Pinehurst School District #94

School Based Guide to Youth Suicide Prevention, Intervention, and Postvention Guidelines and Procedures

Pinehurst School District 94

SOESD
Southern Oregon Education Service District

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BACKGROUND

Suicide is a leading cause of death for young people in Oregon and Oregon's rate of youth suicide deaths remains higher than the national average. Our School BasedYouth Suicide Intervention and Prevention Plan acknowledges that suicide is a complex public health problem that can be addressed through comprehensive efforts including student supports and training in suicide awareness.

Everyone can help prevent suicide.

School is a critical setting for supporting the healthy development of youth, including suicide prevention efforts. The school environment can be a source of resiliency and support for students who are struggling. **School personnel are often on the "front lines" of identifying and supporting students who might be struggling or thinking about suicide.**

School personnel do not need to be mental health professionals to identify and help at-risk students, listen to their concerns, evaluate the student for immediate safety, secure outside assistance when needed, notify caregivers as appropriate, and make appropriate referrals. **This document is intended to help school staff understand that we ALL have a role to play in suicide prevention and to provide accessible tools and resources to support those roles.**

COMPONENTS OF SCHOOL BASED PLAN

Prevention:

- Creating a welcoming and inclusive school climate where all students feel a sense of safety, significance and belonging.
- Educate school staff, students, and community members to recognize and respond to signs of suicide risk and provide culturally and linguistically responsive resources and supports.
- All students will be supported with special attention to the needs of youth bereaved by suicide, youth with disabilities, youth with mental illness or substance abuse disorders, youth experiencing homelessness, those in foster care, those identifying as lesbian, gay, bisexual, transgender, queer, and/or having other minority gender identities and sexual orientations, and American Indian/Alaskan Native, Black/African American, Latinx, and Asian youths.

Intervention:

- Understand the importance of intervention with youth at risk and connect them with needed supports.
- Understand that talking about suicide does not cause someone to think about suicide, but instead, talking about it can help them navigate safely through that moment.
- When we can catch someone early in their cycle of pain, we are more likely to be able to prevent an attempt.
- This protocol will address the process taken by staff when concerned about a student, including how to support the student in the moment and where to get more support when needed.
- Staff will learn how to identify and take next steps in a crisis, identify staff roles in a crisis including sources of in-school and external supports.
- Designated staff will understand appropriate internal and external communication, referrals, and follow up.

Postvention:

- Information and resources to support and promote healing for the school community, including students, staff, and families, after a loss to suicide.
- Understanding ways to reduce the risk of other suicides following the loss.

IMPORTANT CONTACT NUMBERS FOR IMMEDIATE HELP

If you need free and confidential support call the National Suicide Prevention Lifeline 1-800-273-TALK(8255)

988 SUICIDE & CRISIS LIFELINE

If you need immediate medical help call 911!

FOR SCHOOL STAFF:

JACKSON COUNTY MENTAL HEALTH CRISIS LINE 541-774-8201 is available 24 hours a day, 7 days a week. They have walk-in services available Monday through Friday 8 am to 5 pm at their Crisis Center (140 S. Holly St. in Medford). However, please call them first if you are going to send a student or take your child there. They will be able to instruct you over the phone about next steps.

FOR YOUTH:

National Suicide Prevention Lifeline: 1-800-273-8255 OR 988

- **En español: 1-888-628-9454**
- **For Hearing and speech impaired: 1-800-799-4TTY (4889)**

National Suicide Prevention Chat Line: https://988lifeline.org/chat/ Use this link if you prefer to chat with a Crisis Counselor 24/7.

CRISIS TEXT LINE: Text OREGON to 741741 any time 24/7 about any crisis

Oregon YouthLine: 1-877-968-8491 https://oregonyouthline.org/get-help/
TEXT 'teen2teen' to 839863
Teens are here to talk, text, or email from 4 pm-10 pm 7 days a week (and adults are available by phone 24/7)

LGBTQ Youth Crisis Lines:

- **Trevor Project: 866-488-7386**
- **LGBTQ National Youth Talkline: 800-246-7743**

Dedication

To those who have lost their lives by suicide,

To those who struggle with thoughts of suicide,

To those who have made an attempt on their lives,

To those caring for someone who struggles,

To those left behind after a death by suicide,

To those in recovery, and

To all those who work tirelessly to prevent suicide and suicide attempts in our nation.

We believe that we can and we will make a difference.

From U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action September 2012.

Why School Suicide Prevention Programs are Essential:

Suicide is a serious public health problem and a leading cause of death among all age groups worldwide. **Among youth in the United States, suicide is the second leading cause of death among young people ages 10-24, and while Oregon's youth suicide rate has finally started dropping, it remains significantly higher than the national average** (Youth Suicide Intervention and Prevention Plan Annual Report 2021).

Even among children ages 10-14, suicide is the second leading cause of death**.** Suicide is a problem for younger children as well, and while rare, preteen suicides in the United States are increasing. Over 15,000 children 5 to 11 years of age were admitted to hospitals for suicidal ideation or suicide attempts (2005-2015) and one in five of the children had made a previous suicide attempt. 30% of children ages 10 to 12 seen in emergency departments screened positive for suicide risk. Detailed data on suicide in Oregon is available through the Oregon Health Authority.

According to Oregon's 2020 Student Health Survey:

- Almost 30% of 6th graders in Oregon said they felt sad or hopeless every day for > 2 weeks
- 34% of 6th grade students in Jackson County said teachers/other adults at school don't understand their problems and 30% did not feel they could easily talk to them
- 14% of 6th grade students (1 in 7) in Jackson County said they had been seriously bullied at school in the past 30 days (which is a risk factor for depression and suicidal behaviors)
- 10% of 6th graders (1 in 10) in Oregon seriously considered suicide in the past year
- 3% of Oregon 6th graders attempted suicide one or more times in the past year
- 33% of Jackson County 8th and 11th grade students (1 in 3) identify their sexual orientation as something other than "straight/heterosexual"
- 38% of Oregon lesbian, gay, and bisexual 8th grade students (1 in 2.5 students) seriously considered suicide in the past year
- 16.5% of 11th grade students (1 in 6) in Oregon seriously considered suicide in the past year
- 5% of 11th grade students (1 in 20) in Oregon attempted suicide one of more times in the past year
- 44% of transgender or non-binary 11th grade students (1 in 2.3) in Oregon seriously considered suicide in the past year

Pinehurst School, an independent school district in Oregon for over 100 years, is nestled in the heart of the forested Greensprings and offers an extraordinary education for students in kindergarten through sixth grade with an average enrollment of 10-20 students. While our small school setting and rich, individualized educational program is ideal for supporting the mental health needs of our students, we also realize that any student, staff, volunteer, or community member can be at risk for suicide.

- **Early detection and intervention is a critical prevention strategy**. The majority of people who die by suicide do show some warning signs. This represents a tremendous opportunity to identify those at risk, intervene in a supportive way, and connect them with mental health resources.
- **Talking about suicide does NOT cause students to think about suicide**. Many people worry that talking to someone about suicide or asking someone if they are feeling suicidal might put the idea in their head or cause them to attempt suicide. But the opposite is true. Evidence demonstrates that suicide is preventable and talking about it is a vital step in prevention by creating an opportunity to process their emotions, and to experience the care and concern of another person.
- **Adults must stay aware and be prepared to ask**. Despite other warning signs, most people don't openly talk about their suicidal thoughts or plans. This is why school staff must have increased training and awareness and be prepared to ask questions to find students who need help before it's too late.
- **School is a critical setting for supporting the healthy development of youth**, including suicide prevention, intervention and postvention efforts. Schools have an ethical responsibility to take a proactive approach in preventing deaths by suicide.
- **Schools can provide positive protective factors that help prevent suicide**. The school environment can be a source of resiliency and support for all students, but especially those who are struggling and especially those historically underserved youth (e.g., LGBTQ+, ethnic and racial minority students, students living out of their home, and students with disabilities).
- **School personnel are often on the "front lines"** of identifying and supporting students who might be struggling or thinking about suicide. Any school staff member, including bus drivers, cafeteria workers, custodial staff, playground monitors, administrative staff, and educational staff, can be that trusted adult who can make all the difference for a struggling student.

State Guidance: Senate Bill 52 (SB 52), also known as Adi's Act (ORS 339.343 and OAR 581-022-2510), requires that every school district adopt a Comprehensive Student Suicide Prevention Plan (K-12) and these plans must be made available to staff, students and the school district community.

Adi's Act operates alongside the Student Success Act to ensure supports for frequently underserved or marginalized students such as LGBTQ2SIA+ (lesbian, gay, bisexual, transgender/non-binary, queer/questioning, two-spirit, intersex, asexual, and the myriad other ways to describe gender identities) youth, BIPOC (Black, Indigenous, and People of Color) and tribal communities/members/students, youth in out-of-home settings, and youth with disabilities.

The School Safety and Prevention System includes equity-centered student suicide prevention, behavioral safety assessment, and school culture and climate prevention supports to school districts statewide. Dedicated funding for youth suicide prevention activities are available at low or no cost. See "Big River" programming for a roadmap of these prevention programs**.**

The Oregon Alliance to Prevent Suicide articulates **our vision in Oregon for all young people to have hope, feel safe asking for help, be able to find access to the right help at the right time to prevent suicide, and live in communities that foster healing, connection, and wellness.**

Launch of 988 Suicide and Crisis Lifeline: People in Oregon and nationwide who are experiencing a behavioral health crisis or are worried about a loved one who may need crisis support can now call, text or chat 988 to get compassionate care and support from trained crisis counselors. The new three-digit 988 number is available 24 hours a day, 7 days a week. For support in Spanish, callers can press 2 to connect with the Red Nacional de Prevención del Suicidio.

Plan Dissemination: The policies, recommendations and obligations of school staff noted throughout this document will be made easily accessible to staff, students, parents and families and will be made publicly available on the school website. Dissemination of this information is vital since appropriate support systems will have no impact on student outcomes if information is not readily and easily available.

Addressing Cultural Diversity

To work towards our goals of inclusive supports, Pinehurst school uses an Equity Lens (Decision Tools for SY2020-21) to guide school community engagement, facilitation and decision-making.

Suicide prevention efforts need to take into consideration the cultural diversity of the family, school, and community, such as differences in race, ethnicity, language, religion, sexual orientation, gender identity, and disability.

- Culture may significantly affect the way people view and respond to suicide and death. Be aware that the extent to which people are able to talk about suicide varies greatly, and in some cultures, suicide is still seen as a moral failing.
- All Pinehurst's instructional and non-instructional staff will receive training on how to identify students at risk for suicide that includes culturally responsive practices as well as recognizing and addressing the needs of potentially higher risk students, such as youth bereaved by suicide, youth with disabilities, mental illness or substance abuse disorders, youth experiencing homelessness or out of home settings, such as foster/resource care; and LGBTQ+, Native American, Black, Latinx and Asian students.
- All school staff respect cultural diversity and work to create an inclusive and equitable school environment that routinely includes representation and celebration of historically marginalized or underserved students based on ethnicity, language of origin, racial identity, gender identity, sexual identity, neurodivergent identity, and disability.
- School staff will use desired student names and pronouns since this significantly reduces suicide thoughts and behaviors in transgender/non-binary students.
- Be sensitive to how the family or community responds to the needs for mental health care, which can vary considerably. Resources addressing diverse cultures are included in the Resource List.
- When a student is in serious crisis, attempt to engage a "cultural broker" to act as a liaison between the family, community, and school if key members of school staff are not from the same racial, ethnic, or religious group as the student in crisis.
- While it's ideal to have mental health therapists of the same culture, that is not usually available locally. Therefore, bring in interpreters and translators if there are language differences. If possible, have resource materials in different languages available for caregivers and students.

Summary of Pinehurst School Based Strategies to Prevent Suicide:

I. PROMOTION OF MENTAL HEALTH AND WELL BEING

- Create protective, inclusive school environment where all students feel safe and have a sense of belonging
- Promote protective factors, including connectedness with trusted adults and among peers
- Enhance supportive relationships and social connectedness through intentional inclusion of higher risk groups including racial/ethnic minorities, LGBTQ+ students and their families, and students with disabilities
- Use desired student names and pronouns since this significantly reduces suicide thoughts and behaviors in transgender/non-binary students.
- Understand and address barriers to help seeking
- Destigmatize mental health problems and promote help-seeking skills
- Teach coping strategies, problem-solving skills, and self-regulation skills through social emotional learning practices that enhance life skills and resilience
- Actively promote self-care at every level, including all staff and students
- Promote healthy parenting skills and support positive family relationships

II. CREATE AND IMPLEMENT POLICIES AND PROCEDURES

- Implement school policies that promote school wide suicide prevention awareness
- Provide written school protocols to guide response to students at risk
- Identify school personnel responsible for supervision and implementation of suicide prevention strategies and protocols
- Policies, prevention plans, and resources will be actively disseminated to school and broader community
- Continuous improvement process to evaluate and update suicide prevention practice

III. EDUCATION OF STAFF, STUDENTS AND COMMUNITY

- Provide annual formal gatekeeper suicide prevention training (e.g., “QPR”) for all school staff (gatekeepers are all people who interact with youth regularly)
- New staff will receive gatekeeper training within 6 months of starting date
- Coordinate availability of access to trained mental health staff (either in person or remotely) through SOESD and/or community providers
- Identify staff with additional ASIST Suicide Prevention Training (and access either in person or remotely)
- Provide age-appropriate student education on suicide warning signs and the importance of talking to trusted adult about self and peers (i.e. help seeking)
- Actively promote family/community engagement and education to promote suicide prevention awareness
- Provide all staff, students, and family with crisis support numbers and disseminate widely and often

IV. IDENTIFY, SCREEN, AND MONITOR STUDENTS AT RISK

- Teach warning signs to all members of the school community, including students
- Identify and support students and school staff at risk
- Understand that all school staff are responsible for acting when a student is struggling and can act as an important source of support
- All school staff will understand how to perform initial suicide screening for students of concern

- All school staff will understand intervention protocols, appropriate to their level of training, for students of concern
- All school staff will understand initial response to support individuals in crisis

V. MANAGEMENT, REFERRAL AND FOLLOW UP

- Staff and caregivers will understand importance of limiting access to lethal means for persons at risk for suicide and educate families of students at risk
- Understand how to co-create a student safety plan with at risk students or refer to other staff who can
- Understand process for referrals for mental health treatment
- Actively follow up with students after their immediate assessment/intervention
- Actively promote protective factors for students of concern
- Team planning to support reentry for students after hospitalization or time away from school

VI. POSTVENTION RESPONSE TO SUICIDE OF SCHOOL COMMUNITY MEMBER

- Establish Postvention protocols
- Mobilize external Crisis Response Team
- Identify and monitor students and staff at increased risk after the suicide
- Debrief and reassess suicide prevention plan to identify additional resources to prevent future risk
- Be aware that persons may still be traumatized months after the event

Suicide Prevention Strategies and Protocols

Watch this 4-minute video on the importance of asking about suicide and what to say. Helpful for caregivers, parents, and for everyone who works with children and teens.

