MIDLOTHIAN ISD
INSPIRING EXCELLENCE

Suicide Prevention Plan
2022-2023

Suicide Prevention Plan
Midlothian ISD

MISD Suicide Prevention Protocol

Purpose

The purpose of this prevention plan is to protect the health and emotional well-being of all students by setting forth procedures, training, and mitigation efforts in order to prevent, assess, intervene and respond to suicide.

At Midlothian ISD, we:

- Recognize that the safety and security of all students includes physical health and mental health.
- Recognize that social, emotional and behavioral support is a vital part of the educational process.
- Acknowledge that suicide is a leading cause of death among young people.
- Acknowledges the school is responsible for taking a proactive approach in the prevention and intervention of deaths by suicide.

Prevention

District Level Suicide Prevention Coordinator

The district will designate a suicide prevention coordinator who will be responsible for planning and coordinating implementation of prevention programs, oversee protocols, and implementation of staff development. The district suicide prevention coordinator is Becky Wiginton, Director of College/Career Readiness and Guidance.

School Suicide Prevention Coordinator

Each campus will have a school suicide prevention coordinator to act as the point of contact for issues relating to suicide prevention. The campus counselor will act as the school suicide prevention coordinator. All staff members shall report students they believe to be elevated risk for suicide to the campus counselor.

Staff Professional Development

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

- All staff will complete suicide training through district compliance training annually.

- All staff will receive face-to-face training provided by the campus counselor within the first 30 days of school to review campus procedures for reporting students believed to be at elevated risk for suicide and protocols for referral.
- The professional development must include: risk factors, warning signs, protective factors, response procedures, referrals, postvention, resources, and groups of students who are at elevated risk (those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQIA students, students bereaved by suicide, and those with medical conditions or certain types of disabilities).

Youth Suicide Prevention Programming

Developmentally-appropriate, student-centered education materials will be integrated into the guidance and counseling curriculum to include: the importance of safe and healthy choices and coping strategies focused on resiliency building; how to recognize risk factors and warning signs of suicide in oneself and others; and help-seeking strategies for oneself or others, including how to reach school resources to refer peers for help.

- Kinder-4th - Direct guidance lessons for healthy choices and coping strategies
- 5th Grade - Riding the Waves Curriculum
- 6th - 12th Grade - SOS Curriculum

Identification and Intervention

When a student is identified by a peer, educator or other source as potentially suicidal, the student must be seen by a school-employed mental health professional to assess risk and facilitate a referral if necessary . School staff members should:

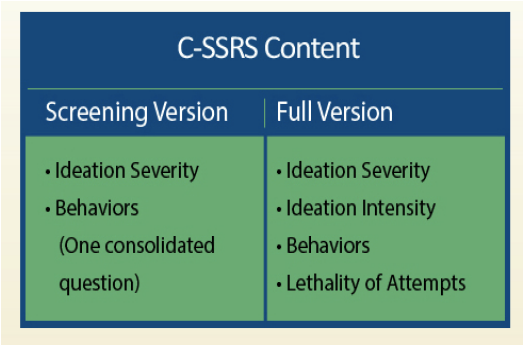
- Immediately escort the student to the school counselor. In the event a school counselor is not on campus, the student should be escorted to a campus administrator. Students are not to be sent alone to that location.
- Under no circumstances should the student be allowed to leave school alone or be alone.
- Supervise the student until a 24/7 caregiving resource can assume responsibility.

