Georgetown Middle School Suicide Prevention Policy

2016-2017

Purpose

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

1. recognizes that physical, behavioral, and emotional health is an integral component of a

students’ educational outcomes,

1. has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
2. acknowledges the school’s role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

Toward this end, the policy is meant to be paired with other policies supporting the emotional and behavioral health of students more broadly.

Definitions

1. **At risk:** A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.
2. **Suicide Prevention Team:** A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.
3. **Mental health**: A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
4. **Postvention:** Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
5. **Risk assessment**: An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or behavioral health consultant). This assessment is designed to elicit information regarding the student’s intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
6. **Risk factors for suicide:** Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.
7. **Self-harm**: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
8. **Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

\*Note: The coroner’s or medical examiner’s office must first confirm that the death was a suicide before any school official may state this as the cause of death.

1. **Suicide attempt**: A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
2. **Suicidal behavior:** Suicide attempts, intentional injury to self-associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one’s life.
3. **Suicide contagion**: The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
4. **Suicidal ideation:** Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one’s life is still considered suicidal ideation and should be taken seriously.

**Scope**

This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school sponsored out-of-school events where school staff is present. This policy applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

**Suicide Prevention Team:**

* David Hudson, Principal
* Karen Oliphant, Assistant Principal
* Marie Keffer, School Counselor
* Erin Crooks, School Counselor
* Lindsey Levis, Behavioral Health Consultant
* Bonnie Hudson, School Nurse
* Aaron Salisbury, School Psychologist
* Joey Melvin, School Resource Officer
* Shana Pollard, Special Education Teacher
* Eric McGuire, Exploratory Teacher
* Tanya Kaminski, Teacher grade 6
* Sharon Rust, Teacher grade 6
* Brian Murphy, Teacher grade 6
* Michelle Erskine, Teacher grade 7
* Ashley Grey, Teacher grade 7
* Kristina Lowe, Teacher grade 7
* Vaughn Hogans, Teacher grade 8

**Prevention**

**Staff Professional Development:**

1. All staff will annually complete the 90 minute Suicide Prevention Training. A copy of the completed training list will be maintained by Administration.
2. The committee will meet regularly to discuss topics such as but not limited to:
	* + School Suicide Prevention Program
		+ Training needs
		+ Practices/Procedures within the school
3. On the school website, the following will be posted:
	* + A link to the district policy
		+ Title of the program
		+ Links to additional resources
4. **Youth Suicide Prevention Programming:** Developmentally appropriate student-centered education will be integrated into the curriculum of grade 7 social studies classes. The school’s Behavioral Health Consultant will be trained in delivering the “Lifelines” curriculum to students. The content of this curriculum will include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help. In addition, schools may provide supplemental small group suicide prevention programming for students as needed.

**Suicide Threat Procedures**

**All School Staff**

Always take all mention of suicidal thoughts seriously; as such comments are often a student’s cry for help. If a staff member learns or observes that a student has threatened suicide, attempted suicide, expressed suicidal ideations, or demonstrated signs of being a suicide risk, he or she:

1. Must ***immediately*** contact a member of the school-based mental health team (e.g., school psychologist, counselor, behavioral health consultant school nurse, etc.)
2. Accompany the student to the office of a school-based mental health team member, keeping the student within staff person’s line of sight. Do not leave the student alone include using the bathroom until a trained team member determines the students does not present a threat. If the team member is not present at the time of arrival, the student shall be accompanied to the nurse, guidance, office or Administration until a team member is located. Staff may need to notify someone with radio communication to ask for a team member to report to a specific location. The above shall apply *regardless* of the severity or sincerity of the threat.
3. Staff member will verbally report the specifics of the suicide threat and follow up with a written report **within 24** hours. The written report can be an email or a completed form. If additional staff witnessed the threat or encountered the student after the threat was revealed they must submit a written report within 24 hours.

Once with school-based mental health team member:

1. Member will notify administration and other members of the team if necessary
2. Constantly supervise the student in crisis, and provide a safe and secure setting. *Ensuring the student’s safety may require the school resource officer’s assistance.*
3. Do not leave suicidal student alone, not even to use the bathroom (may need to involve staff change to be same sex of student). Until such time as a trained mental health counselor or practitioner determines the student does not present a threat, the building administration determines that the report of a potentially suicidal student was unfounded, or the parent/guardian takes physical custody of the child the student is not to be alone in the school.
4. In the event a student is considered a flight risk, attempts to leave, or does leave the area, immediately contact other school staff, including administration, the school resource officer (if available), and/or school based crisis team member(s) to assist with containing and supervising the student.
5. Provide emotional support to student in a private environment.

