

Appendix G – Suicide Prevention Policy

Taipei American School Suicide Prevention Policy (Last Updated November 2022)

A. Suicide Prevention Policy

The purpose of a suicide prevention policy is to foster the well-being of students by having procedures in place to identify, address, and prevent mental health issues, assess suicide risk, intervene in cases of potential suicide, and to respond after a suicide has occurred. A suicide prevention policy is best understood within the larger context of student health and well-being.

B. Definitions

1. **At-risk:** A student who is at-risk 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 a mental health condition. The student may have thought about suicide, including potential means of death, may have a plan, or has displayed a significant change in behavior suggesting the onset of mental health difficulties. In addition, the student may exhibit feelings of hopelessness, isolation, helplessness, and an inability to cope with setbacks or emotional pain.
2. **Suicide risk assessment:** An assessment of a student who may be at risk for suicide conducted by a trained and credentialed staff member (e.g., a school psychologist, counselor, or in cases of suspicious injury or suspected self-harm, a school nurse). A suicide risk assessment must include an open and detailed inquiry into the student's suicidal ideation, the degree to which a plan has been developed, the level of lethality and degree of intent, the identification of potential risk and/or protective factors, and an overall assessment of the student's current mental health status. If deemed necessary, interviews will be conducted with teachers, family members, and other individuals who have observed or interacted with the student. A written summary of the incident and the results of the suicide risk assessment will be generated by the staff member completing the assessment and kept in a confidential file.
3. **Risk factors for suicide:** Characteristics or conditions that increase the likelihood that a student may attempt to take their life. Suicide risk is usually highest when several risk factors occur concurrently. Risk factors may include biological, psychological, and/or social factors in the individual, family, and environment.
4. **Self-harm:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, students who engage in self-harm are at higher risk for attempting suicide.
5. **Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. A coroner or medical examiner must first confirm that a death was a suicide before any school personnel may state this as the cause of death. Additionally, parent or guardian preference will be considered in determining how the death is communicated to the larger community.

6. **Suicide attempt:** Self-injurious behavior for which there is evidence that the student has 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 a wish to die and a 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.
7. **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.
8. **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.
9. **Suicide threat:** A suicide threat is a verbal, nonverbal, or written communication that the student intends to harm him/herself with the intention to die.
10. **Suicide contagion:** The process by which a suicide or suicidal behavior 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.
11. **Protective factors:** Characteristics or conditions that may help to decrease a student's suicide risk. Although protective factors do not eliminate the possibility of suicide, they may help to reduce the risk.
12. **Postvention:** Suicide postvention is a crisis intervention strategy designed to assist with the grief process following a suicide. This helps to reduce the risk of suicide and suicide contagion, disseminates factual information after a suicide death, and provides the support needed to help survivors cope with a suicide death.

C. Prevention

Annual professional development for all faculty will take place at Taipei American School to share information about mental health issues, risk factors, warning signs, protective factors, referral and response procedures, and current information about mental health issues and suicide prevention. Developmentally appropriate student-centered material will be presented during classroom lessons (Lower School), homeroom and health classes (Middle School), and during advisory period and health classes (Upper School). This information will focus on increasing awareness about mental health issues, normalizing and de-stigmatizing emotional difficulties, teaching prosocial behaviors that increase resilience and coping skills, and facilitating access to mental health supports and resources at TAS and in the community. The TAS Suicide Prevention Policy will be distributed annually and included in student and teacher handbooks and on the TAS website.

Suicide Risk Factors:

- History of depression, bipolar disorder, anxiety, or an eating disorder
- Problems with alcohol or drugs
- Unusual thoughts and behavior or confusion about reality
- Personality traits that create a pattern of intense, unstable relationships
- Recent or ongoing impulsivity and/or aggression
- Previous suicide attempt
- Family history of a suicide or suicide attempt
- Serious medical condition and/or pain
- Loss of parent or loved one
- Easy access to lethal means
- Social isolation or alienation
- A history of bullying or of being bullied
- History of trauma, emotional or physical abuse, neglect, or violence
- Current family stress or transitions

Student populations at elevated risk for suicidal behavior:

