Multnomah Education Service District

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SUICIDE PREVENTION, INTERVENTION, & POSTVENTION PLAN

Multnomah Education Service District

*Adapted from Suicide Prevention: Step by Step created by Lines for Life and the Willamette Education Service District.

TABLE OF CONTENTS

PURPOSE OF PROTOCOLS AND PROCEDURES

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to increase safety to the entire school community. Additionally, in Oregon, Adi's Act is also in place to support suicide prevention, especially in regards to LGBTQ+ youth and others at higher risk for juvenile suicide. This document is intended to help school staff understand their role, provide information to parents and community partners, and to provide accessible tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students when a crisis occurs in their community. School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is, additionally, to assist school administrators in their planning.

QUICK NOTES: WHAT SCHOOLS NEED TO KNOW

- **School staff are frequently considered the first line of contact with potentially suicidal students.**
- **School staff are responsible for taking reasonable and prudent actions to help students with suicidal ideation, such as notifying mental health who will contact parents, make appropriate referrals, and secure outside assistance when needed.**
- **All school personnel need to know that protocols exist to refer students with suicidal ideation to trained professionals so that the burden of responsibility does not rest solely with the individual "on the scene".**
- **Research has shown that 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.**
- **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 to everyone.**

CONFIDENTIALITY

HIPAA AND FERPA

School employees are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA. Some employees may also be bound by the Health Insurance Portability and Accountability Act (HIPAA).

When a student shares information that indicates the student is at 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”.

EXCEPTIONS FOR PARENTAL NOTIFICATION: ABUSE OR NEGLECT

Parents need to know about a student’s suicidal ideation unless there is a risk of parental abuse or neglect. The mental health staff or suicide contact person is in the best position to make the determination of student safety. The staff who has been disclosed to should let the student know that mental health staff will be notified on a need to know basis.

If a student makes a statement such as “My dad/mom would kill me” as a reason to refuse, the mental health staff will ask questions to determine if parental abuse or neglect may be involved.

SUICIDE PREVENTION PROTOCOL

Senate Bill 52, Adi's Act, requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-1 2. Suicide can be prevented. Following these steps will help ensure a comprehensive school based approach to suicide prevention for staff and students.

Staff:
All staff should receive training (or a refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide. The RESPONSE curriculum and/or the Question, Persuade, and Refer (QPR) Suicide Prevention model provide training on best practices.

RECOMMENDATION: All staff to receive QPR training once a year. Preview prevention, intervention, and postvention protocols.

Specific staff members receive specialized training to intervene, assess, and refer students at risk for suicide. This training should be a best practice and specific to suicide such as the internationally known ASIST: Applied Suicide Intervention Skills Training.

RECOMMENDATION: All mental health staff should be ASIST trained and be the "go-to" people within the school. All staff should know who the "go-to" people are within the school and are familiar with the intervention protocol.

Students:
Students should receive information about suicide and suicide prevention in health class. 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 that have received specialized training to help students at risk for suicide. (2) Consider engaging students to help increase awareness of resources (ie – handing out resources, advocating for mental health, being a leader).

Parents:
Provide parents with informational materials to help them identify whether their child is at risk for 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 or RESPONSE. (3) Ensure cross communication between community agencies and schools within bounds of confidentiality.

Suicidal Behavior Risk + Protective Factors

RISK FACTORS ARE EVENTS OR EXPERIENCES THAT INCREASE THE CHANCE OF A STUDENT DEVELOPING SUICIDAL IDEATION AND/OR BEHAVIOR.

- Family history of suicide
- History of maltreatment/abuse
- Exposure to violence
- Witnessing/experiencing family abuse
- **Previous attempt(s)**
- Isolation
- Hopelessness
- History of substance abuse
- History of mental health diagnoses
- Trauma
- Limited access to behavioral health care
- Chronic illness
- Lack of social support
- **Access to lethal means**
- LGBTQ+, Native-American, Alaskan Native
- Perceived burdensomeness
- Multiple losses in the family
- Major disruptions in the family
- Learning difficulties

For more information about how traumatic experiences can impact your students, refer to the Adverse Childhood Experiences(ACEs) study via The Center for Disease Control and Prevention (CDC).www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

PROTECTIVE FACTORS ARE PARTS OF SOMEONE'S LIFE EXPERIENCE THAT MIGHT INCREASE THEIR ABILITY TO COPE WITH STRESSORS.

- Effective clinical care for mental health diagnoses
- Social support
- Self esteem
- Sense of purpose
- Problem solving skills
- Healthy coping tools
- Cultural and religious beliefs
- Social competence
- Access of multiple intervention/support avenues for help
- Sense of purpose and future orientation
- Academic success
- School Climate
- Secure housing and food
- Pets - responsibilities/duties to others
- Reasonably safe and stable environment
- Connectedness
  - Family
  - Peers
  - School
  - Trusted adults
  - Community

KEEP IN MIND: A person with an array of protective factors in place can still struggle with thoughts of suicide. It is important to consider this when conducting a risk assessment.