**School-Based Mental Health Team Member**

Once contacted, a mental health staff member or members will meet with the student to address the incident and screen the risk. Whenever possible, it is advisable to have two designated staff members address the incident and assess risk jointly. The risk screening will ascertain the nature of the incident, to include the student’s thought/intent, plan, access to means and/or motivation.

1. Once risk assessment is completed, contact the student’s parent(s)/guardian(s). In the event it is imperative to speak with the parent/guardian. The emergency contact can be contacted if all attempts to reach the parent(s)/guardian(s) are unsuccessful. All attempts to contact including phone numbers, time, and if was able to leave a message must be documented.
2. When deemed warranted after the initial addressing of the incident and screening of risk, the staff conducting the screening will contact a community agency to conduct a comprehensive risk assessment. Community agencies such as:

Child Priority Response (CPR): 1-800-969-4357

Division of Prevention and Behavioral Health Services: 1-800-722-7710

Mobile Crisis: 1-800-345-6785 (for students age 18 or over)

Dover Behavioral Health (DBH): 302-741-0140

1. If it is deemed that the student in crisis needs to be transported to a hospital emergency room for an additional assessment, parent(s)/guardian(s) or police may be utilized to transport the student. NOTE: In many cases parent/guardian consent is required before a student can be further evaluated. If the parent/guardian cannot be reached, a building administrator or team member must accompany the student to the hospital until the parent/guardian arrives.
2. Unless a trained mental health counselor or practitioner, school counselor, school psychologist or physician determines the student does not present a threat, or the building administration determines that the report of a potentially suicidal student was unfounded, the student is not to be released from the line of sight of the principal, school counselor or nurse unless:
	* The student is released into the care of law enforcement;
	* The student is released into the care of a parent or guardian;
	* The student is released into the care of an outside mental health agency; or
	* The student is released into the care of the Delaware Division of Services for Children, Youth and their Families
3. In the event that the student in crisis is not taken from school to a hospital or other facility to be further evaluated, all parents/guardians will be advised to have the student evaluated by a licensed mental health professional immediately. The team member will provide contact information and various options for parents/guardians.
4. School will complete any safety plan documents as needed obtaining any necessary signatures.
5. Complete the “Suicide Risk Incident Report” documentation form [Appendix] to document the screening and action taken, including parent(s)/guardian(s) contacts.
6. All documents such as the risk assessment, a safety contract, written documentation from the staff member, and contact log should be maintained in a file within the guidance department. *Do not* put in cumulative/confidential record.
7. When applicable a school team member should attempt to contact the parent(s)/guardian(s) to check-in on the student and discuss student’s return to school.
	* Depending on the outcome/treatment the school team may hold a meeting prior to the student’s return to school to discuss any necessary action or safety plans for the student. Participation must include the parent(s)/guardian(s) and members of the school-based mental health team.
8. If parents/guardians have documentation of action taken by a mental health professional or community agency, these documents may be requested by the school to review in order to provide the necessary supports while the student is at school, at after school events, and during transportation to and from school.
9. Any plans that are shared or developed are to be communicated with the student’s teacher(s) and other staff as necessary by a member of the school-based mental health team.