It never hurts to ask.

A. Suicide Prevention Plan and Tools:

Everyone can help prevent suicide. Following this protocol will support all members of the school community, staff, students, and families, to better understand how to intervene. District employees act only within the authorization and scope of the employee's credentials or licenses.

1. <u>Staff Implementation of Suicide Prevention Policies and Procedures:</u>

(i) Identify School Officials Responsible for responding to reports of suicide risk**.** In K-12 Schools, the Administrator is the head of Student Health and Safety. The Pinehurst School District employs one full-time district administrator to lead the district. Pinehurst School District Administrator is responsible for responding to reports of suicide risk. Contact: New Administrator at [insert phone to use]. On any day she is not available, she will delegate who is responsible in her absence and notify the office staff.

(ii) The Pinehurst School District Administrator will review the school's response to each suicide-related event as part of a continuous improvement process. In addition, if a legal parent/guardian requests a review of an incident involving their student, they should contact the School District Administrator with a written request.

(iii) The Pinehurst School District Administrator will review suicide prevention, intervention, and postvention policies and protocols at least annually, including establishing roles and responsibilities, and update as needed.

(iv) The School Suicide Prevention Plan will be available on the School Website for the community to review and their feedback will be welcomed and included as appropriate.

(v) All Pinehurst instructional and non-instructional staff and regular volunteers are required to review the approved Suicide Prevention Plan annually and new staff within 3 months of start date.

(vi) Part of annual suicide training for all staff will include awareness of Oregon's **988 Suicide and Crisis Lifeline.** People who are experiencing a behavioral health crisis, or anyone worried about someone else in crisis, will be able to call, text or chat 988 to get compassionate care and support from trained crisis counselors, 24 hours a day, 7 days a week**.**

2. <u>Staff Formal Suicide Prevention Training</u>:

(i) Connection to a trusted adult at school is an essential protective factor for student mental health and academic success. Since any school staff member may be that trusted adult for students at risk of suicide, all instructional and non-instructional staff will be trained annually in suicide prevention to recognize and respond to youth who are showing signs of distress and may have suicidal thinking. (May use Training Tracking form Attachment A.)

(ii) New staff will undergo formal suicide prevention training within 6 months of start date.

(iii) All Pinehurst staff (admin, teachers, counselors, support staff, regular volunteers) will undergo basic suicide prevention training annually using "QPR: Question, Persuade, Refer." This gatekeeper training is appropriate for all staff since it is brief (1-1.5 hours) and designed for the general population https://qprinstitute.com/about-qpr**.** QPR Trainings can be arranged for school staff through SOESD, Jackson

County Mental Health through their Suicide Prevention Coordinator and Trainer, or the regional School Safety and Prevention Specialist (contact SOESD to arrange).

(iv) Staff who are unable to attend the QPR training provided can arrange to attend another QPR Training through Jackson County Mental Health or can substitute an alternative training with approval from Pinehurst School Administrator. See Attachment B for alternative trainings (or for any staff who desire more than the minimum required training).

(v) Pinehurst coordinates Mental Health Services with SOESD Staff including a School Psychologist and Mental Health Counselor. These Mental Health staff, along with at least one on-site staff member (eg.school administrator), will receive more in-depth training in Applied Suicide Intervention Skills Training (ASIST) at least every 3 years. The ASIST training is a two-day interactive workshop which includes practice with more skilled interventions. Register for local trainings here: www.jacksoncounty.eventbrite.com

3. Student Prevention Activities:

Children of all ages and ability levels can suffer pain and sadness that may lead to thoughts or attempts of suicide. Almost 30% of 6th graders in Oregon said they felt sad or hopeless every day for > 2 weeks. Suicide prevention begins by creating a school climate where all children are welcomed for exactly who they are. Additionally, students must be taught the importance of talking to adults about suicidal concerns in themselves and others because many youths contemplating suicide talk to peers, but do not tell adults.

(i) Our school uses social emotional learning practices that create a welcoming and inclusive school climate where all students feel a sense of safety, significance and belonging.

(ii) Our school uses culturally and linguistically responsive and representative resources and curriculum that encourages all students to understand their own identities and appreciate the racial, ethnic, cultural, ability, gender identity, or sexual orientation of all students and their families.

(iii) Gender expansive youth (e.g. transgender and gender non-binary) have a significantly higher risk of suicide. Affirmation of children through the use of names and pronouns consistent with their gender identity is shown to reduce rates of suicidal ideation and behavior.

(iv) Poor impulse control and poor self-regulation skills increase risk for suicide. Students at Pinehurst engage in universal social-emotional learning that builds emotional self-regulation, good decision-making and problem-solving skills that provide a protective effect and help buffer thoughts of suicide.

(v) Our school has a designated space in the classroom/office for students to deescalate, offering a variety of calming and stress reducing options.

(vi) Students will understand how to identify trusted adults in their lives and specifically identify at least one trusted adult in the school setting. School staff will monitor for students that seem to lack connection and intervene to help build those connections.

(vii) Model how to ask for help, explicitly teach this skill to students, and normalize this as strong, expected behavior. Class meetings are an ideal setting for this practice.

(viii) Our school has anti-bullying policy and practice that is equity centered with specific protections for children who are often the targets of bullying based on their race, language, ethnicity, disability, gender identity, sexual orientation, or socioeconomic status.

(ix) "Sources of Strength" is a universal suicide prevention program to strengthen protective influences and reduce the likelihood that vulnerable youth will become suicidal. Pinehurst will investigate offering Sources of Strength elementary version (grades 3–5) offered at no cost through the Oregon Health Authority.

(x) The following Mental Health Resources are currently available to teach children about their own mental health, destigmatize mental health problems, increase self-awareness of their social-emotional status and that of peers, promote self-care practice, and encourage a positive attitude toward help-seeking**.**

(a) *Well Check App* for all students**.**
This is a free app made for educators by educators at Johns Hopkins University to have daily check ins from their students. It is made for children aged 5 through high school. It is easy to use with student emojis privately telling the teacher how each student is feeling that day.

- It promotes connection and feeling cared for
- It encourages students to increase self-awareness of their own emotions and feelings
- It normalizes paying attention to and expressing our feelings
- Specifically related to mental health and suicide prevention, it helps teachers identify students who may be struggling and needing more help that day
- It alerts teachers to a negative change in feelings so they can reach out to students for support

(b) *"Healthy Kids, Thriving Minds"* is a curriculum created by The Child Mind Institute that provides resources for educators, families, and students themselves regarding emotional regulation and self-management skills through a series of short developmentally appropriate videos. See their series for elementary age students here.

(c) *Gizmo for Mental Health* is an online resource that helps teach young children about mental health and identify ways they can destress using healthy strategies and design their own Student Wellness Plan. Teachers or parents can use their slide show linked here to discuss mental health with young children**.**

4. Prevention Resources For Families/Parents/Caregivers:

Although parents/caregivers are aware that children and teens die by suicide, they often do not think it could happen to their child or in their community. Parents, primary caregivers, and the entire school community need information about:

- The prevalence of suicide and suicide attempts among youth
- The warning signs of suicide
- How to respond when they recognize their child, or another youth is at risk
- Where to turn for help in the community when a crisis occurs

(i) Our Suicide Prevention Plan, including crisis numbers and multiple resource links, will be easily found on our School District Website. Suicide prevention resources, child mental health resources, social-emotional and self-regulation support resources for parents/caregivers are readily available on our School Website. See Resource List and Attachments C.

(ii) We will partner with community agencies to provide "QPR" Suicide Prevention Training for our community. These trainings can be offered using a Spanish interpreter with written materials in Spanish. See here for scheduling information.

(iii) Families also have access to suicide prevention trainings through "Talk Saves Lives" which is also available in Spanish (see Attachment B).

(iv) Parents/Caregivers may want more information on monitoring children's media use.

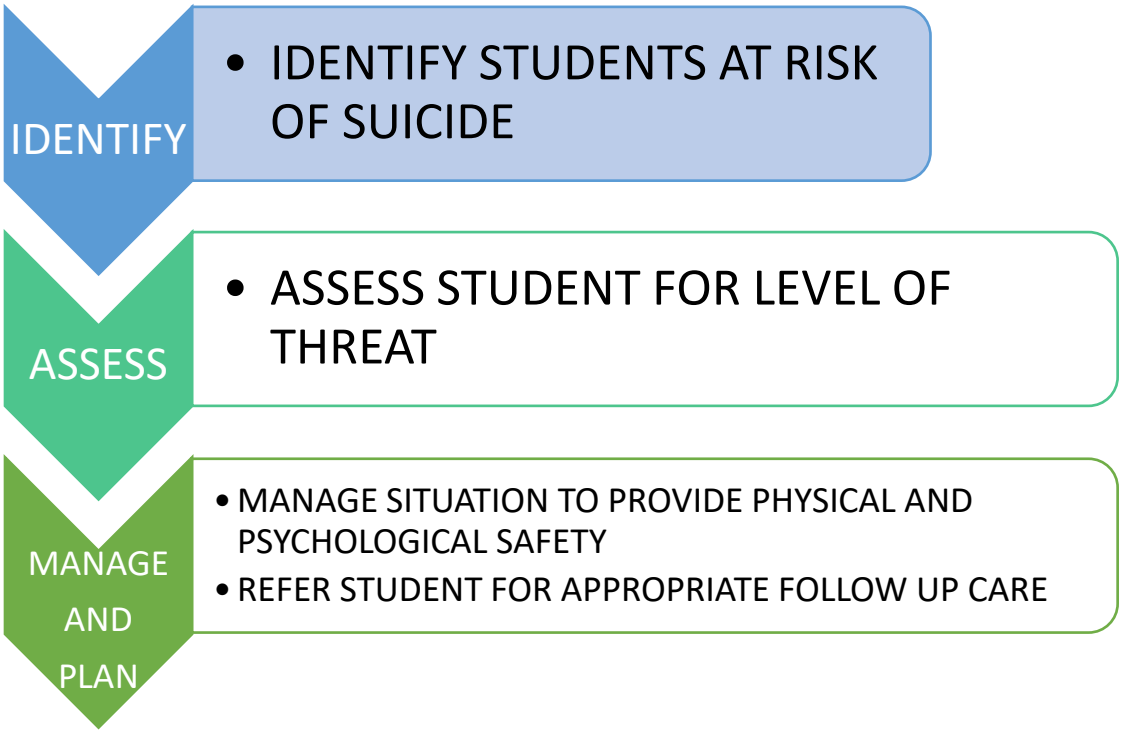
(v) School staff will discuss Lethal Means Restriction directly with families of students at risk. See "Recommendations for Families" from Harvard's "Means Matter" Program.

(vi) Know the Signs is a suicide prevention campaign built on three key messages: Know the Signs--Find the Words--Reach Out. This site has a good discussion of suicide warning signs and helpful information guiding a difficult conversation about suicide. However, the resources are based in California. See this site for Behavioral Health Services in Oregon .

(vii) Any parent/guardian can make a written request to the Pinehurst Administrator for a review of our school actions in responding to suicidal risk involving their own student.

(viii) Direct parent training in raising strong and resilient children is available to our community. SOESD provides free or low-cost Community Parenting Trainings in Positive Discipline: *"Building a Connected and Resilient Family."* A sample flyer (not current) can be viewed here: Introduction Workshop to Building A Connected and Resilient Family . See the schedule of events at the Family Nurturing Center for current information on parenting classes.

B. Suicide Screening, Assessment and Intervention Strategies and Tools:



Suicide/crisis intervention is the steps taken by school staff when a student may be at risk of suicide or other mental health crisis. All school staff will be trained in recognizing signs of significant distress, the warning signs for suicide, and early steps for intervention. District employees will act only within the authorization and scope of their credentials/licenses and training. **However, remember that everyone can help prevent suicide.**

Summary of Intervention Steps: (see detailed steps below)

1. Identify student at risk: know risk factors and warning signs
2. Recognize and manage immediate crisis
3. Connect with student to understand and validate their feelings and provide hope/help
4. Perform formal Suicide Screening
    a. NIMH "asQ" for all staff and/or
    b. Columbia Suicide Severity Rating Scale for trained staff
5. Determine likely suicide risk: low, intermediate, high, or imminent
   Immediate next steps dependent upon estimated risk level.
6. Parent/caregiver notification (as long as safe for student)
7. Student safety planning
8. Increase school supports
9. Ongoing Mental Health referral if appropriate
10. Document suicide intervention incident (in separate record file)
11. Staff follow up/contact with student within 1-3 days
12. Re-entry planning meeting for students who missed school and/or required hospitalization

1. Identify Students at Risk: Understanding Risk Factors and Warning Signs

A. What is Risk?

While there is no way to predict with certainty who will attempt suicide, understanding warning signs and risk factors will help school staff identify students who need an imminent assessment for suicidal thoughts and behaviors. Risk is not a fixed yes or no, so staff must stay aware of changes in student situations and behaviors that indicate increased risk over time.

B. Understanding Risk Factors:

While risk factors for suicide cannot predict who will or will not attempt suicide, it is important to be aware of what factors increase the chance of suicidal thoughts and behaviors. Awareness of risk factors will help school staff to intervene effectively with students.

