatic-incidents-and-emergencies/SuicidePreventionOCT2013.pdf](http://www.education.govt.nz/assets/Document/School/Traumatic-incidents-and-emergencies/SuicidePreventionOCT2013.pdf) Adapted with Permission*

## Emergency Contact Numbers

It is important to have a ready list of contact numbers of professionals who can immediately provide help to a learner/individual who might be suicidal or in a crisis situation. Such a list is necessary so that everybody knows exactly who to contact to give the required assistance.

### Box 5

#### 1. POLICE

Police (Manila)	523-33-78 523-56-11 (02) 254-27-06
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PNP Manila	(02) 522-19-98
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#### 2. EMERGENCY HOTLINES

National Emergency	911
Bureau of Fire	527-36-27
Intramuros Fire Department	301-11-01
Bomb Squad	525-33-78

#### 3. DSWD

Manila	(02) 731-60-03
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#### 4. HOSPITALS

Philippine General Hospital	(02) 554-84-00
Ospital ng Maynila	(02) 524-60-63 local 64 to 65
Seamen's Hospital	(02) 527-81-16
Manila Doctor's Hospital	558-08-88 524-30-11

#### 5. NON-GOVERNMENT AGENCIES

In Touch Community's Crisis Line:	893-76-03 (landline) 09178001123 (Globe) 09228938944 (Sun)
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HOPELINE	(02) 804-46-73 09175584673 (Globe) 2919 for Globe and TM
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## Preventive Measures

In dealing with individuals at risk, the table below can serve as guide to determine the suicide risk level of the individual as to low, moderate or high risk. This can serve as guide on how to proceed with the management plan for suicide behavior.

The New Zealand Ministry of Education (2013), in its resource kit entitled "Preventing and Responding to Suicide," stated that "in investigating any suicide plan (1: Suicidal thinking – Plan details, availability of means, time, lethality of method, chance of intervention), it is important to use direct questions, as the young person is likely to be reluctant to volunteer the information." It added that "direct questioning will not aggravate the risk of suicide but failure to fully investigate, categorize the risk and respond appropriately may result in a suicide that could have been prevented."

**Table 1. Assessment of People-At-Risk of Suicide**

Areas to Consider	Low Risk	Moderate Risk	High Risk
<b>1. Suicidal Thinking</b>			
Thoughts	<ul style="list-style-type: none"> <li>Occasional suicidal thoughts</li> </ul>	<ul style="list-style-type: none"> <li>More than one suicidal thought per day</li> </ul>	<ul style="list-style-type: none"> <li>Frequent or persistent suicidal thoughts</li> <li>Suicidal thoughts associated with psychotic symptoms</li> </ul>
Intent		<ul style="list-style-type: none"> <li>Sees no reasons for living</li> <li>Believes nothing would change their mind or stop them</li> <li>The desire to die or not be here is very strong</li> </ul>	
Plan details, availability of means, time, lethality of method, chance of intervention	<ul style="list-style-type: none"> <li>Vague</li> <li>Not available, will have to get the means</li> <li>No specific time or in the future</li> <li>Pills, slash wrists</li> <li>Other people are present most of the time or highly likely to discover / interrupt</li> </ul>	<ul style="list-style-type: none"> <li>Some specifics</li> <li>Available, has close by</li> <li>Plans to act within a few hours</li> <li>Drugs and alcohol, car wreck</li> <li>Other people are available if called upon</li> </ul>	<ul style="list-style-type: none"> <li>Well thought out; knows when, where, how</li> <li>Has the means in hand</li> <li>Plans to act immediately</li> <li>Gun, hanging, jumping, carbon monoxide</li> <li>No one nearby; isolated</li> </ul>

Areas to Consider	Low Risk	Moderate Risk	High Risk
Mood state	<ul style="list-style-type: none"> <li>Mildly depressed; feels slightly down</li> </ul>	<ul style="list-style-type: none"> <li>Moderately depressed; some moodiness, sadness, irritability, loneliness and decrease in energy</li> </ul>	<ul style="list-style-type: none"> <li>Overwhelmed with hopelessness, sadness or anger</li> <li>Feelings of worthlessness; self-neglect</li> <li>Extreme mood changes</li> </ul>
Hopelessness	<ul style="list-style-type: none"> <li>Has some plan for future</li> <li>Thinks things might possibly get better</li> </ul>		<ul style="list-style-type: none"> <li>Future bleak and empty</li> <li>Has conviction that things can never improve</li> </ul>
Communication	<ul style="list-style-type: none"> <li>Direct expression of thoughts and feelings</li> </ul>	<ul style="list-style-type: none"> <li>Interpersonalized / oblique suicide goal (“They’ll be sorry”, “I’ll show them”, “I don’t deserve to live” or “I want to be with someone who has died”)</li> </ul>	<ul style="list-style-type: none"> <li>Very indirect or non-verbal expression of internalized suicide goal (guilt, worthlessness)</li> </ul>
<b>2. Risk behaviors</b>			
Previous suicide attempt/self-harm	<ul style="list-style-type: none"> <li>None or one of low lethality</li> </ul>	<ul style="list-style-type: none"> <li>Multiple of low lethality or one of medium lethality; history of repeated threats</li> </ul>	<ul style="list-style-type: none"> <li>One of high lethality or multiple attempts of moderate lethality</li> <li>Several attempts over past weeks of any lethality</li> </ul>
Other risky behaviors	<ul style="list-style-type: none"> <li>Does not or very rarely engages in risky behaviors</li> </ul>	<ul style="list-style-type: none"> <li>Occasional risky behaviors in the context of occasional substance use</li> </ul>	<ul style="list-style-type: none"> <li>Multiple or frequent risky behaviors in the context of substance use</li> <li>Very high risk behaviors, such as driving at excessive speed without a seatbelt, uncaring about potential consequences</li> </ul>
<b>3. Stressors / context</b>			
	<ul style="list-style-type: none"> <li>No significant stressors</li> </ul>	<ul style="list-style-type: none"> <li>Moderate reaction to a loss or social context change</li> <li>Bereavement in wider social or school circle</li> </ul>	<ul style="list-style-type: none"> <li>Severe reaction to loss or social context change</li> <li>Many recent social or personal crises</li> <li>Bereavement in closer social or school circle, especially if sudden</li> </ul>

