

USD #298 LINCOLN

Suicide Prevention Handbook

Lincoln Leopards



Honestly **E**mpathy **A**ccountability **R**espect **T**enacity

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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 district:

- A. recognizes that physical, behavioral and emotional health is an integral component of a student's educational outcome,
- B. further recognizes that suicide is a leading cause of death among young people,
- C. has an ethical responsibility to take a proactive approach in preventing deaths by suicide and,
- D. acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place you at greater risk for suicide and one which helps to foster positive youth development.

Toward this end, the policy is meant to be paired with other policies supporting the emotional and behavioral health of students more broadly. Specifically, this policy is meant to be applied in accordance with the district's Child Find obligations.

PARENT / GUARDIAN INVOLVEMENT

Parents and guardians play a key role in youth suicide prevention and it is important for USD #298 Lincoln to involve them in suicide prevention efforts. Parents / guardians need to be informed and actively involved in decisions regarding their child's welfare. Parents and guardians who learn the warning signs and risk factors for suicide are better equipped to connect their children with professional help when necessary. Parents / guardians should be advised to take every statement regarding suicide and wish to die seriously and avoid assuming that a child is simply seeking attention.

Parents and guardians can also contribute to important protective factors - conditions that reduce vulnerability to suicidal behavior - for vulnerable youth populations. Feeling accepted by parents or guardians is a critical protective factor for vulnerable youth populations. Educators can help by ensuring that parents and guardians have resources about family acceptance and the essential role it plays in youth health.

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. The situation would necessitate a referral, as documented in the following procedures.
2. **Crisis team.** A multidisciplinary team of primarily administrative, mental health, safety professional and support staff whose primary focus is to address crisis preparedness, intervention / response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols and may provide mental health services for effective crisis interventions and recovery supports.
3. **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.
4. **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.
5. **Risk assessment.** An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor or social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems and level of hopelessness and helplessness, mental status and other relevant risk factors.

6. Risk factors for suicide. Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological and / or social factors in the individual, family and environment.
7. Self-harm. Behavior that is self-directed and deliberate results in injury or potential for injury to oneself. Can be categorized as either non suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
8. Suicide. Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was suicide before any school official may state this as the cause of death.
9. Suicide attempt. A self-injurious behavior for which there is evidence that the person had at least some intent to kill him or herself. A suicide attempt may result in death, injuries or no injuries. A mixture of ambivalent feelings such as a wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
10. Suicidal behavior. Suicide attempts, intentional injury to self associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan or any other overt action or thought indicating intent to end one's life.
11. Suicide contagion. The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification and modeling are each thought to play a role in contagium. Although rare, suicide contagion can result in a cluster of suicides.
12. 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 and should be taken seriously.

SCOPE

Importance of School-Based Mental Health Services and Supports

Access to school-based mental health services and supports directly improves students' physical and psychological safety, academic performance, cognitive performance and learning and social-emotional development. School employed mental health professionals (school counselors, school psychologists and school social workers) ensure that services are high quality, effective and appropriate to the school context. These professionals can support both instructional leaders' and teachers' abilities to provide a safe school setting and the optimum conditions for teaching and learning.

Having these professionals as integrated members of the school staff empowers principals to more efficiently and effectively deploy resources, ensure coordination of services, evaluate their effectiveness and adjust supports to meet the dynamic needs of their student populations. Improving access also allows for enhanced collaboration with community providers to meet the more intense or clinical needs of students.

Risk Factors and Protective Factors

Risk factors for suicide are characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time.

The most frequently cited risk factors for suicide are:

- Major depression (feeling down in a way that impacts your daily life) or bipolar disorder (severe mood swings)
- Problems with alcohol or drugs
- Unusual thoughts and behavior or confusion about reality
- Personality traits that create a pattern of intense, unstable relationships or trouble with the law
- Impulsivity and aggression, especially along with a mental disorder
- Previous suicide attempt or family history of a suicide attempt or mental disorder
- Serious medical condition and / or pain

It is important to bear in mind that the large majority of people with mental disorders or other suicide risk factors do not engage in suicidal behavior.