- Previous suicide attempt, especially within the past 90 days
- Social Isolation: lack of connection to peers
- It is possible to identify most individuals who have an elevated risk, which then allows us to provide targeted, effective supports during the period when their risk remains high. Once identified, school staff can then be more alert for any concerning changes in behavior (or warning signs--see below) in these students. Social isolation: lack of connection to trusted adults
- Lack of culturally or linguistically appropriate adult or peer supports (for example, Native American, Black, Latinx, and Asian students, especially males are at increased risk)
- Lack of family, school, or community acceptance for LGBTQ+ students
- Personal history of physical abuse—especially in children with disabilities
- Personal history of sexual abuse (even if abuse occurred years ago)
- Traumatic events can create a crisis which overwhelms one's ordinary systems of connection and safety (e.g., fire disrupts usual support systems)
- A new stressor or combination of too many stressors can create significant risk
- Depression is one of the strongest risks for suicide (does not have to be formally diagnosed)
- Other mental health disorders
- Substance abuse problems
- Acute use of drugs or alcohol
- Acute crisis at school (losing or fighting with partner or best friend, performing badly at school--especially high achievers, getting bullied or ostracized)
- History of impulsive behaviors/poor impulse control
- Unrealistic expectations of self (e.g., perfectionism)
- Poor problem-solving skills
- Chronic physical health challenge
- Target of chronic bullying (especially LGBTQ+ youth, students with disabilities, or racial or ethnic minority students)
- Family history of suicide
- Family violence and/or chaos, including physical, sexual, or verbal or emotional abuse
- Gun in the home
- Exposure to the suicidal behavior of others, such as from family or peers, in the news, or in fictional stories

C. Recognizing Warning Signs:

Warning signs are the changes in a person's observed behavior or expressed feelings that indicate suicidal risk. All staff within our school community must be aware of potential suicidal warning signs and remain alert for any changes in student behavior that indicates emotional distress. Most suicidal youth do provide warning signs that allow us to intervene. Because school staff have regular contact with students, they often notice the early warning signs given by a suicidal youth and may be able to prevent a suicide from happening. Staff knowledge of:

- how to recognize the warning signs of suicide
- how to start a helpful conversation
- and where to turn for help

WILL GIVE YOU THE POWER TO MAKE A DIFFERENCE – THE POWER TO SAVE A LIFE.

(i) Intervene Early: While many people who are in pain do not talk about it directly, more than 80% of people who die by suicide provided some warning signs. However, people close to them did not always recognize or respond to those warning signs. Many (but not all) signs are similar to the signs of depression. Usually, these signs last for a period of two weeks or longer, but some youth behave impulsively and may choose suicide as a solution to their problems very quickly, especially if they have access to lethal means. Therefore, early recognition and response to warning signs is essential. Always take suicidal warning signs seriously.

(ii) <u>Recognize imminent threat that requires IMMEDIATE action</u>:

- **Someone who has already taken action to kill themselves (e.g., serious cutting, taken pills)**
- **Someone actively threatening to hurt or kill themselves (e.g., going to jump, has a weapon)**
- **Someone actively seeking to get their hands on means to hurt or kill themselves and won't stop (rope, weapons, pills, etc.) --** individuals with suicidal ideation who also show "Preparatory Behavior" (e.g., collecting pills, razors, or loaded weapon) are 8-10x more likely to die by suicide.

(iii) Recognize Warning Signs: Pain isn't always obvious, but most suicidal people show some signs that they are thinking about suicide. The signs may appear in:

- conversations
- their creative writing, poetry, or art
- other writing at school (dark themes in assignments) or home (journals, letters, diaries)
- in social media posts
- behaviors that are visible to others (see below)

If you observe one or more of these warning signs, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change, step in and speak up:

- Appearing depressed: sad, crying, withdrawn, irritable, disheveled
- Any marked personality change such as becoming more withdrawn or hostile
- Sudden withdrawal from friends (not just family)
- New, abrupt changes in mood, such as becoming more emotional or more easily agitated or angry
- Increased reckless behavior
- Continued/perseverative worries about personal shame or negative life event
- Changes in sleep patterns--less or more

- Loss of interest in favorite activities like sports, art
- Substance abuse
- Grades dropping or not attending school
- Neglect of personal appearance
- Self-harming behaviors (e.g. cutting, burning)
- Talking about or posting to social media feeling hopeless, worthless, or having no reason to live
- School assignments or creative writing or drawings about death and suicide
- Talking, messaging, or posting online about death or suicide
- Searching for methods to harm oneself, such as looking online for a gun, or hoarding pills, or taking family member's medication (preparatory behavior increases risk of suicide death by 8-10x)
- Reading about suicide online--there are horrible sites that actually encourage people to kill themselves—monitor to be sure your student/child is not visiting those sites
- Making preparations for death, such as giving away possessions, making a will, saying goodbye to important people

Examples of suicidal statements:

- "I won't need these things anymore."
- "I can't ever do anything right."
- "I want to be in heaven with Grandma."
- "I just can't take it anymore."
- "The pain is unbearable."
- "I wish I were dead."
- "Everyone will be better off without me."
- "I wish I was never born."
- "All of my problems will end soon."
- "No one can do anything to help me now."
- "Now I know what they were going through."
- "I'm giving away my spirit."
- "My life will never get any better, no matter what I do."
- "I'm going to kill myself and no one can stop me."

(iv) Additional Resources on Warning Signs: The annual Staff Trainings (such as QPR) will provide education about warning signs. Here are other resources about recognizing warning signs:

(a) "Know the Signs"
(b) "Spot the Signs"
(c) "Seize the Awkward"

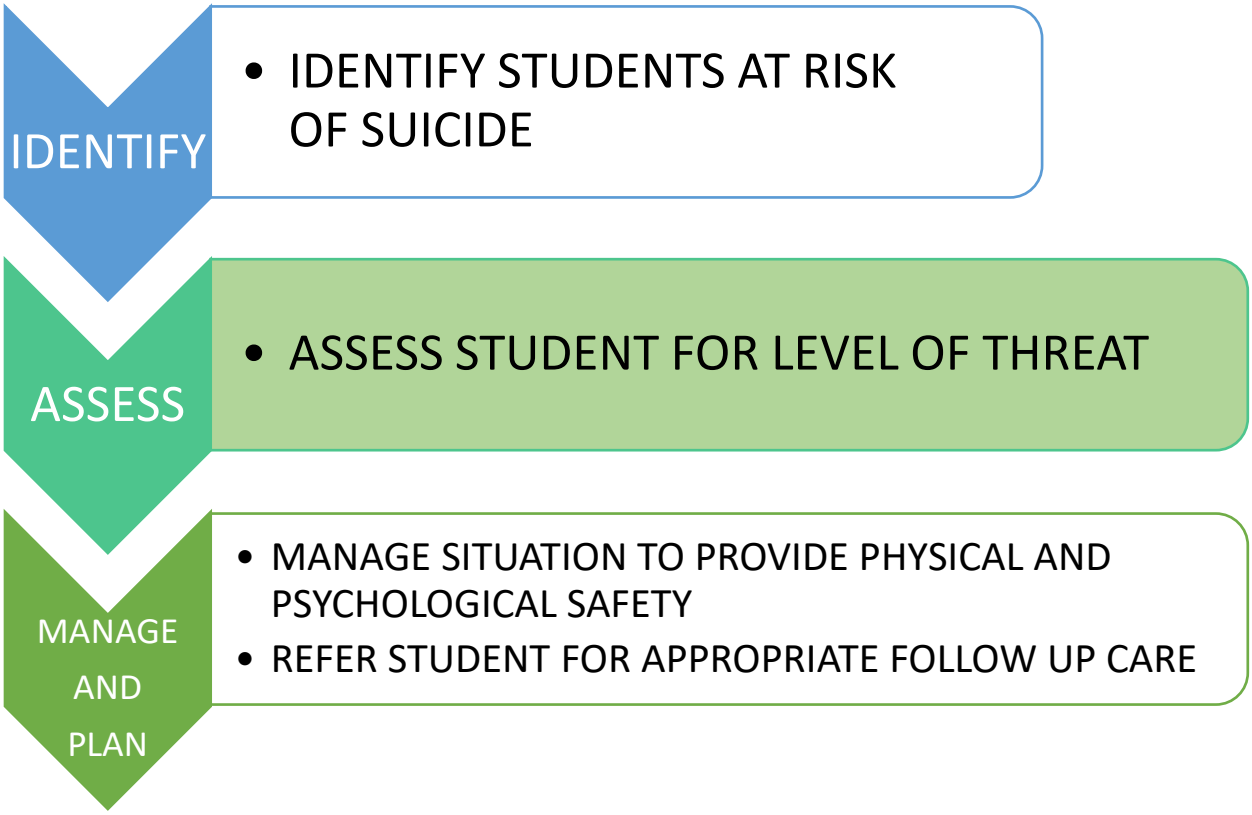
D. Data on Factors Associated with Suicide in Youth in Oregon:

These data from Oregon Health Authority provide insight into the commonest circumstances around youth death by suicide in Oregon.

FACTORS ASSOCIATED WITH SUICIDE IN YOUTH AGE 10--24 (2015-2019)

FACTOR	OVERALL (% of Suicides)	MALES (%)	FEMALES (%)
Any Crisis w/in 2 wks	16.2%	17.1%	13.1%
Crisis with Partner	8.8%	8.8%	9%
Crisis with Family	1.8%	1.8%	1.6%
Crisis: Eviction	0.9%	0.9%	0.8%
Crisis: Legal Problem	2.2%	2.8%	0
Left Suicide Note	34.4%	32.3%	41.8%
Current Depression (noted by self or others)	31.3%	30%	36.1%
Current MH Treatment (within 2 mos)	23%	19.1%	36.9%
Other Dx MH Disorder (professionally dx)	39.4%	33.9%	59%
Hx Suicidal Ideation	34.4%	32.3%	41.8%
Hx of Prior Attempt	24.3%	19.6%	41%
Disclosed Intent (expressed suicidal feelings)	22.8%	21.9%	26.2%
Close Death w/in 5 yrs	3.2%	3.7%	1.6%
Close Suicide w/in 5 yrs	1.8%	1.6%	2.5%
Financial Stressor	4.9%	5.3%	3.3%
Partner Stressor	22.7%	22.4%	23.8%
Legal Problem	7.2%	8.5%	2.5%
Physical Health Stressor	2.0%	1.8%	2.5%
School Stressor (grades, bullying, teacher)	6.1%	6.7%	4.1%
Problem Alcohol Use	10.1%	10.6%	8.2%
Alcohol Use Suspected (within hours before)	14.7%	15.7%	11.5%
Other Drug Use	17.1%	17.1%	17.2%

From **OHA SUICIDE DASHBOARD**



2. <u>Assessment, Screening, and Intervention:</u>

A. Recognize and Manage Imminent Danger:

IF IMMINENT DANGER EXISTS, THIS REQUIRES IMMEDIATE ACTION: CALL 911

- **Student has already attempted to kill themselves (serious cutting, taken pills)**
- **Student actively threatening to hurt or kill themselves and has active possession of the means (razor, gun, rope, pills, jumping, etc.)**
- **Someone actively seeking to get their hands on means to hurt or kill themselves and won't stop (rope, weapons, pills, etc)**
- **The student is violent or there is an immediate concern about violence to self or others, and no de-escalation procedures have been successful**
- **Student is unwilling or unable to make a plan to keep themselves safe and no safe adult is currently available for them or feels safe taking them home**
- **A known suicidal student is totally shut down and refuses to talk to anyone despite all attempts**
- **If a known suicidal student is not at school and is unsupervised or has left the campus after a plan to kill oneself is discovered**
- **Remember, <u>call 988 for mental health crisis</u> that does not require immediate medical or law enforcement intervention**

(i) Call 911 ONLY if there is immediate danger. IN MOST SITUATIONS, CALLING 911 IS NOT NECESSARY AND MAY MAKE THINGS WORSE BY BREAKING TRUST WITH AND/OR FURTHER TRAUMATIZING THE STRUGGLING STUDENT.

(ii) If you do call 911, the family must be notified immediately.

- This information is quite helpful: A Guide for Parents and Caregivers While at the Hospital Emergency Department (from Oregon Health Authority) and available in multiple languages here.

(iii) Do not leave student alone—send someone else to get help/notify mental health professional (if available on site) and school administrator (or designee)

(iv) Clear the area of other students.

(v) 988 is the new crisis number to call for mental health emergencies that do not require immediate medical attention or law enforcement.

B. Non 911 Intervention: Connection and Communication:
Most situations will not require a 911 intervention but will require further communication and assessment.

(i) **The first step in suicide intervention is relationship**. The connection with a trusted adult at school is an important protective factor for students. Additionally, staff who know students well will be able to recognize the early warning signs of suicide and be able to intervene.

(ii) **For Deaf/Hard of Hearing Students**, contact SOESD DHH Counseling Specialist Jesse Wise, MS, PPS at 541-414-6606 to assist with the evaluation. If he is not available, call National Suicide Prevention Lifeline for hearing and speech impaired: 1-800-799-4TTY (4889)

(iii) **Importance of Listening.** School staff will understand the importance of taking the time to listen as a critical intervention step. A caring adult who listens to the student's feelings with empathy and reflective listening can make all the difference. When we can reach a student early in their cycle of pain, we often can prevent a suicide attempt and guide them to seek help instead.

(iv) **Communicating with Students Identified at Possible Risk**
Once it is recognized that a student is struggling with mental health or acute social-emotional problems the conversation with that student may be lifesaving.
Here are some reminders regarding effective communication with a student in pain.

MAKE SURE TO...
Be Accepting. Even if you do not agree with the student's perceptions of the problems or solutions, it is important that you compassionately accept those perceptions as theirs for the moment and acknowledge them.
Use Active Listening; Validate their Struggles. Take the time to listen carefully to the student and focus on the student's feelings.Validate what the student is saying and feeling by paraphrasing what they are telling you. Pay attention to your own perceptions and intuition as you listen.
Listen to Understand, Not to "Fix." Don't start giving a list of solutions you think would be helpful. At this point, they are not.
Use Constructive Questions. This can help the student separate and define problems, remove confusion, and provide some clarity on the availability of options.
Be Resourceful. Help the student define alternatives and explore other sources of support. Explore previously used coping strategies. Affirm positive efforts, actions, and identify further options. However, it is not your job to try and "fix" the student. ***Offer hope that things can get better.***

BE SURE NOT TO...
Act shocked. This may be interpreted as rejection and indicate you are not safe to talk to.
Be judgmental about what the student is saying.
Minimize the student's problems or reactions, regardless of your personal opinion.
Argue about the moral aspects of suicide.
Tell the student to go see a counselor, unsupervised, and then avoid any further contact with them.
Try to make a student feel guilty about the pain their suicide would cause family or friends; that pain may be exactly what they are trying to accomplish.
Make the conversation about you (when you felt that way, what you did, etc.)
Remember, you cannot agree to keep student's suicide ideation, threats, or attempts confidential.

