

APPENDIX:

Transition Plans

INTRODUCTION:

Following a high profile suicide attempt, and/or hospitalization, returning to the school, home and or community can be a stressful and worrisome time for everyone involved. Taking steps to provide for a seamless transition is the best way to reduce the stress and the potential risk for a future attempt. To be most effective, communication, dialogue and planning should start as soon after the incident as possible. The transition plan overlaps with the Safety Plan (see appendix), and should be done in conjunction with or following the development of a comprehensive safety plan. Suggested activities for the transition plan include:

1. Identify barriers/stressors involved in returning to home, school and or community:
 - a. Get input from the youth and family about what they perceive the barriers to be.
 - b. Involve the key players in these systems in the transition planning process.
2. Address issues of confidentiality and benefits/risks of sharing information w/parents, client, school, others:
 - a. If parents/youth are reluctant to sign releases of information, make them aware that the best way to reduce the risk of future suicide attempts is by decreasing isolation and improving the safety net by involving key people in the youth's support system and letting them know what is going on and what to watch out for. (In other words, keeping the attempt "quiet" or a secret is likely to increase risk for future attempts).
 - b. Having school personnel explain levels of confidentiality and what happens to these records might be helpful (e.g. most schools keep a separate health record that has very limited access- is never transferred or disclosed e.g. college, and is destroyed when the student leaves the school.)
3. Insure that hospital discharge summaries, (or outpatient evaluation) and recommendations or other critical information is communicated in a timely manner, preferably prior to the individual returning to the community.
4. The discharge planning process should include a frank discussion of risks with the client, family, and significant others.
 - a. This should also include specific instructions on who to call during a crisis.
 - b. (Refer to discharge/safety plan in appendix.
5. Referral for follow up mental health services and medication monitoring when appropriate:
 - a. Initiate this process as quickly as possible to reduce waiting for intake.
 - b. When indicated, advocate for emergency or more timely appointment.
 - c. Insure that client has adequate medications to cover until his/her next appointment.

6. School may opt to request a note from treating physician indicating it is OK for student to return to school (if the disclosure, threat or attempt happened on school grounds).
 - a. A formal discharge order from the hospital/doctor may be sufficient.
 - b. Note: Most treatment providers will only indicate the individual is “safe to return to the community.” Each agency/school should determine for themselves what criteria there is for participating in services and how they will be evaluate this.
7. Assess whether some type of work or debriefing needs to be done with other students at the school prior to the individual returning. (This is very important, especially if other students witnessed the attempt).
8. Provide psychosocial education to family.
 - a. Information about youth suicide warning signs, and protective factors.
 - b. Information about mental illness or substance use (if indicated).
9. Connect family with local support groups such as NAMI, Al Anon, etc.
10. Connect youth with local support groups such as Al-Ateen if available/ indicated.
11. Use of a “wrap around” approach when indicated.
12. Identify school counselor or other staff who will assist teen in transitioning back to school.
 - Assist with gathering homework and missed assignments.
 - Connect with student or staff mentor/buddy.
 - Address issues of stigma with other students.
 - Offer education/role modeling to first circle of friends.
 - Advise student about how to discuss the incident/illness.
 - Insure proper communication flow with school personnel.
 - Interface with parents about transition.
 - Develop a safety plan and monitor on an ongoing basis as indicated.