**In-School Suicide Attempts**

\*Refer to ERIP “Suicide Attempt” for additional plan details

1. Verify the information, alert safety response team and mental health team, locate the student and confirm the attempt.
2. Call 911 or designate a team member to call 911.
3. Main office staff notifies district office of incident (302-436-1000)
	* Depending on the nature/extent of the incident, Director of Student Services or designee notifies administration at all other district schools, lead school psychologist, and lead school counselor (and any other relevant staff).
	* Director of Student Services or designee monitors social media to address potential at-risk students, rumors, and memorial planning.
4. Staff member will follow applicable steps of the Suicide Threat process, to possibly include:
	* Isolate the student from other students. This may require the use of heightened security through school safety plan.
	* Provide emotional support.
	* Remain with student until counselor/mental health team arrives; do not leave the student alone.
5. Administration or nurse contacts parent(s)/guardian(s) of student regarding incident and medical treatment plan, if requires immediate transport to hospital via emergency services personnel.
6. Administrator refers all media to Dave Maull, Grant Writer/Public Relations Specialist for IRSD.
7. Administrator provides secretary specific script/guidelines to use when answering phone calls as directed by District Office staff.
8. School Crisis/Safety Team follows ERIP document plan. Administration will:
	1. Notify/update team of situation.
	2. With team, determine if District Crisis/Safety Team is notified, as warranted.
9. School Crisis/Safety Team will:
	1. Develop a plan to notify staff.
	2. Develop plan to address rumors including how staff members should respond.
	3. Involved community agencies as warranted.
	4. Develop a counseling plan based on the needs as it relates to the incident.
	5. Determine a list of students who may warrant mental health attention such as witnesses, siblings, close friends, family members. Parent(s)/Guardian(s) of any students seen should be notified that their son/daughter has met with a member of the mental health team providing relevant information as needed.
	6. A record of all students seen for counseling including a follow-up plan must be maintained.
	7. Maintain a normal school schedule or develop a plan to return to normal routines as soon as possible.
10. Administration will notify/update all school staff at the end of the school day or prior to the next school day by adhering to the limits of confidentiality. Administration may share:
	1. Availability of support for students and staff including counseling options through the Employee Assistance Program.
	2. Share how to address rumors.
	3. Inform staff of need to be sensitive to any students showing significant emotional reaction where they appear or may be considered at-risk.
11. Administration/ Safety Team Leader will schedule a time and location for the School Safety/Crisis Team to meet to debrief, as well as, review/evaluate how the plan went and to plan for the future.
12. Depending on the nature/extent of the incident, Administration may draft and disseminate a notification statement about the incident for parents/guardians. This may be completed via the Alert now system.

**Communication Procedures with Healthcare Professionals**

The following procedures refer to the communication between school staff members and healthcare professionals who are involved in the treatment of students for self-harm, suicide attempt, or for threatening of either.

1. The communication process begins with the immediate report of any students thought to be demonstrating the warning signs of suicide as indicated in the Procedures for Suicide Threat. A school employee, volunteer, or student is individually immune from a cause of action for damages arising from reporting warning signs of suicide in accordance with these procedures unless that reporting constituted gross negligence and/or reckless, willful or intentional conduct.
2. All communication with Healthcare Professionals for students under the age of 18 require the completion of the Release of Information forms, which are signed by the parent/guardian or relative caregiver in order for the primary care physician or healthcare professional to communicate with school personnel regarding any treatment of a student. Notwithstanding the foregoing, communications between healthcare professionals and school staff regarding any treatment of a student may occur for any student 14 years or older who has provided consent for voluntary outpatient treatment in accordance with 16 DE. C. §5003. In accordance with HIPPA and FERPA guidelines, releases shall be signed before communication may take place. Communications without signed releases in emergency situations may occur in accordance with HIPPA and FERPA regulations and guidelines.
	* If a parent/guardian/relative caregiver refuses to sign a release form at school, the school shall review the policy with the parent/guardian/relative caregiver explaining the reasons the release would be advantageous to the student.
3. As per the Suicide Threat procedures, the student shall be evaluated by a licensed, or non-licensed healthcare professional working under the supervision of a licensed healthcare professional. The recommendations from the evaluation are pertinent to managing the students’ risk in the school. This information shall be shared at a meeting between the student, parent/guardian, school nurse, counselor, and/or administration prior to the return to school. School personnel are responsible for implementation of any recommendations made to support the student while at school.

Emergency evaluations may be obtained from the hospital emergency department, a licensed healthcare professional, a physician, nurse practitioner, or from the state’s Child Priority Response Mobile Crisis Service if the student is under 18, or the Adult Mobile Crisis Service if the student is between the ages of 18-21.

**Out-of-School Suicide Attempts**

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

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student’s parent or guardian.
3. Inform the school suicide prevention coordinator and administration.

