SUICIDE PREVENTION, INTERVENTION, & POSTVENTION PLAN FOR SCHOOL PERSONNEL

This document was developed using the Lines for Life: Step By Step Interactive Guide in collaboration with a group of Reynolds School Counselors, Social Workers, and Community-Based Mental Health Providers. We are very appreciative of everyone's effort to support the safety and well-being of students in Reynolds School District.

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Introduction

The unfortunate reality is that suicide continues to have a huge impact on youth in our society. In 2017, suicide was the second leading cause of death among young people ages 10-19. On average, a young person dies by suicide every hour and 25 minutes in the United States. For every young person who dies by suicide, an estimated 100-200 youth make suicide attempts. Senate Bill 52, also known as “Adi’s Act,” was passed in Oregon in 2019. This legislation requires school districts to develop and publicly post the school district’s plan for suicide prevention, intervention, and postvention response activities.

Policy and Implementation

Board Policy JHH covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school-sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including educators, school and district staff, students, families/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment. Our Superintendent has designated the district’s Director of Student Services as our district-level suicide prevention coordinator. The district suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the school district.

School Counselors, Child Development Specialists, School Psychologists and/or Social Workers will be designated as the school suicide prevention coordinator(s) to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. School counselors and social workers, as a part of the building MTSS structure, monitor students who have a safety plan or are at high risk. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator(s). If a school has more than one counselor/social worker, then all counselors/social workers will share this responsibility.

Definitions

At-Risk: Suicide risk exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention by the school and the district. 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 of potential mental health conditions or a deterioration of mental health. The student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain.

Suicide Screener: An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated school staff (school counselors, child development specialists, school psychologists, and social workers). This assessment has been developed with our surrounding school districts in conjunction with the Multnomah Educational Service District, and 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.

Mental Health: A state of mental, emotional, and cognitive health that can impact perceptions, choices, and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and genes.

Risk Factors for Suicide: Characteristics or conditions that increase the chance that a person may attempt to take their life. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

Self-Harm: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm, and to reduce the long-term risk of a future suicide attempt.

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. Additionally, parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

Suicide Attempt: A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Behavior: Suicide attempts, injury to oneself 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.

Suicidal Ideation: Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and shall be taken seriously.

Suicide Contagion: The process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community. Postvention: Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

District Flight Team: A team of district administrators and social workers have been trained on the flight team protocol. When a traumatic event occurs that affects school communities, the District Flight Team Coordinator will contact members of the Flight Team (in coordination with the Superintendent and Cabinet) to determine a recommended response level. The Flight Team Coordinator will collaborate with the principal of the impacted school to arrange support. If staff are pulled from other buildings to provide support, the Flight Team Coordinator will communicate with building principals.

Important learning for ALL Reynolds Staff

- Research has shown that talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to kill themselves.
- School staff may be the first line of contact with students who are experiencing suicidal thoughts. Most school personnel are neither qualified nor expected to provide the in-depth assessment or counseling necessary for treating a student experiencing suicidal thoughts.
- Supports are available to refer students of concern to trained professionals. The burden of responsibility does not rest solely with the individual.
- School personnel, parents/guardians, and students need to be confident that help is available when raising concerns regarding suicidal behavior. Students often know but do not tell adults about suicidal peers. Having support in place may lessen this reluctance to speak up when students are concerned about a peer.

Suicide Prevention

Reynolds School District is focusing on the following three aspects of suicide prevention in our elementary, middle, and high schools: 1) mental health awareness campaigns, 2) suicide prevention training for faculty and staff, and 3) suicide prevention and mental health awareness education for all students.

Mental Health Awareness Campaigns

Schools have the power to reduce stigma and increase students' sense of well-being. Schools can ensure that students know where and how to get help when they need it without feeling the shame or guilt often associated with stigma. By sharing messages of hope, help seeking, and strength building that reduce stigma around mental health issues, our schools will promote mental wellness for all students. Talk about it. Publicize it. Use your school's existing natural channels of communication. Schools will accomplish this by selecting from the following options:

- Adding information to family newsletters, recorded messages or texts, morning announcements, print media (posters, wallet cards, brochures, stickers and social media) on positive mental health, and resources available to struggling students.
- At parent events, schools will share information about positive mental health and resources available to struggling students.

