



Corcoran Unified School District

Suicide Prevention and Intervention Procedures

August 2015

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.

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 is present. This policy applies to the entire school community, including educators, school and district staff, students, parents/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.

PREVENTION

1. District Policy Implementation: The Superintendent shall designate a 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.

Each school principal shall designate a school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

2. Staff Professional Development: All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention.

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.

Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals and school nurses.

3. Youth Suicide Prevention Programming: Appropriate, student-centered education materials will be integrated into the health education curriculum of grades 5-12. The content of these age-appropriate materials will include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for

help.

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

Assessment and Referral

When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a school employed mental health professional within the same school day to assess risk and facilitate referral. If there is no mental health professional available, a school nurse or administrator will fill this role until a mental health professional can be brought in. For youth at risk:

1. School staff will continuously supervise the student to ensure their safety.
2. The principal and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
3. The school employed mental health professional or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases will involve 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:

- First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
- School staff will supervise the student to ensure their safety.
- Staff will move all other students out of the immediate area as soon as possible.
- If appropriate, staff will immediately request a mental health assessment for the youth.
- The District Suicide Prevention Coordinator or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement

section.

- Staff will immediately notify the principal or school suicide prevention coordinator regarding in-school suicide attempts.

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 principal, or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

- . A school employed mental health professional or District Coordinator will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
- . 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.
- . The designated staff person will periodically check in with student to help the student readjust to the school community and address any ongoing concerns.

OUT-OF-SCHOOL SUICIDE ATTEMPT

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:

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

PARENTAL NOTIFICATION AND INVOLVEMENT

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, site coordinator, or designee. If the student has exhibited any kind of suicidal

behavior, the parent or guardian should be counseled on “means restriction,” limiting the child’s access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the principal or school employed mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the 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. If contact is delayed, the reasons for the delay should be documented.

POSTVENTION

1. **Development and Implementation of an Action Plan:** The district suicide prevention coordinator and the site principal will develop an action plan to guide school response following a death by suicide. A meeting including the district coordinator, site coordinator and the site principal to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:
 - a) **Verify the death:** The principal or designee will confirm the death and determine the cause of death through communication with the student’s parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should 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) **Assess the situation:** The district and site coordinator will meet with the principal 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. They 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.
 - c) **Share information:** Before the death is officially classified as a suicide by the coroner’s office, the death can and should be reported to staff, 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. Public address system announcements and school- wide assemblies

should be avoided.

The District Coordinator, principal or designee may prepare a letter to send home with students that includes facts about the death (with the input and permission of the parents or guardians), information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

d) **Avoid suicide contagion:** It should 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 site coordinator will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the district and nor site coordinator will review suicide warning signs and procedures for reporting students who generate concern.

e) **Initiate support services:** Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The district and site coordinators will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, site coordinators 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.

f) **Develop memorial plan:** The school should not create 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. School should not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

2. **External Communication:** The Superintendent or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

a) Keep the district suicide prevention coordinator and superintendent informed of school actions relating to the death.

b) Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.

c) Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters 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.

SAMPLE LANGUAGE FOR STUDENT HANDBOOK

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, using support systems, and seeking help for themselves and friends. This will occur in all health classes.
- Each school 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, they will be assessed by a school employed mental health professional that will work with the student and help connect them to appropriate local resources.
- Students will have access to national resources which they can contact for additional support, such as: • The National Suicide Prevention Lifeline – 1.800.273.8255 (TALK), www.suicidepreventionlifeline.org • The Trevor Lifeline – 1.866.488.7386, www.thetrevorproject.org
- All 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 in need of help.
- Students should also know that because of the life or death nature of these matters, confidentiality or privacy concerns are secondary to seeking help for students in crisis.
- For a more detailed review of policy changes, please see the district's full suicide prevention policy.