- Students living with a mental health and/or substance use disorders
- Students who engage in self-harm or who have attempted suicide
- Lesbian, gay, bisexual, transgender, queer, or questioning students
- Students experiencing grief, especially those bereaved due to a death by suicide
- Students living with medical conditions and disabilities
- Students with inadequate adult supervision

Protective factors:

- Supportive and caring family relationships and the presence of healthy role models
- Positive connections to family, peers, and community
- Adequate emotional regulation and frustration tolerance
- Good impulse control and problem-solving skills
- Positive social skills and sense of self-worth
- Cultural, spiritual, or faith-based beliefs that promote connections and help-seeking
- Access to welcoming and affirming faith-based institutions, supportive social groups, and clubs.
- A sense of personal control or determination
- Access to appropriate mental health and medical care

Warning Signs:

- Extreme mood swings or changes in personality
- Changes in eating and sleeping habits (such as sleeping too little or all the time)
- A heightened fixation with death or violence
- Expressing feelings of hopelessness or no reason to live
- Engaging in self-destructive or risky behavior
- Withdrawal from loved ones, friends, and community
- Announcing a plan to kill one's self
- Talking about or writing about hurting one's self, wanting to die or kill one's self
- Giving away prized possessions
- Obtaining a weapon or some other means of hurting one's self
- Increased use of alcohol or drugs
- Telling people that he or she is 'going away'
- Loss of interest in things one used to care about
- Being a victim of bullying, sexual abuse, or violence
- Excessive self-pitying behavior
- A sudden worsening of school performance
- Indications that the student is in some form of an abusive relationship
- Saying or writing things like:
 - "I wish I could go to sleep and never wake up."* *"I wish I were dead."*
 - "I'm going to end it all."*
 - "You will be better off without me."* *"What's the point of living?"*
 - "Soon you won't have to worry about me."*

D. Suicide Threat Response

When a student expresses suicidal ideation, threatens to self-harm, or is identified by faculty or staff as potentially suicidal (i.e., has talked or written about suicide or is observed to have an injury that might have resulted from self-harm), the student should be considered to be making a suicide threat and must be assessed by a mental health professional as soon as possible.

Procedures in Response to a Suicidal Threat

The faculty or staff member who observes or learns of the threat will immediately:

1. Locate the student and arrange for or provide adult supervision; and
2. Inform the principal or principal's designee
 - Students expressing a suicide threat should never be left alone.

- Decisions regarding the seriousness or lethality of the suicide threat should not be made by the faculty or staff member.

The principal or designee will:

1. Ensure that a suicide risk assessment is conducted by the school psychologist, school counselor, other trained mental health professional, or a school nurse in cases of a suspicious injury or self-harm.
2. Notify the student's family on the same day or as soon as possible. In cases involving past or current reports of suspected parental abuse, the school psychologist or counselor will consult with an administrator regarding a plan of action.
 - If a parent/guardian/emergency contact person is unavailable, the principal or designee will ensure that the student is supervised until the student can be placed into the care of a parent/guardian/emergency contact or appropriate medical or mental health professional.
 - The TAS administrative team will ensure that incidents are reported to the Ministry of Education and other governmental agencies as appropriate and as required by Taiwan law.
 - The results of the interview/risk assessment will be shared with the principal or designee and other school administrators, school psychologists, and school counselors on a need-to-know basis and a decision regarding recommendations and next steps will be made.
 - A written summary of the incident and risk assessment results will be generated and forwarded to the divisional principal. A copy of the written risk assessment results will also be placed in a confidential Student Support Services file.
 - If the suicide risk assessment indicates the presence of current or ongoing suicidal ideation or suicidal behavior, the family will be required to seek outside medical or mental health assessment and/or treatment.
 - The principal and/or designee will contact the student's parent or guardian and inform them of the incident, risk assessment results, and recommendations. This communication will include lethal means counseling in order to limit access to medications, weapons, rooftop or balcony access, or other relevant mechanisms for carrying out a suicide attempt. In addition, the need for an appropriate level of observation and supervision will be discussed.
 - If outside medical or mental health assessment and/or treatment is recommended, parents must provide consent for the TAS psychologist or counselor to release and exchange information with the outside professionals working with the TAS student. If such consent is not provided, the student may be asked to withdraw from the School. While TAS psychologists, counselors, and nurses are able to assist by providing a list of outside medical and mental health resources and agencies, it is the parents' responsibility to seek and obtain appropriate medical and mental health services for their child.