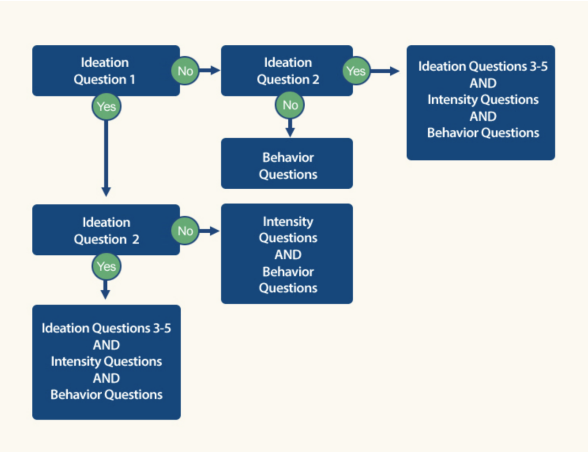
Suicide behavior may include but is not limited to; expression of suicide either in writing or verbally, presenting overt risk factors such as agitation or self-harm, expression of non-specific thoughts of wanting to end one's life, or endorsing thoughts about a wish to be dead. Students who have received a severe discipline consequence should be assessed. Counselors and/or campus administrators will utilize the Suicide Risk Report form to document all steps. A completed copy of this form will be sent to Director of Student Services, Dr. Al Hemmle.

Suicide Risk Assessment

The counselor will conduct a suicide risk assessment to determine the level of risk and to identify the most appropriate actions to ensure the immediate and long-term safety and well-being of the student.

- C-SSRS Recent
- C-SSRS Very Young/Cognitively Impaired
- C-SSRS Lifetime (full scale)
- http://cssrs.columbia.edu/training/training-options/ Select interactive C-SSRS training module





Develop a Safety Plan

Following the completion of the risk assessment, helping the student develop a written list of coping strategies and sources of support that can be of assistance when he or she is having thoughts of suicide is required. A safety plan developed with the caregiver is best practice. Counselors and/or designee will use the MISD Safety Plan Form. A Parent Conference Guide is available with talking points, including discussing the removing and off-site storage of lethal means which include but are not limited to; firearms, ammunition, and medications.

Caregiver Notification

The appropriate caregiver(s) ***must always be notified*** when signs of suicidal thinking and behavior are observed. If child abuse is suspected, child protective services must be contacted.

- Even if a student is to be judged as low risk for suicidal behavior, caregivers must be contacted.
- If a student is in imminent danger, the student must be picked up by the appropriate caregiver. The student should not be allowed to leave the building alone or on a school bus.

- When appropriate, it may be necessary to call emergency services.
- Whether a student is in imminent danger or not, it is strongly recommended that lethal means are removed or made inaccessible (i.e. guns, poisons, medications, and sharp objects).
- All caregiver notifications must be documented using the Suicide Risk Report.

Parent Acknowledgement Form

If the student is deemed in imminent danger, the appropriate caregiver should be informed of the outcome of the risk assessment, safety plan, and given a copy of both. The parent should also sign the *Parent Acknowledgement Form for Student at Risk of Suicide*. Again, the student must be picked up by the appropriate caregiver and is not to leave the building alone or on a school bus.

Parent Acknowledgement Form for Student at Risk of Suicide.

Referral

The counselor will refer students who are critical or in imminent danger to mental health services outside of school and will coordinate that effort with the caregiver(s). If the caregiver(s) do not seek help for their child, MISD will be obligated to contact the Texas Department of Family and Protective Services. Counselors can utilize the Community Resource Guide or other resources as deemed necessary.

Release of Information

It may be necessary for a Release of Information Form to be signed so that the school counselor and principal can communicate directly with an outside mental health or medical provider for the student. It is best to obtain release from the primary caregiver to facilitate the sharing of information.

Administrative Notification

The counselor will notify the campus administrator of students in imminent danger, and forward **any high level risk assessments to the Student Services Administrator, Dr. Al Hemmle.**

When 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 possession of the student), school staff shall contact the campus SRO and call 911 immediately. School staff should 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.

Another situation in which the campus shall notify law enforcement would be in the case that a student is actively suicidal, the immediate safety of the student is at-risk, and the parent reports a lack of resources, such as transportation, to get the student to a behavioral health facility.

School Reentry

Once the student returns to school, the principal and counselor will meet with the student and the student's caregiver(s) to discuss reentry steps needed to ensure the student has a successful return to school.