C. Assess Level of Suicide Threat:

Once staff are aware of a student at risk, have stabilized any immediate crisis, connected, and listened to that student (see above), then it is essential to **explicitly assess the student for suicidal ideation and behavior.**

(i) Staff will take all suicidal behavior and comments seriously every time. It is a mistake to dismiss people talking about killing themselves as attention-seeking. Rarely is attention-seeking the only factor involved. Ignoring these remarks is the worst thing to do, since without needed attention, the likelihood of an attempt increases.

(ii) If you are uncertain how to proceed and no mental health staff are available on campus, call or text 988, the new crisis number to call for mental health support; OR call our local Jackson County Mental Health Crisis Line at 541-774-8201.

(iii) **Stay with the student**. No student expressing suicidal thoughts should be sent home alone or left alone during the intervention process**.** Send someone else to notify School Administrator, mental health provider, or other available adult.

(iv) Realize that young children may not understand what is actually lethal even though they do have a real desire to die. Therefore, with children, do not dismiss their attempts as insignificant because you as an adult know it would not be effective (eg. 5 yr old threatening to hold their breath until they die).

D. Help/Assistance for School Staff:

At any time during the assessment process if school staff feel they need more help assessing the student, the following resources are available for help:

- SOESD School Psychologist assigned to Pinehurst at _____
- SOESD Mental Health Counselor assigned to Pinehurst at _____
- Jackson County Mental Health Crisis Team , usually available to help with the assessment and follow up: 541-774-8201
- Lines for Life (Language Interpreters are available in multiple languages): National Suicide Prevention Lifeline: 1-800-273-8255 or 988
- For Hearing and speech impaired: 1-800-799-4TTY (4889)
- En español: 1-888-628-9454

- Safe Oregon Tip Line**:** This site is for reporting any student safety threats to self or others, including significant bullying, threats of violence, threats of suicide, etc. by Oregon students, parents, school staff, community members or law enforcement officers at participating schools (School must register). It is to help people at risk or who may be in danger. It is confidential and can be anonymous. The Program is managed by Oregon State Police and open 24/7. https://www.safeoregon.com/

Video about how to use the Tip Line
Call or text: 844-472-3367
Email: tip@safeoregon.com
Through the Web Portal: https://www.safeoregon.com/report-a-tip/

E. Administer a Suicide Screening Tool:
Screening tools are important because they provide a structure for you to ask hard questions and they remove any assumptions we might hold about a student's likelihood of suicidal thinking and behavior. If we screen every student who is showing warning signs of emotional distress, then we are less likely to miss students who are suicidal and need help. Most people who are thinking about suicide do not explicitly volunteer that information to others.

(i) Since a mental health professional often will not be available onsite at school, all staff must be able to conduct an initial assessment of a student's safety and potential risk for suicide.

(ii) The best way to help a suicidal student is to directly ask about suicidal thoughts and behaviors: "I wonder if you're having thoughts of suicide/killing yourself right now?"

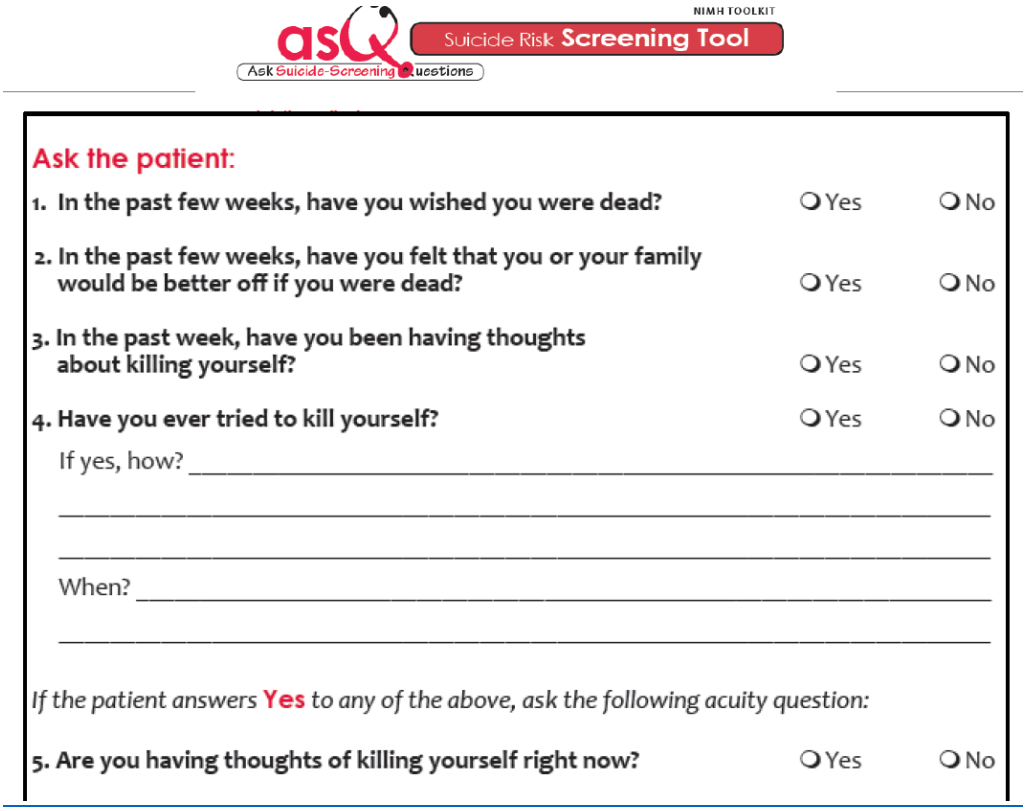
(iii) Talking about suicide does not cause someone to think about suicide, but if they are at risk, talking about it can help them get safely through that period of despair and get the help they need.

(iv) Use of a specific suicide screening tool will help staff to understand the level of need for the student and thus help guide the next steps and level of urgency caring for that student.

(v) Two Suicide Screening Tools are readily available and described here. Staff should become comfortable with one or both of these tools.

1. NIMH Suicide ScreeningTool "asQ": all school staff will know how to use "asQ"
https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials

The Ask Suicide-Screening Questions (ASQ) tool is a set of four brief suicide screening questions that takes 2 minutes to administer. It is validated for use in children 8 yrs old and up and available in multiple languages. Use these links or see Attachment D for the full "ASQ" Screener.



NIMH TOOLKIT

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead?	❍ Yes	❍ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?	❍ Yes	❍ No
3. In the past week, have you been having thoughts about killing yourself?	❍ Yes	❍ No
4. Have you ever tried to kill yourself?	❍ Yes	❍ No

If yes, how? _____

_____

_____

When? _____

_____

If the patient answers **Yes** *to any of the above, ask the following acuity question:*

5. Are you having thoughts of killing yourself right now?	❍ Yes	❍ No

(iv) Risk Estimate Stratification from "asQ" Screening Results:

(a) If student answers 'NO' to all Questions 1-4, that is a NEGATIVE screen for suicide and the student is considered LOW RISK.

(b) If student answers 'NO' to Questions 1-3, and YES only to Q 4 (prior attempt): Prior suicide attempt does increase risk of future attempts. However, for this screening if the attempt was > 1 yr ago and they received help, it is considered "low risk" for this screening. If it was in last 3 months, then student is INTERMEDIATE risk and needs further evaluation. See below.

(c) Any YES to Q 1-4 but NO to Q5 = Non-Acute Positive Screen and requires further assessment. See below.

(d) YES to Q5 = IMMINENT RISK and immediate Crisis Mental Health Referral is required (see below).

2. Colombia-Suicide Severity Rating Scale (C-SSRS):

(i) Colombia-Suicide Severity Rating Scale Screening Version (C-SSRS). At a minimum, the School Administrator and at least one other on site staff member designated by the Administrator will be trained in use of this brief 6-question screening tool (seen below and in Attachment E). Online training is available here. This scale is available here in many languages.

- This screener is also appropriate for any school staff who feel comfortable using a slightly more detailed screening tool. A one-minute video demonstration of its use can be viewed here.

- This version (Attachment F) provides a bit more detail on the questions and potential answers.
- This scale is also available in a Pediatric Version that may be easier to use with younger children (4-10 yrs) or students with cognitive disabilities (Attachment G).

(ii) Columbia Protocol App: It is also available through phone Apps, Apple or Google , which can be very convenient for school staff and it is recommended all staff download one of these Apps. It goes through the questions to ask and helps provide a risk level of low, moderate, or high risk.

Columbia Suicide Severity Rating Scale Screening Tool

1. Have you wished that you were dead, or wished you could go to sleep and not wake up?		Past month
2. Have you actually had any thoughts of killing yourself?		Past month
If "Yes" to question #2, ask rest of questions. If "No", skip to question #6		
3. Have you thought about how you might do this?		Past month
4. Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?		Past month
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		Past month
6. Have you done anything, started to do anything, or prepared to do anything to end your life?	Lifetime	Past three months

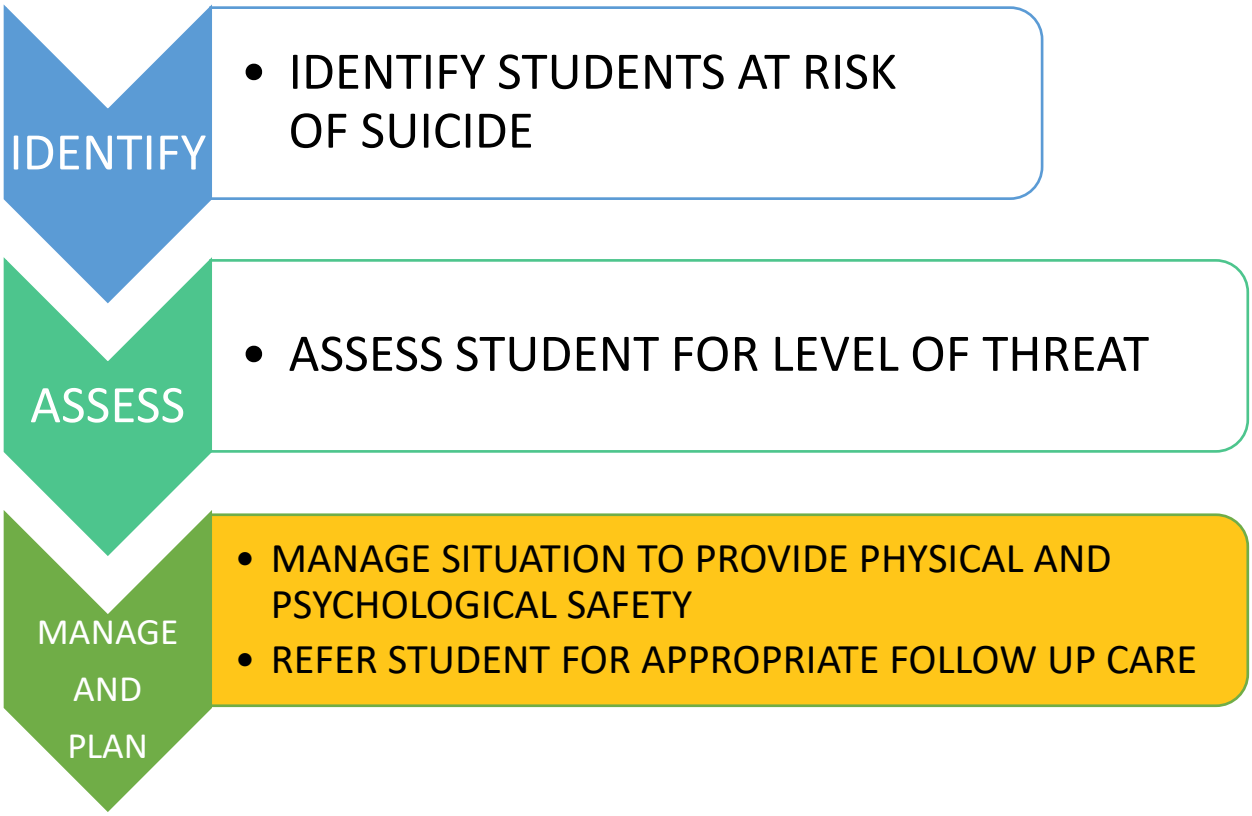
If a youth answers "no" to the first two questions, skip to question #6. Otherwise, ask all the questions.

F. Tools for Further Assessment:

(i) These guides help you explore whether the student has a plan, the details of any plan, what method the youth intends to use; the lethality of method; access to the method; and, how imminent the intent is to help guide your risk assessment and subsequent decision making about next steps.

1. "Brief Suicide Safety Assessment Worksheet" helps guide follow up questions to assess level of suicidal thoughts and behaviors after the NIMH "asQ" screening (Attachment H).

2. Columbia Suicide Severity Rating Scale: Risk Assessment Version (C-SSRS): This version has an additional worksheet for assessing risk factors and details of suicidal thinking and behaviors (Attachment i).