Areas to Consider	Low Risk	Moderate Risk	High Risk
4. Self-management	<ul style="list-style-type: none"> <li>Maintaining daily/ social activities with little change in level of functioning</li> <li>Communicating openly about issues being faced and working through them</li> <li>Can draw on several problem-solving strategies</li> <li>Willing to seek and accept help/support</li> <li>Stable relationships, personality and school performance</li> </ul>	<ul style="list-style-type: none"> <li>Some activities disrupted, with disturbance in sleep, eating, schoolwork</li> <li>Communicates from time to time, or partial communication</li> <li>One or two approaches to solving problems, some difficulty carrying them through</li> <li>Ambivalent about receiving help or support</li> <li>Recent increase in behaviors asserting independence by breaking rules or family or social norms</li> <li>Substance abuse</li> </ul>	<ul style="list-style-type: none"> <li>Significant disturbances in daily functioning</li> <li>No communication about problems</li> <li>Unable to effectively approach problem-solving owing to severe narrowing of repertoire or inability to carry them through</li> <li>Significant self-neglect</li> <li>Repeated difficulty with peers, family and teachers</li> <li>Extreme or escalating behaviors, breaking rules or family or social norms</li> </ul>
5. Positive Resources	<ul style="list-style-type: none"> <li>Significant others concerned and willing to help</li> <li>Other help available, in particular, a concerned and trusted adult</li> </ul>	<ul style="list-style-type: none"> <li>Family or friends available but unwilling to help consistently</li> </ul>	<ul style="list-style-type: none"> <li>Family or friends not available or are hostile, exhausted, injurious</li> </ul>

**Note:** If the learner falls on any of the above-mentioned risks, refer him/her to a counselor.

Source: New Zealand Ministry of Education.(2013).Preventing and responding to suicide. Resource kit for schools. New Zealand.Ministry of Education. Retrieved from: [www.education.govt.nz/assets/Document/School/Traumatic-incidents-and-emergencies/SuicidePreventionOCT2013.pdf](http://www.education.govt.nz/assets/Document/School/Traumatic-incidents-and-emergencies/SuicidePreventionOCT2013.pdf) Reprinted with Permission

### What to Do, and What Not to Do, with Teens at Risk

In the book *Lifeline: A Layperson's Guide to Helping People in Crisis*, (2016) it was stated that teens at risk shows symptoms of depression and anxiety, may feel shameful or worthless, have strange thoughts or beliefs, have conflicts with or withdraw from others and have problems controlling aggression.

The table below shows the following actions that can be done and responses that can be used in dealing with teens at risk:

**Table 2. What to Do, and What Not to Do, with Teens at Risk**

What to Do	What Not to Do
<p>Stay calm even if you feel surprised. Keep your own emotions in check. Remember to focus on the individual's feelings and not your own.</p>	<p>Do not panic or be overly reactive. These will only make individuals feel even more stressed.</p> <p><i>Do not say, Oh my God! What is happening to you?</i></p>
<p>Show empathy and openness to listen by repeating the individual's exact words, paraphrasing or summarizing what they say, and acknowledging the pain and stress they must be experiencing (e.g., <i>That must be hard for you.</i>)</p>	<p>Do not close your ears to what the individuals have to say. It takes courage to reveal something personal, especially if it is about something painful. Do not downplay their problem, as this could worsen things. Do not say that their problem is trivial or means nothing. People would not resort to hurting themselves if the problem is not grave. (Do not say, <i>Para ganyan lang, maglalas ka na.</i>)</p> <p>Do not directly say that they are wrong. You can lead them to realize this later on, but, at the present time, they already feel down. Saying they are guilty will just make them feel worse, and this is not the time to judge them. (Do not say, <i>God will punish you, You are committing a sin, or You will go to hell.</i>)</p> <p>Do not threaten that you will inform parents or authorities or that you would leave them unless the behaviors stop. This means that your presence is conditional and that you are not trustworthy. (Do not say, <i>Kung hindi mo 'yan ititigil, 'di na kita papansinin. Kaya itigil mo na 'yan.</i>)</p>

What to Do	What Not to Do
<p>Ask for ample clarifications to have enough knowledge about the individual's non-suicidal self-injury (NSSI) behavior. Limit the inquiry to practical matters, such as how they harm themselves so that you can remove those things away from them, and what makes them engage in self-injury, so that you can anticipate and prevent further harm.</p>	<p>Do not ask too many details for your own sake. Your task is not to gather information per se, but to gather useful information. Asking too many questions may also trigger negative and even trauma-inducing memories that could make individuals at risk feel worse. Do not say things like:  <i>Tapos, ano pa? Magkuwento ka pa!</i>  <i>Do you think you cut yourself because you had a bad childhood?</i>  <i>How many times do you slash yourself?</i>  <i>Can I see your scars? Can I take a photo? Can I post it in Instagram?</i></p>
<p>Try to widen the individual's viewpoints by offering alternative actions they can take. People at risk tend to focus on the negative, particularly their stressors. By being offered alternatives, they might choose more adaptive coping strategies rather than hurt themselves.            Alternate actions could be:            Giving direct help (such as listening to them);            Seeking help from people they trust, such as friends and family; and            Seeking help from professionals.</p>	<p>Do not end the conversation when individuals at risk still believe that their only alternative is to engage in self-injurious behaviors.</p>
<p>Know your limitations. You can do something, but you cannot do everything. Individuals at risk should seek professional help after your conversation.</p>	<p>Do not counsel the person yourself. You are not a trained counselor. Let the experts do their job. If you want to counsel the person, equip yourself with the know-how and experience first by enrolling in further studies or getting the requisite training.</p>
<p>When at-risk individuals ask you not to tell anyone about their self-injurious behaviors, evade the topic. You probably need to inform professionals about the problem.</p>	<p>Do not agree to ensure confidentiality when individuals trust you to keep their self-injurious behaviors a secret. This will not only hinder them from seeking and receiving help, but this could actually worsen the problem.</p>
<p>Except for professionals and the young people's guardians, keep the information a secret. The story is not for you to tell to others.</p>	<p>Do not tell other people, about the individuals' problems, even if you make the information vague or anonymous. For example, do not post a Facebook status that says, <i>I know someone who cuts herself. What should I do?</i></p>
<p>After the conversation, seek the help of professional people who will assist you in processing the experience of learning about another person's grave problems. While you are not the one directly involved in NSSI behaviors, listening about NSSI may still evoke anxiety and even trauma.</p>	<p>Do not forget your own mental health. You can only give assistance and be of help to others if you have enough energy and are mentally healthy yourself.</p>

Source: Lee-Chua, Q.N. et.al. (2016) *Lifeline: A Layperson's Guide to Helping People in Crisis*. Anvil Publishing Inc. Philippines. Reprinted with permission.

