

Prospect School District 59

Code: **JHH-AR**
Adopted: 12/7/2020

School District Policy for Suicide Prevention and Postvention

Purpose

The purpose of this policy is to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The Superintendent and District School Board are responsible for the maintenance of this policy.

The District:

1. Recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes.
2. Further recognizes that suicide is a leading cause of death among young people.
3. Has an ethical responsibility to take a proactive approach in preventing deaths by suicide.
4. Acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.
5. Will not ask school employees to act outside of the authorization and scope of the employee's credentials or licenses. No school employee shall diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

Toward this end, the policy is meant to be paired with other policies supporting the emotional and behavioral health of students more broadly.

Definitions

1. At risk: A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.
2. Mental health: A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
3. Postvention: Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope

with a suicide death, address the social stigma associated with suicide and disseminate factual information after the suicide death of a member of the school community.

4. Risk Assessment: An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (school counselor or social worker or trained staff). The assessment is designed to elicit information regarding the student's intent to die by suicide, previous suicide attempts, presence of a plan and level of lethality and availability, and other relevant risk factors.
5. Risk factors: Characteristics or conditions that increase the chance that a person may try to take his or her life. Risk factors may encompass biological, psychological, and or social factors in the individual, family, or environment.
6. Self-harm: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Youth who engage in self-harm are more likely to attempt suicide.
7. Suicide: Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: the Coroner's offices must first confirm that the cause of death was a suicide before any school official may state this as the cause of death.
8. Suicide Attempt: A self-injurious behavior for which there is evidence that the person had at least some intent to kill themselves. A suicide attempt may result in death, injuries, or no injuries.
9. Suicidal behavior: Suicide attempts, intentional injury to self-associated with at least some level of intent, developing a plan or strategy, gathering the means of a suicide plan, or any other overt action or thought indicating the intent to end one's life.
10. Suicide contagion: The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling all play a role in contagion. Suicide contagion can result in a cluster of suicides within a population.
11. Suicidal ideation: Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation.

Scope

This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

Prevention

1. District Policy Implementation: A district level suicide prevention coordinator shall be designated by the Superintendent. This may be an existing staff person. The district suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the school district.

Each school principal shall designate a school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. This may be an existing staff person. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

2. Staff Professional Development: All staff will receive professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development will include additional information regarding groups of students at elevated risk for suicide.

A description of, and materials for, any training to be provided to school employees on suicide awareness and prevention (including training on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention) will be provided by community based mental health services, private mental health providers, or behavioral health staff from the Southern Oregon Educational Service District.

3. Youth Suicide Prevention Programming: Developmentally-appropriate, student-centered education materials will be integrated into the curriculum of all K-12 health classes. The content of these age-appropriate materials shall include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help. In addition, schools may provide supplemental small group suicide prevention programming for students.

4. Methods to address the needs of high-risk groups, including:

- a. Youth bereaved by suicide: Students who have experienced a suicide within their family or close relationships will be offered a bereavement sessions and/or check-ins in individual sessions or in group sessions when student numbers are available.
- b. Youth with disabilities, mental illness or substance use disorders: All district staff will follow bullying and harassment policies. De-stigmatizing language and activities will be provided in student-led activities, assemblies, health education curriculum, visual posters, and staff training.

All students with disabilities will be offered the appropriate adaptations, accommodations, and modifications made to the instruction and other classroom activities that support academic learning and social emotional support per their special education and/or ADA rights and team recommendations to reduce stress

and increase student school support. Where appropriate, staff will provide inclusion opportunities for peer engagement.

Building Mental Health Literacy: All staff and students within the school district, will raise awareness and literacy around mental health issues as a component of improving school-based mental health. Mental Health First Aid and Youth Mental Health First Aid are examples of mental health literacy training programs designed to provide a basic understanding of common mental health issues and how to refer people in mental health crises appropriately that staff will be invited to attend.

The district will provide specific strategies to help students including social and emotional learning programs, strategies focused on increasing students' connection to school, building student skills in understanding and management of emotions, effective communication, and stress management.

Screening, social-emotional based learning curricula, and prevention-based activities that foster healthy functioning in a generative school climate will be offered. Services will be provided that allow for early intervention and targeted support (e.g., for students exhibiting risk factors often associated with potential issues but for whom the issues have not fully manifested), and may include more directed student screening and interventions to reduce the likelihood of issues developing or resolve early manifestations of difficulty. Students identified as experiencing mental health or substance-related difficulties, may be offered individual or family/caregiver treatment or other individualized interventions to address the identified illness or condition. Students who may have, or are identified as having, a mental health diagnosis will be referred to behavioral health staff from the Southern Oregon Educational Service District and/or referred for more intensive community based or private mental health services.

