Suicide Prevention Protocol
K-12

February 2023

TITLE	**Suicide Prevention Protocol**
POLICY	**Jewell School is committed to providing a safe, civil, and a secure school environment. Jewell School is responsible for responding appropriately to a student expressing or exhibiting suicidal ideation or behaviors and to follow up in the aftermath of a completed suicide.**
PURPOSE	**The purpose of this protocol is to outline administrative procedures for intervening with suicidal and self-injurious students and offer guidelines to school site crisis teams in the aftermath of a student death by suicide.**
SCOPE	**This protocol 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 protocol applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This protocol also covers appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.**

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SECTION 1: INTRODUCTION

Suicide is an issue for people from all education and socioeconomic backgrounds. Few events are more painful or potentially disruptive than the suicide of a young person, regardless of the community they come from. The likelihood of students, faculty, or staff encountering a student at risk of suicide is real, even in the elementary grades. There is evidence that suicide is preventable in many cases. Contrary to popular belief, talking about suicide or asking someone if they are feeling suicidal will NOT create thoughts of suicide or cause a person to kill him/herself. Appropriate and timely prevention, intervention, and post-vention (after suicide) can help school administrators maintain control in a crisis and may help prevent copycat attempts by others.

About These Guidelines

These prevention and intervention guidelines are designed for schools to assist at-risk students and intervene appropriately in a suicide-related crisis. School boards and school personnel may choose to implement additional supportive measures to meet the specific needs of individual school communities. The purpose of these guidelines is to assist school administrators in their planning. The guidelines do not constitute legal advice nor are they intended as such.

SECTION 2: POSITIVE SCHOOL CLIMATE

The words "mental health" or "mental illness" often come attached with stigma and negative connotations, especially in a middle school/high school setting. Mental health is a state of mental and emotional being that can impact choices and actions that affect wellness. Mental illness is defined as a collection of disorders and alterations in mood, thinking, or behavior. When we address school climate, we look to increase the amount of social, emotional, and behavioral support on campus, reduce the stigma attached to getting help with a mental illness, and increase the student's mental health and wellbeing.

What is School Climate?

School climate refers to the quality and character of school life. School climate is based on patterns of school life for all stakeholders, including students, parents, and staff. A school's climate reflects norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structures. A positive school climate fosters positive youth development and supports a high quality learning environment that provides young people with the foundation to pursue productive and rewarding lives. Evidence of a positive school climate includes the following:

- Norms, values, and expectations that support social, emotional and physical safety
- Respectful and engaging interactions and relationships
- A shared school vision that includes students, families and educators working together
- Educators who lead by example and nurture positive attitudes
- Meaningful participation in the operations of the school and care of the physical environment by all stakeholders

Best Practices for Safe and Supportive Schools

1. Fully integrate learning supports (e.g., behavioral, mental health, and social services), instruction, and school management within a comprehensive, cohesive approach that facilitates multidisciplinary collaboration.
2. Implement Multi-Tiered Systems of Support (MTSS) that encompass prevention, wellness promotion, and interventions that increase in intensity based on student need and that promote school and community collaboration.
3. Improve access to school-based mental health supports by ensuring adequate staffing levels in terms of school-employed mental health professionals who are trained to infuse prevention and intervention services into the learning process and who can help integrate services provided through school/community partnerships into existing school initiatives.
4. Integrate ongoing positive climate and safety efforts with crisis prevention, preparedness, response, and recovery to ensure that crisis training and plans (a) are relevant to the school context, (b) reinforce learning, (c) make maximum use of existing staff resources, (d) facilitate effective threat assessment, and (e) are consistently reviewed and practiced.
5. Balance physical and psychological safety to avoid overly restrictive measures (e.g., armed guards and metal detectors) that can undermine the learning environment. Instead, combine reasonable physical security measures (e.g., locked doors and monitored public spaces) with efforts to enhance school climate, build trusting relationships, and encourage students and adults to report potential threats.
6. Employ effective positive school discipline that (a) functions in concert with efforts to address school safety and climate; (b) is not simply punitive (e.g., zero tolerance); (c) is clear, consistent, and equitable; and (d) reinforces positive behaviors.
7. Consider the context of each school and district and provide services that are most needed, appropriate, and culturally sensitive to a school's unique student populations and learning communities.

8. Acknowledge that sustainable and effective change takes time, and that individual schools will vary in their readiness to implement improvements and should be afforded the time and resources to sustain change over time.

SECTION 3: SUICIDE PREVENTION THROUGH TRAINING AND EDUCATION

Suicide prevention involves school-wide activities and programs that enhance connectedness, contribute to a safe and nurturing environment, and strengthen protective factors that reduce risk for students. Prevention includes:

- Promoting and reinforcing the development of desirable behavior, such as help-seeking behaviors and healthy problem-solving skills
- Increasing staff, student, and parent/guardian knowledge and awareness of risk factors and warning signs of youth suicide and self-injury
- Monitoring and involvement in young people's lives by providing structure, guidance, and consistent, fair discipline
- Modeling and teaching desirable skills and behavior
- Promoting access to school and community resources

Staff/Student/Parent Engagement

Staff

- All staff will receive training every two years on the policies and procedures and best practices for intervening with students at risk for suicide (examples of best practice curricula include Response Staff In-Service, Question / Persuade / Refer (QPR) training, and Public School Works suicide prevention training). Self Review materials are available by contacting the building administrator.
- At least two staff per school will be identified by the building administrator to receive specialized training to intervene, assess, and refer students at risk for suicide. This training should be a best practice and specific to suicide such as the internationally known ASIST: Applied Suicide Intervention Skills Training.

Students

- Students will receive information about suicide in their health classes. The purpose of this curriculum is to teach students how to access help at their schools for themselves, their peers, or others in the community. This curriculum will be in line with Oregon State Standards for health curriculum such as the best practices RESPONSE curriculum.
- Secondary students will be made aware each year of staff that have received specialized training to help students at risk for suicide.