## Referral Process

In the book *Dealing with Suicide in Schools: Prevention, Intervention and Postvention Model Protocol*, the *Suicide Prevention Coalition of Warren and Clinton Counties* (2010), it is stated that “when the risk of suicide exists, the situation must be managed by the designated staff.”

“Under no circumstances should an untrained person attempt to assess the severity of suicidal risk. All assessment of threats, attempts or other risk factors must be left to the appropriate professionals i.e. guidance counselors, social workers, psychologists, mental health therapists, resource coordinators, building administrators, school doctor, school nurse.”(Suicide Prevention Coalition of Warren and Clinton Counties, 2010)

The following may serve as guide in dealing with learners who have suicide ideation /thought: *Prevention, Intervention and Postvention Model Protocol*, the *Suicide Prevention Coalition of Warren and Clinton Counties* (2010) Adapted with permission

### For School Staff/Teachers/Administrators

1. If a learner tells anyone that he/she has suicide ideation / thought, the following people may be approached for the referral of the individual:
  - Guidance Counselor
  - University Doctor / Nurse

\*A Referral Form may be used to communicate warning signs and symptoms identified which will then be given to the guidance counselor (See Appendix A).

2. DO NOT LEAVE THE LEARNER ALONE.
  - Talk to the learner and convince him/her to be referred to an appropriate personnel for assistance.
  - Act immediately and isolate the individual with suicide ideation / thought to prevent access to objects that may be used to harm others or himself/herself.
  - Bring the learner to the guidance counselor, doctor or nurse.

Note: If neither of these people are available, call any of the following numbers:

- 24/7 Hopeline: (02)804-4673 / (0917) 558-4673 / 2919 (Globe)
- 24/7 In Touch Community's Crisis Line: (02)893-7603 / (0917) 800-1123
- Lifeline Rescue: 16-911 (if learner is out-of-control)
- Emergency Hotline: 911



For Guidance Counselors / Medical Personnel

1. Assess the risk or threat. The counselor / medical personnel will assess the level of risk. In life-threatening situations, the issue of confidentiality is no longer applicable.
2. Ask the learner on the following:
  - feelings of hopelessness, how long have he/she has been having these feelings
  - thoughts about hurting or killing self, how persistent and strong are the suicidal thoughts
  - plans to commit suicide, plan details, and if there had been actions taken to implement the plan
  - asking straight-forward questions to determine level of risk and/or by giving standardized tests

*When talking to the learner, don't hesitate to raise the subject. Be direct, but non-confrontational. Engage the learner.*

*Sample questions to ask:*

1. *Are you thinking about suicide?*
2. *What thoughts or plans do you have?*
3. *Are you thinking of harming yourself, ending your life?*
4. *How long have you been thinking about suicide?*
5. *Have you thought about how you would do it?*
6. *Do you have access to any harmful materials?*
7. *Do you really want to die or do you want the pain to go away?*
8. *Do you have a therapist? Are you seeing him/her? Are you taking medications?*

3. Safety Plan. Discuss and document the safety plan of the individual as a means to prevent the re-occurrence of suicide ideation/thought, intent /threat, and/or attempt. (See Appendix B)
4. Communicate with the Parent. Communicate with the parent/guardian immediately. Contact with parent/guardian should be made in person by the counselor/medical personnel. The learner may only be released to a parent/guardian, law enforcement official or emergency medical staff.
5. The counselor/medical personnel should offer assistance to the learner and the family by specifying services the school can offer or how the learner may be referred to specialist and/or institutions.

6. Parent Acknowledgment Form will be signed by the parent/guardian which will then be handed over to the counselor. The importance of having a safety plan and making the environment safe should be discussed with the parent / guardian. (See Appendix C)
7. Referral to a specialist should be done for moderate to high risk suicide crisis with the coordination of the counselor and medical personnel.
8. The counselor will follow up with the learner and specialist regarding the assessment.
9. Before the learner returns to school, he/she must present a medical clearance issued by his/her attending specialist stating that the learner is fit to return to school.

**NOTE:** The school professional should immediately notify the Department of Social Welfare and Development (DSWD) in the following situations:

- if there is parental abuse or neglect that are factors to suicidal ideation,
- if the parent denies the child's suicidal intent and has no plan to cooperate for the safety of the child, and
- if the parent is unavailable and has not permitted anyone to act in his/her behalf to assure the safety of the child.

*REMINDER: All documents related to cases of suicide must be treated with utmost confidentiality.*

## Chapter 4

# Intervention

### Background

This chapter contains intervention procedures and activities in dealing with suicide behavior.

The Maine Youth Suicide Prevention Program (2009), in its Youth Suicide Prevention, Intervention and Postvention Guideline, stated that “protocols aid school personnel in intervening effectively with suicidal learners. School administrators play a crucial role in establishing a school climate that requires all school personnel to be familiar with and responsive to suicide crisis intervention protocols in order to help prevent a youth suicide.”

The goal of this chapter is to provide information on the following:

1. procedures in handling a suicide attempt inside school premises,
2. procedures in handling a suicide attempt off school premises,
3. follow-up steps,
4. debriefing of staff who assisted in the intervention, and
5. intervention flow chart

### Procedures in Handling a Suicide Attempt Inside School Premises

When an individual does a suicide attempt inside school premises, an immediate response is essential. These procedures must be carefully followed by any of the staff on the scene.

1. Never leave the individual alone. Keep the individual under close supervision while help is being sought. Appropriate negotiation should be done to prevent death by suicide.
2. Call security personnel for assistance.

Clear the area of other individuals and make the area as safe as possible. Offer the individual necessary support while waiting for emergency responders and to make the situation under control.