SUICIDE INTERVENTION PROTOCOL

Warning Signs for Suicide

Many signs of suicide are similar to the signs of depression. However, keep in mind that depression is a risk factor for suicide, not a cause. Usually these signs last for a period of two weeks or longer. Many youth behave impulsively and may choose suicide as a solution to their problems quickly, especially if they have access to firearms or other lethal means. Although you may see the following externalizing behaviors there may be no observable signs. Youth may have mostly internalizing signs that are not noticeable to others.

Older Youth:

- Feeling like a burden
- Being isolated
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Bullying/being bullied
- Risk-taking behavior
- Newly truant
- Talking or posting about wanting to die
- Making plans for suicide

Younger Youth (12 and under):

- Excessive somatic complaints
- Anxiety/worry
- Sleep problems/nightmares
- Constant fidgeting/movement
- Expression in writing or art
- Withdrawal
- Crying spells
- Increased anger, frustration, temper tantrums
- Becoming less verbal
- Attempting self-harm
  - cutting skin
  - rubbing objects repeatedly to break skin
- Marked decline in school work
- Absenteeism
- Bullying/being bullied

Warning signs that indicate an immediate danger or threat:

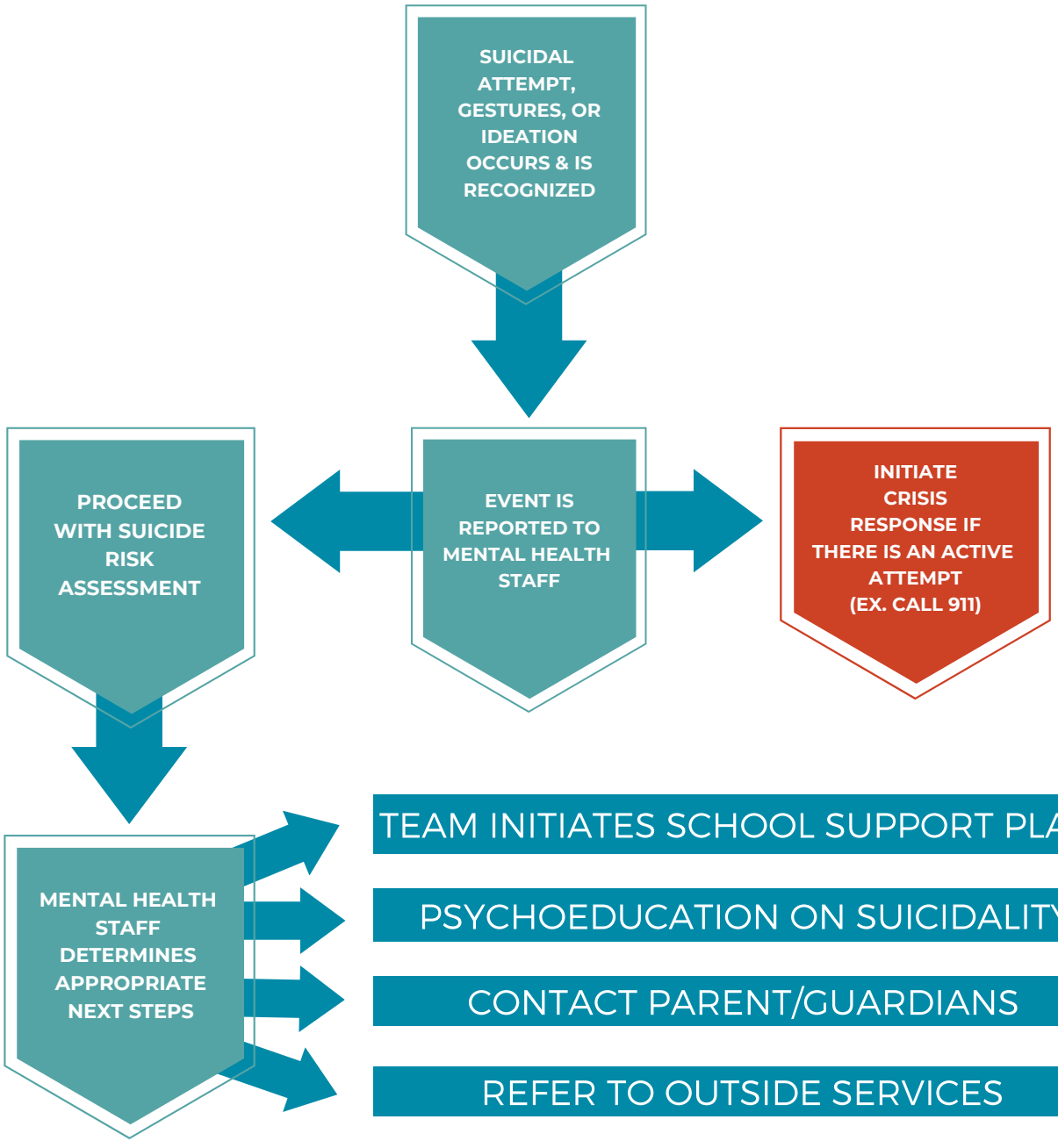
- Signs that indicate the youth has a plan to kill themself
- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves – seeking access to pills, weapons, or other means
- Someone talking, joking, or writing about death, dying, or suicide