Protective factors for suicide are characteristics or conditions that may help to decrease a person's suicide risk. While these factors do not eliminate the possibility of suicide, especially in someone with risk factors, they may help to reduce that risk. Protective factors for suicide have not been studied as thoroughly as risk factors, so less is known about them.

Protective factors for suicide include:

- Receiving effective mental health care
- Positive connections to family, peers, community and social institutions such as marriage and religion that foster resilience
- The skills and ability to solve problems

Note that protective factors do not entirely remove risk, especially when there is a personal or family history of depression or other mental disorders.

It is important to be aware of student populations that are at elevated risk for suicidal behavior based on various factors:

1. Youth living with mental and / or substance use disorders.
2. Youth who engage in self-harm or have attempted suicide.
3. Youth in out-of-home settings.
4. Youth experiencing homelessness.
5. American Indian / Alaska Native youth.
6. LGBTQ (lesbian, gay, bisexual, transgender or questioning) youth.
7. Youth bereaved by suicide.
8. Youth living with medical conditions and disabilities.

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 annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention and resources regarding youth suicide prevention.

3. Youth Suicide Prevention Programming

Developmentally-appropriate, student-centered education materials will be integrated into the curriculum of K-12 health classes. The content of these age-appropriate materials will 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.

4. Publication and Distribution

This policy will be distributed annually and included in all student and teacher handbooks and on the school website.

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 counselor, social worker or school psychologist within the same school day to assess risk and facilitate referral. If these staff members aren't available, a school nurse or administrator will fill this role until the student is referred to a local mental health professional.

For youth at risk:

1. School staff will continuously supervise the student to ensure their safety.

2. The principal and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
3. The counselor, social worker, school psychologist or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the Local Emergency Department.
4. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

IN-SCHOOL SUICIDE ATTEMPTS

In case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be rendered until professional medical treatment and / or transportation can be received, following district emergency medical procedures.
2. School staff will supervise the student to ensure their safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. The principal or suicide prevention coordinator will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
6. Staff will immediately notify the principal or suicide prevention coordinator regarding the in-school suicide attempts.
7. The school will engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

RE-ENTRY PROCEDURE

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), the counselor, social worker or school psychologist, 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 return to school.

1. The counselor, social worker or school psychologist or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
2. The parent or guardian will provide documentation from a mental health provider that the student has undergone examination and that they are no longer a danger to themselves or others.
3. The district's designee will periodically check in with student to help the student readjust to the school community and address any ongoing concerns.

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:

1. Call the police and / or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the school counselor, social worker, school psychologist or 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 phones). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

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 principal, counselor, social worker, school psychologist or designee. 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, counselor, social worker or school psychologist will assess whether there is further risk of harm due to parent or guardian notification. If the principal, counselor, social worker or school psychologist 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.

ACTION PLAN

1. Development and Implementation of an Action Plan

The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following the news of the suicide death. The action plan include the following steps:

- a. **Verify the death.** Staff will confirm the death and determine the cause of death through communication with a coroner’s office, local hospital, the student’s parent or guardian, or police department.
- b. **Assess the situation.** The crisis team will meet to prepare the postvention response, consider how the death will affect other student and which students will most likely be affected.
- c. **Share information.** Before the death is officially classified as a suicide by the coroner’s office, the death can and should be reported to staff, student and parents / guardians with an acknowledgement that its cause is unknown. Preferably in a staff meeting, inform the faculty that a sudden death has occurred. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause and information about the resources available to help students cope with their grief.
- d. **Avoid suicide contagion.** It should be explained in a staff meeting described above that one purpose of trying to identify and give services to

other high risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.

- e. Initiate support services. Students identified as being more likely to be affected by the death will be assessed by the counselor, social worker or school psychologist to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to local mental health providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.
- f. Develop memorial plans.

2. External Communication

The school principal or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

- a. Keep the district suicide prevention coordinator and superintendent informed of school actions relating to the death.
- b. Prepare a statement for the media including the facts of the death, postvention plans and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide or personal family information.
- c. Answer all media inquiries.