3. Notify a counselor and/or medical personnel and have someone immediately call emergency hotlines, a hospital, and/or the nearest police station.

The counselor and/or medical personnel should talk with the individual in crisis.

4. The medical personnel will give medical attention if needed and, in case of serious injury, arrange for transportation to a hospital.

The counselor will inform the parents/guardians/relatives about what happened and arrange for a meeting with them.

5. Release the individual to the parent/guardian/relative and arrange for a follow-up meeting.

#### Suggested Steps:

- a. Assure other individuals present in the area during the suicide attempt that the individual is being given the help he/she needs. Keep the incident confidential.
- b. Inform them about and direct them to the offices / resources where they can get help. Encourage them to visit the OGTS for assistance.
- c. Monitor and offer support to friends, classmates and other individuals who may need further assistance.

### Procedures in Handling Suicide Attempt Outside School Premises

A suicide attempt outside school premises may greatly affect the university community. The following steps may serve as guide to prevent a crisis:

1. Never leave the individual alone. Keep the individual under close supervision while help is being sought. Appropriate negotiation should be done to prevent death by suicide.
2. Clear the area of other individuals and make the area as safe as possible. Offer the individual necessary support while waiting for emergency responders and to make the situation under control.

Immediately inform / contact any member of the family and contact emergency hotlines, a hospital, and/or the nearest police station.

3. Authorities must communicate with the guardian/parent to establish intervention steps, to determine assistance that the university can offer, and to provide support to the individual and his/her family.

**Note:** If you are **NOT** with the person attempting suicide, **immediately inform /contact any member of the family and contact emergency hotlines, a hospital, and/or the nearest police station.**

## Guidelines for School Counselors in Managing Young People at Risk of Suicide

The table below shows the appropriate action and intervention that can be done in responding and managing young people at risk of suicide.

**Table 3. Management of Young People at Risk of Suicide: For School Counselors**

Action	Low Risk	Moderate Risk	High Risk
<b>Immediate intervention</b>	<p>Establish an appropriate plan to monitor the young person's suicide risk</p> <p>Check on family or/ and other support available and, as appropriate, involve them</p>	<p>Take a team approach to ensure the safety of the learner while at school</p> <p>Inform the family or caregivers, as appropriate, and discuss strategies appropriate to the level of risk</p> <p>Establish an appropriate regime to monitor the person's suicide risk</p> <p>Arrange for the young person to get access to the appropriate level of counselling/ treatment</p>	<p>Consult with the administrator who will then inform the appropriate staff to minimize any immediate risk.</p> <p>Inform the family or caregivers of the risk and propose management as appropriate</p> <p>To ensure the young person's immediate safety, arrange for any hand-over of responsibility (including information about safety precautions) to the family or caregivers or a health professional</p>
<b>Consultation</b>	<p>Consult as appropriate with the school staff and the family</p> <p>Consult with the supervisor* as necessary</p> <p>Check if other services are involved and coordinate with them; clarify who is leading the clinical management planning</p>	<p>Consult with health professionals (mental health services) to discuss actions required</p> <p>For new cases, referral for assessment by a mental health service is desirable</p> <p>Consult with the supervisor* as necessary</p> <p>Check if other services are involved and coordinate with them; clarify who is leading the management planning</p>	<p>Continue contact with the young person and the family or caregivers to ensure that the required level of service is being provided and to facilitate a smooth return of the learner to normal involvement in the school</p> <p>Consult with the health professionals involved to ensure they know the current level of risk, any behaviors seen at school and that the appropriate services are being accessed</p> <p>Consult with the supervisor* as necessary</p>

Action	Low Risk	Moderate Risk	High Risk
<b>Referral/ clinical management</b>	<p>Provide information to the young person (and the family or caregivers) about the resources available to assist them</p> <p>Provide ongoing clinical management as part of the school's counseling service</p>	<p>Referral to a mental health service is desirable for new cases</p> <p>If referral will not be picked up, actively manage with self-management strategies, as appropriate, and conduct weekly monitoring</p>	<p>Refer the case to an appropriate health professional (mental health services) for further assessment and primary management</p> <p>Ensure that communication about primary management with mental health services is clear so roles can be established</p>
<b>Follow-up</b>	<p>Conduct a regular review of the young person to identify any changes in risk</p> <p>If there has been no improvement in four to six weeks, treat the case as if the risk were moderate and seek additional assistance</p>	<p>Check the outcome of any referral to a health professional, the family or caregivers</p> <p>Monitor risk and behaviors within the school environment and take action as appropriate</p> <p>Ensure that all staff involved with the young person report all incidents that cause concern (risk factors: unexpected reduction in academic performance, ideas and themes of depression, death, suicide. Changes in mood, grief, withdrawal, physical symptoms, high-risk behaviors)</p>	<p>Check the outcome of any referral to a health professional, the family or caregivers</p> <p>Ensure that all staff involved with the young person report all incidents that cause concern (risk factors: unexpected reduction in academic performance, ideas and themes of depression, death and suicide. Changes in mood, withdrawal, physical symptoms, high-risk behaviors)</p> <p>Liaise with the family or caregivers to ensure that they have support and that the young person's environment is safe (i.e. all means of suicide have been removed, and the young person is being monitored closely and provided with the needed support)</p> <p>Prior to the learner returning to school, establish the necessary monitoring and support systems</p>

\* supervisor refers to the OGTS Director

Source: New Zealand Ministry of Education.(2013).Preventing and responding to suicide. Resource kit for schools. New Zealand.Ministry of Education. Retrieved from: [www.education.govt.nz/assets/Document/School/Traumatic-incidents-and-emergencies/SuicidePreventionOCT2013.pdf](http://www.education.govt.nz/assets/Document/School/Traumatic-incidents-and-emergencies/SuicidePreventionOCT2013.pdf) Adapted with Permission

### Debriefing of Staff who Assisted in the Intervention

Inform personnel who assisted in the intervention and implement debriefing where personnel can raise their concerns or questions.

