MARCELLA NIEHOFF SCHOOL OF NURSING SCHOOL-BASED HEALTH CENTER

Developing a Comprehensive Interdisciplinary Suicide Prevention Policy and Workflow for a School-Based Health Center

WEDNESDAY, JUNE 24, 2026: BUECHELE, HERNANDEZ, RINCON

LOYOLA UNIVERSITY CHICAGO

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Learning Objectives:

1. Identify key components of a comprehensive, interdisciplinary suicide prevention policy and workflow tailored for school-based health centers, including evidence-based screening, trauma-informed care, and coordinated referral processes.

2. Describe effective strategies for ongoing interdisciplinary collaboration and quality assurance such as regular case reviews, stakeholder meetings, and post-incident debriefings to enhance the identification, support, and care of at-risk students within a school setting.

Who We Are & Who We Serve

- **MARCELA HERNANDEZ, MSW, LCSW**
- **JACQUELINE RINCON, MSN, APRN, FNP- BC (ALMOST FINISHED WITH HER DNP!)**
- **SUSAN BUECHELE, DNP, APRN, CPNP-PC, IBCLC**

- Interprofessional team
- Medical, Behavioral Health, Dietetics
- Services provided in English and Spanish
- Located in a Chicagoland suburban high school
  - 3 high schools in the district & feeder schools

2024-25 Illinois State Report Card:

- 32.8% of students at the HS and 27.6% in the district are English learners
- 52.9% of students in the HS and district were identified as low-income

Acknowledgments

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INTRODUCTION & PREVALENCE

Adolescent suicidality is a leading public health challenge, with suicide the second leading cause of death for ages 10-24 (Centers for Disease Control and Prevention [CDC], 2023).

Local Maywood data are limited but state, and regional statistics underscore the importance of focused prevention and screening efforts.

- 17% of Illinois high school students reported seriously considering suicide in the past year; 8% reported a suicide attempt (CDC, 2023; Illinois Department of Public Health [IDPH], 2022).
- Local risk is heightened by socioeconomic factors prevalent in the community and county (Cook County Department of Public Health [CCDPH], 2023).

INEQUITIES ARE GROWING FOR SOME GROUPS IN SUBURBAN COOK COUNTY:

1.7X

Hispanic Residents
suicide death rates nearly doubled between 2018 and 2023 in suburban Cook County.

3X

Female Teen Residents
were nearly three times as likely as their male peers to visit the emergency department for suicide in suburban Cook County.

2.4X

Black Residents
suicide death rates more than doubled between 2018 and 2023 in suburban Cook County.

3X

Black High School Students
in suburban Cook County attempted suicide at three times the rate of their peers.

(Cook County Department of Public Health, 2025)

NATIONAL RECOMMENDATIONS FOR SCREENING AND PREVENTION

Multiple national organizations recommend routine screening for suicide risk in adolescents, especially in primary care and school settings:

- **American Academy of Pediatrics (AAP):** Recommends universal suicide risk screening for all adolescents aged 12 and older during routine well-child visits (AAP, 2022).
- **Substance Abuse and Mental Health Services Administration (SAMHSA):** Advocates for screening and evidence-based intervention in healthcare, schools, and community settings (SAMHSA, 2021).
- **The Joint Commission:** Requires suicide risk screening for all patients ages 12 and up in behavioral health settings and recommends screening in general healthcare (The Joint Commission, 2019).
- **American Foundation for Suicide Prevention (AFSP):** Promotes school-based screening and prevention guidelines (AFSP, 2022).
- **U.S. Preventive Services Task Force (USPSTF):** Recommends screening for suicide risk in adolescents (USPSTF, 2022).

Evidence-Based Screening Tools

Validated tools for identifying at-risk youth:

- Patient Health Questionnaire-9 modified for teens
- Ask Suicide-Screening Questions (Horowitz et al., 2020)
- Columbia-Suicide Severity Rating Scale (Posner et al., 2011)

EFFECTIVE SCHOOL-BASED PREVENTION PROGRAMS:

- **Sources of Strength**
- **Signs of Suicide (SOS)**

Both have demonstrated reductions in suicidal ideation and attempts (Wyman et al., 2010; Aseltine & DeMartino, 2004).

Loyola SBHC uses a collaborative approach between Elyssa's Mission, School District 89, and School District 209 using Signs of Suicide Program (SOS) to screen and assess student suicidality.