Parents/Community

- Parents will be provided informational materials to help them identify if their child or another person is at risk for suicide. They will also be provided information regarding how to access school and community resources to support students or others in their community that may be at risk for suicide.
- Parents, guardians, or persons in a parental relationship may request the district to review the actions of a school in responding to suicidal risk by contacting the building administrator.

Addressing the Needs of High-Risk Groups

- Staff will receive training in identifying suicidal behavior risk factors and warning signs.
- Suicide risk tends to be highest when someone has several risk factors at the same time, or has long standing risk factors and experiences a sudden or devastating setback. These factors interact, and the more there are and the more they intensify, the greater the risk.

SECTION 4: SIGNS OF STUDENTS AT RISK

A student who is defined as high risk or at risk of suicide is one who has made a suicide attempt, has the intent to end his/her/their life by suicide, has chronic suicidal thoughts, or has displayed a significant change in behavior suggesting the onset or further development of a mental health disorder. Suicidal ideation is defined as thinking about, considering, OR planning for self-injurious behavior that may result in death. The student may have suicidal ideations (thoughts of suicide) including thoughts regarding potential means of death and/or a plan. However, a student may also have a desire to be dead without a clear plan or intent to end one's life but should still be considered at risk of suicide. Treat all suicidal ideation as a serious threat.

Self-Injury

Self-injury or self-harm is the act of deliberately harming one's own body. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Self-injury is an unhealthy way to cope with emotional pain, intense anger and/or frustration. Self-injurious behavior includes anything a person might do to intentionally injure one's self. Some common actions that indicate self-injury include:

- Cutting or severely scratching the skin
- Burning or scalding
- Hitting or banging the head
- Punching things or throwing one's body against walls and hard objects

- Sticking objects into the skin
- Intentionally preventing wounds from healing
- Swallowing poisonous substances or inappropriate objects

Self-injury or self-harm can also include less obvious ways of hurting one's self. Driving recklessly, binge drinking, taking too many drugs, and having unsafe sex are all examples of self-injurious behaviors.

Because clothing can hide physical injuries, self-injury can be hard to detect. However, there are red flags, such as:

- Unexplained wounds or scars from cuts, bruises, or burns, usually on the wrists, arms, thighs, or chest
- Blood stains on clothing, towels, or bedding; blood-soaked tissues
- Sharp objects or cutting instruments, such as razors, knives, needles, glass shards, or bottle caps, as part of the person's belongings.
- Frequent "accidents." Someone who self-harms may claim to be clumsy or have frequent mishaps, in order to explain away injuries
- Covering up. A person who self-injures may insist on wearing long sleeves or long pants, even in hot weather
- Needing to be alone for long periods of time, especially in the bedroom or bathroom
- Isolation and irritability

Risk Factors

Risk factors are characteristics that make it more likely an individual will consider, attempt, or die by suicide. School personnel should be aware of the common risk factors and address any concerns appropriately. Common risk factors include:

- One or more attempts of suicide
- Family member or friend completed suicide
- Loss of any kind
- Mental illness
- Substance abuse
- Trauma or abuse of any kind
- Lacking coping or problem solving skills
- Being bullied or harassed
- Barriers to accessing appropriate mental health treatment
- Having access to guns or lethal weapons
- Local cluster of suicide

Protective Factors

Protective factors are characteristics that make it less likely individuals will consider, attempt, or die by suicide. Common protective factors include:

- Effective clinical care for mental, physical, and substance use disorders
- Easy access to a variety of clinical interventions
- Restricted access to guns and lethal weapons/means
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and handling problems in a non-violent way
- Cultural and religious beliefs that discourage suicide and support self-preservation

Warning Signs

Warning signs are behaviors that may signal the presence of suicidal thinking. These might be considered "cries for help" or "invitations to intervene." Warning signs indicate the need to inquire directly about whether the individual has thoughts of suicide or self-injury immediately. Common warning signs include but are not limited to:

- Student makes a statement
    - "I wish I were dead"
    - "If such and such doesn't happen, I will kill myself"
    - "What is the point in living?"
- Talking or writing about suicide; in text messages, on social media, in chat rooms, in school assignments, poems or music lyrics
- Looking for a way to attempt suicide; trying to buy a gun, researching ways to die, seeking/ buying pills
- Rapid shift in mood or affect; from sullen or depressed to feeling "at peace"
- Giving away prized possessions and/or saying final goodbyes
- Increased or recent signs of depression or anxiety
- Making comments or off-hand remarks that the person feels like a burden
- Feeling trapped and unable to see a way out
- Increased and/or excessive drug and alcohol use
- Neglecting personal appearance
- A drop in grades
- Increased absences

SECTION 5: IDENTIFYING STUDENTS AT RISK OF SUICIDE AND/OR SELF-INJURY

The risk of suicide is raised when any peer, teacher, or other school employee identifies someone who is potentially suicidal because s/he/they has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated warning signs.

When the risk is raised the student should be brought by school personnel to the school counselor or a site crisis team member to be assessed for level of risk. The student should be supervised at all times and asked if he/she has any weapons or anything that could be used to carry out self harm. Remove any potentially dangerous objects.

The school counsleor on campus or designated crisis team member should gather essential background information that will help with assessing the student's risk for suicide (e.g., what the student said or did, information that prompted concern or suspicion, copies of any concerning writings or drawings).

Phone calls for consultation should be made in a confidential setting and not in the presence of the student of concern. The school counselor on campus or the designated member of the school site Crisis Response Team, trained in suicide assessment should meet with the student to complete the Suicide Risk Assessment (Attachment B).

Parents should be notified when there appears to be any risk of self-harm, unless it is apparent that such notification will exacerbate the situation (see Suspected Child Abuse or Neglect section below).

