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.
   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.

Appendix A

WARNING SIGNS for SUICIDE

Feelings

- Hopelessness: feeling like things are bad and won't get any better
- Fear of losing control, going crazy, harming himself/herself or others
- Helplessness: a belief that there's nothing that can be done to make life better
- Worthlessness: feeling like an awful person and that would be better off if he/she were dead
- Hating himself/herself, feeling guilty or ashamed
- Being extremely sad and lonely
- Feeling anxious, worried, or angry all the time

Actions

- Drug or alcohol abuse
- Talking or writing about death or destruction
- Aggression: getting into fights or having arguments with other people
- Recklessness: doing risky or dangerous things

Changes

- **Personality**: behaving like a different person, becoming withdrawn, tired all the time, not caring about anything, or becoming more talkative or outgoing
- **Behavior:** can't concentrate on school or regular tasks
- **Sleeping pattern**: sleeping all the time or not being able to sleep at all, or waking up in the middle of the night or early in the morning and not being able to get back to sleep
- **Eating habits**: loss of appetite and/or overeating and gaining weight
- **Losing interest** in friends, hobbies, and appearance or in activities or sports previously enjoyed
- **Sudden improvement** after a period of being down or withdrawn

Threats

- Statements like "How long does it take to bleed to death?"
- Threats like "I won't be around much longer" or "You won't be my friend if you tell!"
- Plans like giving away favorite things, studying about ways to die, obtaining a weapon or a stash of pills: the risk is very high if a person has a plan and the way to do it.
- Suicide attempts like overdosing, wrist cutting