1. The staff members who were involved in the crisis must meet for a debriefing session.
2. Inform them of the available resources for support.
3. Continue to check with and show support to the involved staff members.
4. Consultation with a third-party mental health professional may be recommended if necessary

*REMINDER: All documents related to cases of suicide must be treated with utmost confidentiality.*

### Suicide Intervention Protocol Chart

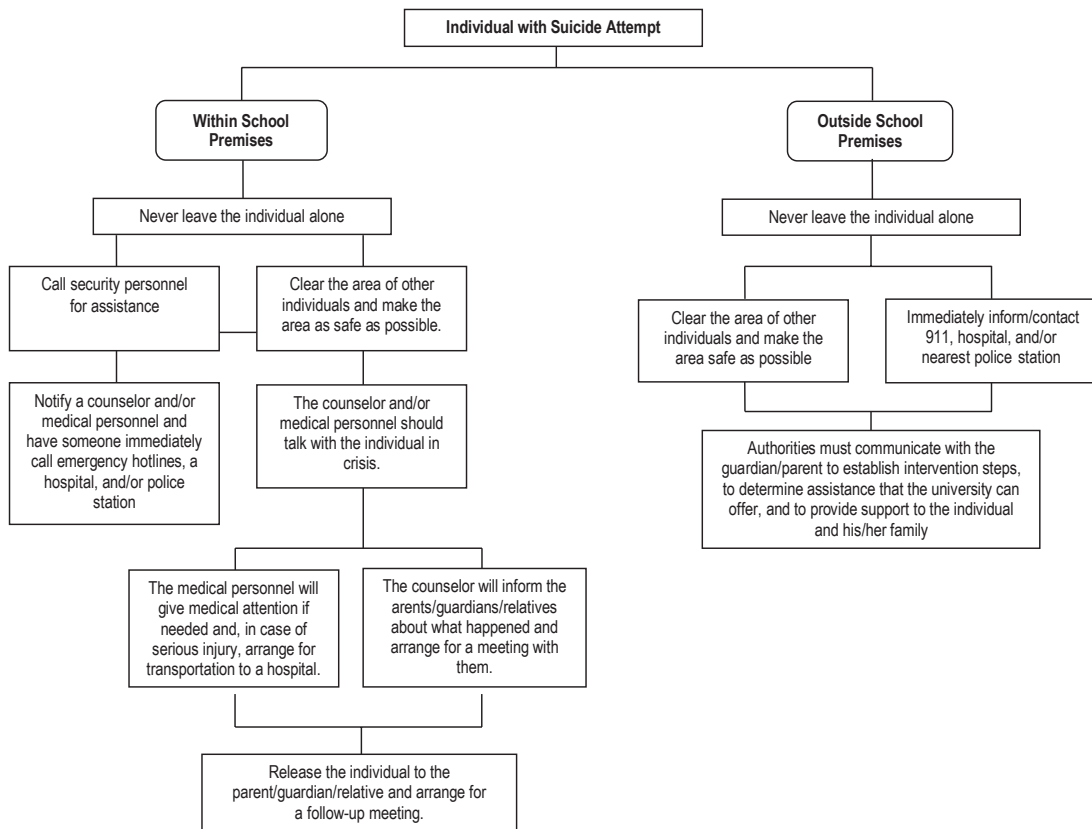


Figure 1. Suicide Intervention Protocol Chart

## Chapter 5

# Postvention

### Background

It is important that the university is aware that death by suicide might happen inside or outside the university premises. As a response to a possible crisis, guidelines in relation to dealing with the aftermath are provided in this section. Postvention measures are guidelines for providing intervention to survivors and for avoiding suicide contagion.

This chapter provides information on the following:

1. guidelines for a learner returning learner after being absent for suicidal behavior,
2. sample script,
3. support for significant others of a learner who died of suicide,
4. guidelines for postvention procedures,
5. responsible management of the aftermath of suicide
6. postvention flow chart

### Learner Survivor

#### Guidelines for a learner returning learner after being absent for suicidal behavior:

The Maine Youth Suicide Prevention Program (2009), in its Youth Suicide Prevention, Intervention and Postvention Guideline stated that “individuals who have made a suicide attempt are at increased risk to attempt to harm themselves again. Appropriate handling of the re-entry process following a suicide attempt is necessary. School personnel can help returning learners by directly involving them in planning for their return to school. This involvement helps the learner regain some sense of control. Confidentiality is extremely important in protecting the learner and enabling school personnel to render assistance.”

#### *Some Suggestions to Help a Learner Returning to School:*

1. Before the learner returns to school, there should be a meeting among the counselor, university doctor, department chairperson, dean, and parents/guardian to discuss possible arrangements for support services.
2. The counselor, in coordination with the university doctor, department chairperson, and dean, will:
  - a. require the parents/guardian/relative to provide a copy of the medical clearance stating fitness to go back to school,
  - b. re-evaluate and keep documents together with learner’s profile and ensure proper safe keeping of record.
3. The counselor will regularly monitor and follow-up the learner by providing



counseling sessions to understand what caused the attempt and to prevent another attempt.

4. The department chairperson and dean will assist the learner in the process of returning to school, monitor the re-entry, and will help monitor the learner to prevent further attempt.
5. If the case will be discussed among personnel, it should focus on specific support that could be provided in relation to the needs of the learner.
6. Avoid discussing the incident in classroom setting for it is a violation of the privacy of the learner and case confidentiality.
7. Recommend to other learners the importance of discussing their concerns or reactions to the counselor. The counselor will then give psycho-education on how to address learner's concern.

## Support for the Significant Others of a Learner Who Died of Suicide

### Postvention Guiding Principles

The following are the guiding principles in handling death by suicide inside or outside the school premises:

**Bear** with the survivors and those who were directly exposed to the incident. If on site, ask for assistance from health providers and policemen. If offsite, verify the information.

**Elevate** support to the survivors through helpful and careful words.

**Assemble** the following university personnel for the planning and management of postvention activities: counselors, medical personnel, department chairperson, dean, security personnel.

**Contact** the family/guardian of the departed to express sympathy.

**Take** control of the situation through silence and not by going into the details of what happened to avoid suicide contagion.

**Involve** the school community in the postvention activities of the university to bring it back to its normal routine.

**Value** the importance of self-care and life to reduce the risk of suicide ideation and suicidal behavior through counseling services and engaging in pro-life activities within the university.

**Educate** everyone concerned and have a discussion with other support groups, professionals and other service providers about the facts and how to prevent another incident of death by suicide.

