

LOVE, CARE, SERVE

SUPPORTING STUDENTS AND PREVENTING BULLYING



Every day, students across the country face bullying from others, resulting in depression, anxiety, self harm and even death. Bullying comes in many forms — both in person and increasingly through social media.

In 2019, 22% OF STUDENTS

ages 12-18 experienced bullying nationwide.

TYPES OF BULLYING

15% were the subject of rumors

14% made fun of, called names, or insulted 5%
pushed,
shoved,
tripped or
spit on

6%
excluded
from
activities on
purpose

5% threatened with harm

LOCATION BULLYING TOOK PLACE

39%

in the hallway or stairwell at school

47%

inside the classroom

26%

the cafeteria

20%

outside on school grounds

16%

online or by text 11%

in the bathroom or locker room

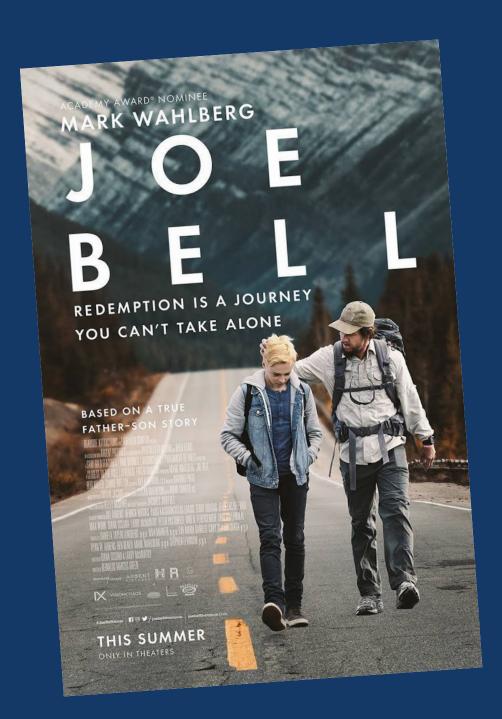
10%

on the

3%

somewhere else in the school building

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, School Crime Supplement (SCS) to the National Crime Victimization Survey, 2019, https://nces.ed.gov/programs/coe/indicator/a10



The release of the movie "Joe Bell" in summer 2021 is based on the tragic death of La Grande student Jadin Bell. The movie's themes focus on the need for schools and communities to provide emotional and mental health supports, and to prevent bullying from occurring.

The La Grande School District strongly encourages use of the following resources to ensure that our students are safe and thriving.



OTHER PUBLICATIONS La Grande School District

- LGSD Profile and Focus Guide see pages 11-13
- Suicide Prevention, Intervention and Postvention
- LGSD 2020-21 Strategic Plan
- LGSD Equity Lens see page 14
- School Bullying Practices Reference and Discipline Matrix
- Crisis Procedures
- Suicide Risk Assessment Process see page 15

Mental health supports

- Addressing the Student Mental Health Emergency in the Wake of COVID-19
- How Schools Can Increase Mental Health Support to Students
- Mental Health Awareness Month
- Safety Alert: Student Mental Health & Wellness
- Student Mental Health a Growing Concern Amid COVID-19
 Pandemic
- Student Mental Health in the Age of COVID-19: Keys to Managing Anxiety and Promoting Social and Emotional Wellness webinar recording
- Scott Poland Student Mental Health Webinar Presentation -May 2021 PDF
- Strategies to Address Emotional and Physical Needs as Staff and Students Return to School webinar recording
- Kellie Gray-Smith Strategies for Emotional and Physical Needs
 Webinar Presentation June 2020 PDF
- Coping with the Coronavirus: Mental Health Tips for Families and Children webinar recording
- Mental Health Awareness Month Tip Sheet PDF
- The Importance of Social Emotional Development

Bullying and **cyberbullying** prevention

- Back to School: Getting Ahead of Bullying
- Cyberbullying a Growing Concern
- CDC: The Relationship Between Bullying and Suicide PDF