3. <u>Risk Assessment, Next Steps, Management Plan, Referrals, and Follow Up:</u>
The initial Management Plan will depend on the level of acuity based on the above assessments:

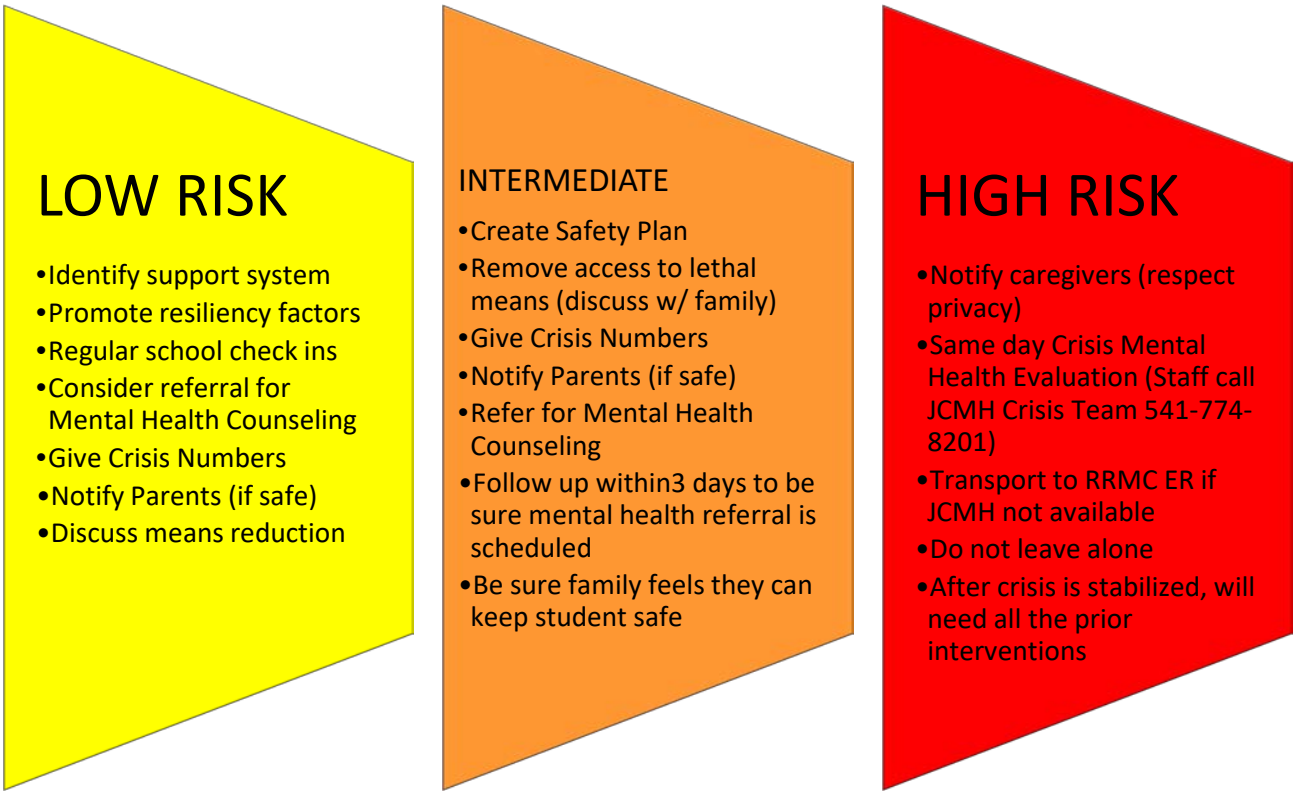
A. Risk Stratification and Interventions:

- These are risk estimates. There is no screening tool or questionnaire that can predict with complete accuracy which students will go on to make a suicide attempt or die by suicide.
- Nonetheless, the screening evaluation can help guide the level or urgency and appropriate next steps to maintain student safety.
- Risk Levels guide the response, but do not dictate it. If school staff has a higher level of concern about a student regardless of their "screener risk category" then they should act on that level of concern rather than the identified risk level.
- Risk Levels are based on studies of suicidal behavior. For example, we know that individuals with suicidal ideation who also show "Preparatory Behavior" (e.g., collecting pills, razors, or loaded weapon) are 8-10x more likely to die by suicide.
- Additionally, note that part of determining level of risk involves determining protective factors and the student's and family's willingness and ability to engage in creating and following a specific suicide prevention plan (i.e.. safety plan).

MANAGEMENT FOR ALL STUDENTS WITH SUICIDAL IDEATION INCLUDES:

- Identify and strengthen support systems
- Safety Planning/Crisis Numbers
- Lethal Means Restriction
- Mental Health Planning
- Notify parents/caregivers (unless safety risk; discuss with student)
- Documentation separate from educational records
- Follow up by school staff (w/in 24 hrs Imminent risk, 48 hrs High, & 1 week others)

MANAGEMENT AND FOLLOW UP PLANS



REGARDLESS OF ESTIMATED RISK STATUS, IF YOU FEEL THE NEED FOR IMMEDIATE MENTAL HEALTH INTERVENTION AT ANY TIME, CALL 988 or 541-774-8201

1. Low Risk:

Suicidal thoughts without specific method, plan, intent, or history of suicidal behavior

- Connect with student: "Let's find ways to build stronger connections to your support system"
- Offer Suicide Crisis Line or Teen Line if desired (can give student privacy, but need to remain in line of site)
- Create Safety Plan = brainstorm with student re people they can rely on, activities they enjoy, things and people that make them feel better/more supported (see details of how to create safety plan below)
- Be sure student has crisis numbers (have them put in their phone if have one)
- Discuss family notification: is it safe? Are they supportive of student?
- Discuss lethal means restriction with student and family
- Identify with student at least one adult they feel safe with who they can contact when they have suicidal thoughts
- Recommend a mental health evaluation (may be school based or community based) and may need ongoing treatment (see below)
- Documentation with Suicide Screening Form (see Attachment J) kept separate from cumulative record
- School staff to follow up with student within the next 1-5 days to touch base and build connections

2. Moderate Risk:

Suicidal thoughts with ideas about method, but no specific plan, preparatory behavior, recent intent, and no suicidal behaviors within past 3 months

- Ensure student is not left alone until safety plan is created and hand off to responsible family member/guardian
- Explore any recent stressors that contributed to thoughts of suicide that need to be acutely addressed
- **Student must talk to trained staff that day, either in person or remotely**:
    - ASIST trained staff, mental health counselor, school psychologist, school-based healthcare provider
    - If no on-site staff are available, then reach out to JCMH (541-774-8201)
    - If student already has mental health provider, then get contact info and contact their office directly
- After mental health assessment, if the student does not require same day mental health follow up, then begin creation of safety plan with student. Ask: "What do you think about working together to find ways to help you feel better than you do right now?"
- Safety Plan helps identify school and home supports for student
- Be sure family and student have crisis numbers
- Discuss lethal means restriction with family (see below)
- Be sure family feels comfortable taking student home and feel like they can keep student safe: Ask parents/caregivers if they feel safe taking their student home. Do they feel they can keep the student safe? If the student is high risk, is there an adult always available to supervise the child for the next 2 weeks
- Document with Suicide Screening Form (see Attachment J—not low risk student version)
- School staff to follow up with student within the next 1-3 days to touch base and build connections
- Follow up with family within 3-7 days to check on mental health follow up and see if they need help to establish mental health care (see below)

3. High Risk:

Suicidal thoughts with current intent, or intent and a specific plan within the past month, or current thoughts with any suicidal behavior within the past 3 months (past attempt is high risk for future attempt)

- Ensure student is not left alone until they leave with responsible caregiver
- Be sure student does not have access to any means for self-harm
- **Student needs a same day mental health evaluation**: "We need to engage with crisis mental health services to keep you safe from suicide. Let's determine how you will get the urgent support you need."
    - Call JCMH Crisis Team 541-774-8201
    - If they are unavailable may need transport to RRMC ER
- Notify family about the safety and suicide risk concerns but respect student's confidentiality if there are details they don't feel safe to disclose (e.g. sexuality)
- If family does not feel able to keep student safe or student feels unable to plan for their own safety, then they need to be transported to RRMC ER (if student is cooperative, family can transport; if not, call 911)
- After crisis is stabilized, work on increasing school supports, promoting resiliency factors, plan for regular school check ins

- Follow up with family within 1 week to check on mental health follow up and see if they need help to establish mental health care (see below)
- School staff to follow up with student within the next 1-3 days to touch base and build connections

4. Tips on Obtaining Crisis Services:
If after assessment is completed, the student is at high risk of immediate self-harm or other crisis, then the student requires immediate crisis support:

- **Jackson County Mental Health 24 Hour Crisis Line: 541-774-8201**
  Call the Jackson County Crisis line to discuss immediate follow up. They will advise if the student should be brought to their Crisis Center or transported to Rogue Regional Medical Center ER for further evaluation and stabilization.

NOTE: DO NOT SEND A STUDENT IN CRISIS TO JCMH WITHOUT FIRST CALLING THEM AND TALKING TO THEM ABOUT THE STUDENT AND RECOMMENDED NEXT STEPS.

- If you are unable to obtain timely crisis services from JCMH or if they advise to, then arrange for transport to **Rogue Regional Medical Center**.
  If the child is cooperative, then they can be safely transported with their caregivers/parents. It is helpful to call the ER in advance and provide information about the student before their arrival: 541-789-7129.
- If they cannot be transported safely, then call local law enforcement to assist with transport to RRMC.

5. Immediate Medical or Safety Threat to self or others—call 911 for medical or law enforcement assistance (see discussion above).

RECOGNIZE IMMEDIATE CRISIS

CALL 911 for immediate danger to self or others. DO NOT LEAVE STUDENT ALONE

- Has already harmed self (eg. taken pills, severe cuts - provide first aid as needed).
- Is actively threatening to harm self and has access to means (If safe to do so, remove means)
- If weapon is present, do not try to take by force, and clear area of other students
- If known suicidal student is too agitated and cannot be deescalated or engaged by any onsite staff and refuses to talk to 988 Crisis Help Line
- If a student in crisis leaves the area and can no longer be supervised
- Notify family immediately if 911 is called
- For mental health crisis help that does not require medical or law enforcement assistance, **CALL 988**

MANAGEMENT FOR ALL STUDENTS WITH SUICIDAL IDEATION INCLUDES:

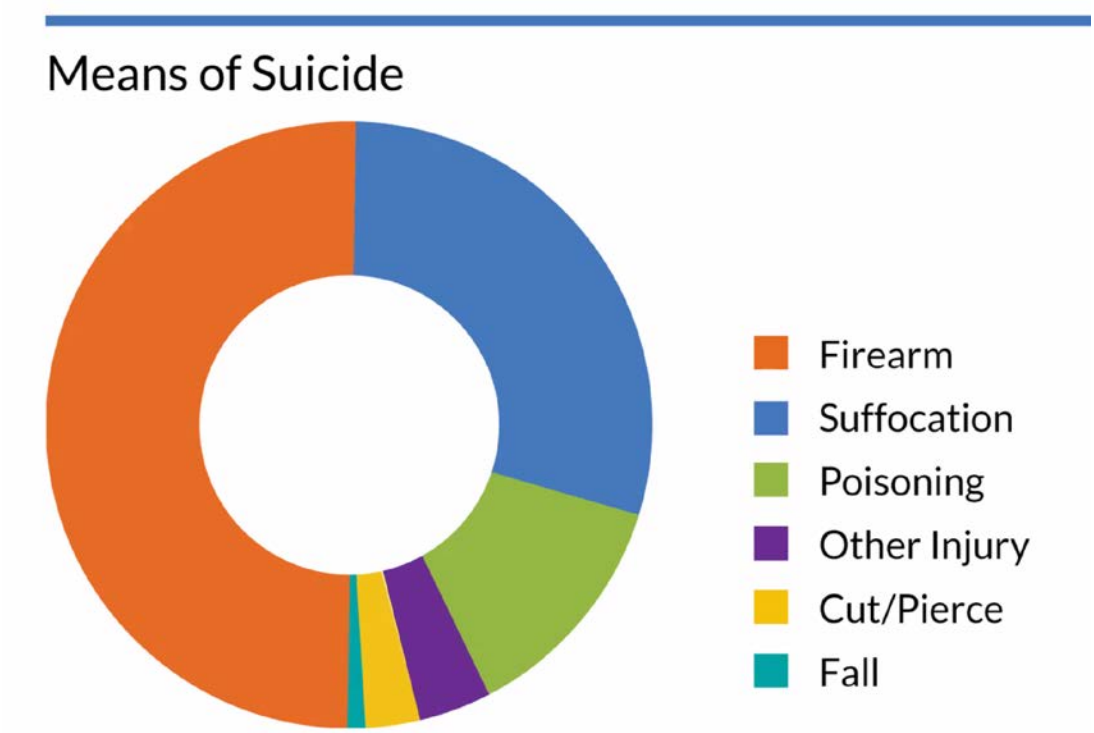
- Identify and strengthen support systems
- Safety Planning/Crisis Numbers
- Lethal Means Restriction
- Mental Health Planning
- Notify parents/caregivers (unless safety risk; discuss with student)
- Documentation separate from educational records
- Follow up by school staff (w/in 24 hrs Imminent risk, 48 hrs High, & 1 week others)

B. Lethal Means Reduction: Limit Access to Lethal Means

(i) Research has shown that limiting access to dangerous objects saves lives. Therefore "Means Reduction" **(reducing a suicidal person's access to highly lethal means**) is an important part of a suicide prevention.

(ii) Completed suicide is based on multiple factors, including access to the means of suicide when the student is feeling suicidal. Because most people feel acutely suicidal for a limited time, if you can remove access during that time, you can help save a life. 90% of people who attempt suicide do not go on to die by suicide. So, if you can keep the means away from them, you will save a life.

(iii) Firearms are the commonest cause of death by suicide. Gun violence is the leading cause of death in US youth. **A firearm used in a youth suicide usually belongs to a parent. About 1 in 4 middle and high school students in Oregon state they could get access to a gun in under 10 minutes.** Oregon's 2020 Student Health Survey



(iv) When students have a plan (gun, pills, knives, rope, car, etc.), it is essential that the means are immediately eliminated.

(v) **Before students are sent home, it is essential to talk to caregivers about removing access to lethal means:**

- Students do not always understand lethality, especially younger students.
- Therefore, it is essential to prevent access. Over the counter medications like Tylenol, aspirin, and vitamins with iron can be lethal. Students may take them when upset, thinking they are not actually deadly, but they are.
- School staff should remove any medications a suicidal student has access to at school, such as in their backpack.
- Both over-the-counter medications and all prescription medications in the household (including ones the student may be taking themselves, such as antidepressants or stimulants) need to be kept in a lock box.
- Sharp objects, such as knives and razor blades, should be locked in drawers or other secure places.

- Hanging is the 2nd leading cause of death by suicide. Intervention can be more difficult, but belts and ropes should be removed and access to bedding should be limited.
- Restrict access to alcohol since this can increase the risk of a suicide attempt.
- Firearms are the most common method of completed suicide. It is essential that firearms are never accessible to youth and should be kept locked and separate from ammunition. And when there are concerns about suicide, it is even more important. If you cannot be 100% sure that youth will not get access to locked guns in the home, then they should be temporarily removed from the home and stored elsewhere during the critical period. About 1 in 4 middle and high school students in Oregon state they could get access to a gun in under 10 minutes. So, gun safety always has to be addressed with family members.

(vi) For more information on limiting lethal means, see the **"Means Matter"** Program.

(vii) For families who cannot afford a gun safe, or medication lock box contact the **Association of Oregon Community Mental Health Programs** at (503) 399-7201.

(viii) **You must discuss this specific information with parents**. Means restriction is an essential part of suicide prevention. This information is also available in the Parent/Caregiver Notification Letter, but it is important that you discuss it as well.