Below are some specific mental health awareness campaigns that school administrators can coordinate with counselors and social workers:

- Annually in September: National Suicide Prevention Month
- Annually in October: National Bullying/Harassment Prevention Month
- Annually in May: National Mental Health Awareness Month
- Annual in July: Minority Mental Health Month
- Mix It Up at Lunch Day – Learning for Justice (can be any day of school's choice)
- Schools may include other campaigns throughout the year as well

Staff Professional Development

- The counselor and social worker assigned to each school will communicate to building staff the process and protocols for students experiencing suicidal ideation. This annual training will focus on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. It will highlight 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 (e.g., youth in foster care, group homes, incarcerated youth), those experiencing

homelessness, American Indian/Alaska Native students, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.
- All district staff receive suicide prevention training annually (i.e. SafeSchools training).

Specialized Professional Development
- School counselors, child development specialists, school psychologists, and social workers will maintain current training in suicide prevention and intervention (such as ASIST or Youth Save).

Suicide Intervention

Suicide/Crisis Intervention is the intentional steps that the district takes in the event of a student mental health crisis. It includes:
- Suicide screening
- Family involvement
- Safety planning
- Emergency services
- Reintegration into School Community

Suicide Screening
- Students are screened when they have been identified by a peer, educator, or other source as potentially suicidal (verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation).
- Educators shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidences require immediate referral to the school counselor, child development specialist, school psychologist, and/or social worker.
- Students are screened by a school counselor, child development specialist, school psychologist, and/or social worker.
- The screening is to occur during that school day or as soon as possible.
- The purpose of the screening is to assess risk and facilitate referral if necessary.
- The completed suicide screener is maintained in a confidential file with the student's cumulative file.

Family Notification and Involvement
- The principal or designee shall inform the student's family or guardian on the same school day, or as soon as possible, anytime a student is identified as having any level of risk for suicide or if the student has made a suicide attempt, unless notifying the family will put the student at increased risk of harm.
- Following family notification and based on initial risk assessment, the principal, designee, school counselor, child development specialist, school psychologist, and/or social worker may offer recommendations for next steps based on perceived student need.
- These can include, but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency service provider.If school staff are unable to reach the student's family or guardian, or if there is an imminent risk of harm and a guardian refuses higher level of support for the student, they should attempt or consider any of the following in consultation with the building administration:
    1. Contact with the student's emergency contacts
    2. Conduct a home visit
    3. Contact DHS (or reach out to the student's DHS case manager if there is one)
    4. Contact Multnomah County Behavioral Health Call Center at 503-988-4888

Safety Planning

- If not done by the mental health provider, at the family's request, obtain releases of information from the family so that the mental health provider, inpatient, or outpatient team can talk to the school counselor. This will ensure that pertinent information is shared, and that there is a smooth transition throughout the levels of care.
- Meet with the student and their family/guardian before the return to school and plan together what information they want shared and with whom.
- Practice role-playing so that the student can try out different responses to different situations (peer-to-peer and staff-student) that may arise to help lower anxiety.
- Ask how school staff can best support recovery.
- Refer to and update the student's safety plan as needed.
- Work out an agreement with the student to not share details of the attempt, including the method, with other students to avoid the potential of increasing self-harm risks with other students, including by social media. Explain that peers talking to peers about the details of an attempt may give ideas to other students who are struggling with their own thoughts of suicide to make an attempt. However, do let the student know that it is an important part of the healing process to talk about the attempt with trusted adults and the student's therapist. Explain that talking about the attempt and what led to it in a safe environment can help the student avoid an attempt in the future.
- Reassure the student and family that sharing information with school personnel will be done on a need-to-know basis. Faculty and staff that have direct contact should be informed so they can actively assist the student academically. Identify the staff that will need to know by name and role.
- Reassure the student that staff will be available to help the student with any academic issues, and that it will be important for the student to reach out if he or she is feeling worried about their schoolwork.

Emergency Services for In-School Suicide Attempt

1. First aid shall be rendered until professional medical services and/or transportation can be received, following district emergency medical procedures, including calling 911.
2. Inform building administrator.
3. School staff shall supervise the student to ensure their safety.
4. Staff shall move all other students out of the immediate area as soon as possible.
5. The building administrator, or designee, shall contact the student's family or guardian.
6. The school administrator shall contact the Flight Team to assess whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim.
7. Staff shall request a mental health assessment for the student as soon as possible. If the student does not currently have a mental health provider, a referral will be made.
8. Building team will debrief with the Director of Student Services within 24 hours.
9. Building team should plan for the student's re-entry (See Re-Entry Procedure).

Emergency Services for Out-of-School Incident

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 shall:

1. Call 911 (police and/or emergency medical services).
2. Inform the student's parent or guardian.
3. Inform the school suicide prevention coordinator and principal.
4. If the student contacts the staff member and expresses suicidal ideation, the staff member shall maintain contact with the student (either in person, online, or on the phone) and enlist the assistance of another person to contact the police while maintaining engagement with the student.

