

Island Union Elementary School District

Suicide Prevention Policy

Policy Training

AB2249

Updated May 1, 2018

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. 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.

Risk Factors for Suicide:

The most frequently cited risk factors for suicide are:

- Major depression or bipolar disorder
- Problems with alcohol or drugs
- Unusual thoughts and behavior or confusion about reality
- Personality traits that create a pattern of intense, unstable relationships or trouble with the law
- Impulsivity and aggression, especially along with a mental disorder
- Previous suicide attempt or family history of a suicide attempt or mental disorder
- Serious medical condition and/or pain

It is important to bear in mind that the large majority of people with mental disorders or other suicide risk factors do not engage in suicidal behavior.

Suicide risk tends to be highest when someone has several risk factors at the same time.

Protective Factors for Suicide

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Protective factors for suicide include:

- **Receiving effective mental health care**
- **Positive connections to family, peers, community, and social institutions that foster resilience**
- **The skills and ability to solve problems**

Protective factors for suicide have not been studied as thoroughly as risk factors, so less is known about them.

While these factors do not eliminate the possibility of suicide, especially in someone with risk factors, they may help to reduce that risk.

“At Risk” Groups

1. Youth living with mental and/or substance use disorders.
2. Youth who engage in self-harm or have attempted suicide.
3. Youth in out-of-home settings.
4. Youth experiencing homelessness.
5. American Indian/Alaska Native (AI/AN) youth.
6. LGBTQ (lesbian, gay, bisexual, transgender, or questioning) youth.
7. Youth who have experienced the suicide of a friend or family member.
8. Youth living with medical conditions and disabilities.

Response Procedure: SUICIDE ATTEMPT DURING SCHOOL

- If a suicide attempt is made during the school day on campus, it is important to remember that the health and safety of the student and those around him/her is critical. The following steps should be implemented:
- ● Remain calm, remember the student is overwhelmed, confused, and emotionally distressed;
- ● Move all other students out of the immediate area;
- ● Notify administrator or Designee and Office Staff as soon as possible
- ● Call emergency medical services or 911 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable;
- ● If needed, provide medical first aid until a medical professional is available;
- ● Parents/guardians/caregivers should be contacted as soon as possible;
- ● Do not send the student away or leave them alone, even to the restroom;
- ● Listen and prompt the student to talk;
- ● Review options and resources of people who can help;
- ● Provide comfort to the student;
- ● Promise privacy and help, and be respectful, but do not promise confidentiality;
- ● Student should only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help.

Keep calm

Isolate from students

Notify ASAP

Keep watch

Provide aid if necessary

Response Procedure: STUDENTS IDENTIFIED AS “AT RISK”

1. Staff members should notify an administrator or designee and office staff as soon as possible. The remaining steps below will typically be implemented by an administrator or designee.
2. 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 need to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking. ***Ask parents to come to the school immediately.***
3. When the parents arrive at the school, explain why you think their child is at risk for suicide.
4. 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.
5. 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.
6. 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.
7. 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
8. If the student does not need to be hospitalized, release the student to the parents.
9. 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.
10. Document all contacts with the parents.

Assessment & 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 referred to a mental health professional as soon as possible to assess risk and facilitate referral.

As a small school district, an administrator or designee will fill this role until a referral can be facilitated.

1. School staff will continuously supervise the student to ensure their safety.
2. A contracted mental health professional or administrator/designee will contact the student's parent or guardian and will assist the family with referral.

Students returning to school after a mental health crisis

For (e.g., suicide attempt or psychiatric hospitalization), an administrator 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.

1. A 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.

Postvention

1. Meeting of Suicide Prevention task Force
2. Discussion of preventing “Suicide Contagion”
3. Organize additional support services as needed

No memorialization of the event, including physical memorials & flying flags at half mast should occur. Postvention efforts will focus on suicide prevention.

Resources

- “Preventing Suicide: A Toolkit for High Schools” – U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services
- <http://store.samhsa.gov/product/PreventingSuicide-A-Toolkit-for-High-Schools/SMA12-4669>
- “After a Suicide: A Toolkit for Schools” – American Foundation for Suicide Prevention and Suicide Prevention Resource Center www.afsp.org/schools
- “Guidelines for School-Based Suicide Prevention Programs” – American Association of Suicidology
http://www.sprc.org/sites/sprc.org/files/library/aasguide_school.pdf
- “Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel” – Maine Youth Suicide Prevention Program
<http://www.maine.gov/suicide/docs/Guideline.pdf>
- “Trevor Resource Kit” – The Trevor Project thetrevorproject.org/resourcekit “Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender (LGBT) Children” – Family Acceptance Project
<http://familyproject.sfsu.edu/publications>
- National Center for School Crisis and Bereavement
<http://www.stchristophershospital.com/pediatric-specialties-programs/specialties/690>
- Adolescent and School Health Resources – Centers for Disease Control and Prevention, contains an assortment of resources and tools relating to coordinated school health, school connectedness, and health and academics
- <http://www.cdc.gov/healthyyouth/schoolhealth/index.htm>