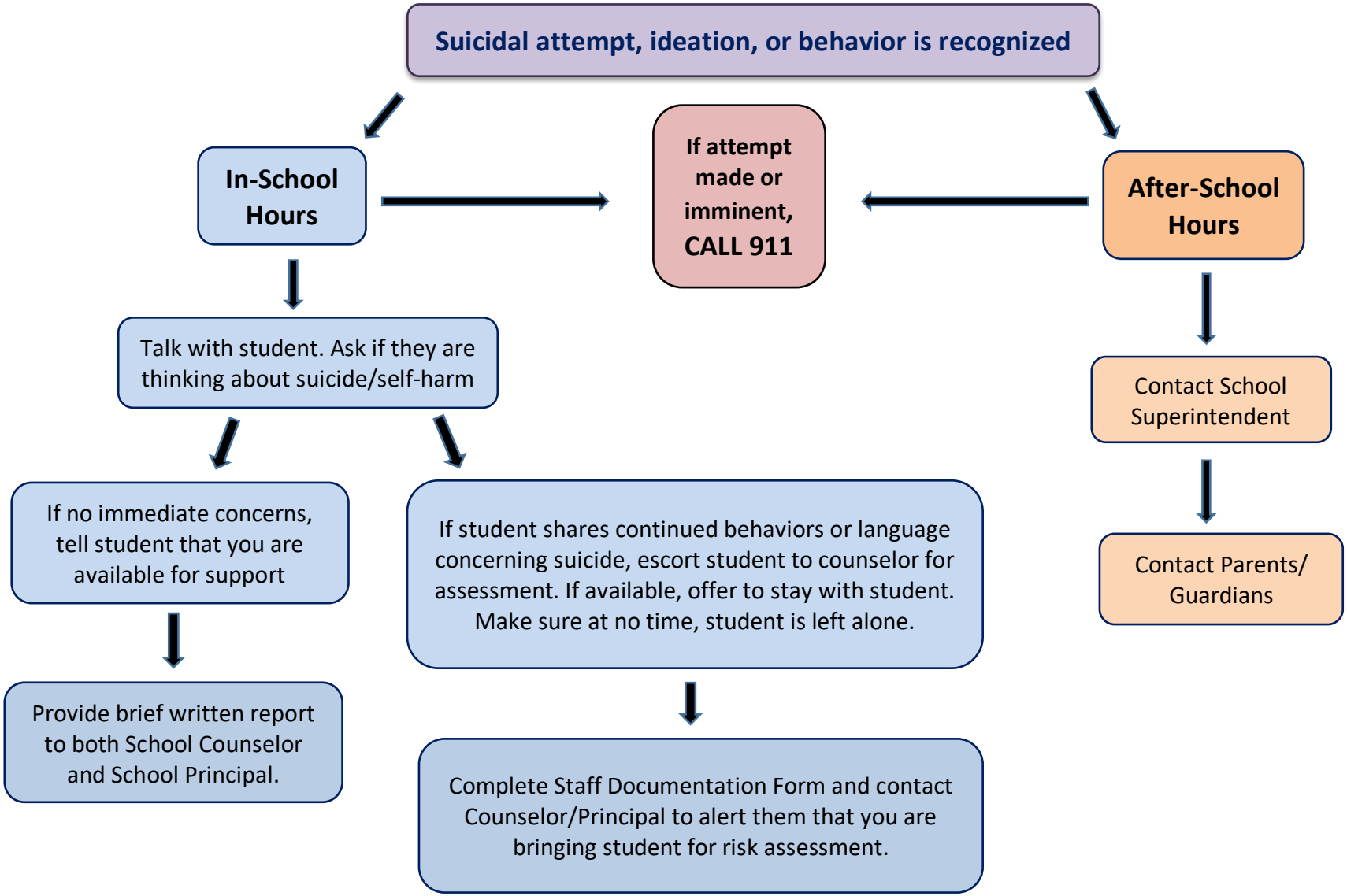
Situations

- Getting into trouble at school, at home, or with the law
- Recent loss through death, divorce, or separation; the breakup of a relationship; losing an opportunity or a dream; losing self-esteem
- Changes in life that feel overwhelming
- Being exposed to suicide or the death of a peer under any circumstances

From the Life Lines Curriculum, (Hazelden, 2011).