- Evidence-based
- Selected by SAMHSA for its National Registry of Evidence-based Programs and Practices
- Cost effective
- Easy be implemented by existing school personnel during one or two class periods
- Uses proven screening tools that ensure education & critical follow up

OTHER COLLABORATION INITIATIVES

Support for Suicide Prevention Month and awareness campaigns

Promotion via:

- Social media and waiting room screens
- Posters/flyers in SBHC, Calm Room, and school

Collaboration with behavioral health teams in D209 and D89 for information and resources

SIGNIFICANCE FOR PREVENTION

- Early identification and intervention are crucial, as most adolescents who die by suicide exhibit warning signs prior to the event.
- Community-based prevention strategies, such as school mental health programs, crisis intervention services, and culturally responsive outreach, have been shown to reduce risk.
- Collaboration between schools, families, and healthcare providers is essential for effective prevention.

We identified that we needed to look further into our procedures and develop a workflow and policy in collaboration with the school.

PROBLEM IDENTIFICATION

Disconnect between school and clinic practices

- School Social Worker relationship and collaboration

Interprofessional responsibilities/communication

- Integrated care of medical and social work

Screening, Assessment, and Supportive Services Program (SASS)

- Issues with process, including risk for retraumatization
- Support for parents/student
- Follow-up in school/SBHC

COMPREHENSIVE SUICIDE PREVENTION POLICY – LOYOLA SBHC

Clinic-Based Suicide Prevention Approach

Comprehensive prevention rooted in:

- Awareness and education
- Encouraging help-seeking
- Increased access to care
- Routine depression screening
- Supportive, trauma-informed care
- Reducing access to lethal means
- Promoting resiliency and support
- Referrals to additional resources

Figure 1
Adolescents offering peer support to an individual during a difficultmoment.
Note. AI-generated image created with Microsoft Copilot (2026).

Sections in the Policy

1. In Clinic (procedures)
2. In the Community (education, prevention, school/district-support) **already discussed**
3. Mental Health Emergencies in the School-Based Health Center
    a) Gaining Control of the Crisis when a SBHC LCSW is not on site
    b) Gaining Control of the Crisis when a SBHC LCSW is on site
4. BH-PEHS Emergency Workflow

Screening Procedures

All adolescent patients screened with PHQ-9A:

- At first visit for new patients
- Quarterly for active patients
- More frequently at provider's discretion

Same-day urgent visits may defer screening to follow-up

Escalation criteria:

- PHQ-9A score ≥10
- 1, 2, or 3 on question 9
- "Yes" to question 12
- Provider discretion for question 13
- Complete ASQ Suicide-Screening if indicated

Procedure: SBHC LCSW On Site

Calm patient and accompany to LCSW office or safe room

Assess risk and develop plan (BH-Emergency Workflow)

- Inform LCSW if MD/NP is administering ASQ
- Possible actions: medical care, notify guardian, remove other patients, notify school staff

LCSW conducts risk assessment

- If suicidal/homicidal intent, inform PEHS SW
- If not, complete safety plan with patient

Upon PEHS SW arrival, staff remain with patient while others call guardian/CARES Line/SASS

- LCSW stays with patient until end of day
- PEHS SW stays until recommendations are completed

LCSW follows up with patient and PEHS SW, offering ongoing support or referrals

Staff never attempt to disarm or physically restrain a fleeing patient

Procedure: SBHC LCSW NOT On Site

NP/MD calms patient and moves them to safe room

NP/MD assesses risk and develops plan (BH-Emergency Workflow)

- Contact PEHS SW for further assessment
- Possible actions: medical care, notify guardian, remove other patients, notify school staff

NP/MD and PEHS SW jointly assess risk

- If high risk, proceed to next step
- If not, create safety plan and offer resources

On PEHS SW arrival, staff remain with patient while others call guardian/CARES Line/SASS

- SBHC staff and PEHS SW remain with patient as needed until end of day

Staff never attempt to disarm or physically restrain a fleeing patient

LCSW follows up with patient and PEHS SW for ongoing care or referrals

Mental Health Emergencies in the SBHC

- Direct intervention/assessment for imminent risk of injury or death.

- Imminent risk includes:
  - Suicidal/homicidal ideation or actions
  - Homicidal threats/attempts
  - Suspicion of drug ingestion

Figure 2. Illustration of a mental health emergency in which a first responder provides assistance to an individual in distress. *Image generated by AI (M365 Copilot), 2026.*

RESPONDING TO AT-RISK PATIENTS

Any patient with active suicidal ideation (assessed for plan, intent, means using clinical judgment) will be immediately referred for further evaluation, following the steps of the Mental Health Emergencies in the SBHC and BH-PEHS Emergency Workflow.

