Harney Educational Service District

Suicide Prevention Policy Guide

A GUIDE TO YOUTH SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION PROCEDURES FOR SCHOOLS

(Revised July 2025)

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Purpose of Protocols and Procedures

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators and school counselors in their planning.

Quick Notes: What Schools Need to Know

- School staff are frequently considered the first line of contact with potentially suicidal students.
- Most school personnel are neither qualified, nor expected, to provide the in-depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that responsibility does not rest solely with the individual “on the scene”.
- Research has shown 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 personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

Suicide Prevention Protocol

Suicide can be prevented. Following these simple steps will help ensure a comprehensive school based approach to suicide prevention for staff and students.

Staff:

All staff should receive training (or a refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide.

- Annual QPR Training, or an equivalent training, for ALL staff.
- Annual review of prevention, intervention, and postvention protocols.

Specific staff members receive specialized training to intervene, assess, and refer students at risk for suicide. Training should be best practice suicide program such as ASIST: Applied Suicide Intervention Skills Training.

- ASIST Trained staff available at HESD.
- Through annual QPR training references to who is the suicide prevention/intervention coordinators within the district.

Students:

Students should receive developmentally-appropriate, student-centered education about suicide and suicide prevention throughout their elementary and high school years. The purpose of this curriculum is to teach students how to access help at their school for themselves, their peers, or others in the community. Examples include but are not limited to:

- Sources of Strength
- Signs of Suicide, 7 & 8
- MooZoom K-8
- Character Strong
- The Great Body Shop
- Messaging of resources including printed material and social media posted annually

Parents:

Provide parents with informational materials to help them identify whether their child or another person is at risk for suicide. Information should include how to access school and community resources to support students or to others in their community that may be at risk for suicide.

- Student Handbook
- Posted in Front Office
- School District Website-Counseling Program

Suicide Intervention Protocol

Warning Signs for Suicide

Warning signs are the changes in a person's behavior, feelings, and beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly, especially if they have access to firearms.

Warning signs that may indicate an immediate danger or threat:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves – seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide

If a suicidal attempt, gesture, or ideation occurs or is recognized:

- Staff will take all suicidal behavior and comments seriously **EVERY TIME**
- Call 911 if there is immediate danger
- It is critical that **any** school employee, who has knowledge of someone with suicidal thoughts or behaviors, communicate this information immediately and directly to a school based mental health person school counselor, behavior specialist, administrator, or an ASIST trained "gatekeeper"
- Staff will stay with the student until relieved by a school counselor, behavior specialist, resource officer, administrator or designated ASIST trained "gatekeeper"
- **A Suicide Risk Assessment: Level 1 will be performed by a trained school staff member. The screener will do the following:**
  - Interview student using Suicide Risk Assessment: Level 1 screening form (C- SSRS)
  - Complete a Student Coping Plan if needed
  - Contact parent to inform and to obtain further information
  - Determine need for a *Suicide Risk Assessment: Level 2* based on level of concern
  - Consult with another trained screener prior to making a decision to *not* proceed to a Level 2
  - Inform administrator of screening results

Suicide Risk Assessment – Level 1

1. IDENTIFYING INFORMATION

Name:_____ School:_____ DOB:_____ Age:___
IEP/504?_____ Address: _____
Parent/Guardian #1 name/phone # (s):_____
Parent/Guardian #2 name/phone # (s):_____
Screener's Name:_____ Position:_____
Contact Info:_____
Screener consulted with:_____

2. REFERRAL INFORMATION

Who reported concern: □ Self □ Peer □ Staff □ Parent/Guardian □ Other
Contact Information:_____
What information did this person share that raised concern about suicide risk?
_____
_____

3. PARENT/GUARDIAN CONTACT

1. Name of the parent/guardian contacted: _____ Date Contacted:_____
2. Was the parent/guardian aware of the student's suicidal thoughts/plans? □ Yes □ No
3. Parent/guardian's perception of threat? _____
   _____
   _____

4. INTERVIEW WITH THE STUDENT

a. Does the student exhibit any of the following warning signs?

