Governor Wentworth Regional School District

SUICIDE PREVENTION PLAN

Statement of Purpose

A Behavior Response Plan and Team have been developed to provide a procedure for meeting a crisis/tragedy and to provide optimum support for the students and staff at the school with minimal disruption of the educational process.

The Model School District Policy on Suicide Prevention, was utilized in the creation of the GWRSD Suicide Prevention Plan. *The Model School District Policy on Suicide Prevention* was created through a collaborative effort between the American Foundation for Suicide Prevention, the Trevor Project, the National Association of School Psychologists, and the American School Counselor Association.

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Section 1: Purpose and Scope

Purpose:

The purpose of this plan is to protect the health and well-being of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The Governor Wentworth Regional School District:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- Further recognizes that suicide is a leading cause of death among young people
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide
- Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components This policy is meant to be paired with other policies supporting the overall emotional and behavioral health of students.

Scope:

In compliance with New Hampshire state law and regulations (RSA 193-J), the GWRSD Suicide Prevention Plan 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 are present. This plan applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This plan also covers appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

Section 2: Definitions

Definitions

At-Risk

Suicide risk exists on a continuum. Each level of risk requires a different level of response and intervention by the school and the district. 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 of potential mental health conditions or a deterioration of mental health. The student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or 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. The type of referral, and its level of urgency, shall be determined by the student's level of risk — according to local district policy. The Columbia-Suicide Severity Rating Scale- School is a questionnaire used to assess risk for suicide.

Crisis Team

A multidisciplinary team of administrative staff, mental health professionals, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention, response and recovery.

Mental Health

A state of mental, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and familial predisposition.

Risk Assessment

An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated school staff (e.g., school psychologist, school social worker, school counselor, or in some cases, trained school administrator or teacher). 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.

Risk Factors for Suicide

Characteristics or conditions that increase the chance that a person may attempt to take their life. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

Self-Harm

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm, and reduce the long-term risk of a future suicide attempt.

Suicide

Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

PLEASE 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. Additionally, parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

Suicide Attempt

A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Behavior

Suicide attempts, injury to oneself 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.

Suicidal Ideation

Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and shall be taken seriously.

Suicidal Contagion

The process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

Postvention

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

Section 3: Prevention, Intervention, and Parent Notification

Prevention

District Policy Implementation

District Suicide Prevention Coordinator: The District's Social Worker is appointed as the district-level suicide prevention coordinator by the Superintendent, and is responsible for planning and coordinating the implementation of the District Suicide Prevention Plan (per School Board Policy, JLDB). The Building Suicide Prevention Liaison will be the school counselor in each building. The District Suicide Prevention Coordinator, under the supervision of the Superintendent or designee, shall be responsible for:

a. Developing and maintaining cooperative relationships with and coordination efforts between the District and community suicide prevention programs and personnel;
b. Annual updating of (i) State and community crisis or intervention referral intervention information, and (ii) names and contact information of Building Suicide Prevention Liaisons, for inclusion in student handbooks and on the District website;
c. Developing- or assisting individual teachers with the development- of age appropriate student educational programming, such that all students receive information in the importance of safe and healthy choices and coping strategies, recognizing risk factors and warning signs of mental disorders and suicide in oneself and others, and providing help-seeking strategies for oneself or others, including ho to engage school resources and refer friends for help;
d. Developing or assisting in the development of the annual staff training required under section C of the School Board policy, JLDB;
e. Such other duties as referenced in School Board policy, JLDB, or assigned by the Superintendent.

Building Suicide Prevention Liaisons: The school counselor in each building or, in his/her absence the building principal, shall be designated as the Building Suicide Prevention Liaison, and shall serve as the in-building point-of-contact person when a student is believed to be at an elevated risk for suicide. Any school personnel who have reason to believe a student is at-risk for suicide, or is exhibiting risk factors for suicide, shall report that information to the Building Suicide Prevention Liaison, who shall immediately, or as soon as possible, implement the established protocol for suicide risk assessment. Any threat in any form shall be treated as real and dealt with immediately.

Staff Professional Development

All staff,designated volunteers, and any other personnel who have regular contact with students, including contracted personnel or third-party employees, shall receive at least two hours of annual training (such as but not limited to NAMI Connect Program, or Youth Mental Health First Aid) in suicide awareness and prevention. Such training may include information and

professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention.