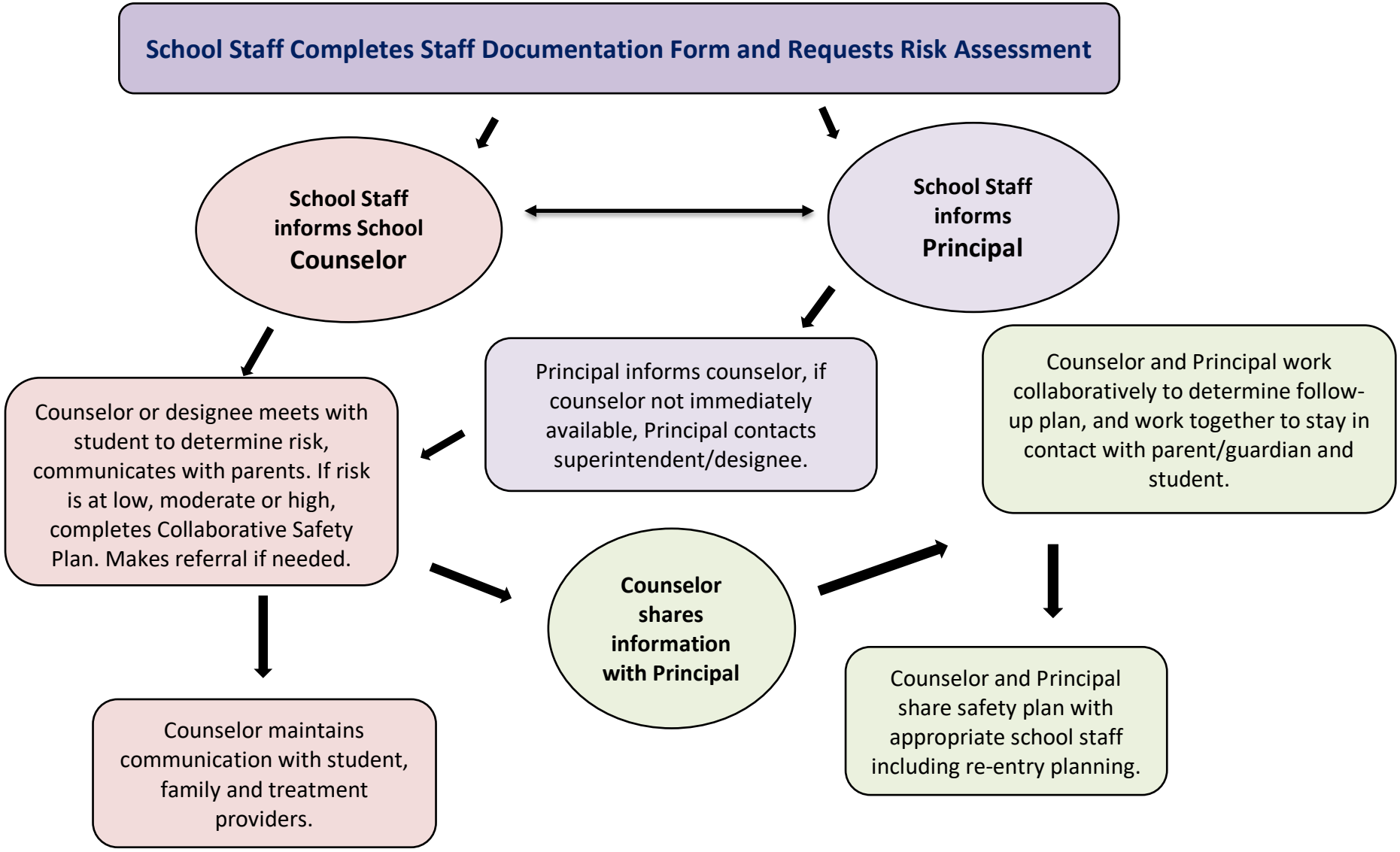
Appendix B

SUICIDE INTERVENTION FLOWCHART: School Staff



Appendix C

SUICIDE INTERVENTION FLOWCHART Procedures for Counselors and Principals



Appendix D

What Can I Say? Finding the Words

***Guide sheet for educators when talking to a student that may be in crisis*.**

Engage in conversation

- Approach with care and openly discuss the signs/behaviors that are causing you concern,

"I'm concerned because I've noticed _____."

- Ask directly about suicide. It is important to be specific and ask the student if s/he is thinking about suicide.

"Sometimes when student are feeling this overwhelmed, they think about suicide. Are you thinking about suicide?"

Actively Listen

- Listen to the reasons the person has for both living and dying.
- Validate that they are considering both options and underscore that living is an option for them.

"I can hear that you are feeling a lot of pain and seem to feel a little uncertain. I am concerned about you and want to help you."

Be Respectful and Non-Judgmental

- Show the student you are taking them and this situation seriously.
- Demonstrate care, empathy, and keep a nonjudgmental stance.
- Do not minimize the student's experience or situation.
- Validate the student's story and feelings. It is not the time to challenge the facts.

Show Continued Support

- The student has confided in you. This student has chosen to share with you a deeply personal part of this/her life. Although it is critical to refer to the appropriately trained school based staff, do not feel that you cannot be in involved in the continued support and care.
- Provide continued support to the student.
- Work collaboratively with the school counselor and family in supporting the student.

Appendix E

STAFF DOCUMENTATION FORM

Hand deliver this form to the School Counselor, or Administrator IMMEDIATELY. Your notes will be extremely valuable when completing the student's suicide risk assessment. A teacher may send notification via email or phone call that he/she has a documentation form related to suicide that needs to be delivered but no identifying student information should be sent in the email. If immediate assistance is required, the office should be notified via a phone call.

Student: _____ School: _____

Grade: _____ Date: _____

Referring Staff: _____ Time: _____

Concern of student suicide was brought to my attention by:

☐ Student self-report ☐ Another student ☐ Overheard students talking

☐ Student's writing ☐ Online posting/Social Media ☐ Other

What other information did this student share that raised a concern about suicide risk?

What steps did you take?

What did the student share when asked about suicide?

IMPORTANT ACTIONS

- Remain Calm.
- Ask the youth directly if he or she is thinking about suicide (e.g., "Are you thinking of suicide?").
- Focus on your concern for their well-being and avoid being accusatory.
- Use your active listening skills—remember, the focus should be all on the student.
- Reassure them that there is help and they will not feel like this forever.
- Take a nonjudgmental and open stance to what the student is sharing, no matter how uncomfortable. The student has chosen you to share his/her painful story.
- Provide constant supervision. **Never leave the youth alone.**

Get help: No one should ever agree to keep a youth's suicidal thoughts a secret and instead should tell an appropriate adult, such as school counselor or mental health provider, administrator, Parents should seek help from school or community mental health resources as soon as possible. School staff should take the student to the School Counselor.

Appendix H

SAFETY PLAN: STUDENT

Step 1: What are my warning signs that I am headed towards a crisis?

What am I thinking? _____

How am I feeling? _____

What am I doing? _____

What is happening all around me? _____

Step 2: What ways of coping do I have?

- ❑ Talking to a Friend
- ❑ Watching T.V.
- ❑ Playing Video Games
- ❑ Exercise

What ways do I have to calm myself?