- □ Withdrawal from others
- □ Written statements, poetry, stories, electronic media about suicide
- □ Preoccupation with death
- □ Feelings of hopelessness
- □ Substance Abuse/Mental Health Issue
- □ Current psychological/emotional pain
- □ Discipline issues
- □ Conflict with others (friends/family)
- □ Experiencing bullying or being a bully
- □ Recent personal or family loss or change (i.e., death, divorce)
- □ Recent changes in appetite
- □ Family problems
- □ Giving away possessions
- □ Current trauma (domestic/relational/sexual abuse)
- □ Crisis within the last 2 weeks
- □ Stresses from: gender ID, sexual orientation, ethnicity
- □ See Risk Factors Page for additional signs: _____
  _____

Does the student admit to thinking about suicide? □ Yes □ No
Does the student admit to thinking about harming others? □ Yes □ No
Does the student admit to having a plan? □ Yes □ No

If so, what is the plan (how, when, where)? _____

Is the method to carry out the plan available? □ Yes □ No

Explain: _____

Is there a history of previous gesture(s) or attempts? □ Yes □ No

If yes, describe: _____

Is there a family history of suicide? □ Yes □ No

Explain:_____

Has the student been exposed to suicide by others? □ Yes □ No

Explain:_____

Has the student been recently discharged from psychiatric care? □ Yes □ No

Date/Explain:_____

Does the student have a support system? □ Yes □ No

List an adult the student can talk to **at home:** _____

List an adult the student can talk to **at school:** _____

Additional supports: _____

b. Protective Factors (see supplemental Risk & Protective Factor sheet and attach)

5. ACTIONS TAKEN

□ Yes □ No Called 911 (contact date/time/name)

□ Yes □ No Crisis Response Plan created with student

□ Yes □ No Copy of Crisis Response Plan given to student, original placed in confidential file within CUM file

□ Yes □ No Parent/guardian contacted

□ Yes □ No Released back to class after parent (and/or agency) confirmed Crisis Response Plan and follow up plan established. Notes: (please use separate page)

□ Yes □ No Called DHS

□ Yes □ No Released to parent/guardian

□ Yes □ No Parent/guardian took student to hospital

□ Yes □ No Parent/guardian scheduled mental health evaluation appointment Notes:

□ Yes □ No Provided student and family with resource materials and phone numbers

□ Yes □ No School Based Mental Health Provider follow up (date/time) scheduled:

□ Yes □ No School Administrator notified (date/time):_____

□ Limited or NO risk factors noted. **NO FURTHER FOLLOW-UP NEEDED.**

□ Several risk factors noted but no imminent danger. Completed Crisis Response Plan. Will follow up with student on Date/Time: _____

□ Several risk factors noted: referred for Level 2 Suicide Risk Assessment from County Mental Health or student's private counselor (contact date/time/name):_____

□ Consulted with and approved by: 1. _____ 2._____

Suicide Behavior Risk and Protective Factors

RISK FACTORS (Mark all that apply)

- □ Current plan to kill self
- □ Current suicidal ideation
- □ Access to means to kill self
- □ Previous suicide attempts
- □ Family history of suicide
- □ Exposure to suicide by others
- □ Recent discharge from psychiatric hospitalization
- □ History of mental health issues (major depression, panic attacks, conduct problems)
- □ Current drug/alcohol use
- □ Sense of hopelessness
- □ Self-hate
- □ Current psychological/emotional pain
- □ Loss (relationship, work, financial)
- □ Discipline problems
- □ Conflict with others (friends/family)
- □ Current agitation
- □ Feeling isolated/alone
- □ Current/past trauma (sexual abuse, domestic violence)
- □ Bullying (as aggressor or as victim)
- □ Discrimination
- □ Severe illness/health problems
- □ Impulsive or aggressive behavior
- □ Unwilling to seek help
- □ LGBT, Native-American, Alaskan Native, TAG, male

Protective Factors (mark all that apply)

- □ Engaged in effective health and/or mental healthcare
- □ Feels well connected to others (family, school, friends)
- □ Positive problem solving skills
- □ Positive coping skills and resiliency
- □ Restricted access to means to kill self
- □ Stable living environment
- □ Willing to access support/help
- □ Positive self esteem
- □ High frustration tolerance
- □ Emotional regulation
- □ Cultural and/or religious beliefs that discourage suicide
- □ Does well in school
- □ Has responsibility for others

Student Coping Plan

Student Name: _____ DOB:_____Date of Plan:_____

Warning signs that I am not safe:

1.
2.
3.