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

**Post-Suicide Response**

Quick Reference

\*Refer to ERIP “Death of Student/Staff” for additional plan details

In the event that a student commits suicide, the following responses should be considered:

1. Administrator verifies information, confirms the suicide, and notifies District Office staff.
2. Superintendent/Designee notifies administration at all other district schools, lead school psychologist, and lead school counselor (and any other relevant staff).
3. Administrator contacts the parent(s)/guardian(s) of deceased student to determine their wishes in regards to information released to public and students.
4. Parent(s)/Guardian(s) wishes regarding student involvement in funeral and viewing will be communicated and respected.
5. Administration will refer all media to Dave Maull, (302) 436-1020 to provide information to media (e.g., newspaper, television news station, social media).
6. Administration will provide the secretary specific script/guidelines to use when answering phone calls as directed by District Office staff.
7. Administrator designates time/location for School-Based Crisis Team meeting, to occur prior to next school day to develop a plan. (See ERIP) Administrator contacts the crisis team via cell/home phone notifying them of situation and meeting. District-Based Crisis Team members notified as warranted.
8. School-Based Crisis Team will develop a plan and designate specific roles to cover such as:
	* Assign Mental Health staff (e.g., Counselors, School Psychologists, Social Workers, School Nurse) to follow the schedule of the deceased student and help both staff and students in the grieving process.
	* Arrange for students to be notified of the death in small groups (e.g., homeroom, advisory).
	* Give staff scripted notification to use.
	* Have resources available to give to students and families.
	* Plan rumor-control procedure (e.g., how staff should respond if overhears a rumor).
	* Designate specific locations within the school for Grief Counseling, including options for before and after school hours.
	* Maintain a record of all students seen for counseling and conduct follow-up sessions with these students.
	* Determine if an agency such as Child Priority Response should be notified to assist in post-suicide response.
	* Create a plan to maintain the normal school hours and make an effort to return to the normal school schedule, as soon as possible.

Administrator will:

* + Notify all school staff prior to the arrival of the students of the death.
	+ Communicate and emphasize the availability of support to both students and staff.
	+ Inform of rumor-control procedure (e.g., how to respond if overhears a rumor).
	+ Make staff aware of the possibility of Serial Suicides/Cluster Suicides and the need to be sensitive to any students showing a significant emotional reaction to the student’s death.
	+ Remind staff that ***any*** student appearing or considered at-risk should be referred to School-Based Mental Health staff immediately.
	+ Assess stress level of staff and recommend counseling to overly stressed staff; communicate the option to access support through the Employee Assistance Program.
	+ Administrator will draft and disseminate a death notification statement for parent(s)/guardian(s), including resources as directed by District Office.
	+ Schedule and communicate the time/location of a debriefing meeting with the School-Based Crisis Team to occur at the conclusion of the school day. The focus will be to discuss the day, review/evaluate how the plan went, and plan for the future.

Memorialization:

* Develop and communicate time-limits and restrictions for spontaneous memorials (e.g., cards on the student’s locker, wearing t-shirts picturing the student).
* Discourage requests for these type of memorials- they may be comforting to some people but very upsetting to others.
* Closure ceremonies, such as writing a letter to the deceased and then giving the letter to the parents of the deceased often adds closure to the grieving process and allows the students to move on.
* Funeral, memorial services, and vigils should be conducted off-school grounds.
* Require parental permission for students to attend these events held during the school day.
* School should not arrange transportation (e.g., school buses) to transport students to these events held off-site.
* Assign School-Based Mental Health staff to attend for support.
* Avoid permanent/living memorials (e.g., planting a tree, dedicating a yearbook, wall plague in the school or community) to the deceased student should be avoided at all costs, as these actually increase the likelihood of a second suicide (cluster suicide).

Adapted from the *Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources* created by The Trevor Project, NASP, ASCA, and American Foundation for Suicide Prevention

**Student Risk Incident Reporting Form**

|  |  |  |
| --- | --- | --- |
| Student’s Name: | Grade: | Team: |
| Reporting Staff Member: | Date: | Time: |
| **Initial Reporting Information:** |
| **Parent Contact Log** |
| Parent Name | Contact Number | Time |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Additional Notes:** |
| **Action Steps** |
|  **Risk Assessment** **Safety Contract/Plan** **CPR Notified** **Contacted SRO** **Transport to Hospital** | **Other:** |
| **Mental Health Team Member:** |