The professional development shall include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings (e.g., youth in foster care, group homes, incarcerated youth), those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. Additional professional development in risk assessment and crisis intervention shall be provided to school-employed mental health professionals and school nurses.

Youth Suicide Prevention Programming

Developmentally appropriate, student-centered education materials shall be integrated into the curriculum of all K-12 health classes and other classes as appropriate. The content of these age-appropriate materials shall include the importance of safe and healthy choices and coping strategies focused on resiliency building, and how to recognize risk factors and warning signs of mental health conditions and suicide in oneself and others. The content shall also include help-seeking strategies for oneself or others and how to engage school resources and refer friends for help. At the elementary level, school counselors use “I Can” statements to guide and supplement classroom discussions around developmentally appropriate information. Resilience, Empowerment, and Natural Supports for Education and Work (RENEW) is a wrap-around program for at-risk youth at Kingswood Regional High School. In addition, schools shall provide supplemental small-group suicide prevention programming for students. It is not recommended to deliver any programming related to suicide prevention to a large group in an auditorium setting.

Publications and Distribution

Student handbooks and the District’s website will be updated each year with the contact information for the Building Suicide Prevention Liaisons, State and comunity crisis or intervention referral resources. The District’s Suicide Prevention Plan will be made available on the District’s , and each school’s respective websites. All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.

Intervention

Assessment and Referral

When a student is identified by a peer, educator or other source as potentially suicidal (i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication,

an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation), the student shall be seen by a school-employed mental health professional, such as a school psychologist, school counselor, school social worker, within the same school day to assess risk and facilitate referral if necessary. Educators shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidences require immediate referral to the appropriate school-employed mental health professional (e.g psychologist, school counselor. If there is no mental health professional available, a designated staff member (e.g., school nurse or administrator) shall address the situation according to district protocol until a mental health professional is brought in.

School personnel should never promise to keep confidences in regard to suicide risk. A student's confidentiality is waived when they are a danger to themselves or others. To ensure the student's safety, no student who is at risk for suicide shall be left alone. A member of the counseling team shall interview the student, as soon as possible, within the same school day, to assess risk and facilitate a referral if necessary. The Columbia-Suicide Severity Rating Scale-School is a questionnaire used to assess risk for suicide.

For At-Risk Youth (See At-Risk definition)

- School staff shall continuously supervise the student to ensure their safety until the assessment process is complete
- The principal and school suicide prevention coordinator shall be made aware of the situation as soon as reasonably possible
- The school-employed mental health professional or principal shall contact the student's parent or guardian, as described in the Parental Notification Involvement section and in compliance with existing state law/ district policy (if applicable), and shall assist the family with urgent referral
- Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the healthcare provider; in some instances, particularly life-threatening situations, the school may be required to contact emergency services, or arrange for the student to be transported to the local Emergency Department, preferably by a parent or guardian
- If parental abuse or neglect is suspected or reported, the appropriate state protection officials (e.g., local Child Protection Services) shall be contacted in lieu of parents as per law
- Staff will ask the student's parent or guardian, and/or eligible student, for written permission to discuss the student's health with outside care providers, if appropriate

When School Personnel Need to Engage Law Enforcement

A school's crisis response plan shall address situations when school personnel need to engage law enforcement. When a student is actively suicidal and the immediate safety of the student or others is at-risk (such as when a weapon is in the possession of the student), school staff shall

call 911 immediately. The staff calling shall provide as much information about the situation as possible, including the name of the student, any weapons the student may have, and where the student is located.

PLEASE NOTE: School staff need to use specific language when calling 911. School staff may tell the dispatcher that the student is a “suicidal emotionally disturbed person”, or “suicidal EDP”, to allow for the dispatcher to send officers with specific training in crisis de-escalation and mental illness.

Parental Notification

The principal, designee, or school mental health professional shall inform the student’s parent or guardian on the same school day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt (pursuant to school/state codes, unless notifying the parent will put the student at increased risk of harm). Following parental notification and based on initial risk assessment, the principal, designee, or school mental health professional may offer recommendations for next steps based on perceived student need. These can include but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency service provider.

When a student indicates suicidal intent, schools shall attempt to discuss safety at home, or “means safety” with parent or guardian, limiting the student’s access to mechanisms for carrying out a suicide attempt e.g., guns, knives, pills, etc. In addition, during means counseling, which can also include safety planning, it is imperative to ask parents whether or not the individual has access to a firearms, medication or other lethal means.

