



North Santiam School District

**Guide to Youth Suicide
Prevention, Intervention,
& Postvention Procedures**

Revised: 9.12.2022

Purpose of Protocols and Procedures

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel, and to increase the safety of at-risk youth and entire school community. This document is intended to help school staff understand their role and to provide accessible and effective tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations, whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

These guidelines have been developed under consultation with a team of people including the Oregon Department of Education (ODE), Willamette Education Service District (WESD), school counselors, behavior specialist, Teachers on Special Assignment (TOSA) and administrators from both the building and district level.

NSSD Board Policy Code: JHH (link to the District's policy online is pending)

A person may request the district to review the actions of a school in responding to suicidal risk by following policy KL - Public Complaints.

Annually, the Behavior Intervention Team will convene a workgroup to update this document. The workgroup will have representation from the district office, a building principal, a classroom teacher or TOSA, a school counselor, and when possible, a representative from a local mental health agency.

North Santiam School District Contacts:

Lee W. Loving, Superintendent

David Bolin, Associate Superintendent

Nicole Duncan, ISST Coordinator

Section 1: Suicide Prevention

Section 2: Suicide Intervention

Section 3: Suicide Postvention

3a: Crisis Response (Death by Suicide)

3b: Crisis Response (Attempt)

Suicide Prevention Training: Mandatory

We believe suicide can be prevented. We also believe sound education about the topic is vital.

Gatekeeper(s)

Gatekeeper(s) are likely counselors, behavior specialists, dean of students and potentially building admin and are the designated as the person(s) who may complete a suicide risk assessment screening

These are staff members trained in QPR (Question, Persuade and Refer), ASIST (Applied Suicide Intervention Skills Training), and Connect (Postvention) training. Each school should have at **minimum, two trained gatekeepers** in their building. Buildings will support each other if a gatekeeper is not present to fulfill the role during a crisis situation.

Gatekeepers will take the ASIST and Connect training a minimum of every 5 years, and QPR every 3 years. They will also monitor NSSD's BARK software and additional hotlines (SafeOregon) to respond to circumstances that indicate that students are at high risk.

ASIST is a research-based intervention modle used to prevent the immediate risk of suicide. It is a two-day training. The initial training is valid for five years.

QPR is a 1.5-hour training offered by Linn County Health Services and/or Willamette ESD with a live instructor option or online training if a staff member cannot attend the in-person workshop. Designed for staff who interact with students for when a student may disclose suicidal ideation to them. Linn County Health Services at (541) 967-3819 or WESD, Nathan Shay, nathan.shay@wesd.org.

Connect is 6 hours postvention training that teaches adult service providers the best practices to respond in a coordinated and comprehensive way in the aftermath of a suicide.

Administrators (non-gatekeepers)

Administrators at every level will at minimum be QPR (Question, Persuade and Refer) trained. Administrators can also seek additional training as appropriate including ASIST, Connect and others listed in the resources below. They will also monitor NSSD's BARK software and additional hotlines (SafeOregon) to respond to circumstances that indicate that students are at high risk.

All Staff (non-gatekeepers)

At a minimum, all staff at every level and classification will be trained in the Vector Solutions Youth Suicide Awareness at minimum of every year as part of their annual safe schools safety training. Additionally, all staff will attend a QPR training every three years as offered by the district and the WESD.

Vector Solutions Youth Suicide Awareness *The goal of this course is to provide staff members with information that will help them reduce the likelihood of suicide among students. This course covers the scope of the problem of youth suicide, common risk factors related to youth suicide, successful strategies for youth suicide prevention, the immediate steps a staff member should take if they encounter a student who is threatening suicide, and best practices for intervention after a suicide ("postvention").*

Secondary Health Teachers

Secondary Health teachers in high school (9-12), and at least one grade level representative in middle school (6-8) in addition to the Vector Solutions and QPR training, will attend the Youth Mental Health First Aid (8 hours) a minimum of every five years.