C. Create a Safety/Coping Plan:

- When a young person has disclosed that they've been having thoughts about wanting to die or that they want to harm or kill themselves, a safety plan (also referred to as a "coping plan" or "crisis response plan") is developed collaboratively with the student and is designed to decrease the probability that they will attempt suicide in the near future.
- It includes a prioritized list of coping strategies and sources of support to use before or during a suicidal crisis. Creating a safety plan together also gives school staff or mental health staff insights into ways to provide increased support to the student.
- Safety plans are not safety contracts. Research shows that "safety contracts," where students promise to call someone if they have suicidal thoughts, don't work. Instead, "Safety Plans" can help youth understand: (a) the situations that could trigger increased suicidal thinking; (b) their personal warning signs that they are starting to do worse; (c) what to do if those thoughts start becoming stronger; some of the coping strategies that will help keep them safe when those thoughts increase; (e) things/thoughts that will motivate them through difficult times; (f) a list of supportive people to contact when needed.

1. Sample Safety Plans:

Here are links to sample safety plan templates and a Summary Sheet on Creating and Using a Safety Plan (see Attachment M):

(i) Sample Plan from Youth Save: https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:8e13180f-0de0-36a9-bf51-85b9e145dfe9

(ii) Think Ahead Safety Plan from Mental Health America: https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:966728b6-cfa4-3ac8-8b3b-e3057bf5d4ed

(iii) There are Apps available to help with Safety Planning such as: "Suicide Safety Plan" https://www.suicidesafetyplan.app/ Suicidal thoughts can seem like they will last forever – but these

thoughts and feelings pass with time. This app is designed to support those dealing with suicidal thoughts and help prevent suicide.

(iv) **notOK** is an app designed to easily reach out for support if feeling suicidal and it alerts close trusted contacts that the user is in urgent need of help. The app will send an alert to pre-selected friends, family members, and supporters with a GPS location and a message letting them know that the user needs them to reach out. Also provides contacts for suicide helplines.

2. Quick Guide For Creating A Safety Plan

Step 1: Warning Signs

- Ask: "How will you know when the safety plan should be used?"
- Ask: "What do you experience when you start to think about suicide or feel extremely depressed?"
- List warning signs (thoughts, images, thinking processes, mood, and/ or behaviors) using the student's own words.

STEP 1: I should use my safety plan when I notice these warning signs (thoughts, images, moods, situations, behaviors):
1.
2.
3.

Step 2: Internal Coping Strategies

- Ask: "What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?"
- Assess likelihood of use: Ask: "How likely do you think you would be able to do this step during a time of crisis?"
- If doubt about use is expressed, ask: "What might stand in the way of you thinking of these activities or doing them if you think of them?"
- Use a collaborative, problem solving approach to address potential roadblocks and identify alternative coping strategies.

STEP 2: Internal coping strategies – Things I can do by myself to help myself not act on how I'm feeling (e.g., favorite activities, hobbies, relaxation techniques, distractions):
1.
2.
3.
What might make it difficult for me to use these strategies?
Solution:

Step 3: Social Contacts Who May Distract from the Crisis

- Instruct students to use Step 3 if Step 2 does not resolve the crisis or lower their risk.
- Ask: "Who or what social settings help you take your mind off your problems at least for a little while?" "Who helps you feel better when you socialize with them?"
- Ask for safe places they can go to be around people (i.e. playground, coffee shop, school library).
- Ask student to list several people and social settings in case the first option is unavailable.

- Remember, in this step, the goal is distraction from suicidal thoughts and feelings.
- Assess likelihood that student will engage in this step; identify potential obstacles, and problem solve, as appropriate.

STEP 3: People and places that improve my mood and make me feel safe:	
1. Name:	Phone:
2. Name:	Phone:
3. Place (day):	
4. Place (night):	
What might get in the way of me contacting these people or going to these places?	
Solution:	

Step 4: Family Members or Friends Who May Offer Help

- Instruct students to use Step 4 if Step 3 does not resolve crisis or lower risk.
- Ask: "Among your family or friends, who do you think you could contact for help during a crisis?" or "Who is supportive of you and who do you feel that you can talk with when you're under stress?"
- Ask student to list several people, in case one contact is unreachable. Prioritize the list. In this step, unlike the previous step, students reveal they are in crisis to others. (Also see “notOK” App above)
- Assess likelihood student will engage in this step; identify potential obstacles, and problem solve.
- Role play and rehearsal can be very useful in this step.

STEP 4: People I trust who can help me during a crisis:	
1. Name:	Phone:
2. Name:	Phone:
3. Name:	Phone:
Why might I hesitate to contact these people when I need help?	
Solution:	
How will I let them know that I need their help?	

Step 5: Professionals and Agencies to Contact for Help

- Instruct the students to use Step 5 if Step 4 does not resolve the crisis or lower their risk.
- Ask: "Who are the mental health professionals, counselors, or doctors that we should have on your safety plan?" and "Are there other health care providers?"
- Are there teachers, leaders from your place of worship, or tribal leaders you want to reach out to for help?
- List names, numbers and/or locations of these helping adults.
- List Crisis numbers for student for easy access. Encourage the student to put these numbers in their phone right now.
- Assess likelihood student will engage in this step; identify potential obstacles, and problem solve.
- Role play and rehearsal can be very useful in this step.

STEP 5: Professional resources and referrals I should contact during a crisis (available 24/7):	
1. Counselor's Name:	Phone:
2. Doctor/Healthcare Provider:	Phone:
3. Jackson County Suicide & Crisis Center: 541-774-8201	
4. National Suicide Prevention Lifelines: 1-800-273-8255 or Call or Text 988	
5. Oregon Youth Line: 1-877-968-8491	
6. LGBTQ+ Youth Help Line: Trevor Project: 866-488-7386	
7. **Call 911** if you need immediate help in order to remain safe.	

Step 6: Making the Environment Safe

- Ask student which means they would consider using during a suicidal crisis.
- Ask: "Do you know how to get a firearm, such as a gun or rifle??" and "What other means do you have access to and may use to attempt to kill yourself?"
- Identify ways to secure or limit access to lethal means. Ask: "How can we develop a plan to limit your access to these means?"
- Restricting the student's access to a highly lethal means needs to be done by a parent/caregiver or other designated, responsible person

STEP 6: Steps I can take to keep myself safe by reducing access to means I would consider using during a suicidal crisis:
1.
2.
3.

Step 7: Implementation of the Plan:

- **ASSESS** the likelihood that the overall safety plan will be used, and problem solve with the student to identify barriers or obstacles to using the plan.
- **DISCUSS** where the student will keep the safety plan and how it will be located during a crisis.
- **EVALUATE** if the format is appropriate for student's ability and circumstances. They may do better with a Visual Safety Plan.
- **REVIEW** the plan periodically when patient's circumstances or needs change
- **DETERMINE** who they will share their safety plan with. Do they want to give them copies?

D. Mental Health Referrals For Follow Up:
Most students under enough distress that they are thinking about suicide need a mental health assessment and many will benefit from ongoing counseling. Here is some advice to help parents find mental health supports. If they already have a counselor in school or the community, be sure that you contact them to let them know your concerns.

(i) If the student already has a therapist, be sure to contact the therapist to inform them of the student's mental health status and suicidal thinking and help arrange for follow up visit. Depending on your degree of concern, you may need that same day or within 48 hours. Call parent/caregiver to be sure they followed through.

(ii) If they do not have a therapist or their therapist is not available for some time:

- Refer the student to your school Mental Health Counselor for follow up.

- If your School Mental Health Counselor is not available, then instruct the parent/guardian/caregiver to call their child's Primary Care Provider for Counselor recommendations in the community.
- If the parent/guardian/caregiver is unable to get help through their PCP, then here are some additional resources that may be helpful for them:
    - Call their Private Insurance or OHP Patient Navigator to ask for help. These are paid Care Coordinators who can be very helpful. The contact info is available on the insurance website.
    - If they have OHP insurance (e.g., Jackson Care Connect) they can call Kairos in Medford at 541-772-0127
    - If they have Allcare OHP or Jackson Care Connect, they can call Options at (541) 476-2373 **. If your child needs to be seen urgently, Options also has same day walk in or Zoom evaluations.** Open Access hours are Mon-Thur 8-5 and Friday 8-3 at 200 Beatty Street in Medford or call for Zoom**.**
    - Mental Health Resource and Education Network. This group has a list of local counselors for children and adults. The description indicates those who see children and teens. However, not all counselors take all insurances, so this can be an issue. Parents need to be aware of this limitation. This book does not contain all local counselors.
    - Jackson County Mental Health is available 24 hours a day, 7 days a week by calling their crisis line at 541-774-8201. They have walk-in services available Monday through Friday 8 am to 5 pm at their Crisis Center (140 S. Holly St. in Medford). However, it is preferred that individuals call first before coming in person.

E. Ongoing School Connection and Personal Follow Up: If you were involved in the identification or assessment of the student, especially if the student confided in you as a trusted adult, it is very important that you follow up with the student to show you care. Please note that risk often remains after an intervention, so continued follow up is usually needed. It is important to stay connected and involved with the student and family. You are not expected to provide any mental health treatment, but calling, checking in, just letting them know you are concerned, and care can have a positive effect.

F. Ongoing School Supports:
Depending on the drivers for the student's distress and suicidal thinking, additional school supports may be indicated such as:

- Daily supportive check ins with trusted staff
- Opportunities to contribute in the school setting (eg. Helping with younger children)
- Encourage interests and talents (art, sports, math, music, etc)
- If bullying is an issue, this needs to be addressed using prosocial interventions
- If there are ongoing Mental Health conditions, they should be evaluated for a 504 Plan

5. <u>Parental Notification, Documentation, and Confidentiality:</u>

(i) Unless the youth identifies safety risks associated with notifying a parent/guardian, contact parents/guardians or another trusted adult or adult family member identified by the youth when there appears to be any threat of self-harm. This should be done once the student has been identified as having significant suicidal ideation**.**

(ii) Document contact on the Student Communication Log. See sample form attached.

(iii) Provide the Family Letter Regarding Suicidal Student. If family members are unavailable, or the student is low risk and the caregiver, school staff, and student all feel it is safe for them to go home from school by bus, it should be emailed and mailed later. This should also be documented in the Communication Log.

(iv) In the unlikely situation that a parent/caregiver refuses to come and support/help/pick up their student who is at moderate or high risk for suicide, try to find an emergency contact. If that is not possible, call DHS or local law enforcement. This would also need to be reported to DHS as a mandatory reporter.

(v) 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 the student still doesn't want to tell their parents, address the 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 they need additional help. Students 14 and over have a greater right to confidentiality, but if a student is suicidal and you have safety concerns, that information must be shared.

(vi) Remember, you should still respect student confidentiality even when notifying parents/caregivers about your concerns regarding the child's mental health and safety. For example, the student may be worried about their sexual orientation or gender identity and do not yet feel safe disclosing that to family. You can keep those disclosures confidential and retain the trust of the student. Once the student is stabilized, then continue to work with the student on ways to safely disclose to the family.

(vii) Exceptions For Parental Notification: Abuse Or Neglect Parents need to know about a student's suicidal ideation unless there are concerns this would not be safe for the student and disclosure may result in abuse or neglect by the parent/caregiver. The counselor or staff suicide contact person is in the best position to make the determination. The school staff will need to let the student know that other people would need to get involved 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 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.

(viii) Sexual and/or Physical Abuse: Abuse, either ongoing or in the past, is a common reason for suicidal thoughts and behaviors in youth. This is especially true for youth with disabilities and students with a history of sexual abuse. If there is an abuse disclosure, you are a mandatory reporter.

6. <u>Confidentiality and Record Keeping:</u>

(i) Confidentiality: School employees, with the exception of healthcare providers, mental health counselors, and psychologists who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act of 1974 (FERPA). However, if at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, those confidentiality laws do not apply and the 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 expectation of "minimum necessary disclosure". You are <u>not required to have student or parent consent</u> to share such information when student safety is a concern.

(ii) Maintaining Records: Maintain a confidential working file separate from the main student records file of all suicide screenings, behavior threat assessments, and other confidential mental health information. Files should be kept until the student graduates or is no longer enrolled in an Oregon school. When a student transfers to another school, this information should be shared with the receiving school.

(iii) Documentation: The result of the Suicide Screening and student disposition should be documented. See Attachment J for sample forms for low risk and for detailed assessments. This form is kept in a confidential folder and is not kept in the student's cumulative file.

7. <u>Student Re-Entry Following Hospitalization for Suicidal Behavior or Behavioral Health Crisis</u>:
Students who have made a suicide attempt are at increased risk to attempt to harm themselves again. The risk of a suicide attempt is highest during the first 2 weeks after the youth is released from a psychiatric/behavioral health hospitalization. Appropriate handling of the re-entry process following a suicide attempt is an important part of suicide prevention. Meeting with parents/caregivers about their child prior to their return to school is integral to making decisions concerning needed supports and the student's schedule. It is usually helpful to have part of the meeting without the student present, so the parents/guardians feel free to express their concerns. It is also important for school staff to be sensitive to potential feelings of guilt or anxiety parents/caregivers may be struggling with. It will also help returning students to directly participate in planning their return to school. This will vary based on their age and ability level, but all students should be involved to the extent possible. This involvement helps the student to regain some sense of control.

Confidentiality is extremely important in protecting the student and the family and they should be assured that information will be shared only as needed to enable school personnel to render assistance. If possible, secure a signed release from parents/guardians to communicate with the hospital or the student's therapist/counselor.

Jackson County Care and Communication Protocol for Students Seen in ER or Hospitalized for Suicide Attempt or Mental Health Crisis:

- The Hospital/ER will notify Rick Rawlins, LCSW, Jackson County Mental Health Crisis Manager (Office: 541-770-7764 or RawlinsRC@jacksoncounty.org) when the student is discharged.
- Jackson County Mental Health Crisis Team will contact the family and assess student needs and provide Crisis and Transition Services (CATS) as needed.
- Rick Rawlins or a team member will notify the School Counselor. If the family or student refuses, JCMH staff will explain the need and legal permission to disclose minimal information for student safety at school.
- The Pinehurst Counselor contact information will be provided to Mr Rawlins annually or updated whenever there is a change. Currently the contact person is: School Counselor Greg Simmons, MS, QMHP-C at 541-776-8590 Ext 1189. If Mr Simmons is unavailable, the Jackson County MH Team will notify the School Administrator _____

(i) Re-Entry Planning Meeting. After a suicide attempt or mental health crisis, the School Administrator in coordination with the Mental Health Counselor and other relevant participants (may include School Psychologist, General Education Teacher, Special Education Teacher, parents/caregivers, etc.) will organize a re-entry planning meeting prior to student returning to school from hospitalization to address their needs and design any needed accommodations for a successful transition back to school. This list is not exhaustive but re-entry meeting will usually include:

- How the student's suicide attempt or risk was identified so staff can be alert for these signs
- What precipitated the student's attempt or crisis in order to prevent/address similar situation
- Assess for current safety status. Does the student need line of sight supervision at school?