Things I can do to keep myself safe (in the case that I was thinking about suicide):

1.
2.
3.

An adult I can talk to <u>at home</u> when I feel it would be better if I were not alive:

An adult I can talk to <u>at school</u> when I feel it would be better if I were not alive:

Identify reasons for living:

1.
2.
3.

(optional) My plan to reduce or stop use of alcohol/drugs:

1.
2.
3.

I can call any of the numbers below for 24 Hour Crisis Support:

- **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)
- **Oregon Youthline** 1-877-968-8491 or text "teen2teen" to 839-863
- **Symmetry Care 24 Hour Crisis Line** 541-573-8376

My follow-up appointment is: _____ with _____

Copies, as agreed upon with student, will be sent to:

_____

Student Re-Entry Plan

After a Suicide Attempt

Transition back to school after a suicide attempt can be a difficult one, especially if the attempt was public. The student's privacy going forward is critical and the student and their parent(s) need to be an integral part of the decisions made in the re-entry plan.

The return to school requires individualized attention and planning. It is important that staff who have direct contact with the student be aware of the student's plan in order to monitor potential continued risk.

Counselor/Administrator Guidelines:

Prior to return:

1. Meet with the student and their parent(s) before the return to school and fill out the Student Re-Entry Plan.
2. Respect the student's wishes as to how their absence is discussed. If the attempt is common knowledge, help the student prepare for questions from peers and staff. If no one is aware, help the student create a short response to explain the absence. Role play so that the student can try out different responses to different situations (peer to peer & staff-student), if needed. Being prepared helps reduce anxiety and helps the student feel more in control.
3. Reassure the student and family that sharing information with school personnel will be done on a need to know basis. Staff that have direct contact should be informed so they can actively assist the student academically.
4. Identify the staff that will need to know by name and role.
5. 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 they are feeling worried about school work.
6. Obtain a Release of Information from the parent so the mental health provider can talk to the school counselor.
7. If needed, schedule a student interview team meeting if a student has a diagnosis or condition that will last more than 6 months that may hinder access to education. Determine if a 504 plan would be sufficient.

After return to school:

1. Continue to monitor and support the student, as needed.
2. Have regular contact with the student's parent(s) and therapist to provide feedback and gain information on how best to support the student.

Staff Guidelines:

After return to school:

1. Welcome the student's return to school as you would any other students' return from an extended absence. Let them know you are glad they are back – "Good to see you".
2. Be aware that the student may still be dealing with symptoms of depression which can affect concentration and motivation.
3. Be aware that the student may be adjusting to medication and may be dealing with side effects including fatigue or jitteriness.
4. Keep the reason for the student's absence **CONFIDENTIAL**.
5. Discuss missed classwork and homework and arrangements for completion. Adjust expectations, if needed. If possible, provide alternative assignments instead of having the student try to make up all the work; provide temporary interventions during re-entry.
6. Keep an eye on the student's academic performance as well as their social/emotional interactions. If you see that they are isolating or being shunned by peers or are falling further behind academically, follow-up with the student's counselor.
7. Pay close attention to further absences, tardies, and requests to be excused during class and share any concerns with the student's counselor.
8. Encourage the student to use the school counselor for additional support.

Student Re-Entry Plan

Student:_____Date: _____

School:_____Grade:_____Date to be reviewed: _____

Primary School Contact (a qualified school professional who will create and monitor the Support plan):

Secondary School Contact (a qualified school professional available to the student when the primary contact is not):

Re-Entry meeting participants:

Accommodations/Support Options – check those that apply

- Re-entry meeting with counselor before returning to class
- Reduced schedule for gradual re-entry
- Return to previous full-day schedule
- Return to full-day schedule but with class changes made to the schedule
- Change of placement
- Other: _____
- Shortened assignments
- Extended time for work
- Provide alternative work
- Working lunch
- Arrange with teachers to not call on student unless hand is raised
- Assigned classmate as volunteer assistant
- Preferential seating, near door to allow leaving class for breaks
- Alternate work environment
- Alternate transition plan between classes (buddy walk, early dismissal, staff escort)
- Alternate seating plan (away from bully)
- Other: _____
- Student allowed to take breaks inside the classroom
- Student allowed to take breaks outside the classroom

