

Ontario School District

School-Based Suicide Resource Guide



POSITIVE

**A SCHOOL-BASED APPROACH
TO SUICIDE PREVENTION,
INTERVENTION AND
POSTVENTION**

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SUICIDE PROTOCOL

The Ontario School District is adopting and promoting suicide prevention protocols throughout the district. This document is intended to help school staff understand their role and to provide accessible tools as interventions and record keeping.

Purpose of protocols and procedures

Senate Bill 52 requires each school district in the State of Oregon to adopt a comprehensive suicide prevention policy for grades k-12. Suicide can be prevented. Following appropriate steps can ensure a comprehensive school based approach to suicide **prevention, intervention** and **postvention** for staff, students and families.

The Ontario School District is committed to protecting the health and well-being of all students and understands that physical, behavioral and emotional health are integral components of student achievement. *All staff* are expected to be proactive in maintaining a safe and supportive learning environment and to immediately report to the building counselor and/or administrator any indications that a student may be in danger of harming themselves or others. Students are strongly encouraged to report if they or another student are feeling suicidal or in need of help. A summary of available resources shall be updated and posted around the school for students, families and staff.

Quick notes: *What schools need to know*

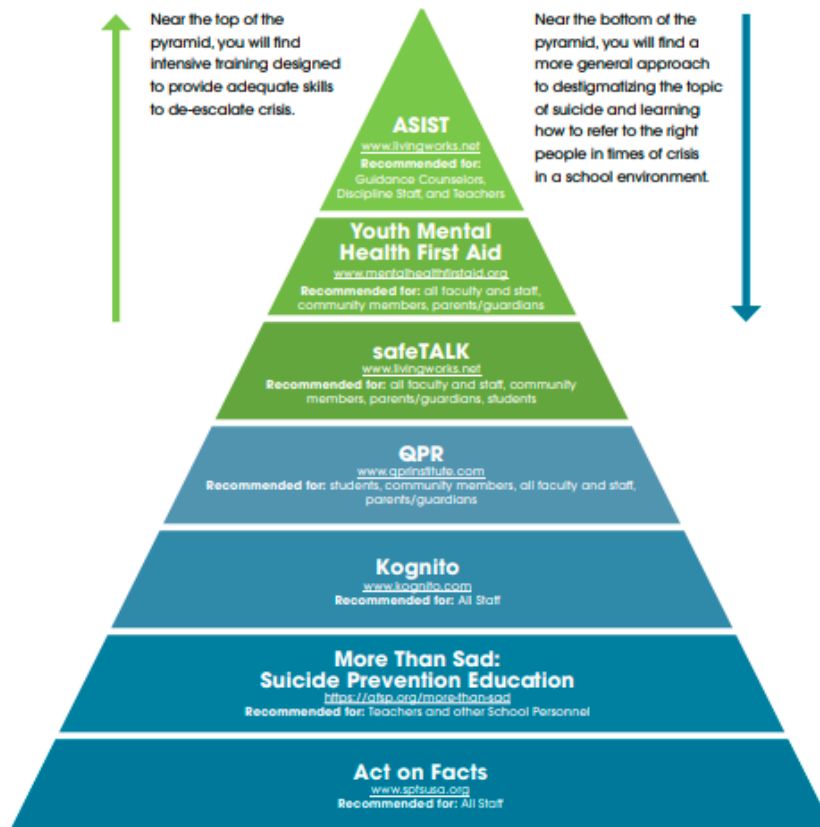
- *School staff are considered the first line of contact with potentially suicidal students.
- *Most school personnel are neither qualified, nor expected to provide the in-depth assessment of counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent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

PREVENTION

Ontario school staff will receive training (or refresher) once a year on the policies and procedures as well as best practices for intervening with students at risk of suicide. These trainings can be done by the school counselor, online safe schools training and prevention specialist (Malheur county prevention, Judy Trask & Paula Olvera). The training shall include but it is not limited to: the identification of risk factors, warning signs, interventions and response procedures, referrals and postvention strategies.