### For the University Personnel and Staff

Personnel and staff should maintain the confidentiality of the incident to show respect to the family of the bereaved and not to sensationalize the death of the person. Use of helpful words will assist the learners in understanding what happened. Other measures that should be taken are listed below:

1. Maintain relevant information on and contact numbers of key personnel, linkages (as indicated on page 12) and other professionals who can provide support and guidance.
2. Secure the permission of the family or a legitimate source to publicly announce the difficult situation.
3. In making public announcements, carefully choose the words that will be used to help maintain the privacy of the family. No details about the incident should be given. The funeral schedule can be announced as soon as it is available. (See Appendix D)  
"Death by suicide" and NOT "committed suicide" is one example of a carefully worded phrase that can be used in talking to learners and other stakeholders. There should be not attempt to explain the university's side, or to give any advice or suggestion.
4. Provide openness and a nurturing and safe environment to the learners and other stakeholders.
5. Conduct a debriefing of the persons involved in the incident to determine what assistance should be given them and to prevent suicide contagion. The debriefing should be conducted by a counselor.
6. Reestablish safety and security to maintain the normal routine of the university.

### For the Learners

Learners should maintain the confidentiality of the incident to show respect to the bereaved family and in order not to sensationalize the death of the person. They should:

1. Participate in the debriefing, counseling services, and group guidance activities as opportunities to express their emotions and as avenues for releasing the tension of the suicide aftermath.
2. Maintain relevant information on and the contact numbers of key personnel, linkages and other professionals who can provide support and guidance.
3. Refer schoolmate/s who may need assistance from a counselor.

## Postvention Procedures

1. OGTS will plan and prepare for the postvention activities.
2. OGTS will announce the schedule and venue for each of the activities as well as who should participate in them.
3. OGTS will facilitate the postvention activities.
4. An evaluation of the activity will be done and follow-ups will be conducted.

### Sample Postvention Activity

Title: My Personal Weather Forecast

Materials needed: Paper, pen, printed materials

Time allotted: 1 hour

Objective: To be aware of the feelings and emotions of the individual.

Activity Proper

Processing (*Sample Question*)

1. Was it hard for you to identify your emotion and relate it to your personal weather forecast?

Synthesis

*REMINDER: All documents related to cases of suicide must be treated with utmost confidentiality.*

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## Appendix A



Republic of the Philippines  
PAMANTASAN NG LUNGSOD NG MAYNILA  
(University of the City of Manila)  
General Luna cor., Muralla Sts.,  
Intamuros, Manila, Philippines



### Office of Guidance and Testing Services

#### REFERRAL FORM

Student's Name (Surname First):		Student's Contact Number/s:	Date:
College/Department:	Course, Year and Block:	Age:	Sex:
Referring College/Department/Office	Name and Signature of Person Making the Referral	Availability of the Student Vacant Day/s and Time (If known)	

#### REASONS FOR REFERRAL

*Please write the intention or purpose of the referral.*

#### ANECDOTAL REPORT

*Please provide a brief narrative about the student's concerns and behavior.*

#### OTHER BEHAVIOR MANIFESTATIONS

*Please check those that apply.*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Dropping of subjects/Withdrawal  | <input type="checkbox"/> Family concerns                      | <input type="checkbox"/> Phobia (specify)_____                                      |
| <input type="checkbox"/> Leave of absence   | <input type="checkbox"/> Illness/Death of a love one          | <input type="checkbox"/> Sleeping problems  |
| <input type="checkbox"/> Readmission/Shifting   | <input type="checkbox"/> Unhappy family life                  | <input type="checkbox"/> Stress/Tension   |
| <input type="checkbox"/> Academic/learning difficulty   | <input type="checkbox"/> Living away from parents             | <input type="checkbox"/> Aggressive/hostile tendencies                              |
| <input type="checkbox"/> Academically uninterested  | <input type="checkbox"/> Financial concerns                   | <input type="checkbox"/> Compulsive behavior/obsessive thoughts                     |
| <input type="checkbox"/> Inability to focus/concentrate   | <input type="checkbox"/> Difficulty making friends            | <input type="checkbox"/> Impulsiveness/Carelessness                                 |
| <input type="checkbox"/> Poor academic performance  | <input type="checkbox"/> Peer Pressure                        | <input type="checkbox"/> Addiction (specify)_____                                   |
| <input type="checkbox"/> Sudden change in behavior/performance                                      | <input type="checkbox"/> Relationship concerns(general)       | <input type="checkbox"/> Alcohol/substance dependency                               |
| <input type="checkbox"/> College adjustment concerns  | <input type="checkbox"/> Shy/Timid                            | <input type="checkbox"/> Bullying/Discrimination issues                             |
| <input type="checkbox"/> Career/Vocational concerns   | <input type="checkbox"/> Socially withdrawn                   | <input type="checkbox"/> Experienced calamity/disaster                              |
| <input type="checkbox"/> Uncertain with chosen course   | <input type="checkbox"/> Anxiety/Nervousness                  | <input type="checkbox"/> Harassment concerns  |
| <input type="checkbox"/> Needs more information about ones personality, interests, skills and value | <input type="checkbox"/> Attention seeking behavior           | <input type="checkbox"/> Possible psychological trauma                              |
| <input type="checkbox"/> Body Image/Appearance concerns   | <input type="checkbox"/> Boredom/Demotivated                  | <input type="checkbox"/> Pregnancy Concerns   |
| <input type="checkbox"/> Eating problems/weight concerns  | <input type="checkbox"/> Daydreaming                          | <input type="checkbox"/> Suicidal thoughts/attempt                                  |
| <input type="checkbox"/> Sense of self/Identity concerns  | <input type="checkbox"/> Depressed/Lonely                     | <input type="checkbox"/> Suspected victim of abuse (emotional, physical, or sexual) |
| <input type="checkbox"/> Self-esteem/Self-confidence issues   | <input type="checkbox"/> Easily tired/Feeling physically weak | <input type="checkbox"/> Temper control issues                                      |
| <input type="checkbox"/> Longing for love and affection   | <input type="checkbox"/> Feelings of helplessness             | <input type="checkbox"/> Tendency to hurt others                                    |
|   | <input type="checkbox"/> Irritable/Easily annoyed             |   |
|   | <input type="checkbox"/> Manic Behavior                       |   |
|   | <input type="checkbox"/> Mood swings                          |   |

**Note:** Please forward this form to the Office of Guidance and Testing Services personally or thru your respective department/colleges. Kindly fold and staple to keep the information confidential and to protect the interest of the student. Leave the basic student information and the name of the person making the referral visible.