<u>Lethal Means Counseling Shall Include Discussing the Following:</u>

<u>Firearms</u>

- Inquire of the parent or guardian if firearms are kept in the home or are otherwise accessible to the student
- Recommend that parents store all guns away from home while the student is struggling — e.g., following state laws, store their guns with a relative, gun shop, or police
- Discuss parents’ concerns and help problem-solve around offsite storage, and avoid a negative attitude about guns — accept parents where they are, but let them know offsite storage is an effective, immediate way to protect the student

- Explain that in-home locking is not as safe as offsite storage, as children and adolescents sometimes find the keys or get past the locks
    - <u>If there are no guns at home:</u>
        - Ask about guns in other residences (e.g., joint custody situation, access to guns in the homes of friends or other family members)
    - <u>If parent won't or can't store offsite:</u>
        - The next safest option is to unload guns, lock them in a gun safe, and lock ammunition separately (or don't keep ammunition at home for now)
        - If guns are already locked, ask parents to consider changing the combination or key location — parents can be unaware that the student may know their "hiding" places

<u>Medications</u>

- Recommend the parent or guardian lock up all medications (except rescue meds like inhalers), either with a traditional lock box or a daily pill dispenser
- Recommend disposing of expired and unneeded medications, especially prescription pain pills
- Recommend parent maintain possession of the student's medication, only dispensing one dose at a time under supervision
- If parent won't or can't lock medication, advise they prioritize and seek specific guidance from a doctor or pharmacist regarding the following:
    - Prescriptions, especially for pain, anxiety or insomnia • Over-the-counter pain pills
    - Over-the-counter sleeping pills
    -

Staff will also seek parental permission, in the form of a Release of Information form, to communicate with outside mental health care providers regarding the student's safety plan and access to lethal means. School staff must use a FERPA compliant release form to disclose information about the student. The mental health center or other medical professional is required to use a HiPAA compliant release form to disclose information to the district. To obtain the appropriate release forms or if you have questions about when to use FERPA or HiPAA please contact the Diagnostic Prescriptive Teacher (DPT) in your school.

Section 4: Re-entry Procedure

Re-entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, a school-employed mental health professional, the principal, or designee shall meet with the student's parent or guardian, and if appropriate, include the student to discuss re-entry. This meeting shall address next steps needed to ensure the student's readiness for return to school and plan for the first day back. Following a student hospitalization, parents may be encouraged to inform the school counselor of the student's hospitalization to ensure continuity of service provision and increase the likelihood of a successful re-entry.

1. A school-employed mental health professional or other designee shall be identified to coordinate with the student, their parent or guardian, and any outside health care providers. The school-employed mental health professional shall meet with the student and their parents or guardians to discuss and document a re-entry procedure and what would help to ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.). Any necessary accommodations shall also be discussed and documented.
2. While not a requirement for re-entry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.
3. The designated staff person shall periodically check-in with the student to help with readjustment to the school community and address any ongoing concerns, including social or academic concerns.
4. The school-employed mental health professional shall check-in with the student and the student's parents or guardians at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time period (e.g. for a period of three months). These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then fading support.
5. The administration shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically-related absence and may need adjusted deadlines for assignments. The school-employed mental health professional shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

Section 5: In-School Suicide Attempts, Out of School Suicide Attempts

In-school Suicide Attempts

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

1. First aid shall be rendered until professional medical services and/or transportation can be received, following district emergency medical procedures
2. School staff shall supervise the student to ensure their safety
3. Staff shall move all other students out of the immediate area as soon as possible
4. The school-employed mental health professional or principal shall contact the student's parent or guardian. (Note: See Parental Notification and Involvement section of this document).
5. Staff shall immediately notify the principal or school suicide prevention coordinator regarding the incident of in-school suicide attempt
6. The school shall engage the crisis team as necessary to assess whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim
7. Staff shall request a mental health assessment for the student as soon as possible

PLEASE NOTE: Since self-harm behaviors are on a continuum of level and urgency, not all instances of suicidal ideation or behavior warrant hospitalization. A mental health assessment, including a suicide risk assessment, can help determine the best treatment plan and implementation.

Out of School 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 shall:

1. Call 911 (police and/or emergency medical services)
2. Inform the student's parent or guardian
3. Inform the school suicide prevention coordinator and principal

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

Section 6: After a Suicide Attempt

After a Suicide Attempt

Development and Implementation of a Crisis Response Plan

The crisis response team, led by a designated crisis response coordinator, shall develop a crisis response plan to guide school response following a death by suicide. This plan may be applicable to all school community related suicides whether it be student (past or present), staff, or other prominent school community member. Ideally, this plan shall be developed long before it is needed. A meeting of the crisis team to implement the plan shall take place immediately following word of the suicide death, even if the death has not yet been confirmed to be a suicide.