- Do they need supervision on the playground? At lunch? In the bathroom? Between classes?
- Educate relevant school staff regarding student's potential warning signs
- What medication(s) the student is taking and understanding of possible side effects to watch for
- Current status of student and/or family counseling and determine whether the student or family needs more resources
- Determine student's academic concerns and needs for additional support (e.g., assess student schedule or need for course load changes to relieve stress)
- Extra tutoring to make up lost work if needed
- If self-regulation challenges contributed to mental health crisis, design plan for skill building in these areas
- Identify ways to increase protective factors at school (e.g., participation in favorite activities, additional social supports such as "student lunch bunch," additional time with trusted school adults, etc.)
- Create school monitoring plan and adjust safety plan as needed

C. Suicide Postvention Plan and Tools:

After the tragedy of a completed suicide, the entire community needs intentionality around healing. Postvention has been defined as "the provision of crisis intervention, support, and assistance for those affected by a suicide" (American Association of Suicidology). Schools must be prepared to act and provide postvention actions and resources to support and promote healing for the school community, including students, staff, and families in the event of a serious attempt or after a loss to suicide. It is also important to understand how to communicate with students, families, and the media to reduce the risk of subsequent suicides. This requires requesting support from our larger community partners.

Address Cultural Diversity:

Suicide Postvention efforts need to take into consideration the cultural diversity of the family, school, and community. This diversity may include differences in race, ethnicity, language, religion, sexual orientation, and disability.

- Culture may significantly affect the way people view and respond to suicide and death. See this video on culture and grief.
- Be aware that the extent to which people are able to talk about suicide varies greatly, and in some cultures, suicide is still seen as a moral failing.
- Be sensitive to the beliefs and customs regarding the family and community, including rituals, funerals, the appropriate person to contact, etc.
- Be sensitive to how the family or community may need to respond to the death before individuals outside of the family or community intervene to provide support.
- Engage a "cultural broker" to act as a liaison between the family, community, and school if key members of school staff are not from the same racial, ethnic, or religious group as the person who died by suicide.
- While it's ideal to have mental health therapists of the same culture, that is not usually available locally. Therefore, bring in interpreters and translators if there are language differences. If possible, have resource materials in different languages available for parents.

Themes of Responsible Postvention:

- Grief is normal.
- Help is available.
- Suicide loss survivors are not responsible for the death.
- Our students, staff, and community are resilient.

- Healthy coping skills can be learned.
- Suicide is preventable

Postvention Response Protocol:

1. Training: School administrator will be trained in CONNECT Postvention Training once every 3-5 years. Training is offered through Jackson County Mental Health. Register for local trainings here.
2. Identify a single point person to talk to media and the community about the death. This person will also verify details with police/local authorities to be sure information is accurate. Pinehurst point person will be _____
3. **Mobilize External Crisis Response Team for Postvention Resources:** Pinehurst School is too small to support its own Crisis Response Team. Thus, they will immediately secure external supports. There are two agencies available for help with crisis management and grief counseling following a suicide.

   (a) Jackson County Mental Health Crisis Services will provide support in the aftermath of a suicide. 541-774-8201. See their video: "A Suicide Has Happened. What Now?"
   Jackson County Public Health created an excellent detailed manual: **"Jackson County Postvention Guide: Preparing to Heal." Contact Kristin Fettig—JC Public Health Suicide Prevention & Mental Health Promotion Coordinator FettigKL@jacksoncounty.org or 541-646-4765**
   Our local community is at increased risk after a suicide happens. Jackson County Mental Health Staff step in to help prevent the ripple effects of a suicide.

   (b) Lines for Life Suicide Rapid Response Team: 503-575-3758
   Lines for Life's Suicide Rapid Response service helps communities mobilize after a death by suicide. Services provided include grief support, consultation, connection to resources, and more. Suicide Rapid Response (SRR) is led and coordinated by the Lines for Life Prevention Team in conjunction with community service providers. These services are paid for by Oregon Health Authority (OHA). SRR offers support and services to communities who have been impacted by a loss of a youth to suicide, ages 24 and younger. OHA activates a rapid response team which includes assessment and a response plan. They can provide direct services to the community for up to 60 days. You can learn more by visiting Lines for Life or emailing SRR@linesforlife.org
4. Be sure no automated attendance messages are sent home from school regarding the student.
5. **The point person will contact the family**:
   - To express sympathy for their loss
   - Verify facts around the student's death.
   - Inquire about what the school can share about their loss. Assure them they are in control of what is shared but help them understand that releasing basic information avoids rumors.
   - If family is unwilling or not ready to share, help the family craft a message that they do want released in order to minimize rumors, misinformation, and speculation. (e.g., "We wanted to share with you some very sad news. Mary Smith died this morning. Her family is not ready to share the details of the death, so please refrain from speculating about how she died. When the family is ready to share, we will provide more details.")
   - Ask what the school can do to support siblings: Tips on Connecting with Families
   - Ask what the school can do to support the family and let them know the school will have grief counselors available to them and that the crisis support team will be reaching out to them
6. Ensure office staff know how to respond to inquiries. See Sample Script in Attachments.
7. Delegate someone to monitor social media to track misinformation and others at increased risk. (See **Guidelines for Youth Communicating Safely Online About Suicide .)**
8. Develop Communication Plan to inform school/community of resources available for support as well as referring back to Pinehurst Website for information about Suicide Warning Signs

9. **Key Communication Points: (from After a Suicide: A Toolkit for Schools (2018)**
    - Use care in sharing the information about the death with staff and parents in the school community.
    - Determine what and how information is to be shared - do NOT release information in a large assembly or over the intercom.
    - The staff communication should be done separately from communications with students.
    - What is said publicly may be limited to some degree by the family's wishes, and it is important to distinguish what might be said in a public meeting (e.g., with school parents) versus a meeting of necessary school staff (e.g., teachers who taught the deceased student).
    - Inform faculty and staff before informing students and their families, preferably at all-staff meeting in the morning before school starts.
    - Be sure all school staff know what information can be relayed to students and families.
    - Use safe messaging around suicide. Avoid idealizing the person and glorifying suicide. Talk about the person in a balanced manner.
    - Do not provide excessive details or describe the event as courageous.
    - Do not be afraid to include the struggles that were known, especially in individual conversations about the death. If the student's struggles are not mentioned, it may cause confusion as well as give the impression that suicide is an effective way of addressing one's distress—especially among the other students.
    - Prepare school staff to inform students and provide support for staff in handling student reactions.
    - Proactively address the guilt around suicide--survivors are not responsible for the death
    - Normalize anger but help students identify their emotions and utilize positive coping skills
    - Address loss but avoid school disruption as best as possible
    - Remind school staff they are not to talk to media, and they should refer them to the designated media spokesperson.
    - See attached "Postvention Tips for Talking About Suicide" (Attachment X)
    - Be sure crisis numbers are readily available and posted in multiple places for staff, students, families.
10. **Support for Staff:**
    - Assign a staff member to follow the deceased student's schedule to monitor peer reactions and answer questions. It is also important to monitor staff reactions to the death.
    - If possible, arrange for substitute teachers from other schools to be on hand in the building in case teachers need to take time out of their classrooms.
    - If possible, identify an easily accessible mechanism for students to request support (e.g., be able to request a pass to meet with a counselor or others) throughout the day.
    - Arrange for crisis counseling room(s) for staff and students—have art supplies, coloring books, drawing paper, etc. available.
    - Provide tissues and water throughout the building and arrange for food for teachers and crisis counselors who may be giving up lunch periods to respond to students.
    - Prepare the staff for what to expect talking to students. Give teachers/staff access to these tips from The Dougy Center for talking with children about a death from suicide and ways to support them as they grieve.
    - Refresh staff on prevention protocols and their need to be aware of and responsive to signs of risk in students, other staff, and themselves.

11. Support for Students:

- Provide structure and routine, but allow space for processing grief, which will be different for each student.
- Review with students the signs of suicide and the importance of telling an adult if they are worried about self or peers. Be specific: Tell an adult if your friend is talking about suicide.

- Remind students that grief is normal, but it is also okay to take joy at the same time (some students may feel guilty about having fun and need to know that is okay).
- Remind students the suicide is not their fault.
- Give students an opportunity to talk about how they feel and normalize the range of feelings people will have. All feelings are normal from deep sadness to anger to numbness to little reaction. These are all normal.
- Teachers are not expected to be grief counselors, but here are Tips for Supporting Grieving Students.
- Students may need help supporting sibling(s) or very close friends of the deceased. Tips for Supporting Grieving Friends.
- Review healthy self-care plans with students. Build in self-care activities for students during the day.
- Write the numbers for getting help on the board (including the texting numbers which can be easier for some children/teens) and just leave them up.
- Work with the administration, teachers, school, and community mental health professionals to identify individuals who may be having particular difficulty, such as siblings, close friends, and teammates; those who had conflicts with the deceased; those who may have witnessed the death or knew of student's intentions; and students with prior history of depression or suicide attempts. Identify and refer at-risk students.
- Work with school-based mental health professionals to develop plans to provide counseling and referrals to those who need it.
- Prepare to track and respond to student and/or family requests for memorialization. Work with the family to ask what information about funeral/memorial services they want shared with the school community. School-based memorial services are discouraged. (See attached on Memorialization Advice)
- Avoid romanticizing or glorifying event or vilifying victim. (See Postvention Tips on Talking About Suicide).
- Can find many resources to help children with grief at the Dougy Center or the Coalition to Support Grieving Students.
- Be aware that persons may still be traumatized months after the event.

12. Risk Identification: Prevention (postvention) after a suicide attempt or completion is very important. Students and others associated with the event are vulnerable to suicide contagion and are at increased risk for suicide.

(i) IDENTIFY students/staff that may have witnessed the suicide or its aftermath, have had a special 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.

(ii) MONITOR student absentees in the days following a student suicide, those who have a history of being bullied, who are LBGTQ, who already consider themselves outsiders, and those who have weak levels of social/familial support

(iii) NOTIFY parents/caregivers of highly affected students noted at school (students do not always communicate with their families)

(iv) REFER the identified high-risk students and staff to counseling with school Mental Health Counselor or Counselors provided by the Postvention Crisis Teams and provide recommendations for community-based mental health services when needed after the initial on-site grief counseling has ended.

13. Additional Support for the Family:

- The point person will contact the family (see #5 above):
- Check in again with them at the end of the school day

- Provide grief support resources such as:
  (i) **Healing Conversations through the American Foundation for Suicide Prevention** where they will provide support from other family members who have survived suicide loss
  (ii) **WinterSpring** is our local organization supporting people through grief. WinterSpring is dedicated to helping those who are grieving face their loss and learn to embrace life again**.** They have support groups that serve both adults and children.
- Check in with the family in 3-5 days.

14. Continued Postvention Resources Over Next 1-4 Weeks:

(i) Review Suicide Prevention Protocol with staff and families with emphasis on risk factors and warning signs, explaining risk of contagion.
(ii) Hold debriefing meetings with staff and crisis team to review response, current, and future needs.
(iii) Continue to monitor student and staff needs. Arrange for transfer of any needed ongoing supports from crisis team members to school or community mental health providers.
(iv) Provide follow up resources for families or students as needed such as:
  (a) **Healing Conversations through the American Foundation for Suicide Prevention** where they will provide support from other family members who have survived suicide loss

  (b) **WinterSpring** is our local organization supporting people through grief. WinterSpring is dedicated to helping those who are grieving face their loss and learn to embrace life again**.** They have support groups that serve both adults and children.

(v) **Be aware that persons may still be traumatized months after the event.**

15. **Longer Term Postvention Responses**:

- Identify needed changes in Suicide Prevention, Intervention and Postvention School Protocols
- Identify ongoing unmet family/survivor needs
- Identify additional community resources or gaps
- Continue to monitor those considered high risk
- Continue to assess for impact on all students/staff (including monitoring of social media)
- Offer suicide prevention education event to families/community (note: this should not be offered immediately after the loss)

Suicide Postvention Protocol Flowchart

ON-SITE	OFF-SITE
CALL 911 and NOTIFY ADMINISTRATOR LAW ENFORCEMENT NOTIFIES FAMILY AND SECURES AREA • Do not move body or disturb evidence • Clear area of students and staff • Document names of witnesses	ADMINISTRATOR IS POINT PERSON • Verifies death • Contacts Family • Notifies Key School Personnel and SOESD Superintendent • Remind Office staff of messaging plan

PROTECT CONFIDENTIALITY AND FAMILY WISHES

ADMINISTRATOR ACTIVATES EXTERNAL CRISIS RESPONSE TEAM

JACKSON COUNTY MENTAL HEALTH CRISIS SERVICES, 541-774-8201, provides support in the aftermath of a suicide.

In addition call ***LINES FOR LIFE SUICIDE RAPID RESPONSE TEAM*** 503-575-3758

ADMINISTRATOR HANDLES OR DELEGATES ALL COMMUNICATION

(Initial Response)

Notify and Support Staff	Notify and Support Students	Communicate with All Families	Media
• Staff meeting before school to notify staff • Prep for working with students • Give resources for self-care • Bring in out of district subs • Review messaging expectations • Review postvention protocols (including monitor memorials/observances for contagion, asses for appropriateness • Provide crisis/grief counselors/safe space	• Inform as early as possible • Identify vulnerable students • Review self-care and help seeking • Provide crisis/grief counselors	• Respect parent wishes • Remind Office Staff of messaging with families • Provide warning sign education • Provide protective factor education	• Do not allow on campus • Only Admin speaks to media • Delegate someone to monitor social media

ONGOING POSTVENTION RESPONSE COORDINATED BY ADMINISTRATOR THROUGH COLLABORATION WITH CRISIS TEAM: WEEKS 2-12

This document includes information adapted from the following resources (Version September 2022):

Suicide Prevention, Intervention, Postvention: Step by Step from Willamette ESD and Lines for Life (2021 Edition)

Developing Comprehensive Suicide Prevention, Intervention and Postvention Protocols: A Toolkit for Oregon Schools (2017)

After a Suicide: A Toolkit for Schools 2nd Edition (2018); American Foundation for Suicide Prevention & Suicide Prevention Resource Center.

