

Hollis School District

Suicide Prevention Plan

An Overview of Prevention, Intervention, and Postvention Practices

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I. Suicide Prevention

A. District Suicide Prevention Coordinator

Lauren DiGennaro - SAU Director of Student Services
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B. Suicide Prevention Liaisons

1. Kathleen Turner - HPS School Counselor

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2. Jessica Marois - HUES School Counselor

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C. Staff Training

1. At the outset of every school year, all staff are trained on Suicide Protocol: What to do when a student talks or writes about suicide.
2. In addition to the annual review of building procedures identified on the next page, staff members are trained annually in suicide prevention as required by RSA 193-J. The Hollis School District provides this required training through the NAMI Connect Program or through Vector Training, K-12 edition: "Youth Suicide: Awareness, Prevention and Postvention (Jason Flatt Act)", meeting the criteria of the RSA.
3. All staff are provided with the Suicide Protocol Chart highlighted on the next page which is to be kept in an easily accessible place within their classroom.

Hollis School District WHEN A STUDENT TALKS OR WRITES ABOUT SUICIDE:

Level #1 - CONCERN

You may become alarmed by student behaviors, comments, or writings such as:

1. Comments about death, wanting to die by suicide (even if expressed in joking manner).
2. Expressions of sadness, emptiness, hopelessness, pessimism, helplessness, worthlessness.
3. Evidence of self-mutilation, cuts, bruises.
4. Comments from other students about a classmate with these behaviors or feelings.
5. Withdrawal from friends, activities.
6. Marked changes in usual behavior such as losing interest/pleasure in usual activities, loss of energy or drive, falling asleep in class, restlessness/irritability, skipping class.
7. Evidence a student is having difficulty concentrating or remembering.
8. Marked changes in appearance such as weight loss or gain.
9. Evidence of psychomotor agitation, excessive energy.

Contact an Administrator Immediately for Concerns 1-4 (above)

The Administrator will immediately escort student to School Counseling.

Notify an Administrator and Counselor for Concerns 5-9 (above)

Level #2 - CRITICAL SITUATION

The student is distraught and tells you he/she wants to hurt him/herself.

EXPECTATIONS OF TEACHERS, STAFF, AND COACHES:

During school hours:

1. Tell the student you are not allowed to keep this information confidential, and you need to tell someone who can help.
2. **Call administrator to bring student to School Counseling.**
3. Accompany the student to the Counselor's office.
4. Arrange for the student to see the school counselor or school psychologist immediately.
5. If the student refuses to go with you, **do not allow the student to leave your space IMMEDIATELY** telephone an available adult, (Administrator, main office staff person, School Psychologist, School Counselor, School Nurse).

1. Counselor will call an administrator to join in meeting with the student.
2. The Counselor will encourage the student to talk about what is happening.
3. The Counselor or Administrator will call the student's parents and make appropriate decisions along with administration regarding the need for further assessment outside of school, per protocol.
4. If parent is unavailable or refuses, contact the Police for support to transport for evaluation. Follow up with [DCYF](#)

After school hours:

1. Encourage the student to talk about what is happening and attempt to calm him/her.
2. Tell the student you are not allowed to keep this information confidential, and you need to contact his/her parents.
3. Inform the appropriate school administrator.
4. Call the parents and request that they come to pick up their son/daughter.
5. If the parents are unavailable, call the police or 911; the police can take the student to the nearest emergency room.
6. Remain with the student until parents or police come.

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

Following a critical incident: A re-admit to school note is required from a health provider and a re-entry meeting will be scheduled with student, parent, counselor, and administrator.

The counselor will make every effort to follow up with you. Confidentiality requirements may prevent the Counselor from giving you complete feedback.

D. Education for students

1. Focused on safe and healthy choice making, coping strategies, identification of risk factors, recognizing developmentally appropriate signs of struggle, and accessing resources at school and in the community. Counselors meet with students each year to build rapport, connection, and relationships.
2. Counselors' lessons and presentations include friendship, the effects of bullying, anger management, problem solving, asking for help, challenging negative thoughts and social/self-esteem information.
3. Community resources are updated and provided to students and their families as needed and are available on the school websites under Resources>School Counseling Tab as well as on the Family Portal>Documents and Resources.
4. Building-wide social/emotional learning (SEL) initiatives are part of our regular practice.

II. Suicide Intervention

A. Intervention Team Meetings

1. MTSS meetings are held to identify struggling students. Counselors attend common planning time with grade levels for early interventions.

B. Response to Concerns of Self-Harm

1. It is important to note that faculty and staff are not individually responsible to determine whether self-harm threats are of a serious nature. All threats or comments are to be taken seriously and reported immediately to the administration every time they occur. The situation will then be reviewed according to the crisis intervention protocol to determine if further evaluation is needed by an outside provider. Under no circumstances are faculty and staff to provide counseling or risk-assessment services. When faculty or staff hear or see a self-harm threat, they are to contact administration or designee so the student can be accompanied to school counseling, nurse, or administrative offices. Under no circumstances is an email sufficient notification to administration and/or School Counseling. If a student has expressed an intent to harm oneself or others the student's counselor and an administrator meet with the student and follow the crisis intervention protocol accordingly.