Youth Mental Health First Aid *is designed to teach people how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge, or who is in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use/abuse, disorders in which psychosis may occur, disruptive behavior disorders (including ADHD), and eating disorders.*

Additional Resources and Trainings

Additional training is recommended and shall be offered to administrators, school counselors, and other designated staff as requested (see [BIG 6](#) for recommendations)

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safeTalk is a 3-hour alertness training that prepares anyone, regardless of prior experience or training, to become a suicide-alert helper. The training covers signs of suicide (Tell), what to ask someone you think might be thinking about suicide (Ask), how to listen to their concerns, thoughts, and feelings (Listen), and then tips about connection them with a gatekeeper (Keep Safe).

Sources of Strength <https://soucesofstrength.org> this is a school wide program run like a club or activity (once per month at a minimum). Selected students, staff, and adult volunteers that represent a cross section of the student body are trained in positive and hopeful messaging. The club produces positive message campaigns using their own faces and ideas in the videos, posters, etc. The idea is to train students about positive coping strategies and then they go back to their respective friend groups and spread positivity.

Curriculum and Mental Health Supports for Students

Developmentally appropriate, student-centered educational materials will be integrated into the K-12 curriculum. The content of these materials will include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.

Elementary Schools

The core Health Curriculum, *The Great Body Shop*, has been purchased by NSSD.

The Great Body Shop curriculum actively supports the effort to make our schools more socially and emotionally healthy places to work and learn, and to help students develop greater social and emotional competence. This curriculum integrates Social and Emotional Learning performance objectives into each of the ten-core grade level instructional units. In addition, there are many reinforcement lessons and activities, as well as the Social/Emotional Learning Journal, all of which are designed to build the following five competencies noted by the Collaborative for Academic, Social and Emotional Learning (CASEL): Self-awareness, Self-management, Social-awareness, Social-management, and Responsible Decision-making.

Middle Schools

The core Health Curriculum, *Glencoe Teen Health* has been purchased by NSSD.

Mental and Emotional Health	1	Your Mental & Emotional Health	1	Your mental and Emotional Health
			2	Understanding Your Emotions
			3	Managing Stress
			4	Coping with Loss
	2	Mental & Emotional Disorders	1	Mental and Emotional Disorders
			2	Suicide Prevention
			3	Help for Mental and Emotional Disorders

High Schools

The core Health Curriculum, Good-Heart Wilcox Health, has been purchased by NSSD. It is the recommendation that all Health 1 courses include material from the RESPONSE and Health 2 use Signs of Suicide (SOS) supplemental materials.

	Good-Heart Wilcox Health	Supplemental
Health 1	Chapter 17	RESPONSE
Health 2	Chapter 17	Signs of Suicide

Staff Training Overview

	<u>ASIST</u>	BARK	<u>QPR</u>	Youth Mental Health First Aid	CONNECT Postvention	Youth Suicide Awareness Training (Safeschools)
Initial	16 hrs		1.5 hrs	8 hrs	4-6 hrs	30 mins
Refresher	repeat every 3 years		repeat every 3 years	every five years	every 5 years	annually
Gatekeepers	Required	Required	Required		Required	Required
Administrators (non-gatekeepers)		Required	Required			Required
Counselors			Required			Required
Behavior Specialists	Required		Required			Required
Secondary (6-12) Health Teachers			Required	Required		Required
All other Staff			Required			Required
Parents			Annual opportunities			

School Wide Suicide Prevention Programs/Software

We believe school culture and climate are key factors in individual student health. The following programs are to be implemented in the schools.

RULER – all Middle and Elementary Schools

[RULER](#) is an evidence-based approach to social and emotional learning developed at the Yale Center for Emotional Intelligence. RULER supports the entire school community in:

- Understanding the value of emotions
- Building the skills of emotional intelligence
- Creating and maintaining a positive school climate

DESSA

The DESSA is a 72-item, standardized, norm-referenced behavior rating scale that assesses eight social and emotional competencies that serve as protective factors for children in kindergarten through the eighth grade. The DESSA-mini is comprised of four 8-item parallel forms which are designed to be used on a universal (i.e. school- or program-wide) basis to determine the need for social and emotional interventions.

BARK

Bark for Schools is an online safety solution that helps keep students safe online and in real life by monitoring school-issued accounts for potential dangers and mental health concerns.