- Reentry from Treatment Facility or Reentry of Suicidal Student form should be used. The parent or guardian will provide documentation from a mental health care provider acknowledging that the student has undergone examination and they are no longer a danger to themselves or others.
- The counselor will also meet with the student and set up a plan to regularly check-in and monitor the student to assess his/her adjustment and future needs..
- Staff responsible for the safety and welfare of the student should be provided with the information necessary to work with the student and preserve the safety of the student. School staff members do not need clinical information about the student or detailed history of his/her suicidal risk behavior. Discussion among staff should be restricted to the student's treatment and support needs.

Documentation

Counselors will use the Suicide Risk Report form to document that all protocols were followed. A completed copy of this form will be sent to Director of Student Services, Dr. Al Hemmle.

Monitoring

The campus counselor will meet regularly to monitor ongoing suicidality of students who have already been assessed either by the campus counselor, an outside mental health professional, or in a hospital setting. Use the *Suicide Risk Monitoring Tool.*

- Elementary/Middle
- Middle/High

COVID19 Suicide Prevention Procedures - Distance Learning

Just as would be done in a brick and mortar school, virtual suicide prevention service delivery should identify and assertively support vulnerable populations (e.g., those exposed to suicidal behavior; known to be challenged by mental illness, disabilities, and bullying/cyberbullying; with housing insecurity and who are homeless; with trauma histories; and with histories of nonsuicidal self-injury). LGBTQ+ students can be a high-risk

group, especially if they view access to important social supports as no longer available, particularly if they are experiencing parental rejection or peer victimization.

- NASP Prevention Checklist for Distance Learning

National Association of School Psychologists (2020). Comprehensive suicide prevention in a time of distance learning (Handout).

COVID 19 - Provide Resources to Staff

Review with all school staff members suicide risk assessment referral procedures and any modifications to such made necessary by ***distance learning***. School staff should understand how to quickly access support for, and refer, at risk students when providing distance learning activities.

- District Crisis Link
- District COVID19 Counseling Resources

Procedures for Emergency Situations

If you have any questions, please call Becky Wiginton @ 254-203-0263 or Commander Hicks @ 682-459-7237)

- Utilize this checklist for risk-assessment purposes for students distance learning.
    a. **Suicide or harm to self** - **If it's an emergency call 911**
        i. Initial parent contact - first response
        ii. Provide resources and guidance regarding next steps
        iii. Safety plan - walk parents through safety plan
        iv. If you can't get a hold of a parent, call campus administrator AND call Sgt. Halbert @ 817-988-0716 (during the day Mon-Fri)
        v. If need police response and it's evening/weekend/night - call dispatch and ask for welfare check @ 972-775-3333
        vi. Follow up documentation to parent: email with recommendation and resources
        vii. Contact campus principal regardless to keep them in the loop (cc campus admin on follow-up email with parent)
    b. **Harm to others** - **If it's an emergency call 911**
        i. Non Emergency - Contact campus principal and call Sgt. Halbert @ 817-988-0716