- Recommendations to outside medical and mental health professionals regarding mental health, medical, or therapeutic services should be communicated by the psychologist or counselor conducting the suicide risk assessment following parental consent to do so.
- Decisions regarding school participation and re-entry will be communicated to the parents by an administrator. Such decisions will be based, in part, on recommendations made by the student's medical and mental health providers. The ultimate decision regarding a student's school participation will be made by the head of school or his/her designee.

Procedures in Response to a Suicidal Act or Attempt at School

In the case of an in-school self-injury or suicide attempt, the health and safety of the student is paramount.

- The first school employee on the scene must immediately call the student health office and ensure that a faculty or staff member remains with the student. In a medical emergency, emergency services should be immediately contacted (119).
- First aid should be administered by a school nurse or other first aid certified faculty or staff member. In a medical emergency, first aid should be continued until professional medical treatment and/or hospital transportation is available.
- Faculty/staff members should move all other students out of the immediate area and arrange appropriate supervision. Students should not be permitted to observe the scene.
- The principal/designee must be notified as soon as possible.
- Principal/designee will inform the head of school of the incident.
- Principal/designee will involve the psychologist and counselors as needed.
- Principal/designee will contact the parent/guardian and ask them to come to the School or hospital.
- Principal/designee will document in writing all actions taken and recommendations.
- If the student is known to be currently receiving mental health treatment, the principal or psychologist/counselor will inform the treatment provider of the incident and actions taken.
- Principal/designee will involve the Crisis Intervention Team for follow-up and support.
- Counselors and psychologists will promptly follow up with any students or staff who might have witnessed the attempt and contact the student witnesses' parents/guardians. Psychologists and counselors will provide supportive counseling and document all actions taken.

Procedures in Response to a Suicide of a Student or Employee

- When a sudden unexplained death of a student or faculty/staff member occurs, the principal/designee will confer with the head of school and promptly set up a meeting with the Crisis Intervention Team.
- The coroner's or medical examiner's office must first confirm that the death was a suicide before any school employee may state this as the cause of death.
- The school must adhere to the wishes of the family in this regard and respect their right to privacy and confidentiality.
- The Crisis Intervention Team will meet to consider the impact of the death on students, determine which students are most likely to be affected, and develop an appropriate action plan. If additional mental health resources are determined to be necessary, the Crisis Team will seek services from an appropriate outside agency such as the Community Services Center.
- Before the death is officially classified as a suicide by the coroner's office, the death should be reported to faculty, students, and parents with an acknowledgement that the cause of death is unknown.
- Faculty will be informed that a sudden death has occurred, if possible in a faculty meeting.
- In the faculty meeting, it should be explained that the purpose of trying to identify and provide services to other high-risk students is to prevent another death. Additionally, at this faculty meeting, an administrator or Crisis Intervention Team member will review suicide warning signs and procedures for reporting students who are of concern.
- The Crisis Intervention Team will prepare a statement for faculty to share with students. The statement should include the basic facts of the death (without providing details of the suicide method), recognition of the sadness the news will cause, and information about the resources available to help students cope with grief. Faculty shall respond to questions only with factual information that has been confirmed, dispel rumors with facts, be flexible with academic demands, normalize a wide range of emotional reactions, and know the referral process and how to get help for a student. The School will avoid public address system announcements and school-wide assemblies in favor of face-to-face notifications, including small group and classroom discussions.
- The Crisis Intervention Team will work with teachers to identify students who are most likely to be significantly affected by the death. These students will be contacted and monitored by the school psychologists and counselors to determine the level of support needed.
- The administrators and Crisis Intervention Team may prepare a letter (with the input and consent of the student's parent or guardian) to send to parents 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.

