

Crisis Response Protocol for Emotional, Behavioral, and Suicide Ideation and Attempts Elementary, Middle, and Secondary Level

Massachusetts: Section 12 of An Act Relative to the Reduction of Gun Violence¹ amended G.L. c. 71 by adding Section 95 (a), which requires all public school districts and commonwealth charter schools to provide at least 2 hours of suicide awareness and prevention training every 3 years to all licensed school personnel, subject to appropriation. In addition, newly hired licensed personnel are to be trained within 6 months of being hired. The statute states that the training shall be provided within the framework of existing in-service training programs offered by the department or as part of required professional development activities. Since additional funding for this training has not been appropriated, the training is not required.

Facts:

According to the Centers for Disease Control and Prevention (CDC):

- Suicide was the tenth leading cause of death for all ages in 2013
- There were 41,149 suicides in 2013 in the United States—a rate of 12.6 per 100,000 is equal to 113 suicides each day or one every 13 minutes.

Kann L, Kinchen S, Shanklin SL, et al. noted in Youth Risk Behavior Surveillance Among students in grades 9-12 in the US during 2013:

- 17.0% of students seriously considered attempting suicide in the previous 12 months (22.4% of females and 11.6% of males).
- 13.6% of students made a plan about how they would attempt suicide in the previous 12 months (16.9% of females and 10.3% of males).
- 8.0% of students attempted suicide one or more times in the previous 12 months (10.6% of females and 5.4% of males).
- 2.7% of students made a suicide attempt that resulted in an injury, poisoning, or an overdose that required medical attention (3.6% of females and 1.8% of males)

Middleborough Public Schools in its effort to protect student's health and welfare has establish protocols for responding to students at possible risk of suicide. Identifying students who are at risk of suicide is necessary to prevent suicide. The following guidelines will support educators as they work with at-risk students and communicate with students, staff, parents/families, and the media, memorialization, and confidentiality. The district will support reintegration of those students who have been absent related to a suicide risk, hospitalized for mental health treatment, or recovering from an attempt.

Recognition and Referral Program

Teachers and educational support staff should do the following:

1. Recognize behavioral patterns and other warning signs that indicate that a young person may be at risk of suicide;
2. Actively intervene, usually by talking to the young person in ways that explore the level of risk without increasing it;
3. Ensure that young people at risk receive the necessary services; and

4. Be prepared to engage in postvention. "Postvention" is a term used to describe prevention measures implemented after a crisis or traumatic event to reduce the risk to those who have witnessed or have been affected by the tragedy.

School staff have day-to-day contact with students, some of whom have problems that could result in serious injury or suicide. Therefore, those who work in schools are well-positioned to observe students' behavior and act when they suspect that a student may be at risk of self-harm and/or suicide.

Specific steps should be followed in order to identify and help young people at risk, including a referral to the school nurse, school counselor, school psychologist, and social worker once the student is identified.

According to the State of Washington, Office of Superintendent of Public Instruction Youth Suicide Prevention, Intervention, and Postvention School Safety Center website, signs that require immediate action are listed below. [State of Washington School Safety Center](#)

Know the warnings and take action if you see:

- **Talking or writing** about suicide or death
- Giving **direct verbal cues**, such as "I wish I were dead" and "I'm going to end it all"
- Giving **less direct verbal cues**, such as "You will be better off without me," "What's the point of living?", "Soon you won't have to worry about me," and "Who cares if I'm dead, anyway?"
- **Isolating themselves** from friends and family
- Expressing the belief that life is meaningless
- **Giving away** prized possessions
- Exhibiting a **sudden and unexplained improvement in mood** after being depressed or withdrawn
- Neglecting his or her **appearance and hygiene**
- **Dropping out** of school or social, athletic, and/or community activities
- **Obtaining a weapon** (such as a firearm) or another means of hurting themselves (such as prescription medications)

Warning Signs that may indicate a youth is at risk and needs to be referred for screening:

- **A sudden deteriorating academic performance.** Teens who were typically conscientious about their school work and who are now neglecting assignments, cutting classes, or missing school altogether.
- **Self-mutilation.** Some young people resort to cutting their arms or legs with razor blades and other sharp objects to cope with emotional pain. Self-mutilation is an unmistakable sign that something is wrong.

- **A fixation with death or violence.** Teens may express this fixation through poetry, essays, doodling, or other artwork. They may be preoccupied with violent movies, video games, and music, or fascinated with weapons.
- **Unhealthy peer relationships.** Teens whose circle of friends dramatically changes, who don't have friends, or who begin associating with other young people known for substance abuse or other risky behaviors may signal a change in their emotional lives.
- **Volatile mood swings or a sudden change in personality.** Students who become sullen, silent, and withdrawn, or angry and acting out, may have problems that can lead to suicide.
- **Indications that the student is in an unhealthy, destructive, or abusive relationship.** This can include abusive relationships with peers or family members. Signs of an abusive relationship include unexplained bruises, a swollen face, or other injuries, particularly if the student refuses to discuss them.
- **Risk-taking behaviors.** Risk-taking behaviors often co-occur and are symptomatic of underlying emotional or social problems. Such behaviors as unprotected or promiscuous sex, alcohol or other drug use, driving recklessly or without a license, petty theft, or vandalism can be an indication that something is wrong.
- **Signs of an eating disorder.** An eating disorder is an unmistakable sign that a student needs help. A dramatic change in weight that is not associated with a medically supervised diet may also indicate that something is wrong.
- **Difficulty in adjusting to gender identity.** Lesbian, gay, bisexual, transgender, and questioning, are a vulnerable population and have higher suicide attempt rates than their heterosexual peers. While coming to terms with gender identity can be challenging for many young people, LGBTQ youth face social pressures that can make this adjustment especially difficult.
- **Bullying.** Children and adolescents who are bullied, as well as those who bully, are at increased risk of depression and suicidal ideation.