Wondering what training is right for you and your staff?

This simple chart will help you choose what suicide prevention training is the best fit for your team.



Staff:

Building specialists (counselors/response staff) should access trainings that are considered best practice and specific to suicide such as: ASIST (applied suicide intervention skills training), QPR (question, persuade and refer), Mental Health First Aid and/or SafeSchools trainings.

At least two staff members per school should receive specialized training to assess, intervene or refer students at risk of suicide. At the elementary level, these two staff members are the school counselor and the administrator. At the middle school and high school level, the trained staff members are the school counselors and other trained backup staff members.

Students

Students should receive developmentally-appropriate, student-centered education about suicide prevention in health class and throughout the school year in different presentations and/or other events. The purpose of this curriculum is to teach students how to access help at their school for themselves, their peers or others in the community.

Recommendations: (1) Use curriculum in line with Oregon State Standards for health such as RESPONSE. Students should be made aware each year of the staff who have received specialized training to help students at risk for suicide. (2) Consider engaging students to help increase awareness of resources (sourceoffstrength.org) (3) consider providing supplemental smalls group suicide prevention for at risk students. (4) Develop a safe messaging plan, including distribution of print materials, social media/text messaging, crisis information (oregonyouthline.org)

Parents/guardians

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

Recommendations: (1) List resources in the school handbook or newsletter. (2) Partner with community agencies to offer parent information nights using research based programs such as QPR. (3) ensure cross communication between community agencies and schools within bounds of confidentiality.

WARNING SIGNS

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

Talking about wanting to die or to kill oneself
Talking about death often
Talking about great guilt or shame
Talking about feeling empty, hopeless or having no purpose
Talking about being a burden to others
Giving away important possessions
Withdrawing from friends and family
Increasing use of alcohol or drugs
Showing rage or talking about seeking revenge
Talking, joking or writing about death, dying or suicide
A marked change in mood, including becoming less depressed suddenly more positive

RISK FACTORS

Current plan to kill self	Current suicidal ideation
Access to means to kill self	Previous suicide attempts
Family history of suicide	Exposure to suicide by others
History of mental health issues	Current drug or alcohol use
Sense of hopelessness	Loss (relationship, work, grief)
Current/past trauma	Current psychological/emotional pain
Conflict with others	Severe illness/health problems
Discrimination	Recent discharge from psychiatric hospitalization

PROTECTIVE FACTORS

Stable living environment	Willing to access help
High frustration tolerance	Emotion regulation
Resilience	Positive Self Esteem
Restricted access to kill self	Positive problem solving skills
Positive connection to others	Engaged in effective mental health care
Responsibility to others	or religious supports

INTERVENTION

Upon notification of suicidality, the school counselor shall complete a ***Level 1 Suicide Crisis Assessment***. If warranted, the student will be placed under continuous adult supervision during this time.

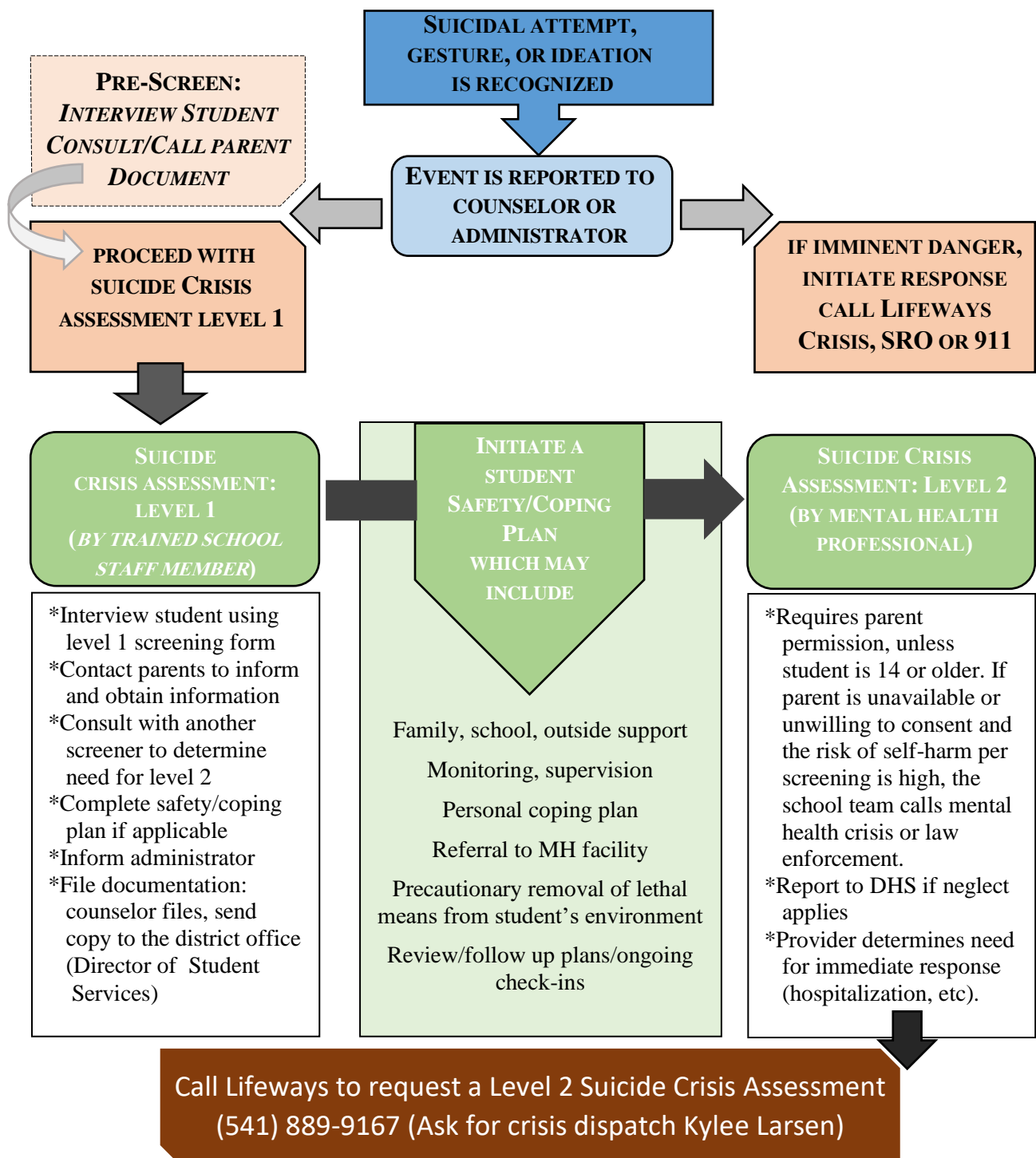
The school counselor will contact/inform parents/guardians and seek parental permission to communicate with outside mental health care providers regarding the student as needed. If the student is under the age of 14 and the parent/guardian refuses to seek appropriate assistance the school counselor shall contact DHS. If the student is 14 years or over and refuses to seek appropriate assistance, the school counselor will contact the school resource officer or dispatch to complete a welfare check or transport the student to the hospital.

Emergency medical services will be contacted immediately if an in-school suicide occurs. The school counselor shall contact the administrator or the Director of Special Services. Prior to contacting the student's parent/guardian, the Director of Special Services/response team shall determine if there could be further harm resulting from parent/guardian notification. If parent/guardian notification could result in further risk of harm or endanger the health or well-being of the student, then local law enforcement or the Department of Human Services/child welfare (DHS) shall be contacted. If warranted, a counselor and/or district administrator will accompany the student to the hospital until proper authorities arrive.

Prior to a student returning to school after an attempt and/or hospitalization, the principal, school counselor and/or other appropriate school personnel shall meet with the student and their parent/guardian in order to develop a safety/coping plan. A school support team shall convene to determine if additional evaluation and or supports are needed. The team will identify an employee to periodically meet with the student to monitor their safety and address problems or concerns with re-entry.