Behavioral health staff from the Southern Oregon Educational Service District will help identify students with mental disorders including Substance Use Disorders, (SUD's) to connect them with appropriate mental health or substance use services in the community. By fostering positive relationships with students, behavioral health staff can also help address situations that students bring to their attention for other children or adolescents who may need support.

District staff will participate in various professional development opportunities to support their learning in the domains of mental health, trauma informed practice, and substance use disorders in students.

- c. Youth experiencing homelessness or out-of-home settings, such as foster care: Stabilize basic needs and support full participation: Schools will make healthy snacks and/or hygiene supplies available, and ensure enrollment in the free meal program.

Ensure that the student has every opportunity to participate in school activities: administrators will identify funding opportunities to provide school/project

supplies, cover field trip fees, purchase uniforms, and meet other school required needs. Homework activities may be modified or adjusted to support students with transitional or disrupted home lives.

District staff will be familiar with the McKinney-Vento Act and connect with in-district and community homeless liaison supports.

Trauma-informed approach: The experience of and events leading up to homelessness can expose students to violence, abuse, hunger, trafficking, and other traumatic experiences. Students will be allowed to hold on to personal possessions in class so long as they are safe and non-disruptive, keeping in mind that any possession may be the child's only one. Structure and consistency will be provided through well-defined transition procedures from one activity to another and giving choices when appropriate to counter the loss of control experienced in their lives.

Intervention

1. Assessment and Referral: When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by the designated suicide prevention coordinator within the same school day to assess risk and facilitate referral. If the designated suicide prevention coordinator professional is not available, a trained risk assessment staff member can fill this role.

For youth determined to be at imminent risk by assessment:

- a. School staff will continuously supervise the student to ensure their safety.
 - b. The Building Administrator and District Office Personnel (designated as the contact by the acting District Superintendent) will be made aware of the situation as soon as possible.
 - c. Administrative staff and/or school counseling staff will contact the student's parent or guardian and will assist the family with an urgent referral. In most cases this will involve setting up an outpatient mental health or primary health care appointment. However, if appropriate, this may involve calling Emergency Services or arranging for transportation to the nearest Emergency Medical Department.
 - d. Staff will seek permission of the student's parent or guardian for written permission (release of information) to discuss the student's health with outside care, if appropriate.
2. In-School Suicide Attempts: In the case of an in-school suicide attempt, the health and safety of the student is paramount. In this instance:

- a. First aid will be rendered until professional medical treatment and/or transportation can be received (following established District emergency medical procedures).
 - b. School staff will supervise the student to ensure their safety.
 - c. Staff will move all other students out of the immediate area as soon as possible.
 - d. The Building administrator, or their designee, will contact the student's parent or guardian.
 - e. The school suicide prevention coordinator will be notified ASAP of the in school suicide attempt
 - f. The Building Administration will engage the necessary response team to limit the likelihood of suicide contagion.
 - g. Information regarding the incident will be disseminated following the District's established protocols.
3. Re-Entry Procedure: For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school employed mental health professional, the principal, or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for a successful return to school.
- a. A designated District employee will be identified to coordinate with the student, their parent or guardian and any outside mental health providers.
 - b. The parent or guardian will be asked to provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others if available.
 - c. The designated District employee will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.
4. Out of School Suicide Attempts: If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:
- a. Call the police and/or emergency medical services, such as 911.
 - b. Inform the student's parent or guardian.
 - c. Inform the school suicide prevention coordinator and principal.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

5. Parental Notification and Involvement: In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the Building Administrator, designee, or designated Suicide Prevention Coordinator. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the principal or school employed mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the principal, designee, or mental health professional believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented and the school staff should consider if these reasons justify a mandatory report. If the parent is notified of a situation where school staff believes Emergency Care is the most appropriate course of action and the parent refuses, or a parent makes statements that indicate that appropriate supervision of student safety is unlikely, school staff should make a call to DHS Child Welfare for guidance and reporting.