- Student allowed to check in with the counselor as needed
- Audio or listening options (i.e. sound canceling headphones) as deemed appropriate in class
- Other: _____
- School Safety Plan completed

Next steps in case of continued safety concern:

Parental/Guardian/Student needs and/or additional information:

Date of next meeting: _____

Suicide Postvention Protocol

Schools must be prepared to act and provide postvention support and activity in the event of a serious attempt or a suicide death. Suicide Postvention has been defined as "the provision of crisis intervention, support, and assistance for those affected by a suicide" (American Association of Suicidology).

The school's primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc.

KEY POINTS (derived from *After a Suicide: A Toolkit for Schools, 2011)*

- Prevention (postvention) after a suicide attempt or completion is very important. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion or, in other words, increased risk for suicide.
- It is important to not "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media.
- It is important to address all deaths in a similar manner. Having one approach for a student who dies of cancer, for example, and a different approach for a student who dies by suicide reinforces the stigma that still surrounds suicide.
- Families and communities can be especially sensitive to the suicide event.
- Know your resources.

POSTVENTION GOALS

- Support the grieving process
- Prevent imitative suicides – identify and refer at-risk survivors
- Reestablish healthy school climate
- Provide long-term surveillance

POSTVENTION RESPONSE PROTOCOL

- Reference "Responding to Schools in Crisis" A School Response Team Resource Manual
  - Checklist for the day of crisis
  - Reference flow chart of crisis response protocol
  - Resources and Guidance
- Using SRT/ SMART Manual
  - Verify suicide and facts
  - Estimate level of response resources required
  - Determine what and how information is to be shared – do NOT release information in a large assembly or over the intercom. Do not "glorify" the death.
  - Mobilize the school's Postvention Team School Response Team (ESD Superintendent)/ Crisis Response Team
  - Inform faculty and staff
  - Identify and refer at-risk students and staff
  - Be aware that persons may still be traumatized months after the event. Refresh staff on prevention protocols and be responsive to signs of risk.

RISK IDENTIFICATION STRATEGIES

- **IDENTIFY** students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
- **MONITOR** student absentees in the days following a student suicide, those who have a history of being bullied, who are LBGTQ, who are participants in fringe groups, and those who have weak levels of social/familial support
- **NOTIFY** parents of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents, provide information on community-based funeral services/memorials, and collaborate with media, law enforcement and community agencies.

KEY POINTS TO EMPHASIZE TO STUDENTS, PARENTS, MEDIA

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death
- Mental illness etiology
- Normalize anger / help students identify and express emotions
- Stress alternatives and teach positive coping skills
- Help is available

CAUTIONS

- Avoid romanticizing or glorifying event or vilifying victim
- Do not provide excessive details or describe the event as courageous or rational
- Do not eulogize victim or conduct school-based memorial services
- Address loss but avoid school disruption as best as possible

(School Postvention – www.sprc.org)

RECOMMENDED RESOURCES

Aft
er A Suicide: A Toolkit for Schools
www.afsp.org

Sui
cide Prevention Resource Center
www.sprc.org

Am
erican Foundation for Suicide Prevention
www.afsp.org

To speak with a counselor or schedule an appointment:
Symmetry Care, Inc. 541-573-8376
For Emergencies: 911, local emergency room

YOUTHLINE
Call 877-968-8491
Text "teen2teen" to 839863
Chat at www.oregonyouthline.org
A teen-to-teen crisis and help line. Contact us with anything that may be bothering you; no problem is too big or small! Teens available to help daily from 4-10pm Pacific Time (off-hour calls answered by Lines for Life).

Confidentiality

HIPAA and FERPA

School employees, with the exception of nurses and psychologists who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPAA known as "minimum necessary disclosure".

REQUEST FROM STUDENT TO WITHHOLD FROM PARENTS

The school suicide prevention contact person can say "I know that this is scary to you, and I care, but this is too big for me to handle alone." If the student still doesn't want to tell his/her parents, the staff suicide contact can address the fear by asking, "What is your biggest fear?" This helps reduce anxiety and the student gains confidence to tell parents. It also increases the likelihood that the student will come to that school staff again if he/she needs additional help.