- ❑ Breathing
- ❑ Drawing
- ❑ Jumping
- ❑ Counting to 10
- ❑ Playing Music
- ❑ Running
- ❑ Walking
- ❑ Listening to Music
- ❑ Lifting Weights

Step 3: What do I need to hear at this exact moment?

_____

What would I say to a close friend who was feeling this way?

_____

Step 4: If I need help, I have people who care and will help me. What could others do that would help?

Name and Contact Information	Relationship	They can help me by:

Step 5: Professionals or agencies I can contact for help:

Closest Inpatient Facility **Local Community Mental Health Agency**	**Bloomington Meadows Hospital:** 1-800-972-4410 **Centerstone Nashville:** 812-200-2685
Text Message Help	If you would like help for suicidal thoughts by **TEXT** messaging text the keyword: **"HelpNow" to 20121**
National Suicide Prevention Lifeline	**1-800-273-TALK (8255)**
If I still feel suicidal and out of control	I will go directly to the emergency room at the closest hospital. If I cannot get to the hospital, I will call 911 and seek out emergency support.

Appendix H (cont.)

SAFETY PLAN: STUDENTS AND PARENTS

My environment will be made safe by _____. We will complete the following safety measures together immediately.

Check all that apply:

- ❑ Weapons locked up
- ❑ Medications secured
- ❑ Vehicle keys secured
- ❑ alcohol/drugs removed
- ❑ Chemicals/ cleaners secured
- ❑ Sharp objects secured (knives, razors, scissors, etc.)
- ❑ Check room for harmful objects
- ❑ Increased supervision
- ❑ Ensure safety of pets
- ❑ Ropes, belts, neckties removed
- ❑ Doors remain unlocked
- ❑ School notified of safety concerns
- ❑ An adult has been selected to supervise me at all times. This adult understands the risks, and is willing to take necessary precautions

Promoting Wellness in Myself:

- ❑ I will take my medication as prescribed
- ❑ I will attend all outpatient appointments
- ❑ I will spend quality/fun time with family, friends, and support system
- ❑ I will communicate my needs and concerns

Promoting Wellness in your Child:

- ❑ Encourage him/her to use my positive coping skills
- ❑ Role model positive behaviors
- ❑ Emphasize strengths and offer praise
- ❑ Practice good listening skills and let him/her know you are there to offer support

Student Signature _____ Parent Signature _____

Appendix H (cont.)

Safety Plans: Teachers

Staff Member: _____

_____ has a Safety Plan. While the student is in your classroom, please follow the procedures marked below. **Keep this confidential at all times and follow this plan until further notice.**

1. If the student has permission to leave your class unsupervised to use the bathroom or visit another classroom, please monitor the time the student is gone. Call the office at extension _____ if you are concerned that the student has been gone too long.

2. If he/she is visibly upset or expressing thoughts of unsafe behavior, call the office at extension _____. Please escort the student to the office or wait until the office can send an escort for the student. **It is important to never allow the student to be unaccompanied when you are concerned about his/her well-being. Information below is found and transferred from Student Safety Plan.**

Student's Triggers: _____

Student's Warning Signs: _____

Student's Coping Methods: _____

Ideas to Distract or Calm Students: _____

Student's Network/Resources: _____

Student's School Counselor: _____

Appendix I

Notification of Emergency Conference with Parent/Guardian

I,_____ , the parent/guardian of _____(Student's Name) participated in a conference on _____(Date) concerning my child's suicide risk. I have been provided this notice so that appropriate action, such as seeking mental health services, may be taken. A list of outside mental health agencies has been provided to me so I can seek the services of a mental health provider or therapist for my child.

I understand a follow-up check by_____(School Personnel) will be made with my child and me within two weeks.

Parent/Guardian Signature: _____ Date: _____

School Personnel Signature _____ Date: _____

****

FOLLOW UP ACTION:

School Personnel will verify and follow up with parent by_____(date).

Steps Taken by Parent:

Student's Status:

Date: _____

School Personnel's Signature: _____

Appendix J

MAKING MY HOME SAFER WHEN MY CHILD IS HAVING THOUGHTS OF SUICIDE

When a child or teen has thoughts of suicide (whether these thoughts are active or not) it's important to make your home a safer place:

Remove firearms and weapons

Make sure that there are no firearms, ammunition nor weapons in your home (or make sure they are stored in a securely locked firearms cabinet, and keep the keys with a trusted neighbor, colleague, or your workplace – somewhere your child cannot access them). In a crisis, you can also call your local station to see if they would store them for you temporarily.