School counselors should continue to check with students for whom they completed a Level 1 Crisis Assessment to ensure the safety/coping plan is being followed and continue to collaborate with outside mental health providers as needed. School counselors should also communicate with parents/guardians as needed.

Any employee who reasonably believes that a student is at imminent risk of suicide shall immediately report such belief to the school counselor and/or principal. Indications that a student is at risk of suicide shall include, but are not limited to: the student verbalizing the desire to suicide and evidence of a suicide attempt and/or self-harm. A student should report to a staff member if they believe another student is at imminent risk of suicide. This includes self reports. This report should be investigated by the school counselor.



PRE-SCREEN

Date:_____ Time:_____ Screener's Name:_____

1. IDENTIFYING INFORMATION

Name:_____ DOB:_____ Age:_____ School:_____

2. REFERRAL INFORMATION

Who reported concern: ☐Staff ☐Peer ☐Self ☐Parent/Guardian ☐Other:_____

What information did this person share that raised concern about suicide risk?

3. WARNING SIGNS/RISK FACTORS

☐ Expressions of wanting to die, of being gone, or of death in any manner

O Writing O Verbal

O Drawing O Social Media

O Other: _____

4. PROTECTIVE FACTORS

☐ Engaged in effective health and/or MH care

☐ Positive problem solving skills

☐ Positive coping skills

☐ Restricted access to means to kill self

☐ Willing to access support/help

☐ Positive self esteem

☐ Feels well connected to others (family, school, friends)

☐ Resiliency

☐ High frustration tolerance

☐ Emotional regulation

☐ Does well in school

☐ Has responsibility for others

☐ Stable living environment

☐ Cultural or religious beliefs that discourage suicide

5. CONSULT

Consulted with School Counselor or Mental Health Professional: _____

6. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted:_____ Date Contacted:_____

O Left a voicemail (time):_____ O Parent Called back (time):_____

Parent/Guardian's perception of incident:_____

7. SIGNATURES

Screener:_____ Date:_____

Administrator:_____ Date: _____

8. ADMINISTRATIVE

File all under counselor confidential file

SUICIDE CRISIS ASSESSMENT - LEVEL 1

Date:_____ Time:_____ Screener's Name:_____

1. IDENTIFYING INFORMATION

Name:_____ DOB:_____ Age:_____ School:_____

IEP/504?_____ Medical information/medication:_____

Parent/Guardian #1 name/phone # (s):_____

Parent/Guardian #2 name/phone # (s):_____

2. REFERRAL INFORMATION

Who reported concern: ☐ Staff ☐ Peer ☐ Self ☐ Parent/Guardian ☐ Other:_____

When was concern disclosed:_____ Contact information (If applicable):_____

What information did this person share that raised concern about suicide risk?

Students Perception:_____

3. WARNING SIGNS/RISK FACTORS

☐ Expressions of wanting to die, of being gone, or of death in any manner in their:

- ☐ Writing ☐ Verbal
- ☐ Drawing ☐ Social Media
- ☐ Other:_____

- ☐ Withdrawal from others
- ☐ Preoccupation with death
- ☐ Feelings of hopelessness/self-hate
- ☐ Substance Abuse
- ☐ Current psychological/emotional pain
- ☐ Discipline problems
- ☐ Conflict with others (friends/family)
- ☐ Experiencing bullying or being a bully
- ☐ Mental Health concerns
- ☐ Self-Injury

☐ Recent personal or family loss or change (i.e., suicide, death, divorce)

- ☐ Recent changes in appetite, behavior, sleep
- ☐ Family problems
- ☐ Giving away possessions
- ☐ Current/past trauma (relational/sexual abuse)
- ☐ Crisis within the last 2 weeks
- ☐ Stresses from: gender identity, sexual orientation, ethnicity
- ☐ Engages in high risk behavior
- ☐ Exposure and/or access to weapons, violent video games
- ☐ Unmet basic needs
- ☐ Other signs: _____