Suicide prevention

- Examining the Youth Suicide Crisis
- Safety Alert: Digital Self-Harm
- Safety Alert: Trauma & the Pandemic
- Suicide Awareness & Prevention
- Suicide Prevention Month: Supporting Schools' Youth Suicide Prevention Efforts
- Youth Suicide Prevention
- Youth Suicide Prevention, Intervention and Postvention in Schools webinar recording
- Scott Poland Youth Suicide Webinar Presentation March 2020

SUICIDE STATISTICS AND INFORMATION



48,000 deaths annually attributed to suicide

2019 2018

47,511

48,344

2017 2016 2015 **47,173** 44,965

44,193

2014 2013 2012

2011

42,733 41,149

40,600 39,518



Timing of USA suicides

ONE SUICIDE
EVERY
11 MINUTES

or

130 SUICIDES EVERY DAY **5954**YOUNG PEOPLE
(AGE 15-24)

die by suicide each year (2019) at a rate of one suicide every two hours. Second leading cause of death in Oregon for ages 15-34 Estimates of attempted suicide

25 ATTEMPTS

for each documented death

NOTE: 48,000 suicides translates into 1,200,000 attempts annually

90%

of those who died by suicide had a diagnosable mental health condition at the time of their death

SCOPE OF THE PROBLEM IN OREGON

On average, one person dies by suicide every

11 HOURS

in the state. More than six times as many people die by suicide in Oregon annually than by homicide

WHILE IT IS OUR MOST PREVENTABLE DEATH....

"More teenagers died from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined." SOURCE: U.S. Public Health Service (1999)

MOST OFTEN IT IS NOT JUST ONE THING THAT LEADS TO DEATH BY SUICIDE OR A SUICIDE ATTEMPT.

Strongest Predictors:

- Previous suicide attempt
- Current talk of suicide/making a plan
- Strong wish to die/preoccupied with death
 - (i.e., thoughts, music, reading)

- Depression
 (hopelessness, withdrawal)
- Substance use/abuse
- Recent attempt by friend or family member

Behavioral Clues:

- Any previous suicide attempts
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Giving away their pets
- Not eating or sleeping
- Sudden interest or disinterest in religion
- Chronic truancy, running away

- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression, and irritability
- Impulsivity/Increased risk taking
- Self-destructive acts (i.e., cutting)
- Perfectionism
- Clinical depression is a major risk factor. Sudden cheerfulness in someone who has been seriously depressed may mean they have decided to die by suicide.

Situational Clues:

- Being expelled from school or fired
- Family problems or alienation
- A recent unwanted move
- Loss of any major relationship
- Death of a friend or family member, especially if by suicide
- Diagnosis of serious or terminal illness
- Sudden unexpected loss of freedom or fear of punishment
- Financial problems (their own or family)
- Feeling embarrassed or humiliated in front of peers

- Victim of assault or bullying
- Fear of becoming a burden to others
- Change in interaction with family and friends
- Recent disappointment or rejection
- Sudden decline or improvement in academic performance
- Physical symptoms: eating disturbances, changes in sleep patterns, chronic headaches, stomach problems, menstrual irregularities
- Increased apathy

LGSD PROFILE AND FOCUS GUIDE 2020-21

OUR MISSION:

Empower La Grande's learners to learn, staff to thrive, and our community to prosper.

OUR VISION:

Preparing all La Grande students for their brightest future!

CORE VALUES:

The La Grande School District is Committed to:

Safety and Caring

We strive to create high quality, integrity-driven, equitable educational experiences by providing safe and caring environments in which to learn and grow.

Relationships

We aspire to have effective communication and respectful relationships in all school district and community interactions.

Social Emotional and Individual Well-being

We focus on the well-being of all students and staff members. This includes social, emotional, and academic needs.