Responding to the Warning Signs:

It takes time and courage to reach out to students on a personal level, but your interest can be a lifeline to a child in crisis. Young people—need support, and school can be a vital part of that support. School may be the last positive social connection for vulnerable young people.

- **Ask the Tough Questions:** Do not be afraid to ask a student if they have considered suicide or other self-destructive acts. Research has shown that asking someone if they have contemplated self-harm or suicide will not increase that person's risk. Rather, studies have shown that a person in mental distress is often relieved that someone cares enough to inquire about the person's well-being. Your concern can counter the person's sense of hopelessness and helplessness. However, you need to be prepared to ask some very specific and difficult questions in a manner that doesn't judge or threaten the young person you are attempting to help. For example:
 1. I've noticed that you are going through some rough times. Do you ever wish you could go to sleep and never wake up?
 2. Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?
 3. Are you thinking about killing yourself?

- **Be Persistent:** A student may feel threatened by your concern. The student may become upset or deny that he or she is having problems. Be consistent and firm, and make sure that the student gets the help that he or she may need.
- **Be Prepared to Act:** You need to know what to do if you believe that a student is in danger of harming him or herself. Know the school's procedures from the crisis response plan for this situation and explain them to the student.
- **Do Not Leave a Student at Imminent Risk of Suicide Alone:** If you have any reason to suspect that a student may attempt suicide or otherwise engage in self-harm, you need to remain with the student (or see that the student is in a secure environment, supervised by caring adults) until professional help can be obtained.
- **Get Help When Needed:** If you believe that the student is in imminent danger, you, or another member of the school staff, should call 911 or (800) 273-TALK (8255). Tell the dispatcher that you are concerned that the person with you "is a danger to themselves" or "cannot take care of themselves." These key phrases will alert the dispatcher to locate immediate care for this person with the help of police. Do not hesitate to make this call if you suspect that someone may be a danger to him or herself. It could save that person's life.
- **Use Your School's Support System:** School districts have crisis plans for working with suicidal or violent students, students who are at risk of suicide or violence, or other students who are not in this acute state of crisis but still need support to stay in school and stay healthy. Familiarize yourself with these plans and use them when appropriate.
- **Connect with Parents or Guardians:** If a student opens up to you about self-destructive thoughts or actions, contact that student's parents or legal guardian. Do not promise confidentiality to a child when it comes to issues regarding the child's safety—but always talk privately with a student before letting others know of your concerns for the student's safety. If you believe that contacting the parents or guardians may further endanger the child (if, for example, you suspect physical or sexual abuse), contact the proper authorities. School staff are mandated reporters and are required to report suspected child abuse.

The district crisis response teams members should understand their roles in implementing the planned response, providing support and structure within their individual responsibilities.

Postvention - Recovery

Suicide, or violent or unexpected death, of a student, teacher, or even a celebrity can result in an increased risk of suicide for other vulnerable young people. Although rare, a suicide in the community (or even a remote suicide that receives substantial press coverage) can contribute to an increased risk of suicide. Appropriately responding to a tragedy is an essential part of any crisis or suicide prevention plan. Refer to your school's crisis plan for the established protocols to use in Postvention.

- [A Journey Toward Health and Hope](#): Your Handbook for Recovery After a Suicide Attempt.
The downloadable Handbook guides people through the first steps toward recovery and a hopeful future after a suicide attempt.

- [Suicide Prevention Resource Center: Survivors of Suicide Loss](#)

Media and Online Communications

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

- [Media Guide](#)
- reportingonsuicide.org
- [Reporting on Suicide and LGBTQI Populations-Media Guide](#)

Work Cited

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3. Goldy, Camille, Suicide Prevention Program Supervisor/Student Support; State of Washington, Office of Superintendent of Public Instruction, School Safety Center. Youth Suicide Prevention, Intervention, and Postvention. Available from <http://www.k12.wa.us/safetycenter/YouthSuicide/SuicidePrevention.aspx>
4. Kann L, Kinchen S, Shanklin SL, et al. Youth Risk Behavior Surveillance — United States, 2013. MMWR 2014; 63(ss04): 1-168. Available from <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6304a1.htm>.
5. The Centers for Disease Control and Prevention: <http://www.cdc.gov/ViolencePrevention/suicide/index.html> Massachusetts
6. The Society for Prevention of Teen Suicide: <http://www.sptsusa.org/>