4. PROTECTIVE FACTORS

- ☐ Engaged in effective health and/or MH care
- ☐ Positive problem solving skills
- ☐ Positive coping skills
- ☐ Restricted access to means to kill self
- ☐ Willing to access support/help
- ☐ Positive self esteem
- ☐ Feels well connected to others (family, school, friends)

- ☐ Resiliency
- ☐ High frustration tolerance
- ☐ Emotional regulation
- ☐ Cultural and/or religious beliefs that discourage suicide
- ☐ Does well in school
- ☐ Has responsibility for others
- ☐ Stable living environment

5. CONSULT

Consulted with School Counselor or Mental Health Professional: _____

6. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: _____ Date contacted: _____

Was the parent/guardian aware of the student's suicidal thoughts/plans? ☐ YES ☐ NO

O Left a voicemail (time): _____ O Parent called back (time): _____

Parent/Guardian's perception: _____

Parent Action Plan

O Will transport student to a MH evaluator (*Hospital, County Mental Health, Private Therapist*)

O Mental Health Evaluation/Counseling appointment date: _____

O Other: _____

7. POTENTIAL SCHOOL ACTION PLANS

☐ Determine if Student Safety/Coping Plan is needed:

o Limited risk factors; Student Safety/Coping Plan not needed

o Completed a Student Safety/Coping Plan. One copy to student, one in confidential file

☐ Released back to class

o Limited or no risk factors noted

o Protective factors noted

☐ Released to parent/guardian: _____

o Parent/guardian took student to hospital

☐ Provided student and family resource materials including parent letter

o Sent home with student o Handed to parent/guardian o Other: _____

☐ Several risk factors but no imminent danger

o Will follow up & review safety/coping plan(date/time) _____

☐ Several risk factors noted

o Referred for a Suicide Crisis Assessment Level 2: _____

8. COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Fill out and attach separate screening form ☐ LOW RISK ☐ MEDIUM RISK ☐ HIGH RISK

9. SIGNATURES

Screener: _____ Date: _____

Administrator: _____ Date: _____

10. ADMINISTRATIVE

File all suicide paperwork in counselor confidential file

Send a copy to the Director of Student Services at the District Office

Students Name: _____

Date: _____

Colombia-Suicide Severity Rating Scale

Screen Version – Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past Month	
Ask questions that are bolded and <u>underlined</u> .	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it...and I would never go through with it"		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them"		
5) <u>Have you started to work out or worked out the details of how to kill yourself?</u> <u>Do you intend to carry out this plan?</u>		

6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>	YES	NO
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
If YES, ask: <u>Was this within the past three months?</u>		

- Low Risk
- Moderate Risk
- High Risk

NOTES:

INTERVIEW GUIDE WITH STUDENT

1. **How are things going?** (home, school, friends)
1. **Are there people or things that are stressing you or harming you?** (bullying, harassment, family issues, a sense of loss/failure, school work threats to you?)
3. **Have you noticed any recent changes such as difficulty sleeping, changes in appetite, withdrawing from your friends or family or lacking interest in your preferred activities?**
4. **Do you have anyone you trust and can talk to about things in your life?** (staff, relative, adult in the community)
5. **What are your plans for the future? Do you see yourself as an adult?**
6. **What are some good things going on in your life? What makes you happy are you involved in sports, clubs, recreational activities, art, music, church etc?** (reasons for living)
7. **Have you ever used drugs/alcohol? Are you currently using drugs or alcohol?**
8. **Have you ever had thoughts about wishing you were dead or could go to sleep and not wake up?**
 - a. *Have you had any actual thoughts of killing yourself in the past few weeks?*
 - b. *Have you ever done anything, started to do anything or prepared anything to end your life?*
 - c. *If so, was this in the last 3 months? (when)*
 - d. *Are you having thoughts of killing yourself now?*
 - e. *Have you been thinking about how you might do this? (acquiring weapon, medication, giving away belongings, saying goodbye).*
 - f. **If student has a plan – What about today? Do you or have you had any intention to carry out your plan?*
 - g. *When/how?*
9. **Have you had thoughts about hurting someone else?**
 - a. *If so, are you have any of thoughts now?*
 - b. *If so, do you have a plan?*

*If yes to any of 9, consider beginning a level 1 student threat assessment
10. **Are you willing to work on a plan to keep yourself safe?**
11. **Are you willing to talk to a mental health worker about these feelings?**
12. **Is there anything else I should know?**

SECONDARY SAFETY/COPING PLAN

Student Name: _____ **Date:** _____

Warning signs that I might be in crisis (thoughts, images, mood, situation, behaviors)

- 1.
- 2.
- 3.