Real World Education

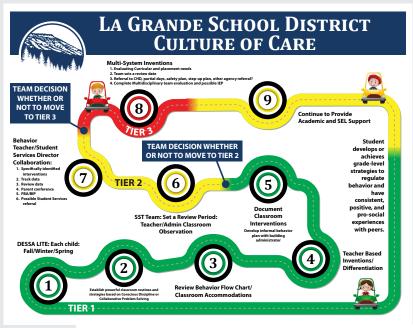
We believe exceptional education creates lifelong learners, develops students to their potential, and builds positive character traits and job skills. In addition, we highly value involvement in meaningful community service and beneficial partnerships.

CULTURE OF CARE

La Grande School District recognizes that our schools provide students much more than learning in reading, writing, and math. All students, regardless of age, need support navigating life's challenges, developing positive pro-social behaviors, and becoming successful and healthy adults. In the La Grande School District we call these services and support The La Grande Culture of Care. All students access these services through their school sites and we are constantly working to update and improve so students benefit from updates strategies, training, and resources.



For students who need additional support to develop social emotional skills and competencies we provide tiered supports for students and families. Parents, teachers, students, administration, and support staff work to determine the needs of the child, develop plans, and monitor of the growth of the child together. As a team, we determine what skills to focus on and strategies that will be used to meet the student's needs. We celebrate with students and families when these social emotional skills have been learned and the student can enjoy better and healthier relationships with their peers and family.







The La Grande School District is committed to "preparing all La Grande students for their brightest future!" This commitment means student success will not be predicted nor predetermined by race, ethnicity, family economics, mobility, language, gender, gender identity, sexual orientation, disability, or initial proficiencies.









Mission/Vision

1. Is the decision aligned with our district mission, vision, and strategic plan?

Engagement

2. How are all stakeholders considered or engaged in the decision-making process?

Barriers

3. What are the barriers that prevent more equitable outcomes? How does this decision increase or decrease identified barriers

Impact

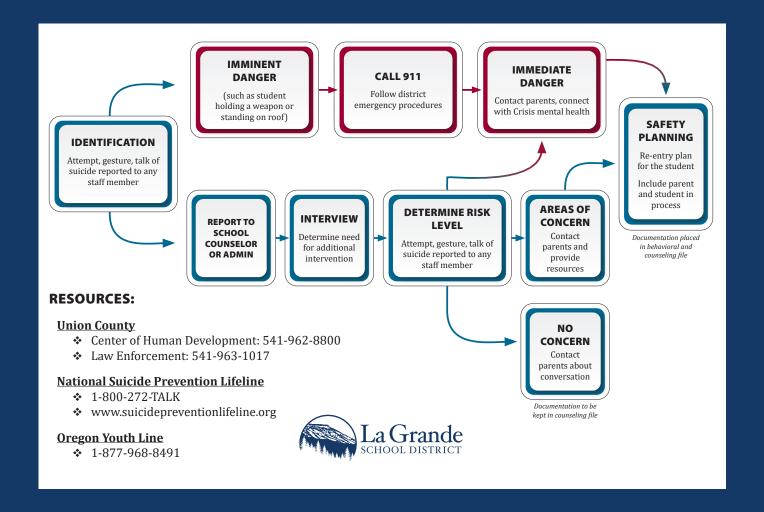
- 4. What groups or individuals does the decision affect both positively and negatively?
- 5. Does the decision increase or decrease existing disparities or produce other unintended consequences?

Sustainability

6. Is the decision sustainable?

Recognizing each student has a unique identity is central to our work in education. District, school and classroom decisions, policies, and practices affect each student differently depending on the components of a student's identity. Our commitment to equity supports fostering an inclusive and barrier-free environment in which all students will fully benefit. To that end, the La Grande School District Equity Lens was developed to assist district staff and leaders when making decisions.

SUICIDE RISK ASSESSMENT PROCESS FLOW CHART





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