Remove alcohol and any unused prescription drugs

Alcohol and prescription drugs are risk factors for suicide. These substances affect rational thinking and can make children and youth more impulsive. Remove alcohol from your home, or keep small amounts in a locked cabinet. Additionally, dispose of all unused prescription medication.

Current Medications (Both Over-the-Counter & Prescription)

Lock up all medications, even non-prescription ones (even Tylenol PM or Aspirin TM can be very dangerous overdoses).

People who are depressed often overdose on their depression medications. Fortunately, many newer medications for depression (Fluoxetine/Prozac TM Fluvoxamine/LuvxTM, Sertraline/ZoloftTM, Paroxetine/PaxilTM, Citalopram/CelexaTM) are much safer than the older medications, even in overdose. Ask your doctor to prescribe only safe amounts of medications. When you fill prescriptions, ask the pharmacist to dispense safe amounts. This makes it more difficult for your child or teen to overdose.

Supervise children and youth when they take medication.

Other Means

Remove any other means of suicide.
Remove or lock up cords, ropes, sharp knives, or other obvious means of self-harm.

Car Keys

Keep car keys hidden so youth can't use your car to hurt themselves.

High Risk Periods

During high risk periods (like holidays, anniversaries, or times when close supports are away), be extra cautious and on high alert:

- Check in often with your child or teen.
- Do not leave your child or teen alone for long periods. If you have to go out, take your youth with you. If you absolutely cannot get your youth to come along, then have someone stay with your child.

If your child is at immediate risk for suicide, or you are afraid for your child's immediate safety:

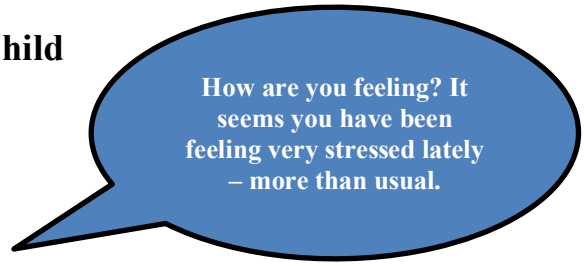
- Call 911 (or go straight to the emergency room) right away.
    - After you come home from the hospital, do not try to handle things alone. Make sure you have relatives or friends to talk to. Think about contacting a support group, counselor or therapist for yourself as well.

Appendix K

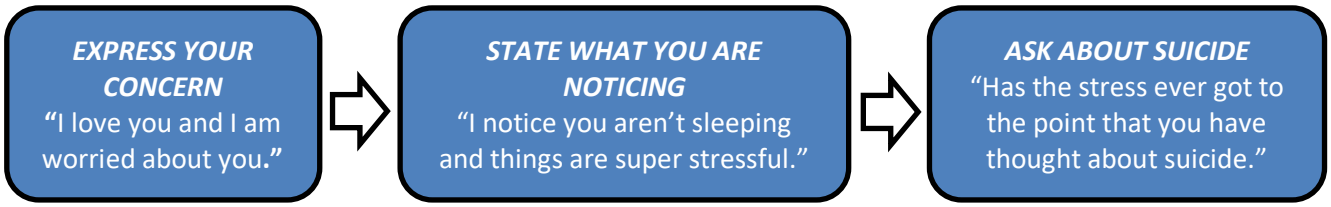
WHAT SHOULD I DO IF I THINK MY CHILD IS HAVING THOUGHTS OF SUICIDE

Suicide is not easy to talk about. You may have a lot of worries or concerns that may be keeping you from encouraging in a conversations about suicide. Some common concerns are fear of giving someone the idea if we talk about suicide. This is a myth – talking about suicide will not give someone the idea – it is actually a relief when someone asks about suicide. Don't be afraid to ask about suicide. Studies show that you cannot "plant" ideas of suicide in someone's head. If your child is thinking about suicide, you will have opened the door for a conversation and will make it easier for your child to confide in you.

Be Open & Talk With Your Child



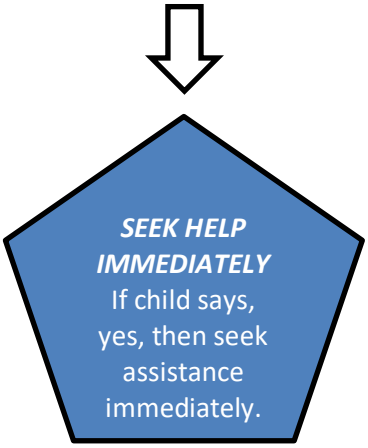
Actively Listen



What If My Child Is Suicidal?

