Brown County Schools

Suicide Prevention Policy

Approved December 2020

PURPOSE

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:

1. Recognizes that physical, behavioral, social and emotional health is an integral component of educational outcomes.
2. Further recognizes that suicide is a leading cause of death among young people.
3. Has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
4. Acknowledges the school's role in in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps foster positive youth development.

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, 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, schools 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.

DEFINITIONS OF TERMS USED IN POLICY:

Crisis Team: A multidisciplinary team comprised primarily of administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery, including for suicide related situations. These professionals have been specifically trained in suicide intervention and 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.

Mental Health: A state of mental and emotional wellbeing that can impact choices, actions, and relationships that affect wellness.

Suicide Postvention: 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.

Risk Determination/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 mental health provider). 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.

Risk Factors for Suicide: Characteristics or conditions that increase the chance that a person may try to take his/her life. Suicide risk tends to be highest when several risk factors are present at one time. Risk factors may include biological, psychological, and /or social factors in the individual, family and environment.

Self-harm: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. It can be categorized as either non-suicidal self-injury or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

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.

Suicidal Behavior: These behaviors include suicide attempts, intentional injury to self, associated with at least some level of intent, developing a plan or strategy for suicide, writing a suicide note, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

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.

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. Parent acknowledgement that the death was a suicide is strongly recommended before discussing the death as a suicide with the students.

District-Level Suicide Prevention Coordinator: The district-level coordinator may be an existing staff member and is designated by the Superintendent with the responsibility of planning and coordinating implementation of this policy for the school district.

School Suicide Prevention Coordinator: The School Counselor will take this role and act as a point of contact in each school for issues relating to suicide prevention and policy implementation (including documentation). All staff members report students they believe to be at elevated risk for suicide to the School Counselor and Administrator.

SUICIDE RISK FACTORS:

The student:

- has made a previous suicide attempt(s);
- 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;
- has thought about the potential means of death and may have a plan;
- may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain;
- has had a parent/guardian or other close family member die by suicide.

See additional risk factors in Appendix A

PREVENTION

1. **District Policy Implementation**
   a. A district level suicide prevention coordinator shall be designated by the superintendent. The district suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the school district.
   b. Each School Counselor will act as the 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.
2. **School Employee Training**
   a. Per IC 20-28-3-6, after June 30, 2018, evidence-based youth suicide awareness and prevention training is required for all teachers, including Superintendent licensed under IC 20-28-5; principal; teacher; librarian; school counselor; school psychologist; school nurse; school social worker; and any other appropriate school employees who are employed at schools that provide instruction in any combination of grades 5-12.
   b. must be during the teacher or school employee's contracted day or at a time chosen by the employee;
   c. may include an in-person presentation or online;
   d. shall count toward professional development requirements; and
   e. must be demonstrated to be an effective or promising program and recommended by the Indiana Suicide Prevention Advisory Council.
3. **Recommended training for District Suicide Prevention Coordinators and School Counselors**
   a. It is *recommended* that all School Counselors at the district and school levels participate in training on the following topics:
   b. Suicide Risk Assessment
   c. Safety Planning
   d. Counseling on Access to Lethal Means
   e. Community Resource Planning
   f. Postvention

4. **Support for Students**
   a. Social and Emotional Wellness in supported through the universal delivery of a Social Emotional Learning Curriculum.
   b. Health Education classes for all students include content and age appropriate materials related to safety and healthy choices, coping strategies, recognizing warning signs and how to seek help for self or for others.
   c. School Counselor/ Family Support Specialist have a current list of community-based mental health resources.
   d. School employees, including the School Counselor and teachers(s), will collaborate with the family and community resource(s) involved to prepare for re-entry and to continue to monitor the student's safety plan and additional supports needed.
   e. Academic support available, if needed, for a child to continue to be successful in school.
5. **School Counseling**
   a. School Counselors, Family Support Specialist, School Nurse and other appropriate school personnel are available to provide support to students who are victims or alleged victims of abuse.
   b. School employees should act only within the authorization and scope of their credential or license. Only those employees with counseling expertise should provide counseling services.
6. **Community Counseling**
   a. Community referrals may need to be made as necessary. The School Counselor has a list of community-based mental health resources.
   b. Community resources available for the student and family.
   c. A signed release form may be necessary to communicate with community counselors/therapist.