Facts and Tips

1. According to the CDC, in a National study in 2017, 17.2% of students had seriously considered attempting suicide during the 12 months.
2. During the 12 months before the survey, 13.6% of students nationwide had made a plan about how they would attempt suicide and 7.4% of students had actually attempted suicide.
3. In 2016, leading causes of deaths among adolescents aged 15–19 years were:
    a. Accidents (unintentional injuries)
    b. Suicide
    c. Homicide
4. Suicide is preventable. Youth who are contemplating suicide typically give warning signs of their distress. Most important is to never take these warning signs lightly or promise to keep them secret.
5. Talking about suicide does not cause someone to be suicidal.
6. Suicide occurs across all age, economic, social, racial and ethnic boundaries.
7. Suicide Warning Signs. Most suicidal youth demonstrate observable behaviors signalling suicidal thinking:
    a. Suicidal threats in the form of direct (e.g., "I am going to kill myself") and indirect (e.g., "I wish I could fall asleep and never wake up again") statements
    b. Suicide notes and plans (including online postings)
    c. Making final arrangements (e.g., giving away prized possessions)
    d. Preoccupation with death
    e. Changes in behavior, appearance, thoughts, and/or feelings.
8. Schools have an important role in preventing youth suicide. Children and youth spend the majority of their day in school where caring and trained adults are available to help them. Schools need trained mental health staff and clear procedures for identifying and intervening with students at risk for suicidal behavior.
9. The entire school staff should work to create an environment where students feel safe. School mental health and crisis team members are responsible for conducting suicide risk assessment, warn/inform parents, provide recommendations and referrals to community services, and often provide follow up counseling and support at school.
10. Collaboration between schools and community providers is critical. Establishing partnerships with local community mental health agencies helps connect students to needed services in a timely manner and helps smooth re-entry to school.
11. Never ignore or keep information a secret. Peers should not agree to keep the suicidal thoughts of a friend a secret and instead should tell an adult, such as a parent, teacher, or school psychologist. Parents should seek help from school or

community mental health resources as soon as possible. School staff should take the student to the designated school mental health professional or administrator.

12. Get immediate help if a suicide threat seems serious. Call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255)

Suicide Risk Factors

Suicide risk factors are characteristics or conditions that increase the chance that a person may try to take his/her life. Suicide tends to be highest when someone has several risk factors at the same time. **Risk and Protective Factors**

The most frequently cited risk factors for suicide are:

- Situational crises (e.g., the presence of a gun in the home, bullying and harassment, serious disciplinary action, death of a loved one, physical or sexual abuse, breakup of a relationship/friendship, family violence, suicide of a peer)
- Previous suicide attempt(s)
- Impulsivity and aggression, especially along with a mental disorder
- Isolation and aloneness
- Non-suicidal self-injury (e.g., cutting)
- Mental illness including depression, bipolar, conduct disorders, and substance abuse
- Family stress/dysfunction
- Personality traits that create a pattern of intense, unstable relationships or trouble with the law
- Family history of suicide
- Environmental risks, including presence of a firearm in the home

Student populations at an elevated risk for suicidal behavior based on various factors are:

- Youth living with mental and/or substance abuse disorders
- Youth who engage in self-harm or have attempted suicide
- Youth in out-of-home settings
- Youth experiencing homelessness
- American Indian/Alaskan Native youth
- LGBTQ (lesbian, gay, bisexual, transgender, or questioning) youth. LGB youth are 4 times more likely, and questioning are 3 times more likely.
- Youth bereaved by suicide
- Youth living with medical conditions and disabilities

Protective Factors

Protective factors are characteristics or conditions that may help to decrease a person's suicide risk. While these factors do not eliminate the possibility of suicide, especially in someone with risk factors, they may help to reduce that risk.

- Receiving effective mental health care

- Positive connections to family, peers, community, and social institutions that foster resilience
- Ability to solve problems
- Positive parenting practices
- School connectedness
- Healthy parent-child relationships

ACEs

Adverse childhood experiences (ACEs) are a significant risk factor for substance use disorders and can impact prevention efforts. Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse.

ACEs include:

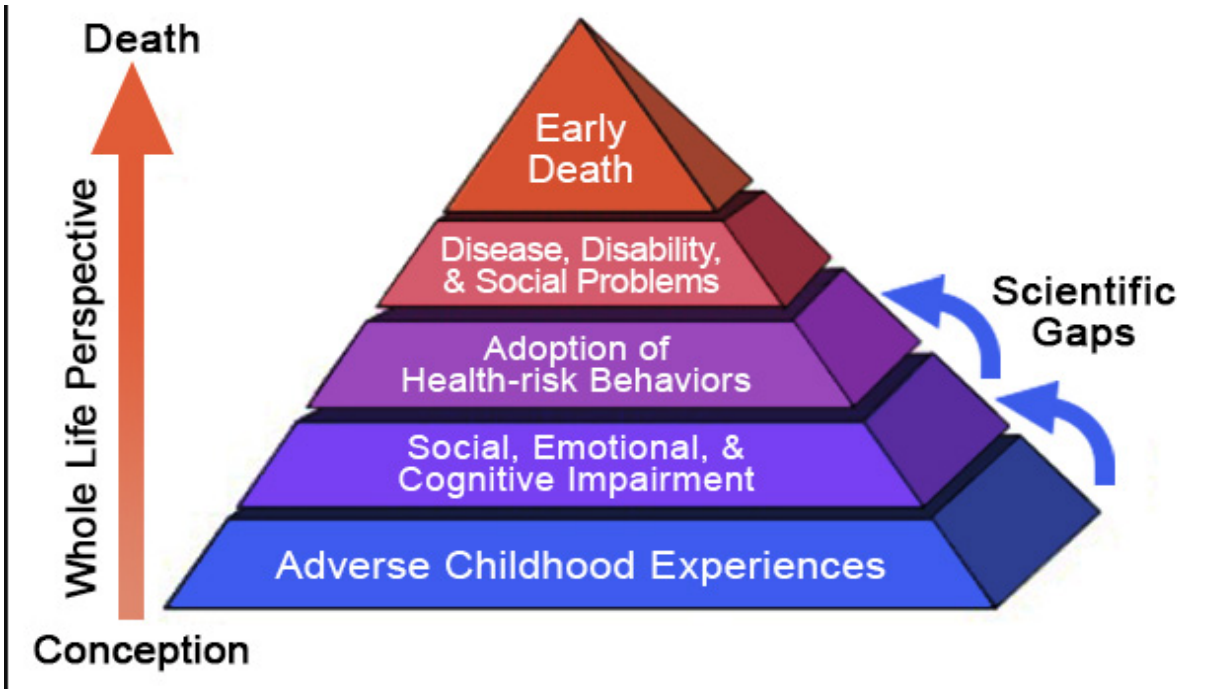
- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

ACEs Research and Behavioral Health

Research has demonstrated a strong relationship between ACEs, substance use disorders, and behavioral problems. When children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child's cognitive functioning or ability to cope with negative or disruptive emotions may be impaired. Over time, and often during adolescence, the child may adopt negative coping mechanisms, such as substance use or self-harm. Eventually, these unhealthy coping mechanisms can contribute to disease, disability, and social problems, as well as premature mortality.

ACEs and Behavioral Problems

- Suicide attempts. ACEs in any category increased the risk of attempted suicide by 2- to 5-fold throughout a person's lifespan, according to a 2001 study. According to a recent 2017 article(link is external), individuals who reported 6 or more ACEs had 24.36 times increased odds of attempting suicide.
- Lifetime depressive episodes. Exposure to ACEs may increase the risk of experiencing depressive disorders well into adulthood—sometimes decades after ACEs occur. Learn more from a 2015 study on ACEs and the risk of geriatric depressive disorders.
- Negative physical health outcomes. Experiencing adverse childhood family experiences may increase the risk for long-term physical health problems (e.g., diabetes, heart attack) in adults. Learn more from a 2015 study on long-term physical health consequences of adverse childhood experiences.
- Sleep disturbances in adults. People with a history of ACEs have a higher likelihood of experiencing self-reported sleep disorders, according to a 2015 systematic review of research studies on ACEs and sleep disturbances in adults.
- High-risk sexual behaviors. Women with ACEs have reported risky sexual behaviors, including early intercourse, having had 30 or more sexual partners, and perceiving themselves to be at risk for HIV/AIDS. Learn more from a 2001 study on ACEs and sexual risk behaviors in women. Sexual minorities who experience ACEs also demonstrate earlier sexual debut according to a 2015 study.



Postvention

Development and Implementation of a Crisis Response Plan

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

Get the Facts

a) Verify the death. Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.