Suspected Child Abuse or Neglect

If child abuse by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent may escalate the student's current level of risk, and/or the parents/guardians are contacted and unwilling to respond, report the incident to the appropriate child protective services agency following the district's Child Abuse and Reporting Requirements. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives, as indicated by the child protective services agency personnel.

SECTION 6: ASSESSING STUDENTS AT RISK OF SUICIDE AND/OR SELF-INJURY

The level of suicidal risk will determine the steps the Crisis Response Team will take to keep the student(s) safe. Take the threat of self-harm seriously. The school counsleor on campus or the designated member of the school site Crisis Response Team, trained in suicide assessment should complete the Suicide Risk Assessment (Attachment B).

The questions should be used as a guide while assessing the student and should not be read directly to them. The Suicide Risk Assessment (Attachment B) will determine the level of risk the student presents with and determine the action plan and follow steps needed to keep the student safe.

Table 1: Levels of Suicide Risk

Risk Levels	Definition	Indicators
Low Risk	Does not pose imminent danger to self; insufficient evidence for suicide potential. The student appears to be at low risk for harming him/her/their self. The student is in distress, but has positive support. The student's concern and needs may be readily addressed. The student does not appear serious about completing self harm right now.	Passing thoughts of suicide; no plan; no previous suicide attempts; no access to weapons or means; no recent losses; support system is in place; no alcohol/substance abuse; some depressed mood/affect; evidence of thoughts found in notebooks, internet postings, drawings; sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged).
Moderate Risk	May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm right now.Other risk factors exist.	Thoughts of suicide; plan with some specifics; unsure of intent; previous attempts and/or hospitalization; difficulty naming future plans; past history of substance use, with possible current intoxication; recent trauma (e.g., loss, victimization).
High Risk	Poses imminent danger to self with a viable plan to do harm; exhibits extreme and/or	Current thoughts of suicide; plan with specifics, indicating when, where and how; access to

	persistent inappropriate behaviors; sufficient evidence for violence potential; There is a need for immediate intervention.	weapons or means in hand; finalizing arrangements (e.g., giving away prized possessions, good-bye messages in writing, text, on social networking sites); isolated and withdrawn; current sense of hopelessness; previous attempts; currently abusing alcohol/substances; mental health history; precipitating events, such as loss of loved one, traumatic event, or bullying.

SECTION 7: RESPONDING TO STUDENTS WHO SELF-INJURE

Identifying a Student Who Is Self-Injuring

- Respond immediately or as soon as possible; never leave the student alone
- Remove all objects that may be used as a weapon or tool to self-injure
- Assess for suicide risk using the protocol outlined in Section 7 to determine if there is suicidal ideation along with self-injury
- Encourage appropriate coping and problem-solving skills; do not discourage self-injury. Focus on the emotional distress causing the student to self-injure, not the act of self-injury itself
- Listen with calm and caring; reacting in an angry or shocked manner or using punishment may inadvertently increase self-injurious behaviors
- Provide resources
- Identify a support system at home and at school
- Communicate with and involve the parent/guardian as long as it will not exacerbate the situation. Even if the student is not suicidal, the behavior must be addressed as soon as possible. Encourage students and parents/guardians to access resources for counseling.

Self-Injury and Contagion

- Self-injurious behaviors may be imitated by other students and can spread across grade levels, peer groups and schools
- Respond immediately or as soon as possible
- Respond individually to students, but try to identify peers and friends who may also be engaging in self-injurious behaviors
- As students are identified, they should be supervised in separate locations

- Each student should be assessed for suicide risk individually using the protocol outlined in Section Seven
- If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have encouraged the behaviors of others. This behavior may be indicative of more complex mental health issues for this particular student
- If the self-injurious behavior is involving a large group of students at one school, it is recommended that CBH and the authorities be contacted.
- When self-injurious behaviors are impacting the larger school community, schools may respond by inviting parent(s)/guardian(s) to an information parent meeting at the school.

SECTION 8: ACTION PLAN

Once the school counselor at the school site or the designated member of the school site Crisis Response Team has completed the Suicide Risk Assessment, the action plan will depend on the level of risk the student presents.

Risk Levels	Definitions	Indicators	Actions
Low Risk	The student appears to be at low risk for harming him/her/themselves . The student is in distress but has positive support. The student's concern and needs may be readily addressed. The student does not appear serious about harming him/her /their self right now.	Passing thoughts of suicide; no plan; no previous suicide attempts; no access to weapons or means; no recent losses; support system in place; no alcohol/substance abuse. Depressed mood/affect; evidence of thoughts in notebooks, internet positions, drawings; sudden changes in personality/behavio r (e.g., distracted, hopeless, academically disengaged).	Reassure and supervise students; communicate concerns with parent/ guardian , if appropriate/ safe; assist in connecting to resources, including crisis lines; mobilize a support system; develop a safety plan that identifies caring adults, appropriate coping skills; establish a follow-up plan and monitor, as needed.

Moderate Risk	The student may pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm right now but has other risk factors.	Thoughts of suicide; plan with some specifics; unsure of intent; previous suicide attempts and/or hospitalizations; difficulty naming future plans; past history of substance abuse, with possible current intoxication; recent trauma (e.g., loss, victimization).	SEE HIGH RISK *Document all actions as specified in the documentation section.
High Risk	Poses imminent danger to self with a viable plan to do harm; There is clear suicidal thinking and warning signs are present; There is a need for immediate intervention and probably hospitalization	Current thoughts of suicide; plan with specifics, indicating when, where and how; access to weapons or means; giving possessions away, goodbye messages on social media; current sense of hopelessness; previous attempts; currently abusing substances; recent loss, traumatic event, or bullying.	Supervise student at all times (including rest rooms); follow Moderate to High Risk Situation Guidelines found in section 8; document all actions and outcomes as specified in documentation section; establish a follow-up and/or return to school plan and monitor, as needed.

