

SUICIDE PREVENTION

PURPOSE

The purpose of this policy is to protect the health and well-being of Cuddeback Union School District students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. Cuddeback Union School District:

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

SCOPE

This policy covers actions that take place in the school, on school property, and at school sanctioned or supervised activities, including, for example, on school grounds, on school buses, at bus stops, at functions held on school grounds, at extra-curricular activities held on and off school grounds, at school sponsored out-of-school events where school staff are present, and at functions held at the school in the evening. This policy applies to the entire school community, including educators, school staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

PREVENTION

1. Policy Implementation. The Superintendent shall designate a suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. Staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

2. Staff Professional Development. All staff will:

- a) Receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. (Attachment: A. Definitions, B. Risk Factors and Protective Factors, C. Warning Signs)
- b) The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/ or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. (Attachment: D. High Risk Groups, E. Implications of Culture)
- c) Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals.

3. Youth Suicide Prevention Programming. Developmentally appropriate, student-centered education materials will be integrated into the curriculum of all K-12 health classes. The content of these age-appropriate materials will include:

- a) Importance of safe and healthy choices and coping strategies,
- b) How to recognize risk factors and warning signs of mental disorders and suicide in oneself and others,
- c) Help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help. (Attachment: F. Youth Suicide Prevention Programming)

4. Publication and Distribution. This policy will be made available annually and included in all family and employee handbooks and on the school/District website.

INTERVENTION, ASSESSMENT AND REFERRAL (Attachment G. Additional Information for Action Plan including sample flow chart from Maine Referral and Tracking Tool, Risk Assessment and Screening Tool-Lieberman, Intervention in a Suicidal Crisis—Palo Alto Comprehensive Suicide Prevention Toolkit)

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

For youth at risk:

1. School staff will continuously supervise the student to ensure the student's safety.
2. The school crisis team and school/District suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
3. The mental health professional, Superintendent, or Superintendent designee will contact the student's parent or guardian, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.
4. Staff will obtain from the student's parent or guardian written permission to discuss the student's health with outside care, if appropriate.

IN-SCHOOL SUICIDE ATTEMPTS

In the case of an in-school suicide attempt:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following school emergency medical procedures.
2. School staff will supervise the student to ensure his/her safety.

3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. Staff will immediately notify the school crisis team, Superintendent, and the school suicide prevention coordinator regarding in-school suicide attempts.
6. The school employed mental health professional, Superintendent, or designee will contact the student's parent or guardian.
7. The Superintendent will initiate as necessary the crisis team to assess whether additional steps will be taken to ensure students' safety and well-being.

RE-ENTRY PROCEDURE

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school employed mental health professional and the Principal will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. A school employed mental health professional will coordinate with the student, their parent or guardian, and any outside mental health care providers.
2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
3. The designated staff person will periodically check in with student to help the student readjust to the school community and address any ongoing concerns.

OUT OF SCHOOL SUICIDE ATTEMPTS

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

1. Inform the student's parent or guardian.
2. Call 911 and Crisis Intervention.
3. Inform the suicide prevention coordinator and the Superintendent.

If the student contacts the staff member and expresses suicidal ideation, the staff member will maintain contact with the student (either in person, online, or on the phone). The staff member will then enlist the assistance of another person to call 911 and the parents while maintaining verbal engagement with the student.

PARENTAL NOTIFICATION AND INVOLVEMENT (Attachment H.)

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the Superintendent, designee, or mental health professional. If the student has exhibited any kind of suicidal behavior, the parent or guardian will be counseled on "means restriction," limiting the child's

access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the Superintendent, designee, or school employed mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the Superintendent, designee, or mental health professional believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay will be documented.

POSTVENTION

1. Development and Implementation of an Action Plan The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan will take place immediately following news of the suicide death. The action plan may include the following steps:

a) **Verify the death.** The Superintendent, or designee, will confirm the death and 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 will 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.

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 identify students most likely to be affected. The crisis team will also consider other recent traumatic events 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) **Internal Communication/Share information.** Before the death is officially classified as a suicide by the coroner's office, the Superintendent, or designee, shall report the death 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. The Superintendent, or designee, may prepare an age-appropriate statement for staff members to share with students. The statement may 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 will be avoided. The school 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 will 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 mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.

f) **Develop memorial plans.** The school will not create on-campus physical memorials, funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School will not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

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

a) Keep the Board of Trustees and crisis team/need to know staff informed of actions relating to the death.

b) If determined to be necessary, prepare a media statement 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) Address all media inquiries. If a suicide is to be reported by news media, Superintendent will 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 will also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media will be provided with, and asked to offer the community, information on suicide risk factors, warning signs, and resources available.

FAMILY/Staff/Student HANDBOOK

Policy on the Prevention of Suicide

Protecting the health and well-being of all students is of utmost importance. The Board of Trustees has adopted a suicide prevention policy which will help to protect all students through the following steps:

1. Students will learn age-appropriate information about recognizing and responding to warning signs of suicide in friends, using coping skills, using support systems, and seeking help for themselves and friends.

2. The school will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources.

3. When a student is identified as being at risk, they will be assessed by a school employed mental health professional who will work with the student and help connect them to appropriate local resources.
4. Students will have access to national resources which they can contact for additional support, such as:
 - a. The National Suicide Prevention Lifeline –1.800.273.8255 (TALK), www.suicidepreventionlifeline.org
 - b. The Trevor Lifeline – 1.866.488.7386, www.thetrevorproject.org
5. All students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help.
6. Students should also know that because of the life or death nature of these matters, confidentiality or privacy concerns are secondary to seeking help for students in crisis.
7. For a more detailed review of this policy, please see the full **Suicide Prevention** Policy, posted on the school's website under Board Policies.

(adapted from the Model School Policy-Trevor Project, afsp, NSSP,