For more detailed information on responding to a suicide death, please see the document After A Suicide: A Toolkit for Schools, which was revised in 2018.

Action Plan Steps

Step 1: Get the Facts

The crisis response coordinator or other designated school official (e.g. the school's principal or superintendent) shall confirm the death and determine the cause of death through communication with the student's parent or guardian, the coroner's office, local hospital, or police department. Before the death is officially classified as a suicide by the coroner's office, the death shall be reported to staff, students, and parents or guardians, with an acknowledgement that its cause is unknown. When a case is perceived as being an obvious instance of suicide, it shall not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian prefers the cause of death not be disclosed, the school may release a general statement without disclosing the student's name (e.g., "We had a ninth-grade student die over the weekend"). If the parents do not want to disclose cause of death, an administrator or mental health professional from the school who has a good relationship with the family shall be designated to speak with the parents to explain the benefits of sharing mental health resources and suicide prevention with students. If the family refuses to permit disclosure, schools may state "The family has requested that information about the cause of death not be shared at this time." Staff may also use the opportunity to talk with students about suicide.

Step 2: Assess the Situation

The crisis response team shall meet to prepare the postvention response according to the crisis response plan. The team shall consider how the death is likely to affect other students, and determine which students are most likely to be affected. The crisis response team shall also

consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. The team and principal shall triage staff first, and all teachers directly involved with the victim shall be notified in-person and offered the opportunity for support.

Another consideration related to communication after a suicide death involves educating parents and other adults on suicide grief, since adult behavior following a suicide death can have a great impact on students, particularly elementary school-aged students.

Step 3: Share Information

Inform the faculty and staff that a sudden death has occurred, preferably in an all-staff meeting. The crisis response team shall provide a written statement for staff members to share with students and also assess staff's readiness to provide this message in the event a designee is needed. The statement shall include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Staff shall respond to questions only with factual information that has been confirmed. Staff shall dispel rumors with facts, be flexible with academic demands, encourage conversations about suicide and mental health, normalize a wide range of emotional reactions, and know the referral process and how to get help for a student. Avoid public address system announcements and school-wide assemblies in favor of face-to-face notifications, including small-group and classroom discussions. The crisis response team may prepare a letter — with the input and permission from the student's parent or guardian — to communicate with parents which includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available. If necessary, a parent meeting may also be planned. Staff shall direct all media inquiries to the designated school or district spokesperson.

Step 4: Avoid Suicide Contagion

Actively triage particular risk factors for contagion, including emotional proximity (e.g., siblings, friends, or teammates), physical proximity (witness, neighbor) and pre-existing mental health issues or trauma. Explain in an all-staff meeting that one purpose of trying to identify and provide services to other high-risk students is to prevent another death. The crisis response team shall work with teachers to identify students who are most likely to be significantly affected by the death, or who exhibit behavioral changes indicating increased risk. In the staff meeting, the crisis response team shall review suicide warning signs and procedures for referring students who present with increased risk. For those school personnel who are concerned that talking about suicide may contribute to contagion, it has been clearly demonstrated through research that talking about mental health and suicide in a nonjudgmental, open way that encourages dialogue and help-seeking does not elevate risk.

Step 5: Initiate Support Services

Students identified as being more likely to be affected by the death will be assessed by a school mental health professional to determine the level of support needed. The crisis response team shall coordinate support services for students and staff in need of individual and small group counseling as needed. School-employed mental health professionals will provide on-going and long term support to students impacted by the death of the student, as needed. If long term intensive services by a community provider are warranted, the school-employed mental health professional will collaborate with that provider and the family to ensure continuity of care between the school, home, and community. Together with parents or guardians, crisis response team members shall provide information for partner community mental health providers, or providers with appropriate expertise, to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs. These discussions may include debriefing (orientation to the facts), reflection on memories, reminders for and re-teaching of coping skills, and encouraging spending time with friends and caregivers as soon as possible. Students and staff affected by the suicide death shall be encouraged to return to a normal routine as much as possible, understanding that some deviation from routine is to be expected.