Coping strategies/things I can do to keep myself safe (when negative thoughts are present)

- 1.
- 2.
- 3.

An adult I can ask for help at home/outside school (List as many as possible)

An adult I can talk to at school (List as many as possible)

My reasons for living (people I love, things I look forward to)

- 1.
- 2.
- 3.

I can call any of these numbers for 24 hours crisis support

Text Oregon Youthline “teen2teen” to **839-863**

Call Oregon Youthline **(877) 968-8491**

National Suicide prevention lifeline **(800) 273-8255**

Trevor Project Lifeline LGBTQ **(866) 488-7386**

Lifeways Inc. **(541) 889-9167**

PRIMARY SAFETY/COPING PLAN

My New Plan

Student Name:

Date:

Last time, I chose to ...

and I ended up feeling

I was feeling:

I can do things differently!

Next time I will choose to...

+ and ask...

so I can

My Coping Plan

By:

Feeling Safe Looks Like this

When I notice _____, my body is telling me that I am not feeling safe and I need help.

When I notice _____ at home I will tell/do _____ or _____.

When I notice _____ at school I will tell _____ or _____.

It is important to stay safe because

* _____ and _____ *

STUDENT FOLLOW UP: Safety/Coping Plan Review

School counselors should continue to check with students who they completed a Level 1 Crisis Assessment to ensure the safety/copy plan is being followed and continue to collaborate with outside mental health providers as needed. School counselors should also communicate with parents/guardians as needed.

Recommended review is weekly for the first two weeks following an event and bi-weekly for the next month or as needed.

Review/Revise Date	Notes

Discontinued:	Date:	Reasoning:

Parent/Guardian:

As a follow-up to our discussion earlier today, we are concerned about your student's safety and welfare. All expressions of suicidal behavior are taken very seriously within the Ontario School District and we would like to support you and your student as much as possible during this crisis. To assure the safety of your student, we suggest the following:

- ☐ Your student needs to be closely supervised.
- ☐ Assure that your student does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. Research shows that risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. Your local police department or the School Resource Officer at your student's school can discuss with you different ways of removing, storing, or disposing of firearms.
- ☐ Seek professional help for your student. When a student is at risk for suicide, it is extremely important that they be seen by a Qualified Mental Health Professional for assessment and, if appropriate, ongoing counseling. We can assist you in finding these resources, or you can contact your insurance company directly by calling the number listed on the back of your insurance card. Lifeways, Inc. Crisis Line at 541-889-9167 can assist with locating resources for students (and adults).

Your student will need support during this crisis including reassurance that you love them and will get them the care they need. Experts recommend being sensitive to their needs by being patient and calm, conveying concern and showing love with no strings attached. Avoid teasing and sarcasm during this time. Take all threats and gestures seriously. Encourage open communication by being non-judgmental and conveying empathy, warmth and respect. Be careful not to display anger toward your student for bringing up this concern, or show resentment because you had to leave work or face other inconveniences in order to ensure your student's safety.

We may need to develop a re-entry plan with you before your student returns to school. A representative from the school may contact you to schedule a meeting to discuss a plan that meets your student's needs. This is to ensure your student's safety while at school.