If your child is expressing suicide ideation and has imminent Plans to hurt self, seek professional help right away:

- DO NOT leave your child alone: make sure that there is someone with your child at all times, whether it is you or a close friend or family member.
- Call for professional help in a crisis: call 911 or call the crisis line. 1-800-273-TALK
- Get support for yourself during this time of crisis. If you have contacted professional help, then consider calling a close family member or friend to support you as you get help for your child.



Created by Dr. Brandie Oliver, Butler University, 2017

Appendix L

PROCEDURES FOR FACULTY MEETING FOLLOWING A SUICIDE

1. Distribute written statement of facts; dispel any rumors or misinformation.

2. Inform faculty of what action steps have been taken up to now; i.e., confirmation of facts, contact with family, notification of key personnel, crisis team meeting, funeral arrangements, etc.

3. Announce administrator, school counselor, and crisis team roles and contact persons for responding to outside requests for information from police, media, parents etc.

4. Allow staff to react, ask questions and express feelings. Staff should be encouraged to discuss feelings; point out that understanding their own feelings will make it easier for them to deal with student feelings.

5. Share support services for staff as well as students'; review who will be available, when and where.

6. Review plan to inform students and guidelines; provide time for staff to ask questions or express concern. Emphasize availability of crisis team members to assist and support staff who are uncomfortable leading class discussion.

7. Discuss need to monitor possible and known "at risk" and "high risk" students more carefully. Review staff responsibilities and steps if they suspect a student is at risk of suicide or would needs further assessment.

8. Review plan for school day and for after-school hours.

9. In subsequent faculty meetings:
   a. support staff and encourage discussion of their feelings
   b. identify any problems that have arisen and problem-solve
   c. identify "at risk" and "high risk" students; develop a plan for monitoring and supporting them
   d. remind and discuss the importance of continued support of both students and staff and provide mental health resources

Appendix M

PROCEDURES FOR TALKING TO STUDENTS ABOUT SUICIDE DEATH

1. Prepare students for the serious and tragic nature of the information you are about to share with them. Say that it is expected this news will upset many of them and that both you and other staff are there to help them get through this.
2. Announce the facts of the situation and what actions are being taken as a result (i.e. all classes are being informed, counseling centers are being set up, etc.).
3. Allow students to react; pay special attention to the following:
   a. Dispel any rumors or unconfirmed information.
   b. Stress that we each react differently to tragedies and must respect one another's feelings and ways of reacting.
   c. Point out that grief, sadness, anger, guilt, fear and disbelief are all normal reactions to such news. Grief is unique to each person and there is no one way to grieve.
4. Convey a sense of acceptance for all the feelings expressed, avoid judgmental or value statements about anyone's feelings.
5. Note that some people's feelings will be stronger than others and that individual help is available.
6. If student's reactions seem particularly intense or you feel unable to respond to them adequately, strongly encourage them to seek assistance from one of the designated counseling personnel. Use judgment in terms of the student's need for an escort.
7. If students have questions you are unable to answer or if you inadequate to continue discussion, seek out a member of the crisis team to assist you.
8. Encourage students to be supportive of one another but stress the importance of seeking help or encouraging their friends to seek help from adults if their feelings seem more intense or persistent than "normal".
9. Reassure students that they are not responsible for what happened - discourage guilt and unrealistic "hindsight regrets". Instead, focus discussion on how they might use what they now know to avoid similar tragedies in the future.
10. In cases of suicide, avoid focusing on the details or circumstances that led up to the person's death; stress the reasons that someone dies by suicide are not simple, and are related to mental disorders that get in the way of the person thinking clearly Blaming others—or blaming the person who died—does not acknowledge the reality that the person was battling a mental disorder.
11. Allow students who do not want to participate in the discussion to study quietly in the room or seek assistance from one of the counselors. Don't assume that the lack of a visible reaction means the student has no reaction.
12. Allow as much time as students seem to need for the discussion. Try to move discussion toward how students can help one another and encourage help-seeking behaviors.
13. Students who wish to memorialize the dead person in some way should be referred to a crisis team member.
14. End the class by reminding students of the counseling and support services that are available.