Guidelines for Moderate- to High-Risk Situations

Based on the Suicide Assessment, the student has been identified as being at moderate to high risk of suicide. Further assessment by Behavioral Health and/or law enforcement or hospital staff is needed to determine next steps. If the student is in possession of lethal means, secure the area and prevent other students from accessing this area. Lethal means should be removed whenever possible. It is best to call a trained law enforcement officer to remove lethal means.

NO STUDENT SHOULD BE SENT HOME ALONE OR TO AN EMPTY HOUSE!

Determining who will transport the student to the hospital for further assessment will depend on the student's age, developmental phase, level of risk, parent's responsiveness to the situation and parent's ability to keep their child safe during transport. All of the factors should be carefully considered

Parent/Guardian Transport

If the mental health professional or designated member of the school site crisis response team has determined that the student's parent/guardian can transport the student safely to the nearest Emergency Department or Psychiatric Emergency Services, follow these steps to initiate the action plan. [Note: In all instances the immediate safety and security of the student, the student population, faculty, and staff are of paramount concern. Where an immediate threat is posed, immediately contact law enforcement.] .

- Contact parent/guardian and notify them of the current situation, unless unsafe to do so
- Ask the parent/guardian to immediately come to the school. If parent/guardian cannot report to the school immediately follow steps to have law enforcement transport student
- Explain to the student their parent/guardian has been notified and is on their way. Describe what will happen next (using age appropriate language)
- When parent/guardian arrives at the school site, meet with them separate from their student to discuss the situation and next steps needed to ensure safety
- Have parent/guardian complete the "Released to Parents for Psychiatric Assessment Form"
- Explain to parents the importance of having a return to school meeting following the outcome of the Psychiatric Assessment and give parents the "Return to School Information Packet"
- Encourage parents to sign a Release of Information so that the mental health professional or the designated member for the school site crisis response team can communicate with the hospital. Provide "Return to School Information Packet"
- Call ahead to the hospital to let them know a student is being transported by his/her parent/ guardian and notify them if there is a release of information.
- Follow up with the hospital and the parent/guardian later that day

The school counselor or designated member of the school site crisis response team should keep in regular communication with the parent/guardian and the receiving hospital, encouraging parents/guardians to sign release of information if the student gets transferred to an inpatient psychiatric hospital, so the mental health professional on campus can coordinate support services and a support team upon the student's return to school. This school counselor will work with the family to organize a return to school meeting and develop a safety plan. See Section Eight for Return to School Guidelines.

Law Enforcement Transport/Emergency Medical Services Transport

If the mental health professional or designated member of the school site crisis response team has determined the student's parent/guardian should not or cannot transport the student safely to a hospital, follow these steps to initiate the action plan:

- Make sure someone remains with the student at all times. Make all calls away from the student. Try to use a landline whenever possible
- Explain to the student that you will be notifying his/her parent/guardian and describe what will happen next (using age appropriate language)
- Notify the school's administrator that a call is being made for a possible emergency transport
- Call 911 and follow the script below. Call from a landline whenever possible.
    - My name is _____
    - I am calling from [name of school and address],
    - I am the [role/title at the school]
    - I am calling because I have a student who is at imminent risk of suicide
    - Describe in detail what is going on and/or what the student told you
    - Let the dispatcher know the location on the campus
    - Request that the officer arrive without lights or a siren
- Notify the front office/clerk that a police officer will be coming, and to direct them to the relevant location.
- Meet with the student and the officer in a private office/or in a confidential setting
- Provide the officer important information about the situation, including the results from the Suicide Risk Assessment
- When student is ready to transport by Law Enforcement, escort student to the vehicle when other students are not around (avoid passing periods, breaks, lunch or directly after school is over)
- Determine which hospital the student is being transported to. If the student is 14 years of age or older have them sign a release of information so the school site

and the receiving hospital can coordinate care and the student's return to school when appropriate
- Contact parent/guardian and notify them of the current situation as soon as possible, and tell them where the student is being transported
- Explain to parents the importance of having a return to school meeting following the outcome of the Psychiatric Assessment
- Encourage parents to sign a Release of Information at the hospital so that the school counselor or the designated member for the school site Crisis Response Team can communicate with the hospital
- Call ahead to the hospital to let them know a student is being transported by law enforcement and that the parents have been notified. Ask hospital staff to secure a Release of Information from the parents in order to communicate with the school counselor on campus to coordinate the student's return to school
- Follow up with the hospital and the parent/guardian later that day or the following morning
- Document everything.

Guidelines for Low-Risk Situations

Based on the Suicide Assessment, the student has been identified as being at low risk of suicide at this time. This means the student is struggling with some serious social, emotional or behavioral issues that have gone unaddressed and can lead to an imminent situation. This is an opportunity to connect the student with on campus or off campus supports and resources, identify a support system (including parents/guardian, school staff, community providers, supportive adults and friends) and formulate a safety-plan to help increase the student's ability to cope with the distress they are experiencing.

If the student is in possession of any objects that could be used to self-injure, remove the objects from the student's possession.

NO STUDENT SHOULD BE SENT HOME ALONE OR TO AN EMPTY HOUSE!
- Contact parent/guardian and notify them of the current situation, requesting they come to the school, if possible, for a meeting regarding their student's safety. If they cannot, set up a time that may work in the next few days to meet in person
- Explain to the student their parent/guardian has been notified and is en route to the school
- Describe what will happen next (using age-appropriate language)

- In person or over the phone, communicate concerns and make recommendations for safety in the home (e.g., securing firearms, medications, cleaning supplies, cutlery, and razor blades)
- Provide school and/or local community mental health resources.
- Offer to facilitate contact with community agencies and offer follow-up to ensure access to services
- Provide a copy of General Guidelines for Parents (Elementary), General Guidelines for Parents (Secondary), and Self-Injury Guidelines (Attachments G, H, and I)
- Obtain parent/guardian permission to release and exchange information with community agency
- Document everything.