Step 6: Develop Memorial Plans

The school shall develop policy regarding memorialization due to any cause and strive to treat all deaths the same way. Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes, or flying the flag at half-staff, because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students. Spontaneous memorials may occur from students expressing their grief. Cards, letters, and pictures may be given to the student's family after being reviewed by school administration. If items indicate that additional students may be at increased risk for suicide and/or in need of additional mental health support (e.g. writing about a wish to die or other risk behavior), outreach shall be made to those students to help determine level of risk and appropriate response.

The school shall also leave a notice for when the memorial will be removed and given to the student's family. Online memorial pages shall use safe messaging, include resources to obtain information and support, be monitored by an adult, and be time limited. School shall not be canceled for the funeral or for reasons related to the death. Any school-based memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and prevention resources available.

For more information on memorials after a death, please refer to the Memorialization section (pgs. 25-31) of the document After a Suicide: A Toolkit for Schools.

Step 7: Postvention as Prevention

Following a student suicide, schools may take the initiative to review and/or revise existing policies.

External Communication

The school or district-appointed spokesperson shall be the sole media spokesperson. Staff shall refer all inquiries from the media directly to the spokesperson. The spokesperson shall:

- Keep the district superintendent and school crisis response coordinator informed of school actions relating to the death
- Prepare a statement for the media, which may include the facts of the death, postvention plans, and available resources — the statement shall not include confidential information, speculation about victim motivation, means of suicide, or personal family information

The school or district-appointed spokesperson shall answer all media inquiries. If a suicide is to be reported by news media, the spokesperson shall encourage reporters to follow safe and responsible messaging guidelines (e.g. not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic”) to mitigate the risk of suicide contagion. The spokesperson shall encourage media not to link bullying to suicide, and not to speculate about the reason for suicide and instead offer the community information on suicide risk factors, warning signs, and resources available.

APPENDIX

RESOURCES:

Guidebooks and Toolkits

Preventing Suicide: A Toolkit for High Schools
U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services

After a Suicide: A Toolkit for Schools
American Foundation for Suicide Prevention and Suicide Prevention Resource Center

Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel
Maine Youth Suicide Prevention Program

Trevor Resource Kit
The Trevor Project

Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender (LGBT)
Children Family Acceptance Project

Supporting the Grieving Child and Family
American Academy of Pediatrics

Crisis and Support Services

Suicide Prevention Resource Center or 877-438-7772
Education Development Center, Inc, 55 Chapel Street, Newton, MA 02458-1060

National Alliance on Mental Health- NH resources are listed below:

- The Connect Program
- Support for Survivors of Suicide Loss
- Support for Attempt Survivors
- Youth Mental Health First Aid

For mental health emergencies

- National Suicide Prevention Lifeline – 1-800-273-TALK (8255) (24/7 Line)
- Especially for teens – Teen Head Rest – 1-800-639-6095

SAFE AND RESPONSIBLE MESSAGING

Research has shown a link between certain kinds of suicide-related media (including social media) coverage and increases in suicide deaths. Suicide contagion has been observed when the number of stories about individual suicides increases, or when a particular death is reported in great detail. The coverage of a suicide death being prominently featured in a media outlet or on social media, or headlines about specific deaths being framed dramatically have also been observed to contribute to suicide contagion.

Research also shows that suicide contagion can be avoided when the media reports on suicide responsibly, such as by following the steps outlined in "Recommendations for Reporting on Suicide" at ReportingOnSuicide.org, as well as through the National Association for School Psychologists media guideline: Responsible Media Coverage of Crisis Events Impacting Children and Youth.

Contagion can play a role in cases of self-harm behavior. These behaviors may originate with one student and can spread to other students through imitation. Because adolescents are especially vulnerable to the risk of contagion, in the case of a suicide death it is important to acknowledge the student's death in a way that does not inadvertently glamorize or romanticize either the student or the death. Schools can do this by seeking opportunities to emphasize the importance of seeking help for self or others when there is concern about underlying mental health issues, such as depression or anxiety, and provide resources on where to seek help. Although many people who die by suicide do have a diagnosible or known underlying mental health issue, schools can also help students understand the importance of recognizing the signs of suicide, building resiliency and coping skills, and helping to decrease the stigma associated with seeking help for mental health concerns.

However, schools should strive to treat all deaths in the same way. Having one approach for memorializing a student who died of cancer or in a car accident and a different approach for a student who died by suicide reinforces stigma and may be deeply and unfairly painful to the student's family and friends. Refer to the American Foundation for Suicide Prevention's After a Suicide: A Toolkit for Schools resource, listed in the Resources section, for sample notification statements for students and parents or guardians, sample media statements, and other model language.