If suicidal attempts, gestures, or ideation occur or are recognized, report it to mental health staff. If there is imminent danger, such as an active attempt, also call 911. A suicide assessment will be performed by a trained school staff member. The assessment will do the following:

- Interview student using a standardized suicide rating scale
- Complete a School Support Plan if needed.
- Contact parent/guardian to inform and obtain further information.
- Determine need for further assessment
- Consult with another mental health staff before activating a crisis response
- Inform administrator of screening results.
- Consult with the student's team

*See following School-Based Suicide Intervention Process flowchart for additional information.

SCHOOL-BASED SUICIDE INTERVENTION PROCESS



***School team (mental health staff and administrator) with parent and student initiates a support plan which may include:**

- School, family, community components
- Monitoring, supervision
- Confidentiality
- Personal safety plan
- Referral
- Precautionary removal of lethal means from student's environment
- Review

SUICIDE POSTVENTION PROTOCOL

Schools must be prepared to act and provide postvention support and action in the event of a suicide attempt or completed suicide. Suicide Postvention has been defined as “the provision of crisis intervention, support, and assistance for those affected by a suicide” (American Association of Suicidology). Postvention strategies after a suicide attempt or completion are very important. Schools should be aware that youth and others associated with the event may be vulnerable to increased risk or suicide. Families and communities can be especially vulnerable after a suicide.

The school’s primary responsibility in these cases is to respond to the suicide attempt or completion in a manner which appropriately supports students and the school community. MESD has systems in place that work with and support those affected by the attempt or death; such as students, staff, parents/guardians, community, media, law enforcement, etc.

POSTVENTION GOALS:

- Support the grieving process
- Prevent suicide contagion
- Reestablish healthy school climate
- Provide long-term supports
- Integrate and strengthen protective factors
    - i.e., community involvement in school, parent engagement, mental health supports, etc

Resources

School-based: Mental Health Therapist, Counselor, School Psychologist, and Behavior Specialist
Community: YouthLine
County Supports: Multnomah County, Clackamas County, & Washington County Crisis Lines
Grief Support: The Dougy Center

HOW DO WE REACH THESE GOALS?

- Activate district Flight Team for further support.
- Do not glorify or romanticize the suicide but treat it sensitively when speaking about the event, particularly with the media
- Address all deaths in a similar manner. For example, having one approach for a student who dies in a car accident and a different approach for a student who dies by suicide reinforces the stigma surrounding suicide.
- Research and identify the resources available in your community.

Suicide Postvention Protocol (continued)

Generally, postvention response includes, but is not limited to, the following actions:

- Verify the suicide attempt or completion
- 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)
- Mobilize the Flight Team.
- Inform staff
- Identify at-risk students and staff (see “risk identification strategies”)
- Refresh information for faculty and staff on prevention protocols and be responsive to signs of risk. Be aware that persons may still be traumatized months after the event.

Key points to emphasize to students, parents, and media:

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death
- Mental illness etiology
- Normalize anger
- Stress alternatives
- Help is available

SAFE REPORTING

The way that media outlets, reporters, and others can safely share news that someone has died by suicide. Safe reporting can help reduce the risk of suicide contagion and/or clusters in a community. Examples of safe reporting practices include not sharing the means of death, avoiding sensationalizing the death, and including resources for community members to get help if needed.

Cautions:

- Avoid romanticizing or glorifying event or vilifying victim
- Do not provide excessive details or describe the event as courageous or rational
- Do not create memorials to students unless they can be replicated every time a student dies. Ex.: don't put a statue on the front lawn for a death by suicide if you won't do it for every student death at the school.
- Address loss but avoid school disruption as best as possible

Suicidal Postvention Protocol (continued)

RISK IDENTIFICATION STRATEGIES:

IDENTIFY students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the attempt survivor or 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 suicide attempt or completion. Groups that may be at higher risk include those who have a history of being bullied, who are LGBTQ+, who are isolated from the larger community, and those who have low 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.

THEMES OF RESPONSIBLE POSTVENTION:

- **Grief is normal**
- **Help is available**
- **Youth and young adults are resilient**
- **Healthy coping skills can be learned**
- **Suicide loss survivors are not responsible for the death**
- **Suicide is preventable**

Recommended Resources:

After A Suicide:
A Toolkit for Schools
www.afsp.org

Suicide Prevention Resource Center
www.sprc.org

American Foundation for Suicide Prevention
www.afsp.org

Suicide Rapid Response
SRR@linesforlife.org