Develop a Safety Plan

This should be done with the student and encouraged that the student shares this with his/her parent/ guardian. Use the Student Safety Plan (Attachment C).

- Identify caring adults in the school, home and community environment
- Discuss what information the student would like to share with other school employees and discuss who on campus the student would like the mental health professional to share this information with
- Discuss and identify helpful coping skills for at school and at home
- Provide after-hours resource numbers
- Let the student know that the school counselor on campus or another identified support person on campus will check in with the student regularly, until the student no longer poses a risk

SECTION 9: DOCUMENTATION AND RECORD-KEEPING

Notes, documents and records related to the incident are considered confidential information, to be accessed only by the school counselor on campus and members of the Crisis Response Team, as needed during a crisis situation. These notes should be kept in a locked confidential file separate and apart from the student's cumulative records. These records would include:

- Student Safety Plan
- Any discharge paperwork provided by the parent/guardian
- Releases of Information related to the incident
- Child Abuse Reporting Form (if Applicable)
- Released to Parents for Psychiatric Assessment Form
- Return to School Checklist Form

- Documentation of Risk Assessment

If a student for whom a Risk Assessment has been completed transfers to a school within or outside the district, the sending school may contact the receiving school to share information and concerns, as appropriate, to facilitate a successful supportive transition.

SECTION 10: GUIDELINES FOR RETURN TO SCHOOL AFTER AN EVALUATION/ HOSPITALIZATION

It is highly encouraged that upon discharge from a psychiatric inpatient or upon release from a hospital the student, the student's parents/guardians and identified school personnel have a return to school meeting. Use the Return-to-School Packet to make sure all needs get addressed. This meeting is to facilitate the following:

- Create the Student Safety Plan with the student (Attachment C)
    - Identify caring adults in the school, home and community environment
    - Discuss what information the student would like to share with other school employees and discuss who on campus the student would like the mental health professional to share this information with
    - Discuss and identify helpful coping skills for at school and at home
    - Provide after-hours resource numbers
    - Let the student know the school counselor on campus or another identified support person on campus will be checking in with the student regularly, until the student no longer poses a risk
- Implement or begin to coordinate on-site academic and social, emotional and behavioral support services
- Assist in accessing off-site, community-based support services for student and family
- Review any concerns the school site, parents/guardians or student may have related to the incident
- Give parent/guardian resource, so they are aware of what services are available on and off site

If the student is hospitalized for a length of time and school work missed, develop a plan with student, parent/guardian and teachers to ensure the student can get caught up in academic work.

Offer to the student and parent/guardian to speak to the student's teacher explaining recent events, what supports are in place, needs in the classroom (if any) and items on the Student Safety Plan that would be important for the teachers to have knowledge of.

Be protective of the student's confidential information, while establishing that student's safety net in the greater school community.

Consider an assessment for special education or a 504 plan for a student whose behavioral and emotional needs affect their ability to benefit from their current educational program.

SECTION 11: SPECIAL CONSIDERATIONS

While suicide knows no social, economic or demographic boundaries, specific groups may have an increased risk of suicide. Students in the following high-risk groups, as well as other high-risk groups, should be paid special consideration and cultural appropriateness when assessing for suicide or selfharming behavior.

Students with Disabilities, Mental Health Disorders, or Substance Use Disorders

Students with disabilities and medical conditions can be more vulnerable to depression and suicide risk. It could be important to coordinate with parents/guardians, primary care providers, or other treatment providers to help better determine the level of risk for students with certain disabilities or medical conditions. Not everyone who attempts or considers suicide has a mental health disorder, and not all students with mental health disorders will contemplate suicide or attempt suicide. However, mental health disorders and substance use disorders are risk factors for suicide, and students who have a mental health diagnosis or a substance use disorder diagnosis should be given special considerations when assessing for self-harm and suicide risk. If possible, consultation and collaboration with current treatment providers can help appropriately assess the student for level of risk.

Students Who Identify as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ)

For matters related to students who identify as LGBTQ, special consideration and cultural appropriateness is important in assessing level of risk. Several studies have indicated that LGB youth are up to seven times more likely than other youth to attempt suicide, and between 41% and 64% of transgender or gender non-conforming youth attempt suicide.

- Do not make assumptions about a student's sexual orientation or gender identity. The risk for suicidal ideation is greatest among students who are struggling to hide or suppress their identity.
- Be affirming. Students who are struggling with their identity are on alert for negative or rejecting messages about sexual orientation and gender identity.
- Do not "out" students to anyone, including parents/guardians. Students have the right to privacy about their sexual orientation or gender identity.
- LGBTQ students with rejecting families have an eight-fold increased risk for suicidal ideation than do LGBTQ students with accepting families.
- Provide LGBTQ-affirming resources.

Students Bereaved by Suicide

Students who have lost a loved one, friend, or close community member to suicide are at higher risk of attempting suicide themselves. Special considerations should be taken when a school community has experienced the loss of a student to suicide. Students at that school and neighboring schools may experience a higher risk of suicide, regardless of the relationship they had with the student who dies by suicide. Addressing the complicated grief that loss survivors experience is needed to reduce their risk of suicide.

Students Experiencing Homelessness, Foster Care, or Out-of-Home Placement

Homeless youth and youth living in out-of-home settings often lack the protective factors of youth with a more permanent family life and are at a higher risk of suicide. Care should be taken when assessing these youth and determining level of risk, keeping in mind that they may not have support outside of school and this could elevate their level of risk due to inability to maintain safety outside of school. Coordination with foster-care liaisons, group home staff, foster parents, or other supportive providers may be necessary to assist with the safety planning of a youth at risk of suicide or returning to school from a hospitalization.