## Appendix B

### SAFETY PLAN

If you sometimes struggle with suicidal thoughts, complete the form below.

When you are feeling suicidal, follow the plan one step at a time until you are safe.

Feeling suicidal is the result of experiencing extreme pain, and not having the resources to cope.

We therefore need to reduce pain and increase coping resources.

These feelings will pass.

Keep the plan where you can easily find it when you'll need it.

What I need to do to reduce the risk of me acting on the suicide thoughts:
What warning signs or triggers are there that make me feel more out of control?
What have I done in the past that helped? What ways of coping do I have?
What I will do to help calm and soothe myself:
What I will tell myself (as alternatives to the dark thoughts):
What would I say to a close friend who was feeling this way?
What could others do that would help?
Who can I call: <ul style="list-style-type: none"> <li>• Friend or relative: _____ Another?</li> <li>• Health professional: _____ Other?</li> <li>• Telephone helpline:</li> </ul> Natasha Goulbourn Foundation's 24/7 HOPElines: (02) 804-4673, 09175584673 or 2919(Globe) In Touch Community's 24/7 Crisis Line: (02) 893-7603, 09178001123(Globe) or 09228938944(Sun)
A safe place I can go to:
If I still feel suicidal and out of control: <ul style="list-style-type: none"> <li>• I will go to the nearest hospital and look for available psychologist and/or psychiatrist.</li> <li>• If I can't get there safely, I will call 911 (National Emergency Hotline)</li> </ul>

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE

## Appendix C



Republic of the Philippines  
PAMANTASAN NG LUNGSOD NG MAYNILA  
(University of the City of Manila)  
General Luna cor., Muralla Sts.,  
Intamuros, Manila, Philippines



### *Office of Guidance and Testing Services*

#### PARENT CONTACT ACKNOWLEDGEMENT FORM

This is to certify that I, \_\_\_\_\_, the parent/guardian of  
(name of parent/guardian)  
\_\_\_\_\_, have spoken with \_\_\_\_\_,  
(name of student) (name of counselor)  
the Guidance Services Specialist/Guidance Counselor on \_\_\_\_\_,  
(date)  
concerning my child's \_\_\_\_\_  
\_\_\_\_\_.

I have been advised to seek the services of a mental health specialist/agency immediately.

I understand that the Guidance Services Specialist/Guidance Counselor will follow-up with me, my child, and the specialist/agency to whom my child has been referred for services.

Parent's Signature over Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Number/s: \_\_\_\_\_

Counselor's Signature over Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix D

### Sample Announcement Templates

#### Sample Announcement For When a Suicide Death has Occurred

“This morning we heard the extremely sad news that \_\_\_\_\_ died by suicide last night. I know we are all saddened by his death and send our condolences to his family and friends. The Office of Guidance and Testing Services is open for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.”

#### Sample Announcement For a Suspicious Death Not Declared Suicide

“This morning we heard the extremely sad news that \_\_\_\_\_ died last night. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by \_\_\_\_\_’s death and send our condolences to his family and friends. The Office of Guidance and Testing Services is open for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.”

#### Sample Formal Statement to Notify Media of Suicide

The university is sad to report that it has confirmed the death of one of its students, with the medical examiner’s office and the deceased’s family. \_\_\_\_\_ (student’s name), died by suicide last \_\_\_\_\_ (day). He/she was a resident of \_\_\_\_\_. Funeral arrangements are not available at this time. School counselors and other mental health representatives are available to any student who wishes to talk about \_\_\_\_\_’s death.

- List community resources
- List ways the media can be helpful with postvention

#### Sample Response to Incoming Calls from Media

The school has designated a media spokesperson. Please feel free to contact \_\_\_\_\_ with your questions and concerns. We would like to respond to your questions in an organized manner. To assist you, \_\_\_\_\_ (name) will be meeting with concerned members of the media at \_\_\_\_\_ (time) in \_\_\_\_\_ (place). At that time we will provide information about the school’s response to our loss and identify additional resources to support the bereaved.

*Source: Suicide Prevention Coalition of Warren and Clinton Counties (2010). Dealing with Suicide in Schools: Prevention, Intervention and Postvention A Model Protocol. Lebanon, OH. Mental Health Recovery Services of Warren and Clinton Counties. Retrieved from [http://www.mhrsonline.org/media/spc\\_schools/A%20Model%20Protocol%20-%20PDF%20Format.pdf](http://www.mhrsonline.org/media/spc_schools/A%20Model%20Protocol%20-%20PDF%20Format.pdf). Adapted with permission*



## Appendix E

Date:

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Good day!

We, the Guidance Services Specialists of the Pamantasan ng Lungsod ng Maynila, Manila Philippines, are currently working on our Suicide Prevention Protocol for our university. This protocol will be used by our students and other members of the school community to prevent, intervene, and manage suicide behavior.

While looking for articles, resource materials and other references that may be of help in the creation of our protocol, we came across your material online entitled \_\_\_\_\_.

We find your resource material valuable most especially the \_\_\_\_\_.

This information will be of great help in assessing and managing suicide risks.

Thus, we would like to ask for your permission if you could allow us to reprint and/or adapt your resource material. This will be of great help to us.

We are hoping for your positive response on our request.

Thank you very much and God bless.

All the best,

Guidance Services Specialists  
Office of Guidance and Testing Services  
Pamantasan ng Lungsod ng Maynila

## Appendix F

### Permission from Author/s and Publisher/s

Suicide Prevention Coalition of Warren and Clinton Counties

Reprinted / Adapted Materials:

1. Box 1. Universal Facts About Suicide
2. Box 3. Warning Signals for Suicide
3. Appendix D – Sample Announcement Template

From: Patti Ahting <PAhting@mhrswcc.org>  
Sent: Friday, March 10, 2017 8:11:06 AM  
To: Rochelle D. Leyesa  
Subject: FW: Contact Form Submission - MHRS Online

Rochelle:

Yes, of course you may use and adapt the materials. Much of the information was pulled from other sources which have been identified in the protocol. Thus, you may also want to reference those sources as well.