- This could include connection to local resources
- Examples for the Loyola SBHC:
  - Screening, Assessment, and Support Services (SASS)
  - Leyden Family Services
  - Riveredge Hospital
  - Emergency Department

RISK ASSESSMENT

Suicide Risk Monitoring Tool – Middle/High School Version

Three stage process for assessing suicide risk:

1. Identifying suicidal ideation, intent, and plan
2. Assessing risk and protective factors
3. Combining the information into a clinical, or risk, formulation

(Erbacher, Singer, & Poland, 2025)

SAFETY PLANNING

Stanley & Brown's Safety Planning Intervention (Stanley & Brown, 2012)

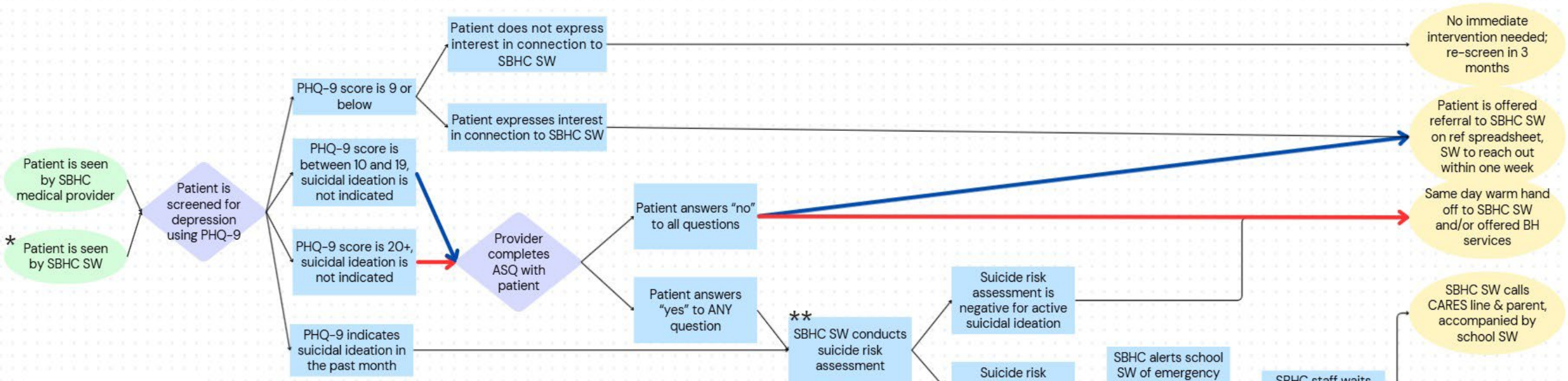
- Brief, structured intervention for suicidal patients in acute settings (EDs, trauma centers, hotlines, inpatient units
- Based on cognitive therapy and adapted for high-risk veterans and adolescents
- Creates a practical, flexible safety plan for use during inpatient or ongoing outpatient treatment

SPI Components:

- Recognizing warning signs of an impending suicidal crisis
- Employing internal coping strategies
- Utilizing social contacts and social settings as a means of distraction from suicidal thoughts
- Utilizing family members or friends to help resolve the crisis
- Contacting mental health professionals or agencies, and
- Restricting access to lethal means

BH-PEHS Emergency Workflow

Key
SBHC: School-Based Health Center
SW: Social Worker



Notes

* In the event of depression symptoms being disclosed to the SBHC Dietitian, patient should be referred to the SBHC SW and begin process at this step.

** If SBHC SW is not present, NP/MD to connect with PEHS SW to begin risk assessment.

Barriers & Positive Outcomes

BARRIERS

External Collaboration

- Academic planning and coordination
- Reintegration meetings
- Follow-up care following discharge
  - Obtaining records for ongoing management

Universal ASQ screening

POSITIVE OUTCOMES

- Strengthened interprofessional collaboration
- Increased identification and support of at-risk students
- Improved communication with school partners
- Fostered a safer, more supportive environment
- Enhanced the capacity of the SBHC to respond effectively to suicide risk

CONTINUOUS QUALITY IMPROVEMENT

Strategies for ongoing interprofessional collaboration & quality improvement :

- post-incident debriefings
- weekly case reviews
- stakeholder meetings to discuss needs
- annual professional development to include suicide prevention & trauma-informed care

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