Assess the Situation

b) The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.

Share Information

c) Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

Avoid Suicide Contagion

d) It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.

Initiate Support Services

e) Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.

Develop Memorial Plans

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

External Communication

A school designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

a) Keep the district suicide prevention coordinator and superintendent informed of school actions relating to the death.

b) Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.

c) Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

Messaging and Suicide Contagion

Research has shown a link between certain kinds of suicide-related media coverage and increases in suicide deaths. Suicide contagion has been observed when:
• the number of stories about individual suicides increases,
• a particular death is reported in great detail,
• the coverage of a suicide death is prominently featured in a media outlet, or
• when the headlines about specific deaths are framed dramatically (e.g., "Bullied Gay Teen Commits Suicide By Jumping From Bridge").
Research also shows that suicide contagion can be avoided when the media report on suicide responsibly, such as by following the steps outlined in "Recommendations for Reporting on Suicide" at www.reportingonsuicide.org. Contagion can also 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 memorialize the student 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 connection between suicide and underlying mental health issues such as depression or anxiety that can cause substantial psychological pain but may not be apparent to others (or that may manifest as behavioral problems or substance abuse). 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.

Finally, after a death by suicide it is important for schools to encourage parents/guardians to monitor their child's social networking pages. Students often turn to social networking websites as an outlet for communicating information and for expressing their thoughts and feelings about the death. Parents/ guardians should be advised to monitor the websites for warning signs of suicidal behavior.

Resources

National Suicide Prevention Lifeline at 1-800-273-TALK (8255)
www.suicidepreventionlifeline.org

Crisis Text Line - Text HOME to 741741
https://www.crisistextline.org/

Trevor Project for Youth 1-866-488-7386
http://www.thetrevorproject.org/

American Foundation for Suicide Prevention
American Foundation for Suicide Prevention
https://afsp.org/

TEA - Suicide Prevention
https://tea.texas.gov/About_TEA/Other_Services/Mental_Health/Suicide_Prevention/

Means Matter - Harvard School of Public Health
https://www.hsph.harvard.edu/means-matter/

ACEs
https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences

International School Counseling Association
https://iscainfo.com/

Dr. Scott Poland Webinar on 13 Reasons Why
https://www.keenan.com/Knowledge-Center/Webinars/Webinar-Details/responding-to-netflixs-13-reasons-why-recommendations-for-school-personnel

Youth Risk Behavior Survey 2017
https://www.cdc.gov/nchhstp/dear_colleague/2018/dcl-061418-YRBS.html

Self-Injury
http://www.selfinjury.bctr.cornell.edu/

Texas Suicide Safer School Plan
https://texassuicideprevention.org/

Montana CAST - Crisis Action School Toolkit
http://www.bigskyaacap.org/cast-s.html
https://drive.google.com/file/d/1WTr5VB_R3Z48t7hkicw7xpgDTBpa8znu/view?usp=sharing

Weekly Spark
Including brief on suicide and bullying
https://www.sprc.org/news-and-highlights

Jason Flatt Foundation
http://jasonfoundation.com/about-us/jason-flatt-act/

SOS - Middle and High School
https://mentalhealthscreening.org/

Riding the Waves - Elementary
https://www.crisisconnections.org/get-training/schools/

DBT - Cutting
https://www.psychologytoday.com/us/therapy-types/dialectical-behavior-therapy
https://www.michaelshouse.com/dual-diagnosis/dialectical-behavior-therapy-cutting/

Nova - Videos (suicide and self-harm)
https://www.nova.edu/suicideprevention/training-videos.html

Evan
https://www.youtube.com/watch?v=A8syQeFtBKc

Tomorrow's News
https://www.youtube.com/watch?v=ZvRQ1StsYGw

Columbia Suicide Severity Rating Scale
http://cssrs.columbia.edu/
http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/

After a Suicide: A Toolkit for Schools 2018
https://www.sprc.org/resources-programs/after-suicide-toolkit-schools