Since we published this, other national resources have been distributed which may also be of assistance. They can be found at:

- <http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf>
- <https://afsp.org/wp-content/uploads/2016/01/toolkit.pdf>

This is all very important work – Thanks for your interest and good luck in developing your own version!

Best Wishes,

Patti

Patti Ahting, LISW-S, Associate Director  
Mental Health Recovery Services of Warren & Clinton Counties  
212 Cook Road  
Lebanon, OH 45036  
513-695-1730  
pahting@mhrswcc.org]pahting@mhrswcc.org  
www.mhrsonline.org]www.mhrsonline.org

## Appendix G

### Permission from Author/s and Publisher/s

**Redaniel, Dalida Gunnell. Suicide in the Philippines: Time Trend Analysis (1974-2005) and Literature**

#### **Reprinted / Adapted Material:**

1. Box 2. Suicide Facts in the Philippines

From: Theresa Redaniel <Theresa.Redaniel@bristol.ac.uk>  
Sent: Tuesday, March 14, 2017 10:03 PM  
To: University Guidance Center  
Subject: Re: Inquiry on the use of resource material

Dear Sir,

Thank you very much for your interest in our work. Please feel free to cite the results of the study. Please do not hesitate to contact us should you need other information.

With best regards,  
Theresa.

## Appendix H

### Permission from Author/s and Publisher/s

#### New Zealand Ministry of Education

#### Reprinted / Adapted Material:

1. Box 4. Suicide Prevention Education
2. Table 1. Assessment of People-At-Risk of Suicide
3. Table 3. Management of Young People at Risk of Suicide: For School Counselors

From: Copyright Permissions <Copyright.Permissions@education.govt.nz>

Sent: Tuesday, March 28, 2017 11:07 AM

To: University Guidance Center

Subject: RE: Inquiry on the Use of Resource Kit on Preventing and Responding to Suicide

Dear Requester

Thank you for sending in your enquiry.

We are happy for you to use the resource (including translation) for educational purposes in your university and school community.

Please make sure you clearly reference the material to the New Zealand Ministry of Education and include a Crown copyright notice.

Kind regards

Lynne

## Appendix I

### Permission from Author/s and Publisher/s

**Lee-Chua, Q.N. et.al. Lifeline: A layperson's Guide to Helping People in Crisis.**

#### **Reprinted / Adapted Material:**

1. Table 2. What to Do and What Not to Do With Teens at Risk

On Fri, Mar 10, 2017 at 6:06 PM, Queena L. Chua <qlee-chua@ateneo.edu> wrote:

Hi - I am glad you find the info useful. It would be best for our publisher to also comment on this - but if Anvil agrees, I feel you can reproduce the table for your purposes (educational, not commercial) as long as you cite the source - book, authors, publisher, pub date, page number - whenever you use the table.

I am ccing Ms Xandra Ramos, Ms Andrea Flores, Ms Ani Habulan of Anvil in this email, together with my co-authors, for their thoughts.

I wish you the best in doing your guidance protocol - timely and needed.

Thank you, Dr Queena

From: Lourdes Joy T. Galvez Tan

Date: 2017-03-11 12:43

To: Queena L. Chua

CC: University Guidance Center; Xandra Ramos; apflores; AV Habulan; Melissa R. Garabiles; Ma. Tonirose D. Mactal; Jane Bergado

Subject: Re: Inquiry on the Use of Table 3.1 page 77 of Lifeline A layperson's Guide to Helping People in Crisis

You have my blessings and I wish you the best in providing the necessary care to your students.

I echo Doc Queena's request for proper citation.

Sincerely,  
Joy

Lourdes Joy T. Galvez Tan, RP, PhD  
Assistant Professor; Associate Chair  
Department of Psychology  
Ateneo de Manila University

From: apflores@anvilpublishing.com <apflores@anvilpublishing.com>  
Sent: Monday, March 13, 2017 8:50 AM  
To: Lourdes Joy T. Galvez Tan; qlee-chua@ateneo.edu  
Cc: University Guidance Center; Alexandra Ramos; AV HabÃfÂlan; Melissa R. Garabiles; Ma. Tonirose D. Mactal; Jane Bergado  
Subject: Re: Re: Inquiry on the Use of Table 3.1 page 77 of Lifeline A layperson's Guide to Helping People in Crisis

Dear Specialistst at the Guidance Service Center of PLM:

Thanks for your email. It would be nice to know who we might be addressing, perhaps on your next email we might be introduced? :)

Yes, of course, you may cite the book Lifeline where necessary. When doing so, please do attribute the material to the author, and where the material is found. Do not use more than ten percent (10%) of the material at a time. If you have to reproduce more than said amount, we would encourage you to purchase the book to encourage the authors to write more such helpful resource materials. Do let us know how we might help you in this aspect.

Warm regards,  
Andrea

Andrea Pasion-Flores  
General Manager  
Anvil Publishing, Inc.  
7th Floor Quad Alpha Building  
No. 125 Pioneer Street, Mandaluyong  
Philippines 1550  
(+632) 4774755 to 57

## Appendix J

**Getselfhelp.co.uk**  
**Reprinted/ Adapted Material:**  
**Appendix B – Safety Plan**

From: carol@get.gg  
Sent: Tuesday, July 11, 2017 7:35  
To: Margielou B. Peralta  
Subject: Getselfhelp.co.uk

Hello Marge,  
Yes of course! I'm very happy that you find the resources helpful. :-)  
Kind regards,  
Carol

[www.getselfhelp.co.uk](http://www.getselfhelp.co.uk)  
[www.get.gg](http://www.get.gg)

# Acknowledgment

We would like to express our appreciation to the following people for their valuable contribution to the completion of this *Suicide Prevention and Postvention Protocol*:

## ADMINISTRATIVE SUPPORT

**Dr. Ma. Leonora V. De Jesus, Ph.D.**

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Pamantasan ng Lungsod ng Maynila

**Arch. Gil G. Evasco**

Acting Vice President for Academic Affairs

Pamantasan ng Lungsod ng Maynila

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