STUDENT'SUICIDE RISK ASSESSMENT FORM

Student's Name: _____

Referred by: _____

Person Conducting Assessment: _____

Date: _____

1. **Circumstances** preceding referral for suicide risk assessment/summary of reason for concern:

2. **Stressors**/precipitants from student's perspective (i.e. What's going on in your life right now?):

3. **Current** and Recent Mood:

a. On a scale of 0:10 (0 being the worst and 10 the best), how have you been feeling over the past week? Have you been feeling depressed, hopeless, helpless, or overwhelmed?

b. How would you describe how you are feeling right now?

4. **Current Ideation**

a. Assess student's current level of suicidal ideation:

	YES	NO	UNSURE
In the past few weeks, have you wished you were dead?			
Have you felt that your family would be better off if you were dead?			
Have you felt that your life is not worth living?			
Have you been thinking about ending your life or killing yourself?			

If yes or unsure for any of the above:

b. How long have you been feeling this way?

c. Have you thought about ending your life **today or very soon**?

5. **Plan**

a. Do you have a plan for how you would end your life?

_____ Yes, detailed and thought out

_____ Considering means/ details are vague

_____ No/ thoughts of death but without consideration of how they would do it

b. If yes or considering: "What is your plan?" (Including when, where, and how)

6. Means

a. Do you have access to whatever you need to carry out your plan? If yes:
Where?

7. Intent

a. Do you intend to carry through with your plan to end your life soon?

- _____ Denies intent
- _____ Endorses intent
- _____ Unclear/passive
- _____ Evasive in answering the question

b. Do you intend to end your life if something doesn't happen? Is there anything that would make you more likely to want to end your life?

c. Is there anything that would make you more likely to want to live?

8. History of suicidal ideation/attempts:

a. Have you ever thought about suicide?

- _____ No
- _____ Yes/ When?

b. Have you attempted suicide before?

- _____ No
- _____ Yes

If **yes**, description of past attempt (s), including trigger for attempt, how student attempted, and what happened?

9. Resources/Support

a. Do you have someone in your life whom you can turn to for support?

- _____ No/ feels isolated
- _____ Yes/ Who? _____

b. Have you talked to them about how you are feeling?

- _____ Yes
- _____ No, Why not? _____

GUIDELINES FOR NOTIFYING PARENTS

Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the principal, school psychologist, or a staff member with a special relationship with the student or family. Staff needs to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help seeking.

1. Notify the parents about the situation and ask that they come to the school immediately.
2. When the parents arrive at the school, explain why you think their child is at risk for suicide.
3. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and prescription medications and alcohol.
4. If the student is at a low or moderate suicide risk and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. If possible, call and make an appointment while the parents are with you.
5. Ask the parents to sign the Parent Contact Acknowledgement Form confirming that they were notified of their child's risk and received referrals to treatment.
6. Tell the parents that you will follow up with them in a few days. If this follow-up conversation reveals that the parent has not contacted a mental health provider:
 - Stress the importance of getting the child help
 - Discuss why they have not contacted a provider and offer to assist with the process
7. If the student does not need to be hospitalized, release the student to the parents.
8. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm, you may need to notify child protective services that the child is being neglected.
9. Document all contacts with the parents.



PARENT CONTACT ACKNOWLEDGEMENT FORM

Student Name: _____

Date of Birth: _____

School: _____

Grade: _____

This is to verify that I have spoken with a member of the school's mental health staff

_____ (name) on _____ (date)

concerning my child's suicidal risk.! Have been advised to seek the services of a mental health agency or therapist immediately.

I understand that _____ (name of staff member) will follow up with me, my child, and the mental health care provider to whom my child has been referred for services within two weeks.

Parent Signature: _____ Date: _____

Parent Contact Information:

Phone: _____

Email: _____

School Staff Member Signature:

_____ Date: _____

From DiCara, C., O'Halloran, S., Williams, L. & Canly Brooks, C.(2009). Youth Suicide Prevention, Intervention & Postvention Guidelines (p.45). Augusta, ME: Maine Youth Suicide Prevention Program

Don't say goodbye

More than sad

Signs of suicide

Preventing suicide A toolkit for high schools

Guidelines for school-based suicide prevention programs