If you have an immediate concern for your student's safety, please call the Lifeways, Inc. Crisis Line at 541-889-9167. Counselors are available 24 hours a day and can advise you on the most appropriate action to help keep your student safe. **In case of emergency, call 911 or go to a hospital emergency room.**

If you have questions or need further assistance from the school, please contact your student's School Counselor:

Name: _____

Phone: _____

Email: _____

Padres/Guardianes:

Como seguimiento a nuestra conversación de hoy, estamos preocupados por la seguridad y el bienestar de su estudiante. Todas las expresiones o comportamiento de suicidio se toman muy en serio dentro del Distrito Escolar de Ontario y nos gustaría ayudarle a usted y a su estudiante lo mas posible durante esta crisis. Para mantener la seguridad de su estudiante, sugerimos lo siguiente:

- Su estudiante necesita ser cercamente supervisado.
- Asegúrese de que su estudiante no tenga acceso a armas de fuego u otros medios letales, incluyende medicamentos y otras armas en casa o en la casa de vecinos, amigos u otros miembros de la familia. Las investigaciones muestran que el riesgo de suicidio se duplica si hay un arma de fuego en la casa, incluso si el arma de fuego está bajo llave. Su departamento de policía local o el Oficial de Recursos Escolares de la escuela de su estudiante pueden platicar con usted sobre las diferentes formas de quitar, almacenar o desechar armas de fuego.
- Busque ayuda profesional para su estudiante. Cuando un estudiante está en riesgo de suicidio, es sumamente importante que sea visto por un Profesional de Salud Mental Calificado para evaluación y, si es apropiado, consejería continua. Podemos ayudarle a encontrar estos recursos, o puede comunicarse directamente con su compañía de seguros llamando al número que se encuentra al reverso de su tarjeta de aseguranza. También, la línea de crisis de Lifeways, Inc. al 541-889-9167 puede ayudar a localizar recursos para estudiantes (y adultos).

Su estudiante necesitará apoyo durante esta crisis, incluso la seguridad de que lo ama y le brindará la atención que necesita. Los expertos recomiendan ser sensibles a sus necesidades siendo paciente y tranquilo, transmitiendo preocupación y mostrando amor sin ataduras. Evite las burlas y el sarcasmo durante este tiempo. Tome todas las amenazas y gestos en serio. Mantenga la comunicación abierta sin juzgar y transmita empatía, calidez y respeto. Tenga cuidado de no mostrar enojo hacia su estudiante por plantear esta inquietud, o mostrar resentimiento porque tuvo que dejar el trabajo o enfrentar otros inconvenientes para garantizar la seguridad de su estudiante.

Es posible que necesitemos desarrollar un plan de reingreso con usted antes de que su estudiante regrese a la escuela. Un representante de la escuela puede comunicarse con usted para programar una reunión para discutir un plan que satisfaga las necesidades de su estudiante. Esto es para garantizar la seguridad de su estudiante mientras está en la escuela.

Si tiene una preocupación inmediata por la seguridad de su estudiante, por favor llame a la Línea de Crisis de Lifeways, Inc. al 541-889-9167. Los consejeros están disponibles las 24 horas del día y pueden aconsejarle sobre la acción más apropiada para ayudar a mantener seguro a su estudiante.

En caso de emergencia, llame al 911 o vaya a la sala de emergencias de un hospital.

Si tiene preguntas o necesita más ayuda de la escuela, comuníquese con el consejero/a escolar de su estudiante:

Nombre: _____

Teléfono: _____

Email: _____

CHECKLIST

- **Determine the severity and need for pre-screen or Level 1 Crisis Assessment**
 - Complete Pre-Screen
 - * *Consult*
 - * *Parent contact*
 - * *Inform Administrator*
 - * *File under counselor confidential files*
 - Complete Suicide Crisis Assessment Level 1
 - * *Consult*
 - * *Parent Contact*
 - * *Complete Safety/Coping plan*
 - * *Inform Administrator*
 - * *Send copy of the completed assessment to the DO (Director of Student Services)*
 - * *File under counselor confidential files*
 - * *Complete Student follow up (Safety/Coping Plan Review)*
- **Determine need for Level 2 Crisis Assessment**
 - * Obtain release of information (*if applicable*)
 - * Complete referral
 - * Continue collaborating/consulting with provider
 - * Obtain paperwork & follow clinical recommendations
 - * Continue supporting the student using safety plan from community partner *OR*
 - * Complete the school safe/coping plan and continue review