California K-12 Toolkit For Mental Health Promotion & Suicide Prevention

Klamath Falls City and Klamath County School Districts Suicide Prevention Policies and Procedures Manual. https://www.kcsd.k12.or.us/cms_files/resources/HealthSer-SuicidePoliciesProcedures.pdf

The American Foundation for Suicide Prevention (AFSP), the American School Counselor Association (ASCA), the National Association of School Psychologists (NASP), and the Trevor Project collaborated to develop and disseminate the Model School District Policy on Suicide Prevention video or in written form.

Youth Save. Youth Suicide Assessment in Virtual Environments from Oregon Pediatric Society. https://oregonpediatricsociety.org/youth-save/

Oregon Health Authority Youth Suicide Prevention and Intervention Plan 2021-2025 (YSIPP) https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le8875.pdf

ODE Checklist for Suicide Prevention Plan: https://www.oregon.gov/ode/students-and-family/equity/SchoolSafety/Pages/School-Safety-&-Prevention-Systems-Guidance.aspx

Sisler SM, Schapiro NA, Nakaishi M, Steinbuchel P. Suicide assessment and treatment in pediatric primary care settings. J Child Adolesc Psychiatr Nurs. 2020;33: 187–200.

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SOESD
Southern Oregon Education Service District

Resources On Mental Health Promotion And Youth Suicide Prevention

Suicide Prevention Resources

Youth Suicide Intervention and Prevention Plan Annual Report 2021 Current summary of Youth Suicide Prevention Efforts in Oregon.

Oregon Alliance to Prevent Suicide oversees the implementation of the five-year Oregon Youth Suicide Intervention and Prevention Plan (YSIPP) and includes information on policies, laws, coalition members, and resources related to suicide prevention in Oregon.

A Comprehensive Approach to Suicide Prevention Suicide Prevention Resource Center. This site provides many resources to support multiple facets of comprehensive suicide prevention.

Suicide Prevention Resource Center (SPRC) is our national resource center devoted to suicide prevention and provides many resources for suicide prevention including Suicide Prevention Resources for Children 12 and Under

Suicide Awareness In Elementary Schools from Society for the Prevention of Teen Suicide. Elementary teachers often wonder why they have to be prepared in suicide prevention. While the number of deaths by suicide in younger children is statistically small, the number of attempts in students ages 10 to 14 (your 4th to 8th grade students) has increased dramatically over the last few years, especially for girls. And if kids in your class are thinking about suicide, they aren't concentrating on math or social studies or language arts – they're lost in thoughts that life doesn't currently seem worth living. Even if their number is small, there are at-risk students in elementary school classrooms all over the country and school staff must be prepared to support them.

The Surgeon General's Call to Action To Implement The National Strategy For Suicide Prevention (2021) presents 13 goals and 60 objectives for suicide prevention and describes the role that each of us can play in preventing suicide and reducing its impact on individuals, families, and communities.

988 Suicide & Crisis Lifeline 988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline now active across the United States. When people call, text, or chat 988, they will be connected to trained counselors who will listen, understand how their problems are affecting them, provide support, and connect them to resources if necessary.

Find Treatment Help at SAMHSA (Substance Abuse and Mental Health Services Administration). SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders, including treatment resources for various mental health challenges including drug abuse, opioid addiction treatment, disaster distress, mental health treatment, veterans crisis line.

The MY3 App lets you stay connected when you are having thoughts of suicide so that you can be prepared to help yourself and reach out to others. There is hope and a life to look forward to, even in your darkest moments. MY3 can help you get through your most difficult times. https://lifelineforattemptsurvivors.org/my3-app/

The notOK App allows you to easily reach out to the people you trust when you are feeling distressed and perhaps starting to think about suicide. You'll just have to open the app and press the large, red notOK® button. Tha App also includes some guided breathing to help you calm down and crisis lines when reaching out to friends and family is not enough.

The online **Counseling on Access to Lethal Means** (CALM) course is accessible free of charge. Preventing access to lethal means is an essential part of suicide prevention.

Summary of Available Evidence Based Suicide Prevention Programs. See this resource for summary and links for various evidence based available suicide prevention programs: https://sprc.org/sites/default/files/resource-program/GatekeeperMatrix6-21-18_0.pdf

Oregon Department of Education website on Mental Health and Well Being has additional resources and trainings that focus on the prevention, intervention and response to mental health needs of students and school communities.

Jackson County Mental Health: If you need information on local mental health resources or have an urgent mental health need, JCMH is available 24 hours a day, 7 days a week by calling their crisis line at 541-774-8201**.** They also have walk-in services available Monday through Friday 8 am to 5 pm at their Crisis Center (140 S. Holly St. in Medford) although it is best to call first. They also have resources available on their website: https://jacksoncountyor.org/hhs/Mental-Health/Welcome

Community Resources in Jackson County lists all kinds of needed supports that are available here (eg. family supports, shelters, addiction, mental health, hospice, mediation, and many more).

SafeOregon **Tip Line** is available 24/7 and can save lives. People cycle through depressive episodes, but with support, they can get through it. Calling Safe Oregon can truly make a difference in saving someone's life. Participating schools use this tool to help students with all issues ranging from mental health concerns, child abuse, bullying, drugs and much more. The tip line is available for students and staff 24/7, all year round.
Call or text: 844-472-3367 or Email: tip@safeoregon.com
Video about how to use the Tip Line: https://vimeo.com/351029552/0311b6ad70

Materials From Youth Line for effective suicide prevention messaging and mental health supports can be found here.

Helping Your Loved One Who Is Suicidal: A Guide for Family and Friends This guide will help families who have a loved one who is actively suicidal or has made a suicide attempt. It provides information on understanding suicide, warning signs, action steps to

take, and how to prevent future attempts and keep your loved one safe (Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, May 2021).

Advocating for Your Loved One During a Crisis: A Guide for Parents and Caregivers While at the Hospital Emergency Department explains what to expect and how to advocate for your child if they need to be evaluated for a mental health emergency (from Oregon Health Authority). This guideline is available in multiple languages here.

Seize the Awkward: Advice for teens on how to talk to and support friends: warning signs, start a conversation, get help when needed.

What to Expect When You Call a Suicide Hotline: It may reduce the stress around calling the Suicide Prevention Helpline if people have some idea what to expect.

Mental Health Resources for Youth and Families:

National Parent Helpline (1-855-427-2736) for caregivers to get emotional support and resources from a trained parent advocate when you are feeling overwhelmed by the demands of parenting, are worried about your child, or just not sure where to turn. Available Monday through Friday 10 am to 7 pm PST.

Oregon Child and Family Behavioral Health Supports: the Oregon Health Authority supports families to help them advocate for their needs, navigate multiple systems and get the care they choose.

Reach Out Oregon are families and youth working together to promote mental, behavioral and emotional wellness for families and youth through education, support, and advocacy. They have a warmline (1-833-732-2467) or live chat to provide support for families/parents/caregivers with concerns about parenting, mental health needs, and other behavioral health concerns. Also available for Spanish speaking families. Call or text Monday to Friday 12-7 pm or leave a message anytime. They offer support groups and other resources as well.

Mental Health and Wellness Guide for Students from SADD (Students Against Destructive Decisions) is an excellent guide to mental health, resilience supports, healthy coping strategies, and resources for young people.

American Academy of Pediatrics (AAP) Mental Health Resources for Families provides a wide variety of mental health resources for families about anxiety, depression, disruptive behaviors, and promoting mental health. All are available in English and Spanish.

Getting Through Today is a website that helps students identify coping skills that can work to help them manage stress or suicidal feelings.

Mental Health America (MHA) is the nation's leading community-based nonprofit dedicated to promoting the overall mental health of all, promoting that mental health is a critical part of overall wellness, including prevention, early identification and intervention for those at risk, and supports for those who need them.

https://www.mhanational.org/

Guidelines for Youth Communicating Safely Online About Suicide. This guide from Australia addresses the ways youth use social media and provides tools and tips for young people to help them communicate safely online about suicide.

Walk in Our Shoes
This campaign utilizes real stories from young teens and older adolescents to teach youth about mental health challenges and mental wellness. The multifaceted campaign uses positive, authentic, and appropriate stories told through an interactive Web site, school-based theatrical performance, and a statewide public education campaign.

FACT SHEET - **Know the Signs:** Recognizing Mental Health Concerns In Kids and Teens (PDF)

Supporting Children's Mental Health: Tips for Parents and Educators. —National Association of School Psychologists (NASP).

Things You Can Do to Improve Your Child's Mental Health—Verywell Family.

What Every Child Needs for Good Mental Health—Mental Health America (MHA).

What to Do if You're Concerned About Your Teen's Mental Health. (PDF)—The JED Foundation.

Mental Health Is Health: Our emotional health can range from thriving to struggling. No matter what you're experiencing, there are ways to take action to support yourself and those around you.

NAMI Oregon offers support and education for families dealing with mental health challenges. They also offer a Helpline: 800-343-6264 M-F 9 am–5 pm.

Mental Health Promotion And Suicide Prevention Resources For Culturally Diverse Groups

Mental health resources for underrepresented communities are available at the American Society for Suicide Prevention including the Black community, Hispanic/Latinx community, Asian Americans, Pacific Islanders, Native and Indigenous communities.

Juvenile Justice System: Youth involved with Juvenile Justice have an increased suicide risk. Here are some tools to help support youth facing these increased stressors.

Suicide prevention toolkit for primary care practices: American Indian Addendum. Western Interstate Commission for Higher Education Mental Health Program (WICHE MHP) and Suicide Prevention Resource Center (SPRC); 2017. https://www.wiche.edu/wp-content/uploads/2020/10/SPToolkitAI_Addendum.pdf

SAMHSA's Tribal Training and Technical Assistance Center (TTAC) offers training and technical assistance on suicide prevention, mental health, and substance use

for Native Americans/Indigenous communities.

The Suicide Prevention Resource Center (SPRC) American Indian/Alaska Native Settings has a variety of information and resources that use a culturally relevant, contextually driven, comprehensive approach that promotes culturally competent practices that increase protective factors and reduce risk.

We R Native We R Native was created by Native youth for Native youth, and offers various health resources on their website, including information on suicide. They have articles on various mental health topics, address how to talk to loved ones about suicide, resources for support, as well as videos and shared stories.

To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults (2010)

Safe and Caring Schools for Two Spirit Youth: a Guide for Teachers and Students (2011)

Paths Remembered Project of the Northwest Portland Area Indian Health Board centers the Two Spirit and LGBTQ+ community's strengths, resiliencies, and histories. This support is important because LGBTQ Youth have a higher rate of suicide than cisgender youth and LGBTQ Native American Youth have the highest rate of suicide.

Resources for LGBTQ Youth:

The Trevor Project provides information & support to LGBTQ young people 24/7, all year round, including crisis supports.

LGBT National Youth Talkline: Locate telephone and email peer-counseling, as well as factual information and local resources for cities and towns across the United States.

988 Lifeline: Members of the LGBTQ community are disproportionately at-risk for suicide and other mental health struggles. This site has information and resources to help support members of the LGBTQ+ community and their loved ones.

American Foundation for Suicide Prevention is dedicated to preventing suicide among lesbian, gay, bisexual, transgender and queer (LGBTQ) people.

Family Acceptance Project: Access toolkits, resources and peer-reviewed research to assist promoting LGBTQ health issues within the context of the family. Family support is a very important protective factor for LGBTQ youth.

It Gets Better: Find testimonials from around the world aimed at providing inspiration for LGBTQ youth. Celebrities, public figures and citizens contribute encouraging words, preaching perseverance through difficult periods and providing examples of how the future for LGBTQ youth is bright.

I'm From Driftwood: Watch inspiring first-person accounts of being LGBTQ in America.

Crisis Management and Suicide Prevention Resources for Autistic Individuals and their Families:

Be Well, Think Well: How to Manage Suicidal Thoughts: This resource gives some information about support and resources that are available to help autistic individuals who may experience suicidal thoughts.

Crisis Supports for the Autism Community – a toolkit to help crisis center workers and other professionals in identifying and communicating with autistic callers/texters who are in crisis.

Warning Signs of Suicide: Considerations for the Autism Community – considerations to be aware of when assessing or supporting an autistic person using the warning signs for the general public.

Warning Signs of Suicide for Autistic People – An autism-specific resource based on research findings and expert consensus.

Mental Health Resources for School Staff:

Free K-12 Health and Wellness Courses and Resources for school staff to help their students form healthy habits for their bodies and minds.

Self Care Resources for Teachers and their Students Self care promotes long-term mental and physical health and is important for both school staff and their students.

Teacher WISE (Well Being in School Environments) from Georgetown University promotes educator well being which is essential to staff and student success. They offer a free on-line program to understand and enhance your own well being along with many additional resources. Download their comprehensive Teacher Well Being Workbook here: https://static1.squarespace.com/static/60411ac3e851e139836af5f1/t/6155e14e69ae5761df34cfe0/1633018213269/TeacherWISE_9.30.21-web.pdf .

National Center for School Mental Health provides training and technical assistance to support school mental health. They host a wide variety of on demand webinars on mental health and student well being.

This includes their Classroom WISE (Well-Being Information and Strategies for Educators) training on mental health literacy for educators and school personnel.
ODE has also created an Oregon specific version of this training at Oregon Classroom WISE.

After a Loss to Suicide: Suicide Postvention Resources

Suicide Postvention Resources Complete Toolkit (Australia, 2020) helps schools respond and guide the school response to a death by suicide and the subsequent recovery for the community.

Supports for Surviving a Suicide Loss from the American Foundation for Suicide Prevention. You are not alone. Suicide affects millions each year and other loss survivors provide resources to help you heal.

What To Do Immediately After a Suicide Loss. This detailed information helps you navigate the challenging, confusing, and painful time in the immediate aftermath of a loved one's suicide.

What Not to Say to Someone Who Has Lost a Loved One to Suicide from Suicide Prevention Resource Center.

Children, Teens, and Suicide Loss provides guidance on how to talk to and support young people after a suicide.

Coping After Suicide Loss: Tips for grieving adults, children, and schools dealing with a death by suicide (American Psychological Association Oct 2019).

WinterSpring is our local center for grief and loss that provide supports for anyone who is suffering from a loss, adults, teens, and children.

The Dougy Center National Grief Center for Children and Families provides support, resources, and connection for youth experiencing loss and grief, including following suicide. They have resources for youth, their families, and a Grief Support Toolkit For School Personnel. These resources discuss how school staff can Help Youth Grieving After a Suicide and Supporting Children & Teens After A Death From Suicide.

Recommendations for Reporting on Suicide. Media and online coverage of suicide should be informed by using best practices and the way media cover suicide can influence behavior negatively by contributing to suicide contagion or positively by encouraging help-seeking.