Bark for Schools offers free monitoring of school-issued Google Workspace, with specialized extensions for Chrome and Chromebook, to all public and private K-12 schools in the United States.

Google Workspace

- Gmail: Subject, Body, Attachments (Images and Videos)
- Google Chat: Text and Attachments (Images and Videos) in Direct Messages
- G Drive: Photos, Videos, Office documents (.doc, .docx, etc.), Plain Text Files
- Google Docs: Content, Comments, and Replies

Suicide Intervention Protocol: All Staff

What you are looking for:

Warning signs are the changes in a person's behavior, feelings, and/or beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. Usually, these signs last for a period of two weeks or longer, but some youth behave impulsively and may choose suicide as a solution to their problems very quickly, especially if they have access to firearms.

Warning signs that indicate an immediate danger or threat:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves (seeking access to pills, weapons, or other means)
- Someone talking or writing about death, dying, or suicide

Warning signs that should be reported to an ASIST trained gatekeeper for further assessment:

- Hopelessness or feeling no sense of purpose
- Rage, anger, seeking revenge
- Acting recklessly or engaging in abnormal risky behaviors
- Feeling trapped – like there is no way out
- Increasing use of alcohol or drugs
- Lack of interest in activities that were previous interests
- Withdrawal from family and/or friends
- Changes in appetite or sleep patterns (too much or too little)
- Anxiety, agitation
- Talking or writing about death and/or suicide
- Giving away belongings

Optional questions for staff to ask: (only if comfortable. You can make referral to gatekeeper without talking to student first)

- “I’ve noticed _____ recently, and I’m worried about you. How are you doing?”
- Give examples of what you’ve seen from the student, then ask directly about suicide. (Example: “sometimes when someone says they feel hopeless and depressed and they write about death in their papers, they are thinking about suicide. Are you thinking about suicide?”)
- “This is serious, and I think we need more help. Will you go down to speak to _____ with me? S/he can help us know where to get more help and work through this.”
- Any employee who reasonably believes that a student is at risk of suicide shall report such belief to the designated staff member and/or administrator as soon as possible, but no later than the end of the school day

Suicide Intervention Protocol: Gatekeeper

For staff that have been trained in ASIST (Applied Suicide Intervention Skills Training)

- **Upon notification or referral,**
 - Designated staff member and/or administrator shall complete a [Suicide Risk Assessment Level 1](#). If warranted, the student will be placed under continuous adult supervision during this time. Emergency services will be contacted immediately if an imminent threat and/or an in-school attempt is made. Parents' contact information will be completed as appropriate.
 - If a referral for a Suicide Risk Assessment Level 2 is determined, after a Level 1 is completed, see [WESD's School-Based Suicide Intervention Flowchart](#).
 - Prior to contacting the student's parent/guardian, a determination will be made if further harm will result from notification.
 - If parent/guardian notification is determined, the designated staff member or administrator will:
 - Inform if emergency services were contacted
 - Share results of the Suicide Risk Assessment Level 1, including if a referral for a Level 2 was made
 - Provide names of community mental health resources, if appropriate
 - Request written permission from student/parent/guardian to discuss the student's health with outside care providers, if appropriate
- **After an attempt,** prior to the student returning to school, a school support team shall meet with the student and the parent/guardian to develop a safety plan (see [WESD Student Re-Entry Plan](#))

SCHOOL-BASED SUICIDE INTERVENTION PROCESS FOR MARION, POLK AND YAMHILL COUNTIES

SUICIDAL ATTEMPT, GESTURES OR IDEATION OCCURS & IS RECOGNIZED

EVENT IS REPORTED TO COUNSELOR OR SCHOOL ADMINISTRATOR

INITIATE PROTECTIVE RESPONSE IF IMMINENT DANGER EXISTS (911)

SUICIDE RISK ASSESSMENT: LEVEL 1 (BY TRAINED SCHOOL STAFF MEMBER)