SECTION 12: SCHOOLWIDE CRISIS MANAGEMENT PLAN - RESPONDING TO ALL CRISIS

See Crisis Management Plan Attachment A, Separate Document

FORMS

Attachment B

SUICIDE RISK ASSESSMENT

The risk of suicide by a young person is raised when any peer, teacher, or other school employee identifies someone (a young person) who is potentially suicidal because s/he has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated warning signs. When the risk is recognized, the student should be brought by school personnel to the designated school site crisis team member to be assessed for level of risk. The student should be supervised at all times. Remove any weapons or objects that could be used to cause harm. This Suicide Risk Assessment will guide school staff in the evaluation process to determine the risk level and help staff develop a student safety plan.

Student: _____ **School:_____**

Date of Birth:_____ **Age: _____**

Gender:_____ **Grade: _____**

Parent/Guardian Names:_____

Phone:_____

Assessing for Level of Risk

Use professional judgment and rely on training in conducting a comprehensive and sensitive interview with the student. The following questions are intentionally designed as yes/no questions to help determine level of risk. Depending on the student's response, ask clarifying questions to help gain a better understanding of what is going on with the student.

CATEGORY	ASSESSMENT QUESTIONS	YES	NO
Intent	Are you thinking of killing yourself? Are you currently thinking about suicide? Have you been thinking of taking your own life? Details:		
Plan	Do you have a plan on how you would kill yourself? Have you thought about how to make yourself die? Have you thought about how you would hurt yourself? Details:		
Means/Access	Do you have access to weapons or pills? Do you have what you would need to carry out your plan? Where would you get what you need to carry out your plan? Details:		
Past Ideation	How long have you had these thoughts? Have you previously had thoughts of suicide? Is suicide something you have thought of before? Details:		
Previous Attempts	Have you attempted suicide before? Have you ever tried to kill yourself? Do you have a previous suicide		

	attempt? Details:		

If the student answered "yes" to any of the questions above or if the interviewer suspects the student was not honest in his/her responses, consider the student to be high risk and follow the action steps for moderate to high risk in Section 8 of this protocol.

If the student is not at high risk, continue to assess the student to determine if he/she is low risk or moderate risk by asking the following questions about current changes in behavior or recent trauma and stressors.

Some of the questions might be better answered by school personnel or by the student's parent or guardian based on first-hand observation. Consider consulting with key adults in the student's life as part of the assessment.

CATEGORY	ASSESSMENT QUESTIONS	YES	NO
Changes in Mood/Behavior	In the past year, have you ever felt so sad that you stopped doing regular activities (sports, dance, art, hanging out with friends, school)? Details: Has anyone noticed or commented on your behavior being really different lately? Details: Have you noticed a dramatic change in your mood lately? Details:		
Trauma or Stressors	Have you ever lost someone to suicide? Have you had a recent death of a family member or loved one? Have you experienced a recent loss, a relationship break-up, parents' separation/divorce? Details: Have you recently been involved in a traumatic or		

	stressful experience? Details: Are you being bullied/harassed or discriminated against here at school, at home, or in your community? Details:		

Other considerations: Does the student have a history of mental illness and or alcohol/substance abuse? Is the student currently on medications as treatment for mental illness?

Based on the student's responses to the above answers, determine the level of risk, low or moderate. If the student is determined to be at moderate risk, follow the action steps for moderate to high risk in Section 8 of this protocol. If the student is determined to be low risk, follow the action steps for low risk in Section 8 of this protocol.

Attachment C

STUDENT SAFETY PLAN

Student Name:_____ Date: _____

This plan should be developed by the student with assistance from the members of the school support team. Consider this a working document to help maintain the student's safety and feelings of support while at school. The student and the student support team can add other interventions already in place at the school to this plan in order to help support the student.

The student should identify the school staff members he/she feels most comfortable going to for extra support.

School Support Team Members	Contact Information

Things I can do at school to make myself feel better:
1.
2.
3.

Other interventions at school to keep me safe (i.e., regular meetings with a counselor):

If I begin to feel overwhelmed or unsafe at any time during the school day, I will immediately ask to see_____ to assess my level of risk and keep me safe.
The one thing that is most important to me and worth living for is_____.

24 Hour Suicide/Crisis Hotline: 1-800-273-TALK (8255)
Youthline (Talk,Text,Chat): 1-877-968-8491 or text Teen2Teen @ 839863

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ATTACHMENT D

SUICIDE PREVENTION PROTOCOL DOCUMENTATION OF RISK ASSESSMENT

DEMOGRAPHIC INFORMATION (Match Educational Records):

School Site:_____ Date:_____

Name of Student:_____ DOB:_____ / / Age: Gender:_____

Ethnicity:_____ Grade:_____ IEP: [ ] Y [ ] N

REASON FOR REFERRAL

[ ] Self Referred [ ] Signs of Self-Injury [ ] Discipline Referral

[ ] Verbal Expression of Intent [ ] Changes in Mood [ ] Truancy

[ ] Written Expression of Intent [ ] Changes in Behavior [ ] Other:

[ ] Social Media Post

REFERRED BY

[ ] Counselor [ ] Coach [ ] Psychologist [ ] Self

[ ] Principal [ ] Student/Friend [ ] Bus Driver [ ] Nurse

[ ] Teacher [ ] Parent/Guardian [ ] Other:

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ASSESSMENT INFORMATION

Was the student assessed using the Suicide Risk Assessment? [ ] Y [ ] N

If no, please
explain:_____

_____

Level of risk identified: [ ] Low [ ] Moderate [ ] High

If Low Risk, was a Safety Plan developed? [ ] Y [ ] N

Was the parent/guardian notified? [ ] Y [ ] N

If no, please explain:
_____

_____

Was the student taken to the hospital? [ ] Y [ ] N

If yes, which hospital?

How was the student transported?

ATTACHMENT E

RELEASED TO PARENTS FOR PSYCHIATRIC ASSESSMENT FORM

I have been notified by_____ that my child,

_____

[ ] expressed intent to harm his/her self; [ ] engaged in self-injurious behaviors; and/or [ ] verbalized and/or manifested the dangers of possible suicide.

I acknowledge that staff explained the incident that led to this notification and recommended that I seek an immediate psychiatric assessment for my child. I will follow up with the school if I have further concerns about this.

Parent/Guardian Signature:_____ Date:_____

Witness:_____ Date:_____

Witness: _____ Date:_____

RETURN TO SCHOOL INFORMATION PACKET

February 2023

ATTACHMENT F

STUDENT RETURN-TO-SCHOOL GUIDELINES

Dear Parent/Guardian,

The transition back to school after a suicide attempt, psychiatric hospitalization, or other treatment can be a difficult one. The student's privacy going forward is critical. The student, the student's parents/ guardians, and identified school personnel are integral in making sure the needs of the student are met, and privacy is maintained.

The Return-to-School Meeting is an opportunity to create a Student Safety Plan with the appropriate supportive school site personnel that will help keep the student safe while at school. You and your student will be asked to identify supportive school site personnel and whether you want those individuals to attend the meeting.

This meeting should occur in the morning on the day the student is to return to school. This may prove difficult for some parents/guardians depending on work schedules, the need to care for other children, or transportation, etc., but every effort should be made to ensure the meeting takes place as soon as the student returns to the school environment.

Please contact_____ at _____to schedule a Return-to-School Meeting.

This meeting should accomplish the following:

- Develop the Student Safety Plan with students and parents/guardians.
- Implement or begin to coordinate on-site support services, including academic supports as well as social, emotional, and behavioral support services.
- Assist in referring to and accessing off-site, community-based support services for students and family.
- Review any concerns related to the incident that are expressed by school staff, parents/ guardians, or students.
- Develop a plan with students, parents/guardians, and teachers to ensure that students can adequately complete all missed course work.

- Consider an assessment for special education for a student whose behavioral and emotional needs affect his/her ability to benefit from the current educational program.

If you have any concerns or questions please contact_____

at_____ to discuss them.

ATTACHMENT G

GENERAL GUIDELINES FOR PARENTS (ELEMENTARY)

SUICIDE IS PREVENTABLE

- Talk to your child about suicide. Don't be afraid; you will not be "putting ideas into his/her head." Asking for help is the single skill that will protect your student. Help your child to identify and connect to caring adults to talk to when he/she needs guidance and support.
- Know the risk factors and warning signs of suicide.
- Remain calm. Establish a safe environment to talk about suicide.
- Listen to your child's feelings. Don't minimize what your child says about what is upsetting him or her. Put yourself in your child's place; don't attempt to provide simple solutions.
- Be honest. If you are concerned, do not pretend the problem is a minor one. Assure the child there are people who can help. State you will be with him/her to provide comfort and love.
- Be supportive. Children look for help and support from parents and older siblings. Talk about ways of dealing with problems and reassure your child that you care. Let children know their bad feelings will not last forever.
- Take action. It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.
    - Help may be found at a suicide prevention center, local mental health agency or through clergy or other community supports.
    - Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse
- Get support. Providing support for a child at-risk of suicide can be emotionally and physically draining on parents. Reach out for personal adult support within your community (friends, family, clergy, and mental health professionals).
- Access important numbers/websites. In an emergency, call 911.

Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no "profile" that predicts suicidal behavior with certainty, there are certain risk factors associated with increased risk of suicide. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant and alert for the warning signs of suicide. The behaviors listed below may indicate that a child is emotionally distressed and may begin to think and act in self-destructive ways. If you are concerned about one or more of the following behaviors, please seek assistance at your child's school or at your local mental health service agency.

- **Home Problems:** Running away from home • Arguments with parents / caregivers • Hyperactivity or withdrawal
- **Behavior Problems:** Temper tantrums • Thumb sucking or bed wetting/soiling • Acting out, violent, impulsive behavior • Bullying • Accident proneness • Sudden change in activity level or behavior
- **Physical Problems:** Frequent stomach aches or headaches for no apparent reason • Changes in eating or sleeping habits • Nightmares or night terrors
- **School Problems:** Chronic truancy or tardiness • Decline in academic performance • Fears associated with school
- **Serious Warning Signs**: Severe physical cruelty towards people or pets • Scratching, cutting, or marking the body • Thinking, talking, or drawing about suicide • Previous suicide attempts • Risk-taking, such as intentional running in front of cars or jumping from high places • Intense or excessive preoccupation with death

24 Hour Suicide/Crisis Hotline: 1-800-273-TALK (8255)
Youthline (Talk,Text,Chat): 1-877-968-8491 or text Teen2Teen @ 839863

ATTACHMENT H

GENERAL GUIDELINES FOR PARENTS (SECONDARY)

SUICIDE IS PREVENTABLE

- Talk to your child about suicide. Don't be afraid; you will not be "putting ideas into his/her head." Asking for help is the single skill that will protect your student. Help your child to identify and connect to caring adults to talk to when he/she needs guidance and support.
- Know the risk factors and warning signs of suicide.
- Remain calm. Establish a safe environment to talk about suicide.
- Listen to your child's feelings. Don't minimize what your child says about what is upsetting him or her. Put yourself in your child's place; don't attempt to provide simple solutions.
- Be honest. If you are concerned, do not pretend the problem is a minor one. Assure the child there are people who can help. State you will be with him/her to provide comfort and love.
- Be supportive. Children look for help and support from parents and older siblings. Talk about ways of dealing with problems and reassure your child that you care. Let children know their bad feelings will not last forever. •
- Take action. It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.
    - Help may be found at a suicide prevention center, local mental health agency or through clergy or other community supports.
    - Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, school psychologist, school counselor, or school nurse.
- Get support. Providing support for a child at-risk of suicide can be emotionally and physically draining on parents. Reach out for personal adult support within your community (friends, family, clergy, and mental health professionals).
- Access important numbers/websites. In an emergency, call 911.

Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no "profile" that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present, they signal the need to be vigilant for the warning signs of suicide. Specifically, these risk factors include the following:

- History of depression, mental illness or substance/alcohol abuse disorders
- Family history of suicide or suicide in community
- Presence of a firearm or rope
- Hopelessness
- Isolation or lack of social support
- Impulsivity
- Situational crises
- Incarceration

Suicide Warning Signs

Warning signs are observable behaviors that may signal the presence of suicidal thinking. They might be considered "cries for help" or "invitations to intervene." These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, then intervention is required. Warning signs include the following:

- Suicide threats. It has been estimated that up to 80% of all suicide victims have given some clues regarding their intentions. Both direct ("I want to kill myself") and indirect ("I wish I could fall asleep and never wake up") threats need to be taken seriously.
- Suicide notes and plans. The presence of a suicide note is a significant sign of danger. The greater the planning revealed by the youth, the greater the risk of suicidal behavior.
- Prior suicidal behavior. Prior behavior is a powerful predictor of future behavior. Therefore, anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior.
- Making final arrangements. Giving away prized possessions, writing a will, and/or making funeral arrangements may be warning signs of impending suicidal behavior.
- Preoccupation with death. Excessive talking, drawing, reading, and/or writing about death may suggest suicidal thinking.

- Changes in behavior, appearance, thoughts, and/or feelings. Depression (especially when combined with hopelessness), sudden happiness (especially when preceded by significant depression), a move toward social isolation, giving away personal possessions, and reduced interest in previously important activities are all considered warning signs of suicide

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Youthline (Talk,Text,Chat): 1-877-968-8491 or text Teen2Teen @ 839863

ATTACHMENT I

SELF-INJURY: GENERAL GUIDELINES FOR PARENTS

General Information

- Self-injury (SI) is a complex behavior, separate and distinct from suicide.
- Self-injury provides a way to manage overwhelming feelings and can be a way to bond with peers (rite of togetherness).
- SI is defined as intentional tissue damage that can include cutting, severe scratching, pinching, stabbing, puncturing, ripping or pulling skin or hair, and burning.
- The majority of students who engage in SI are adolescent females, though research indicates there are minimal gender differences. Students of all ages and socio-economic backgrounds engage in SI behavior. SI is commonly mentioned in media, social networks, and other means of communication.
- Individual mental health services can be effective when focused on reducing the negative thoughts and environmental factors that trigger SI.

Signs of Self-Injury

- Frequent or unexplained bruises, scars, cuts, or burns
- Frequent inappropriate use of clothing designed to conceal wounds (often found on the arms, thighs or abdomen)
- Unwillingness to participate in activities that require less body coverage (swimming, physical education class)
- Secretive behaviors, spending unusual amounts of time in the bedroom, bathroom or isolated areas
- Bruises on the neck, headaches, red eyes, ropes/clothing/belts tied in knots
- General signs of depression, social-emotional isolation and disconnectedness
- Possession of sharp implements (razor blades, shards of glass, thumb tacks) Evidence of self-injury in drawings, journals, pictures, texts, and social networking sites
- Risk taking behaviors such as gun play, sexual acting out, jumping from high places or running into traffic

24 Hour Suicide/Crisis Hotline: 1-800-273-TALK (8255)
Youthline (Talk,Text,Chat): 1-877-968-8491 or text Teen2Teen @ 839863

RESOURCES

Clatsop Behavioral Healthcare (CBH): 503-325-5724 (Crisis Number)

- 503-325-5722 (General Access)
- Office Hours: Monday - Friday, 8am - 5pm, excluding holidays.
- General Questions and Feedback: contactcbh@clatsopbh.org
- If you believe the situation is an emergency, immediately call 911.

Suicide Prevention Lifeline: 1-800-273-TALK (8255)

- 24 Hour Suicide/Crisis Hotline

YouthLine: 1-877-968-8491; Text teen2teen to 839863

- Offers teen to teen crisis help with both a phone line and a texting support line through Lines for Life.
- Teens respond from 4:00 to 10:00 PM Monday through Friday
- 4 hours a day / 7 days a week

Trans Lifeline: 1-877-565-8860

- A trans-led organization that offers direct service, material support, advocacy, and education.
- Peer support hotline available 7 am to 1 am PST

The Trevor Project: 1-866-488-7386

- For lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people.
- 24 hours a day / 7 days a week

Friends For Survival, Inc.: 1-916-392-0664

- National support for survivors of suicide.

Abuse Investigator: (503) 325-5722

- You can also report any suspected abuse in Oregon by calling the statewide hotline at 1-855-503-SAFE.

DHS Child Welfare: (877) 302-0077

- To report suspected abuse of a child living with developmental disabilities
- If you believe the situation is an emergency, immediately call 911.

North Coast Wellness Center: (503) 501-4774

Records Requests: (503) 501-4773

CBH Office Locations

Astoria Locations:
Adult Outpatient Clinic
486 12th Street
Astoria, OR 97103

Child and Family Outpatient Clinic
115 W Bond Street
Astoria, OR 97103

Community Support Services
790 Astor St
Astoria, OR 97103

Warrenton Locations:
Corporate Office
65 N. Highway 101, Suite 204
Warrenton, OR 97146

Developmental Disabilities Administrative Office
65 N. Highway 101, Suite 201
Warrenton, OR 97146

Medication Assisted Treatment Program
65 N. Highway 101, Suite 208
Warrenton, OR 97146

North Coast Wellness Center
65 N. Highway 101, Suite 208
Warrenton, OR 97146

North Coast Crisis Respite Center
326 Marlin Ave
Warrenton, OR 97146

Seaside Locations:
Adult Outpatient Clinic
318 S Holladay Dr
Seaside, OR 97138