POSTVENTION

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

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

Key points

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

POSTVENTION GOALS

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

POSTVENTION RESPONSE PROTOCOL

- ✓ Verify suicide
- ✓ Estimate level of response resources required
- ✓ Determine what and how information is to be shared-do NOT release information in a large assembly or over the intercom. Do not "glorify" the death.
- ✓ Mobilize the school's Postvention Team and/or the Malheur County Flight Team (see resources)

- ✓ Inform faculty and staff
- ✓ Identify and refer at-risk students and staff
- ✓ Be aware that persons may still be traumatized months after the event. Refresh staff on prevention protocols and be responsive to signs of risk.

RISK IDENTIFICATION STRATEGIES

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

KEY POINTS TO EMPHASIZE TO STUDENTS, PARENTS, MEDIA

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

CAUTIONS

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

CONFIDENTIALITY

HIPAA FERPA School employees, with the exception of nurses and psychologists who are bound by HIPAA, are bound by laws of the Family Education Rights and Privacy Act of 1974 (FERPA).

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

Under FERPA, parents are generally required to provide consent before school officials disclose personally identifiable information from students’ education records. There are exceptions to FERPA’s general consent rule, such as disclosures in connection with health or safety emergencies. This provision in FERPA permits school officials to disclose information on students, without consent, to appropriate parties if knowledge of information is necessary to protect the health or safety of the student or other individuals. When a student is believed to be suicidal or has expressed suicidal thoughts, school officials may determine that an articulable and significant threat to the health or safety of the students exists and that such a disclosure to appropriate parties is warranted under this exception.

Request from student to withhold from parents

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

Exceptions for paternal notification: Abuse or Neglect

Parents need to know about students’ suicidal ideation unless there is potential of resulting parental abuse or neglect is possible. The counselor or staff suicide contact person is in the best position to make the determination. School staff will need to let the student know that other professionals would need to get involved on a need to know basis.

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

Local Resources for Training and Support

Programs available from Malheur County Prevention Services: (541) 889-9167
Judi Trask, Prevention Coordinator & Paula Olvera, Prevention Specialist:

ASIST Workshop - *Applied Suicide Intervention Skills Training Ages 16-adult, 2 Days*
Recommended for all school based mental health providers and select staff members. ASIST is a two-day face-to-face workshop featuring powerful audiovisuals, discussions, and simulations.

QPR – *Suicide Prevention and Risk Reduction (Ages 16-adult 2 hours)*
Recommended for all staff, QPR Gatekeeper Training is designed to teach lay and professional "gatekeepers" the warning signs of a suicide crisis and how to respond. QPR is often used in schools as a universal training for all staff members that can be completed within 2-3 hours.

Youth Mental Health First Aid *(Adult program available too (1,2 or 4 days)*
Identify, understand and respond to signs of mental illness and substance use disorders in youth. Learn to apply Mental Health First Aid in a variety of situations, including when a youth is experiencing a mental health crisis-including suicide risk. All staff within the school community provide opportunities a youth experiencing a mental health issue feel supported and get appropriate help.

Trauma Informed Care Adults *working within systems - i.e. education system 4 hours*
Becoming "trauma-informed" means recognizing that people often have many different types of trauma in their lives. People who have been traumatized need support and understanding from those around them. Often, trauma survivors can be re-traumatized by well-meaning caregivers and community service providers. Understanding the impact of trauma is an important first step in becoming a compassionate and supportive community.

Connect Suicide Postvention Training
For School Based Mental Health Professionals and Administrators 3 to 6-hour course tailored specifically for educators

Local Phone Numbers

Local Mental Health Authority: *Lifeways Behavioral Health*
(541) 889-9167

Youthline
877-968-8491
Text "teen2teen" to **839863**

Trevor Project Crisis Line - LGBTQIA+
1-866-4-U-Trevor (1-866-488-7386)
Text "TREVOR" to **678-678**

Lines of Life (adults)
800-273-8255
Text "**273TALK**" to **839863**