- The Crisis Intervention Team will coordinate support services for students and faculty/staff in need of individual or small group support. Referral information will be provided to faculty/staff who need ongoing support.
- The School will avoid planned on-campus physical memorials (e.g., photos, flowers), funeral services, or tributes 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 administrators. Online memorial pages shall use safe messaging, include resources to obtain information and support, be monitored by an adult, and be time limited. Any school-based memorials (e.g. small gatherings) shall include a focus on how to prevent future suicides and prevention resources available.
- External communication, statements, or comments regarding any incident or death may be made only by the head of school or his/her designee.

E. School Re-entry Procedures

For students returning to school after a mental health crisis (e.g., suicide attempt, psychiatric hospitalization, psychiatric treatment program) or after being required to obtain medical or mental health services outside of school due to a suicide threat, a school employed mental health professional and/or the principal/designee will consult with the outside professionals treating the student regarding their assessment of the student's ability to safely return to school. In addition, a school employed mental health professional and principal/designee will meet with the student's parents and, if appropriate, the student, to discuss re-entry and develop next steps to ensure the student has supports in place and is ready to return to school.

- A school employed mental health professional will be identified to coordinate the student's re-entry with the student, parents, and outside mental health care providers.
- The parents must provide documentation stating that the student has undergone assessment and treatment, is no longer a danger to themselves or others, and is able and willing to resume their educational program. This documentation must be written by an appropriately credentialed mental health care provider who has been treating the student.
- For those returning from psychiatric treatment or hospitalization, the parents must provide the school with a treatment plan developed as part of the student's discharge summary.
- In the case of a suicide attempt, a safety plan must be developed outlining the conditions for a return to school and the appropriate supports that must be in place (e.g., periodic check-ins, agreement to seek support if in distress, adherence to continued services outside of school) for a safe and successful re-entry to school.

Based on and adapted from: *Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd edition)*. American Foundation for Suicide Prevention. American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists and The Trevor Project (2019). <https://afsp.org/model-school-policy-on-suicide-prevention>

Model School District Policy on Suicide Prevention: Modern Language, Commentary, and Resources, a joint project of the American Foundation for Suicide Prevention, the National Association of School Psychologists, the American School Counselor Association, and The Trevor Project (2016) https://afsp.org/wp-content/uploads/2016/01/Model-Policy_FINAL.pdf

F. Additional Resources

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
store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

After a Suicide: A Toolkit for Schools

American Foundation for Suicide Prevention and Suicide Prevention Resource Center
afsp.org/schools

Guidelines for School-Based Suicide Prevention Programs

American Association of Suicidology
sprc.org/sites/sprc.org/files/library/aasguide_school.pdf

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

Maine Youth Suicide Prevention Program
maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf

Trevor Resource Kit

The Trevor Project
thetrevorproject.org/resourcekit

National Center for School Crisis and Bereavement

schoolcrisiscenter.org/

Supporting the Grieving Child and Family

American Academy of Pediatrics
schoolcrisiscenter.org/wp-content/uploads/2017/04/Final-Clinical-Report-Supporting-the-GrievingChild-and-Family.pdf

Guidelines For Schools Responding to a Death by Suicide

National Center for School Crisis and Bereavement

<https://www.schoolcrisiscenter.org/wp-content/uploads/2019/07/guidelines-death-by-suicide.pdf>

California Department of Education Model School Policy for Suicide Prevention

cde.ca.gov/ls/cg/mh/suicideprevres.asp

Montana's CAST-S: Crisis Action School Toolkit on Suicide

https://saom.memberclicks.net/assets/SAM_unpublished_links/CAST-S%202017%20FINAL_revised.pdf

Signs of Suicide Prevention Program (SOS) – Screening for Mental Health, Inc.

mentalhealthscreening.org/programs/sos-signs-of-suicide/prevention

More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel

American Foundation for Suicide

Prevention afsp.org/MoreThanSad

Sources of Strength — Spreading Hope, Health and Strength

sourcesofstrength.org

Preventing Suicide: A Technical Package of Policy, Programs, and Practices

National Center for Injury Prevention and Control, Centers for Disease Control and

Prevention <https://www.cdc.gov/violenceprevention/pdf/suicide-technicalpackage.pdf>.

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge.