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STUDENT SUICIDE PREVENTION, INTERVENTION AND RESPONSE 3530

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 outcomes,
b) has a responsibility to take a proactive approach in preventing deaths by suicide, and
c) 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.

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

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. Crisis team: a multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. Crisis team members often include someone from the administrative leadership, school psychologist, school counselors, social workers, resource police officer, and others including support staff and/or teachers. 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, emotional and cognitive health that can impact perceptions, choices and actions that affect wellness and functioning. Mental health problems include mental health conditions such as depression, anxiety disorders, PTSD, and substance use disorders. Mental health can be impacted by the physical health, genes, the home and social environment, and early childhood adversity or trauma.

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 school 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. Risk is highest when several risk factors are present and when the individual has access to lethal means.

7. Self-harm: behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm 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 a 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 himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as 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 contagion. 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: 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.

Prevention: The District directs the Executive Director and/or Principal to develop procedures relating to suicideprevention. Such procedures shall address:

District Policy Implementation: A school-level suicide prevention coordinator shall be designated by the Executive Director and/or Principal. 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. Any teacher with direct evidence of a student's suicidal tendencies shall report this knowledge to the suicide prevention coordinator. If any staff member believes a student is at elevated risk; they are encouraged to report this belief to the designated individual.

Staff Professional Development: All staff/staff who work closely with students 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, including those living with mental and/ or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities, suicide prevention, intervention and postvention. Such training shall be provided annually/within the employee's first year of employment. Additional professional development in risk assessment and crisis intervention may be provided to school employed mental health professionals and school nurses.

Youth Suicide Prevention Programming: Developmentally-appropriate, student-centered education materials on suicide prevention will be integrated into the curriculum of all K-5 Counselor Lessons. The content of these age-appropriate materials may 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, and
3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.

Assessment and Referral: When a student is identified by a staff person as potentially suicidal, e.g., 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 remain in line of sight of staff until they can be seen by a school employed mental health professional to assess risk and facilitate referral. If there is no mental health professional available, a school staff member will accompany and observe the student until a mental health professional can be brought in or emergency services are engaged. For youth at risk:

1. School staff will continuously supervise the student to ensure their safety until their care is transferred to parents / guardians or emergency services. In situations where the student is deemed to be at high risk of suicide, the student should not be left alone.
2. The Executive Director and/or Principal and school suicide prevention coordinator will be made aware of thesituation as soon as reasonably possible.
3. The school employed mental health professional or Executive Director and/or Principal will contact thestudent'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 the Idaho Suicide Prevention Hotline (1-208-398-4357), emergency services, bringing the student to the local Emergency Department or setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.

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 the 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 and attempt to ensure their safety, provided doing so does not threaten the safety of the staff member or others.
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 school employed mental health professional or Executive Director and/or Principal will contact thestudent's parent or guardian, as described in the Parental Notification and Involvement section.
6. Staff will immediately notify the Executive Director and/or Principal or school suicide prevention coordinatorregarding in-school suicide attempts.
7. The school may 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), a school employed mental health professional, the Executive Director and/or 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 readinessfor return to school.

1. A school employed mental health professional 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 care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
3. The designated staff person will periodically check in with student to help the student

readjust to the school community and address any ongoing concerns, including academic or social issues.

4. The administration will disclose to the student's teachers and other relevant staff (without sharing specific details of mental health struggles) that the student is returning after hospitalization/medical treatment and may need adjusted deadlines for assignments. The school employed mental health professional will also be available to teachers to discuss any concerns they have regarding the student after re-entry.
5. The school employed mental health professional will check in with the student and their parents every week either on the phone or in person for three months following re-entry to ensure the student and their parents are supported in the transition.

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 make reasonable efforts to:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the school suicide prevention coordinator and Executive Director and/or Principal. If the student contacts the staff member and expresses suicidal ideation, the staff member shall make a reasonable effort to maintain contact with the student (either in person, online, or on thephone). The staff member can then enlist the assistance of another person to contact thepolice 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 Executive Director and/or Principal, designee, or mental health professional. Staff should provide outside mental health resources to the parents or guardians to support their child. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," i.e., limiting the child's access to mechanisms for carrying out a suicide attempt. Means restriction counseling should include discussing the following:

Firearms

- Recommend that parents store all guns away from home while their child is having problems, e.g., store their guns with a relative, gun shop, or police.
- Discuss parents' concerns and help problem-solve around offsite storage of firearms. Avoid a negative attitude about guns; accept parents where they are, but let them know offsite storage is an effective, immediate way to protect their child.

- Explain that in-home locking is not as safe. Kids sometimes find the keys or get past the locks.

If there are no guns at home:

- Ask about guns in other residences (e.g., joint custody situation)

If parent won't or can't store offsite:

- The next safest option is: unload guns, lock them in a gun safe, lock ammunition separately (or don't keep ammo at home for now).
- If guns are already locked, ask parents to consider changing the combination or key location. Parents can be unaware that kids know their "hiding" places.

Medications

- Recommend locking up all medications (except rescue meds like inhalers) with a traditional lock box or a daily pill dispenser.
- Recommend disposing of expired and unneeded medicines, especially prescription pain pills.

If parent won't or can't lock all:

- Advise they prioritize the following and seek specific guidance from a doctor or pharmacist:
    - Prescriptions, especially for pain
    - Over-the-counter pain pills
    - Over-the-counter sleeping pills

Mental Health Assessment: Through discussion with the student, the Executive Director and/or Principal or school employed mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the Executive Director and/or 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 while identifying appropriate resources for the student such as law enforcement or child protective services. If contact is delayed, the reasons for the delay shall be documented.

Postvention: The District directs the Executive Director and/or Principal to develop procedures relating to postvention following a death by suicide in the District. Such procedures shall address:

Development and Implementation of an Action Plan: The crisis team will develop an action plan to guide school response following a death by suicide that has a significant impact on the school community. Ideally, this plan should be developed long before it is needed. A meeting of the

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crisis team to implement the action plan will take place immediately following news of the suicide death. If the death has not yet been confirmed to be a suicide, the team should still meet while this is being confirmed. For more detailed information on responding to a suicide death, please see the document- After A Suicide: A Toolkit for Schools which was newly revised in 2018. A link to this document can be found in the resources section below.

The action plan may 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. Even when a case is perceived as being an obvious instance of suicide, it shall not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.

b) *Alert the State Department of Education (SDE).* Alert the Director of Student Engagement, Career & Technical Readiness about the death (208-332-6961 / mamccarter@sde.idaho.gov). The SDE tracks student suicides throughout the state and can leverage resources (counselors, guidance, scripts) as well as asserting flexibility around SDE program monitoring activity, SDE trainings and other SDE reporting requirements so school staff can focus on student / staff grieving.

c) *Assess the situation.* The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for, or scale, of postvention activities may be reduced.

d) *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, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. 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. Avoid public address system announcements and school-wide assemblies. The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support

students, the warning signs of suicidal behavior, and a list of resources available.

e) *Avoid suicide contagion.* It shall be explained in the 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.

f) *Initiate support services.* Students identified as being more likely to be affected by the death will be assessed by a mental health professional 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 community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs. School administration will monitor crisis team members for signs of 'compassion fatigue' and provide additional supports for staff as needed (extra counselors, engaging the district Employee Assistance Program, etc.).

g) *Develop memorial plans.* The school will avoid creating on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. Avoid canceling school for the funeral. Any school- based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides, prevention resources available and healthy coping mechanisms.

External Communication: The school Executive Director and/or Principal or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. Thespokesperson will:

a) Keep the district suicide prevention coordinator and Executive Director and/or Principal 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. If a suicide is to be reported by news media, the spokesperson can encourage reporters to follow safe messaging guidelines (e.g. not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide,

and not to use the phrase "suicide epidemic") – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available including the Idaho Suicide Prevention Hotline number.

Resources:

Idaho Suicide Prevention Hotline
(208)398-4357
www.idahosuicideprevention.org

Idaho Suicide Prevention Program
(208)334-4953
https://spp.dhw.idaho.gov

Idaho Suicide Prevention Coalition
(208)577-4430
https://www.idahospc.org/

SPAN Idaho
(208)860-1703
https://www.spanidaho.org/school-support

Idaho Lives Project
http://www.idaholives.org/

American Federation of Suicide Prevention- Idaho Chapter
Contact: Ryan Price
(503)951-3012
rprice@afsp.org

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