Finally, it is important for schools to encourage parents and guardians to monitor student social media pages after a death by suicide. Students often turn to social networking websites or apps as outlets for communicating information and expressing their thoughts and feelings about the death. Parents and guardians should be advised to monitor social media accounts for warning signs of suicidal behavior. Students should be encouraged to report concerning social media posts, such as tweets, statuses, and Instagram posts.

Best practices regarding safe messaging should be used in all communications about suicide, on social media, and in memorials. This is in order to help reduce the risk of contagion. For school personnel who are concerned that talking about suicide may contribute to contagion, research has shown that talking about mental health and suicide in a nonjudgmental, open way that encourages dialogue and help- seeking does not elevate risk.

Kingswood Regional High School Self-Harm Prevention Protocol:

[when a student talks about or writes about self-harm]

Expectations of teachers, staff and coaches are as follows:

All employees are mandated reporters. If you have a concern about a student and the potential for self-harm, immediately consult one of the following people to discuss your concerns: Lara Crane, Kristan Sheffer, Wendy Huggard, Anika Hastings, Sheryl Power and /or the school nurse on duty.

Level #1 - CONCERN

Staff may become alarmed by some student behaviors, comments, writings, or social media that indicate a student is struggling such as:

- Comments about death, suicide, cutting, wanting to die, etc.
- Expressions of sadness, emptiness, hopelessness, pessimism, helplessness, worthlessness
- Evidence a student is having difficulty concentrating or remembering
- Marked changes in usual behavior such as losing interest/pleasure in usual activities, loss of energy or drive, falling asleep in class, restlessness, irritability, cutting class
- Evidence of agitation or excessive energy
- Marked changes in appearance such as significant weight loss or gain
- Comments from other students about a classmate with these behaviors or feelings
- Evidence of self-mutilation including cutting, bruising, scratches, etc.
- Withdrawal from friends and/or activities

Level #2 - CRITICAL SITUATION

- The student is distraught and tells you he/she wants to hurt him/herself
- Another student/teacher/parent reports that the student wants to hurt him/herself

DURING SCHOOL HOURS

1. Tell the student you are not allowed to keep this information confidential and you need to tell someone who can help.
2. Accompany the student to the Counselor's office.
3. Tell the counseling secretary that the student must see a counselor immediately.
4. If the student refuses to go with you,

DO NOT LEAVE THE STUDENT ALONE.

Immediately phone an available adult (Counselor, Principal, Asst.Principal, Main Office staff, School Nurse) or seek help from a fellow teacher.

1. Call for the Counselor or Administrator to join the meetings with the student.
2. The Counselor will encourage the student to talk about what is happening.
3. If the student is deemed to be in crisis, the Counselor will contact the student's parents to take him/her for an emergency evaluation. The Counselor will talk to the student about contacting parents and decide on a follow-up plan.
4. If a parent is unavailable or refuses, contact the police for support to transport for evaluation.

2:30 – 5:00 **AFTER SCHOOL HOURS**

1. Encourage the student to talk about what is happening and attempt to calm him/her.
2. Tell the student you are not allowed to keep this information confidential and you need to tell someone who can help.
3. Inform the Administrator on duty.
4. The Administrator on duty will call the parents and request that they come pick up their son/daughter. Instruct them to contact the Emergency Services at a local hospital.

Below are the numbers if they are unsure of whom to call:

Huggins Hospital	(603) 569-7500
Wentworth-Douglass Hospital	(603) 742-5252
Memorial Hospital	(603) 356-5461
Frisbie Memorial Hospital	(603) 332-5211

5. If the parents are unavailable, call the local police to have the child transported to the Emergency Department.
6. Remain with the student until parents or police arrive.

DO NOT LEAVE STUDENT ALONE.

AFTER 5:00 pm

If you become aware of information after 5pm and you are concerned about the possibility of a student being in imminent danger, please call police in the town where the student resides, or if you do not have that information, call the Wolfeboro Police Department at 569-1444 **OR** call 911

Post-event self-care: Hearing a student talk about suicide can trigger feelings in you. It is normal to feel helpless, angry, or an overwhelming sense of responsibility. After the crisis, take a moment to talk to someone you trust about your own feelings. You may wish to review what took place with a school counselor

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