Reintegration into School Community

- For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, the principal, school counselor, child development specialist, school psychologist, and/or social worker shall meet with the student's parent or guardian, and if appropriate, include the student to discuss re-entry.
- This meeting shall address next steps needed to ensure the student's readiness for returning to school and plan for the first day back.
- Following a student hospitalization, parents may be encouraged to inform the school counselor of the student's hospitalization to ensure continuity of service provision and increase the likelihood of a successful re-entry.
- A school counselor or social worker shall be identified to coordinate with the student, their parent or guardian, and any outside health care providers. The school counselor or social worker shall meet with the student and their parents or guardians to discuss and document a re-entry procedure and what would help to ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.). Any necessary accommodations shall also be discussed and documented.
- While not a requirement for re-entry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.
- The designated staff person shall periodically check in with the student to help with readjustment to the school community and address any ongoing concerns, including social or academic concerns.
- The designated staff person shall check in with the student and the student's parents or guardians at an agreed-upon interval depending on the student's needs either on the phone or in person for a mutually agreed-upon time period (e.g. for a period of three months). These efforts are encouraged to ensure that the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then tapering support.
- The administration shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically related absence and may need adjusted deadlines for assignments. The school counselor or social worker shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

Suicide Postvention

Suicide Postvention is the intentional steps that the district takes in the event of a suicide in the school community. Best practices in postvention are designed to reduce the rate of suicide contagion. It includes:

- Communication with students and family
- Promoting healing in your community
- Communication with the mediaSteps to Follow in the Event of Death by Suicide

Step 1: Get the Facts

- A designated school contact shall confirm the death and determine the cause death through communication with the student's family or guardian, the coroner's office, local hospital, or police department.

Step 2: Assess the Situation

- Follow Flight Team protocols briefly summarized below.
- The team shall consider how the death is likely to affect other students and staff, and determine which students are most likely to be affected.
- The Flight Team shall also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide.
- The team and principal shall triage staff first, and all teachers directly involved with the victim shall be notified in-person and offered the opportunity for support.

- Based on the information gathered and buildings' current context, the district Flight Team Coordinator may contact or consult other district Flight Team Coordinators, Project Respond, or MESD for support.

Step 3: Share Information

- Inform the faculty and staff that a sudden death has occurred, preferably in an all-staff meeting.
- The Flight Team shall provide assistance to the affected building administration to develop a written statement for staff members to share with students and also assess staff's readiness to provide this message in the event a designee is needed.

Step 4: Avoid Suicide Contagion

- Actively triage students who may be at particular risk for contagion, including those with emotional proximity (e.g., siblings, friends, or teammates), physical proximity (witness, neighbor) and pre-existing mental health issues or trauma.
- Explain in an all-staff meeting that one purpose of trying to identify and provide services to other high-risk students is to prevent another death.

Step 5: Initiate Support Services

- The Flight Team and/or on-site staff shall coordinate support services for students and staff in need of individual and small group counseling as needed.

Step 6: Develop Memorial Plans

- Schools will treat all deaths in the same way. Not having one approach for memorializing a student who died of cancer or in a car accident and a different approach for a student who died by suicide.
- To avoid suicide contagion, it is important to memorialize the student in a way that does not inadvertently glamorize or romanticize either the student or the death. Focus on how the student lived, rather than how he or she died. If the student had underlying mental health problems, seek opportunities to emphasize the connection between suicide and those problems, such as depression or anxiety, that may not be apparent to others (or that may manifest as behavioral problems or substance abuse).
- Schools should meet with the student's friends and coordinate memorialization with the family in the interest of identifying a meaningful, safe approach to acknowledging the loss. Make sure to be sensitive to the cultural needs of the students and the family.

Step 7: Postvention as Prevention

- Following a student suicide, schools may take the initiative to review and/or revise existing policies, practices, and procedures, including professional development for staff and instruction for students.

Student Resources:

Students will have access to national resources that they can contact for additional support, such as:

- National Suicide Prevention Lifeline: 1-800-273-8255 (TALK); suicidepreventionlifeline.org
- The Trevor Lifeline: 1-866-488-7386; thetrevorproject.org/get-help-now
- Trevor Lifeline Text/Chat Services, available 24/7: Text “TREVOR” TO 678-678
- Crisis Text Line: Text TALK to 741-741; crisistextline.org

Additional Staff Resources

- Multnomah County Behavioral Health Division: 503-988-4055
- Multnomah County Behavioral Health Resources
- After a Suicide: A Toolkit for Schools
- Trevor Project Model Policy