Postvention

1. Development and Implementation of an Action Plan: The District will develop an action plan to guide school response following a death by suicide. A meeting of the Districts designated personnel (A Response Team) should take place immediately following the news of a suicide death. The action plan should include as many of the following elements as possible, these steps should be taken in the order presented:
 - a. Verify the Death: Staff will verify the death and confirm the cause of death through the coroner's office, local hospital, the student's parent or guardian, or the law enforcement agency responsible for investigating the incident. The incident should not be labeled as a suicide until a cause of death ruling has been made. If the parents or guardian will not permit the cause of death to be disclosed the school will not share the cause of death but will consider using the opportunity to discuss suicide prevention with students.
 - b. Assess the Situation: The Response Team will meet to prepare the postvention response of the district. Considerations should be given to how severely the death is likely to affect the other students, and to determine which students are most likely to be affected. Consideration should be given to how recently other traumatic events may have occurred within the community and the time of year of the suicide.
 - c. Share Information: Before an official classification of the death as a suicide the death can, and should, be reported to staff, students and parents/guardians with the acknowledgement that the "cause of death is unknown". Inform the faculty in a staff meeting. Prepare a written statement for the faculty to share with students. Written statements should include the basic facts and known funeral arrangements. (Statement should not include details of the suicide)Statement

should recognize the emotions involved with the death and give resources for support so that students can process the death. No public address/bulletin/assembly announcements. Crisis team should prepare a brief factual letter (with consent of the deceased's parent/guardian) to be sent to the parents guardians of the students. This letter should cite what resources will be available to the students and parents.

- d. Avoid Suicide Contagion: Faculty should be informed that one of the tasks at hand is to identify and support high risk students. Administration and the Crisis team should work with staff to identify students most likely to be significantly affected. Staff should be given a refresh training on the warning signs and procedures for reporting students who generate concern.
 - e. Initiate Support Services: Administration and the Crisis team shall inform the local ESD so that support services with mental health providers can be initiated. These support services shall include safe rooms, group counseling, and/or individual counseling as needed to be determined by Administration.
 - f. Develop memorial plans: The District should be mindful that creating an onsite physical memorial (flowers, photos) funeral services, and/or flying the flag at half-staff may sensationalize the death and create suicide contagion. School should not be cancelled for funeral services. School sponsored events should focus on suicide prevention and the resources available to students and families.
2. External Communication: This policy shall be readily available to parents, guardians, school employees, volunteers, students, administrators and community representatives at the school district office upon request and, if available, on the website for the school or school district.

This policy shall also be made annually available to parents, guardians, school employees and students in the student and employee handbooks.

The District should appoint one designee to be the sole media spokesperson, preferably the District Superintendent or Lead Building Administrator. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

- a. Be the point person for information regarding any actions around the death.
 - b. Develop a statement for the media including the facts of the death, postvention plans, and available resources. This statement will not include any confidential information, speculation about motivation, means of suicide or family information.
 - c. Answer all media inquiries, requesting that the media work cooperatively with the School district in minimizing any suicide contagion. Media should be requested not to use photo's of the victim or discuss modality of the suicide death, they should not refer to the cause or speculate about reasons for the suicide. The media should be asked to offer the community information on suicide risk factors, warning signs and resources.
3. Review of School Response to Suicide Risk: In the event that a parent would like to review the responses and actions taken by the district regarding a suicide related incident for their child, the individual requesting the review will provide notification in writing, a

copy of the written request must be kept with the school suicide incident documents being reviewed. If the notification is verbal, a file memorandum should be prepared which states the basic details of the notification, including the date, who was notified, and the key points of the discussion. Notification to parents or caregivers, either by telephone or in writing, should include the following:

- d. Confirmation that the student was involved in an incident together with a description of the nature of the incident.
- e. A description of any injury sustained by the student.
- f. A description of any action taken following the incident (e.g. first aid, calling of a doctor or ambulance, calling the police, referral to mental health, etc).

No copies of written materials gathered in the suicide safety intervention process will be released to a parent or other individual without a subpoena or prior consultation by District legal counsel. Principals, or any other person preparing documentation in response to a subpoena, should draw the attention of their general counsel or other legal counsel who is representing the District in any related legal proceedings, to any school incident reports and all other documentation (including electronic files) which are potentially responsive to any subpoena. While school incident reports are likely to be subject to legal privilege, the District's counsel will assist with a determination of what records are and are not privileged, and whether any action is necessary to ensure that any privileged records are not disclosed.

END OF POLICY

Legal Reference(s):