- Screener interviews student using screening form
- Screener contacts parents to inform and to obtain further information
- Screener determines need for level 2 suicide risk assessment based on level of concern
- Screener consults with another trained screener or assessor prior to making a decision to not proceed to a Level 2 Suicide Risk Assessment
- Screener informs administrator of screening results

SUICIDE RISK ASSESSMENT: LEVEL 2 (BY MENTAL HEALTH PROFESSIONAL [ASSESSOR])*

- Requires parent permission, unless student is 14 or older. If parent is unavailable or unwilling to consent and the risk of self-harm per screening is high, the school team calls mental health or law enforcement.
- Assessor interviews student, collects collateral information from other pertinent sources and makes risk determination.
- Assessor determines need for immediate intervention. (e.g. in-home or out-of-home respite, hospitalization, etc.)
- Assessor shares concerns and recommendations with school team and parent.

STUDENT SUPPORT PLAN

SCHOOL TEAM (ADMINISTRATOR AND COUNSELOR) WITH PARENT AND STUDENT INITIATES A SUPPORT PLAN WHICH MAY INCLUDE:

- School, family, community components
- Monitoring, supervision
- Confidentiality
- Personal safety plan
- Referral
- Precautionary removal of lethal means from student's environment
- Review

*Call the following to request a Level 2 - Suicide Risk Assessment

- **Marion County Youth & Family Crisis Services**
503-576-4673
- **Polk County Mental Health**
503-623-9289, 1-800-560-5535 (after hours)
- **Yamhill Family & Youth Services**
503-434-7462, 1-800-842-8200 (after hours)



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School Safety Plan and Subsequent Screenings

During the screening process, the gatekeeper makes a safety plan for school, which should include the participation of the student and a parent/guardian (this can be done over the phone).

This step is vital to the process and can serve as a meaningful change for the student. It is important that the counselor, gatekeeper, or designated staff person for the student is following up on the implementation and effectiveness of the plan.

If the student has an incident that requires that they be screened again, the plan should be revisited and revised in an attempt to better meet the needs of the student.

[Suicide Risk Assessment Level 1 NEW - Fillable PDF](#)

[Student Coping Plan](#)

Important Risk Assessment Guidance Information:

- Staff cannot transport to LCMH/MCMH unless they have proper transportation documents on file, and the parent/guardian has given permission. Staff must have administrative permission for each incident (no blanket permission for transports in general), and they must have a second staff member present for the transport. A staff member cannot be alone with the student during the transport process.
- If, after communicating with the student's parent/guardian, staff has a concern about the student's safety, they are mandated to make a DHS report.
- LCMH/MCMH can serve students with private insurance, OHP, and those who are uninsured.
- Always request a Release of Information signed by the student/parent for LCMH/MCMH for student coping plan.
- After assessing the student, ensure all forms are kept in a locked secure location and include the Level 1 Assessment form. No one should have access to the student's coping plan except for the necessary "need to know" staff.

Storing Student Forms:

- Place forms in a sealed manila envelope in the student cumulative file.
- Mark the envelope "CONFIDENTIAL" and write the following statement on the outside of the envelope:

This envelope contains sensitive and confidential information. It is only to be opened and/or reviewed by a school counselor or building administrator. If the envelope is opened, please return the paperwork to a new sealed envelope and place these instructions on the outside.

- Date and sign the envelope

School Safety Plan Resources:

The majority of suicides and attempts take place after school hours and off of school grounds. However, for many students, their experience at school may be contributing to their mental health and suicidal thoughts. Therefore, if a student is experiencing suicidal thoughts, it is important to create a school coping plan with them to help reduce the stressors and triggers in their daily experience at school, in an attempt to reduce the suicidal thoughts outside of school.

When doing a School Coping Plan, the most important thing is to discuss whether there are specific stressors or triggers in their life. Use that information to create the School Coping Plan. It is also prudent to discuss what the student can do to stay safe when outside of school.

Samples of what could go in a School Coping Plan:

- Daily check-ins with a trusted adult (counselor, teacher, etc.)
- Adjusting a student's schedule
- Breaks for a student when they become anxious/stressed/etc.
- Have the student/parent sign a ROI with their mental health counselor
- Have the parent/guardian call weekly for check-ins (especially helpful with younger students so the lines of communication are open. Monday morning calls are a great way to learn about their weekend)
- Connect the student with a club or group



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Suicide Risk Assessment - Level 1

Date: _____

Time: _____

1. IDENTIFYING INFORMATION

Name: _____ ID: _____ School: _____ DOB: _____

Age: _____ IEP/504? _____ Medicine/Health information: _____

Address: _____

Parent/Guardian #1 name/phone # (s): _____

Parent/Guardian #2 name/phone # (s): _____

Screener's name: _____ Position: _____

Contact Info: _____

2. REFERRAL INFORMATION

Who reported concern: Self Peer Staff Parent/Guardian Other

When was concern disclosed: _____ Contact information (if applicable): _____

What information did this person share that raised concern about suicide risk? _____

3. WARNING SIGNS/RISK FACTORS

- Expressions of wanting to die, of being gone, or of death in any manner in their:
 - Writing
 - Verbal
 - Drawing
 - Social Media
- Withdrawal from others
- Preoccupation with death
- Feelings of hopelessness/self-hate
- Substance Abuse
- Current psychological/emotional pain
- Discipline problems
- Conflict with others (friends/family)
- Experiencing bullying or being a bully
- Recent personal or family loss or change (i.e., suicide, death, divorce)
- Recent changes in appetite, behavior, sleep
- Family problems
- Giving away possessions
- Current/past trauma (domestic/relational/sexual abuse)
- Crisis within the last 2 weeks
- Stresses from: gender ID, sexual orientation, ethnicity
- Engages in high risk behavior
- Exposure and/or access to weapons, violent video games
- Unmet basic needs
- Mental Health concerns
- Self-Injury (see NSSI Assessment & Protocol)
- Other signs: _____

4. COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) – Fill out and attach separate screening form

LOW RISK MEDIUM RISK HIGH RISK

5. PROTECTIVE FACTORS

- Engaged in effective health and/or MH care
- Positive problem solving skills
- Positive coping skills
- Restricted access to means to kill self
- Stable living environment
- Willing to access support/help
- Positive self esteem
- Resiliency
- High frustration tolerance
- Emotional regulation
- Cultural and/or religious beliefs that discourage suicide
- Does well in school
- Feels well connected to others (family, school, friends)
- Has responsibility for others

6. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: _____ Date contacted: _____

<input type="radio"/> Left a Voicemail Date: _____ Time: _____ <input type="radio"/> Parent/Guardian Called Back Date: _____ Time: _____	<input type="radio"/> Parent/Guardian Answered Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes <input type="radio"/> No <input type="radio"/> Parent/Guardian's perception of threat _____ _____ _____
Parent Action Plan – <input type="radio"/> Will transport child to a mental health evaluator (i.e. hospital, County Mental Health, private therapist) <input type="radio"/> Mental Health evaluation appointment date: _____ <input type="radio"/> Needs additional support <input type="radio"/> Other: _____	Additional Notes: _____ _____ _____

7. CONSULTED WITH administrator (recommended) and/or another trained professional

1. _____
2. _____

8. POTENTIAL SCHOOL ACTION PLANS

- Determined if Student Coping Plan was needed
 - Limited risk factors; Student Coping Plan not needed
 - Filled out a Student Coping Plan. One copy given to student, original placed in Confidential file and/or CUM file
- Provided student and family with resource materials and phone numbers
- Parent/guardian contacted
- Released back to class after Limited or NO risk factors noted
- Released back to class after parent (and/or Agency) contacted and follow up plan established
- Released to parent/guardian
- Called 911. Contact name/date/time: _____
- Parent/guardian took student to hospital
- Parent/guardian scheduled mental health evaluation appointment - Notes: _____
- School Counselor/School Psychologist/School Nurse follow up scheduled - Date/Time: _____

-
- Limited risk factors noted. NO FURTHER FOLLOW-UP NEEDED.
 - Several risk factors noted but no imminent danger. Completed Student Coping Plan with student. Will follow up with student on
Date/time: _____
 - Several risk factors noted and referred for a Suicide Risk Assessment - Level 2 with a crisis worker from the county
(Contact date/time/name): _____

Student Name: _____

Screener Name: _____

Date: _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
	YES	NO
Ask questions that are bolded and <u>underlined</u>.		
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		

6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>	YES	NO
	Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>	

- Low Risk
- Moderate Risk
- High Risk

NOTES:



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STUDENT COPING PLAN

Student Name: _____ **DOB:** _____ **Date of Plan:** _____

Warning signs that I am not safe:

- 1.
- 2.
- 3.

Things I can do to keep myself safe (in the case that I was thinking about suicide):

- 1.
- 2.
- 3.

An adult I can talk to at home when I feel it would be better if I were not alive:

An adult I can talk to at school when I feel it would be better if I were not alive:

My plan to reduce or stop use of alcohol/drugs:

- 1.
- 2.
- 3.

Identify reasons for living:

- 1.
- 2.
- 3.

I can call any of the numbers below for 24 Hour Crisis Support.

National Suicide Prevention Lifeline 1-800-273-TALK [8255]
Oregon Youthline 1-877-968-8491 or text teen2teen to 839-863

Marion County Crisis Line: (503) 576-HOPE (4673)
Polk County Crisis Line: (503) 623-9289, 1-800-560-5535 (after hours)
Yamhill Crisis Line: 503-434-7462, 1-800-842-8200 (after hours)

My follow-up appointment is: _____ **with** _____

Suicide Postvention (after a suicide) Protocol:

Regardless of how comprehensive suicide prevention and intervention may be in a school community, not all suicidal behavior will be prevented. It is as equally important to be prepared for prevention and intervention of suicide as it is to be prepared in the event of an attempt or completed suicide.

The school's primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc.

In the case of a suicide, NSSD will contact the WESD's Crisis Response Team to support and guide all District Postvention Procedures and Activities

Key Points *(from After a Suicide: A Toolkit for Schools, 2011)*

- Postvention after a suicide attempt or completion is very important. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion (increased risk of suicide themselves)
- It is important not to "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media
- It is important to address any deaths in a similar manner. Having one approach for a student who dies from cancer that differs from the approach to a death by suicide reinforces the stigma that surrounds suicide

Suicide Attempt Postvention Protocol:

After a student has made a suicide attempt, the counselor, Gatekeeper, and/or admin should meet with the student and a parent/guardian to make sure their return to school is successful and that their educational, social, emotional, and mental health needs are being met by completing the student re-entry plan.

[Form: Student re-entry plan](#)



Student Re-Entry Plan After a Suicide Attempt

Transition back to school after a suicide attempt can be a difficult one, especially if the attempt was public. The student's privacy going forward is critical and the student and their parent(s) need to be an integral part of the decisions made in the re-entry plan.

The return to school requires individualized attention and planning. It is important that staff who have direct contact with the student be aware of the student's plan in order to monitor potential continued risk.

Counselor/Administrator Guidelines:

Prior to return:

1. Meet with the student and their parent(s) before the return to school and fill out the Student Re-Entry Plan.
2. Respect the student's wishes as to how their absence is discussed. If the attempt is common knowledge, help the student prepare for questions from peers and staff. If no one is aware, help the student create a short response to explain the absence. Role play so that the student can try out different responses to different situations (peer to peer & staff-student), if needed. Being prepared helps reduce anxiety and helps the student feel more in control.
3. Reassure the student and family that sharing information with school personnel will be done on a need to know basis. Staff that have direct contact should be informed so they can actively assist the student academically.
4. Identify the staff that will need to know by name and role.
5. Reassure the student that staff will be available to help the student with any academic issues and that it will be important for the student to reach out if they are feeling worried about school work.
6. Obtain a Release of Information from the parent so the mental health provider can talk to the school counselor.
7. If needed, schedule a student interview team meeting if student has a diagnosis or condition that will last more than 6 months that may hinder access to education. Determine if a 504 plan would be sufficient.

After return to school:

1. Continue to monitor and support the student, as needed.
2. Have regular contact with the student's parent(s) and therapist to provide feedback and gain information on how best to support the student.



Staff Guidelines:

After return to school:

1. Welcome the student's return to school as you would any other students' return from an extended absence. Let them know you are glad they are back – "Good to see you".
2. Be aware that the student may still be dealing with symptoms of depression which can affect concentration and motivation.
3. Be aware that the student may be adjusting to medication and may be dealing with side effects including fatigue or jitteriness.
4. Keep the reason for the student's absence **CONFIDENTIAL**.
5. Discuss missed classwork and homework and arrangements for completion. Adjust expectations, if needed. If possible, provide alternative assignments instead of having the student try to make up all the work; provide temporary interventions during re-entry.
6. Keep an eye on the student's academic performance as well as their social/emotional interactions. If you see that they are isolating or being shunned by peers or is falling further behind academically, follow-up with the student's counselor.
7. Pay close attention to further absences, tardies, and requests to be excused during class and share any concerns with the student's counselor.
8. Encourage the student to use the school counselor for additional support.

NOTES:



Student Re-Entry Plan

Student: _____ Date: _____

School: _____ Grade: _____ Date to be reviewed: _____

Primary School Contact (a qualified school professional who will create and monitor the Support plan):

Secondary School Contact (a qualified school professional available to the student when the primary contact is not):

Re-Entry meeting participants:

Accommodations/Support Options – check those that apply

- Re-entry meeting with counselor before returning to class
- Reduced schedule for gradual re-entry
- Return to previous full-day schedule
- Return to full-day schedule but with class changes made to the schedule
- Change of placement
- Other: _____

- Shortened assignments
- Extended time for work
- Provide alternative work
- Working lunch
- Arrange with teachers to not call on student unless hand is raised
- Assigned classmate as volunteer assistant
- Preferential seating, near door to allow leaving class for breaks
- Alternate work environment
- Other: _____



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- Student allowed to take breaks inside the classroom
- Student allowed to take breaks outside the classroom
- Student allowed to check in with the counselor as needed
- Audio or listening options (i.e. sound cancelling headphones) as deemed appropriate in class
- Other: _____

- School Safety Plan completed

Next steps in case of continued safety concern:

Parental/Guardian/Student needs and/or additional information:

Other Resources

- [Self Injury Parent Resources](#)
- [Self Injury Student Resources](#)
- [Non Suicidal Student Questionnaire](#)
- [Non Suicidal Self Injury Protocol](#)

Include a copy of the Student Re-entry plan in the cum file, and keep a copy for your records in a secure and confidential location. Only distribute as needed to those involved in the plan.

Suicide Safety Resources

National Suicide Hotline:

1.800.273.8255

1.888.628.9454 (Espanol)

Oregonyouthline.org

1.877.968.8491

Text “Teen2teen” to: 839863

Willamette Education Service District

<http://www.wesd.org/suicideprevention>

<https://www.wesd.org/Page/703>

Stayton Police Department

503.769.3421

Linn County Crisis Services

800.304.7468

Linn County Sheriff’s Office

541-967-3950

Marion County

[Youth & Family Crisis Services](#)

503.576.4673

Mid-Valley Suicide Prevention Coalition

www.mvsuicideprevention.org

[Psychiatric Crisis Center \(PCC\)](#)

503.585.4949



If you or someone you know is struggling or in crisis, help is available. Call or text “988” or chat 988lifeline.org.

The 988 Suicide and Crisis Lifeline is available 24/7 for people experiencing a behavioral health crisis to call, text or chat online at 988lifeline.org. Calls may be responded to in English or Spanish. Text and online chat are currently only available in English. People can also dial 988 if they are worried about a loved one who may need crisis support.

The 988 Suicide and Crisis Lifeline is easy to remember, like 911, and offers a direct connection to trained crisis counselors who will offer compassionate, accessible care and support for anyone experiencing mental health-related distress — including thoughts of suicide or self-harm, a substance use crisis or any other kind of behavioral health crisis. The counselor is part of a call center that is linked to a network of services, so the caller will be connected quickly with the right kind of help, from the right type of helper.

Find a full list of [frequently asked questions about 988](#) from the Substance Abuse and Mental Health Services Administration (SAMHSA).