EXCEPTIONS FOR PARENTAL NOTIFICATION: ABUSE OR NEGLECT

Parents need to know about a student's suicidal ideation unless a result of parental abuse or neglect is possible. The counselor or staff suicide contact person is in the best position to make the determination. The school staff will need to let the student know that other people would need to get involved on a need to know basis.

If a student makes a statement such as "My dad/mom would kill me" as a reason to refuse, the school staff can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

Local Resources for Training and Support

QPR – Suicide Prevention and Risk Reduction

Ages 16-adult 2 hours

Recommended for all staff

QPR Gatekeeper Training is designed to teach lay and professional "gatekeepers" the warning signs of a suicide crisis and how to respond. QPR is often used in schools as a universal training for all staff members that can be completed within 2-3 hours.

ASIST Workshop – Applied Suicide Intervention Skills Training

Ages 16-adult 2 Days

Recommended for all school based mental health providers and select staff members

LivingWorks ASIST is a two-day face-to-face workshop featuring powerful audiovisuals, discussions, and simulations. At a LivingWorks ASIST workshop, you'll learn how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive. Because ASIST is a more intensive gatekeeper training, schools often benefit from having at least one staff member trained in the curriculum.

Youth Mental Health First Aid (Adult program available too)

ALL staff within the school community

4 hour course specifically for educators – can be taught in 1, 2, or 4 days

Local Trainer:

Identify, understand and respond to signs of mental illness and substance use disorders in youth. How to apply Mental Health First Aid in a variety of situations, including when a youth is experiencing a mental health crisis-including suicide risk. Next to family, schools represent the most important sources of support in the lives of young people. All staff within the school community provide opportunities to help a youth experiencing a mental health issue and to recognize suicidal behavior and prevent youth suicide. www.mentalhealthfirstaid.org

Trauma Informed Care

Adults working within systems – i.e. education system; 4 hours

Becoming "trauma-informed" means recognizing that people often have many different types of trauma in their lives. People who have been traumatized need support and understanding from those around them. Often, trauma survivors can be re-traumatized by well-meaning caregivers and community service providers. TIC seeks to educate our communities about the impact of trauma on clients, co-workers, friends, family, and even ourselves. Understanding the impact of trauma is an important first step in becoming a compassionate and supportive community.
www.traumainformedoregon.org

Local Resources Continued (miscellaneous)

Local Phone Numbers

Symmetry Care-541-573-8376

State and National Phone Numbers
YOUTHLINE
Call 877-968-8491
Text "teen2teen" to 839863
Chat at www.oregonyouthline.org
A teen-to-teen crisis and help line. Contact us with anything that may be bothering you; no problem is too big or too small! Teens available to help daily from 4-10pm Pacific Time (off-hour calls answered by Lines for Life).

Trevor Project Crisis Line – LGBTQIA+ Youth
1-866-4-U-Trevor (1-866-488-7386) www.theTrevorProject.org
Text "TREVOR" to 678-678
Lines of Life (adults) 800-273-8255 or text "273TALK" to 839863

Acknowledgments

Original content and design of this guide is a result of a partnership between The Oregon Health Authority and the Deschutes County Children and Families Commission and Health Services. Changes have been made by the Lake Education Service District with the permission of the Deschutes County Prevention Coordinator. This guide can be applied to any school district seeking to proactively address suicide. For the original document, please call 541-330-4632. Special thanks to the Marion & Polk County Suicide Intervention Task Force (2008) for its creation of the Screener's Handbook, in which some content has been applied in this guide.

Research Sources

Information for this guide was derived from the following sources:

1. After a Suicide: A Toolkit for Schools. American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup, 2011.
2. King, Keith A., 15 "Prevalent Myths about Adolescent Suicide", Journal of School Health April 1999; Vol. 69, No. 4:159
3. Rudd, MD, Berman AL, Joiner, TE, JR., Nock MK, Silverman, MM, Mandrusiak, M, et al. (2006). Warning Signs for Suicide: Theory, Research, and Clinical Applications. *Suicide and Life-Threatening Behavior,* 36 (3), 255-262.
4. Suicide Prevention, Intervention and Postvention Policies and Procedures. Developed by Washington County Suicide Prevention Effort, August 2010.
5. www.oregon.gov/DHS/ph/ipe
6. www.surgeongeneral.gov
7. www.sprc.org
8. https://afsp.org/model-school-policy-on-suicide-prevention
9. http://www.sprc.org/sites/default/files.resource-program/AfteraSuicideToolkitforSchools.pdf

APPENDIX A

Sample Language for Middle and High School Student Handbooks

Protecting the health and well-being of all students is of utmost importance to the school district. The school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

• Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, support systems, and seeking help for themselves and friends. This curricular content will occur in all health classes throughout the school year, not just in response to a suicide, and the encouragement of help-seeking behavior will be promoted at all levels of the school leadership and stakeholders

• Each school or district will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources

• When a student is identified as being at-risk, a risk assessment will be completed by a trained school staff member who will work with the student and help connect the student to appropriate local resources

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

Local Phone Numbers

Local Mental Health Authority: Symmetry Care, Inc. (541) 573-8376

State and National Phone Numbers

YOUTHLINE
Call 877-968-8491 Text "teen2teen" to 839863
Chat at www.oregonyouthline.org
A teen-to-teen crisis and help line. Contact us with anything that may be bothering you; no problem is too big or too small! Teens available to help daily from 4-10pm Pacific Time (off-hour calls answered by Lines for Life).

Trevor Project Crisis Line – LGBTQIA+ Youth
1-866-4-U-Trevor (1-866-488-7386) www.theTrevorProject.org **Text "TREVOR" to 678-678**

Lines of Life (adults) 800-273-8255 or text "273TALK" to 839863
All school personnel and students will be expected to help create a school culture of respect and support, in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they or a friend are feeling suicidal, or are in need of help. While confidentiality and privacy are important, students should know that when there is risk of suicide, safety comes first. For a more detailed review of policy changes, please see the district's full suicide prevention policy.

Adapted from: afsp.org/ModelSchoolPolicy

Sample Language for Elementary School Student Handbooks

Protecting the health and well-being of all students is of utmost importance to the school district. While suicide in elementary school-aged children is rare, the number of 6- to 12-year-olds who visited children's hospitals for suicidal thoughts or self-harm has more than doubled from 2016 to 2019. Current research suggests that this number has likely doubled again since the beginning of the pandemic. Experts agree conversations about mental health should begin early on if we want a better chance at prevention suicidal behavior.

The school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

• Students will learn about recognizing emotions and develop coping skills to help them self-regulate when emotions are strong and/or inhibited. This curricular content will occur through Character Strong lessons in the classroom at an age appropriate level.

• Help-seeking behavior will be promoted at all levels of the school leadership, staff, and stakeholders

• Each school or district will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources

• When a student is identified as being at-risk, a risk assessment will be completed by a trained school staff member who will work with the student and parent to help connect the student to appropriate local resources.

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

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Local Mental Health Authority: Symmetry Care, Inc. (541) 573-8376

State and National Phone Numbers

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1-866-4-U-Trevor (1-866-488-7386) www.theTrevorProject.org **Text "TREVOR" to 678-678**

Adapted from: afsp.org/ModelSchoolPolicy

APPENDIX B

School Suicide Prevention Checklists
Two guides to help school teams

Step by Step
Lines for Life & Willamette Education Service District

Step by Step was developed in Oregon to assist schools with suicide prevention efforts by supplying easy-to-use tools and strategies for decreasing youth suicide and increase awareness surrounding mental health and wellness. The guide includes a comprehensive prevention, intervention and postvention checklist. Link: https://oregonyouthline.org/step-by-step/

Developing Comprehensive Suicide Prevention, Intervention, and Postvention Protocols: A Toolkit for Oregon Schools

Cairn Guidance

This toolkit was designed to provide Oregon schools with guidance on how to implement suicide prevention, intervention, and postvention efforts by supplying relevant protocols and example tools to support each component. The guide also includes a comprehensive prevention, intervention and postvention checklist. Link:
https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Documents/Oregon-School-Suicide-Protocol-Toolkit.pdf