RESPONSE PROCEDURES

1. **First responders/Staff:**
   a. School personnel may ask some initial screening questions, if appropriate, or make a referral to the School Counselor for initial screening and assessment **(see Appendix D, *What Can I Say?)***
      - Listen to the student with an open and non-judgmental stance; do not dismiss or undervalue what is being shared; be supportive and offer hope. Validate student feelings. ("That sounds really hard.")
      - It is ok to ask the student if he/she has been thinking about suicide.
   b. Always take the threat of harm seriously.
   c. Take immediate action, which may include calling 911 and/or local law enforcement if the student is in imminent danger.
   d. Notify the School Counselor so s/he can meet with the student and conduct a suicide risk assessment.
   e. The student should NOT be left unsupervised.

f. Notify a school administrator regarding the potential risk.
g. Document date, time, individuals involved, summary of conversation, etc. and share with the School Counselor.
h. Following the referral, debrief with appropriate staff involved in the student's referral process (avoid sharing details that may be considered privileged communication or unnecessary details that the student may wish to remain private).

2. **The following should be conducted by the School Counselor:**
   a. Complete a Columbia Suicide Severity Rating Scale to determine or confirm suspected suicide risk. (See Appendix F)
   b. Communicate with the student about contacting parents. Include the student in this conversation with the parent, when possible and appropriate.
   c. When there is risk of harm, contact and inform parent and request active involvement in support of the student. The following should be addressed with the parent:
      - seriousness of the situation;
      - do not assume the student is seeking attention;
      - a list of community mental health agencies/counselors;
      - information about when it is necessary to seek outside professional help;
      - the need for ongoing and continuous monitoring at home;
      - increasing safety measures in the home, ensuring the home is free of potential safety concerns;
      - the desire and importance of working collaboratively with the student;
      - the need to follow a safety plan and update it as needed;
      - a request for a release of information form so communication between the school and outside health provider can take place to best support the student;
      - a request for the parent/guardian to stay in contact with the school and to be involved in any meetings (i.e. re-entry) for the student (see Appendix O, Parent Information, in the resource guide);
      - when appropriate, assist family with urgent referral and/or calling emergency services;
      - support for families who don't speak or understand English, require an interpreter, etc. It's important not to have the student or other family member translate.

(See Appendices J and K)

d. If there is significant risk and if reasonable attempts to reach the parent/guardian or adult into whose custody the student may be released are not successful, the case will be treated as a medical emergency and arrangements will be made to contact appropriate medical services or local law enforcement. Documentation of all parties attempted to be reached will be made.
e. Failure on the part of the family to take seriously and provide for the safety of the student may be considered emotional neglect and reported to the Indiana Department of Child Services.
f. Develop a safety plan for the student. When possible, this should be developed collaboratively with the student, parent, and any other individual(s) determined to be appropriate. The plan should be shared with school administration and other personnel who will be involved in the implementation of the plan. School personnel, student and parent should all sign the document. **(See Appendix H.)**
g. Once imminent risk to harm oneself or others is shared, confidentiality no longer considered privileged communication. Inform the School Principal (who should contact the Superintendent) regarding the imminent risk (danger to self and others), risk level, recommendations, and safety plan.
h. ALL actions and assessments must be documented. This should include screening and assessment results, behavioral observations; actions taken, including dates, times, individuals involved; a copy of the safety plan; phone calls; conversations; and follow-up actions. This documentation must be kept by the School Counselor in a secure file cabinet, separate from a student's cumulative folder or academic file. It is critical to keep this documentation separate, secure, and confidential.
i. The School Principal and School Counselor should seek information from outside treatment providers regarding follow-up services, re-entry plan, and recommendations for the student to return to school.

3. **Reporting to State Authorities**
   a. If after informing the parent of the situation, failure by the parent or the family to take seriously and provide safety for the student may be considered emotional neglect and may be reported to the Indiana Department of Child Services.
   b. If it is determined by school staff that contacting the parent or guardian would endanger the health or well-being of the student, parent contact may be delayed as appropriate, and DCS and/or local law enforcement should be notified immediately. The school should document reasons for which parents were not immediately notified and information that demonstrates the student's health or well-being was assumed to be in danger. The school administrator or designee must stay at school with the student until the proper authorities arrive and assume responsibility for the child.

RE-ENTRY PROCEDURE:

For student 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 readiness for return to school.

1. A school employed mental health professional or 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 the student to help the student readjust to the school community and address any on-going concerns.

POSTVENTION

1. **Development and Implementation of Action Plan. (See Appendices L and M)**
   A crisis team designated by the superintendent will develop an action plan to guide school response following a death by suicide. A meeting of this team 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 crisis team 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 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 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.
   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 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.

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 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.

e. **Initiate support Services**: Students identified as being more likely to be affected by the death will be assessed by a school employed counselor or mental health professional to determine the level of support needed. The crisis team will coordinate support service for students and staff in need of individual and small group counselling as needed. In concert with parents or guardians, crisis team members will refer to community mental health care providers to ensure a smooth transition from the crisis intervention to meeting the underlying or ongoing mental health needs.

f. **Develop memorial plans**. 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 school principal 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 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.