E. Interventions: The School Counselor/Administrator will:

1. Meet with the student to determine the nature of the emergency.
2. Consult with the appropriate administrator and explain the situation. Any further action should be decided by the school counselor/school psychologist and administrator and protocol followed accordingly.
3. Call the parent/guardian of the student to provide them with the details of the case. When the parent/guardian cannot be contacted, the individual named on the student's emergency health card will be contacted. If parent/guardian or designee cannot be reached contact the appropriate administrator and transportation to the ACCESS program will be provided.
4. Inform parent/guardian or designee that it is the school policy that in cases of student self-reported suicidal intent, ideation or plan, the student will be picked up from school and released to the custody of the parent.
5. Provide parent/guardian or designee with information about community crisis intervention services. Explain to the adult that the student must have an assessment by a hospital/physician/community crisis team or licensed therapist to return to school and a reentry meeting with the school counselor/therapist and administrator will take place before the student returns to classes. Paperwork must be presented at the meeting indicating the student is safe to return to school. The student will be released to the parent/guardian or designee with names and phone numbers for referral and assessment.
6. Given an obstructive parent/guardian or designee, the counselor will make the parent/guardian or designee aware that DCYF Protective services will be notified of the crisis and that the police will be called to provide transportation. The counselor/therapist will report to DCYF.
7. NO STUDENT IN THIS SITUATION SHOULD BE SENT HOME ALONE OR LEFT ALONE AT ANY TIME WHILE IN THE SCHOOL BUILDING.
8. If the student has threatened harm with a lethal means and is in possession of this means: Secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger. Call the SRO immediately.
9. Complete accompanying paperwork for documentation.
10. Allegations of neglect/abuse will always be referred to the DYCF. Parent may be contacted by school personnel or contact may be initiated by the Division.

		On site	Off site	What this looks like
1	Private mental health practitioner	X	✓	<ul style="list-style-type: none"> • Same day appointment • In-person or telehealth • With a practitioner familiar to the individual and their needs
2	Mobile crisis response team	✓	✓	<p>Greater Nashua Mental Health (GNMH)</p> <ul style="list-style-type: none"> • A team will arrive within an hour to the caller's location and will conduct a comprehensive assessment
3	Walk-in and Urgent Care clinics, Emergency room	X	✓	<ul style="list-style-type: none"> • Within the local community • May make referrals to other practitioners • Highly stimulating environment

Obtaining a risk assessment

STUDENT SAFETY CHECKLIST

Date:

Student:

Counselor/School Psychologist:

Counselor/School Psychologist Contact Information:

Reporting Staff:

- Counselor Interview Identifies Safety Concerns Requiring External Psychological Evaluation

The school staff informed the parents that their child was at risk of engaging in self-harm behaviors specifically:

The parent has been advised to seek medical, psychological, or psychiatric consultations to ensure their child's safety before they can return to school. [Check one below]

- St. Joseph's Hospital (ER) Nashua, NH, 882-3000
- Greater Nashua Mental Health 603-889-6147
- NH Rapid Response Mobile Crisis Unit 1-833-710-6477 or Visit NH988.com
- Suicide and Crisis Lifeline 988
- ACCESS at SNHMC 603 -577-2728
- Other

We require that you provide a safe-to-return-to-school document and obtain a signature from the treating emergency service provider indicating the services were provided

- Counselor Interview identifies Safety Concerns Not Requiring External Psychological Evaluation.

After contacting the parent via phone, of the following concerns about their student:

The counselor, administration, and parent(s)/guardian(s) have deemed the student safe to return to class. The parent has acknowledged the thoughts/statements and/or presence of suicidal thoughts with no specificity, low intensity of mental health symptoms, and the presence of protective factors.

Parent or Legal Guardian

Signature/Date

School Personnel

Signature/Date

School Personnel

Signature/Date

Assessing Mental Health Clinician

Signature/Date

The information contained is for educational purposes only and is not intended as a substitute for professional diagnosis or treatment. Please consult a medical professional immediately if you suspect someone is suicidal.

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**Information and Support for Parents of
Children Who Have Been Identified as at risk for Suicide**

So, what happens next?

After you receive the phone call from school staff informing you that your child is at risk, you will be provided with some recommendations and requirements for additional assessment. The safety of your child is our first priority.

If a student discloses suicidal thoughts along with a plan to act on these thoughts, it is district procedure that psychiatric professionals evaluate them to determine the level of risk to their safety. The assessment must be completed before your child will be allowed to return to school.

Protective Factors (not a complete list):

Protective factors are the positive conditions and resources that promote resiliency and reduce the potential for youth suicide. These include close family bonds, a strong sense of self-worth, personal control, a reasonably stable environment, best friends, responsibility to others, activities, pets, and lack of access to lethal means.

Suicide Warning Signs (not a complete list):

- Talking about death and dying in general.
- Talking about suicide or wanting to die; talking about means or methods to kill oneself; obtaining a weapon or other means.
- Feeling life is meaningless, feeling hopeless, helpless.
- Putting life in order or giving away possessions.
- Picking fights, arguing, irritability, increased anger.
- Refusing help, feeling beyond help.
- Sudden improvement in mood after being down or withdrawn. Neglect of appearance, hygiene, Sleep, and/or appetite changes. Dropping out of activities.
- Direct Verbal Clues such as "I wish I were dead," "You'll be better off without me," "I'm so tired of it all," "Pretty soon you won't have to worry about me," or "No one will miss me when I'm gone."

If you observe any of these signs or have other reasons to suspect your child may be at risk for suicide, ASK THEM. Say, "I'm concerned about you. You're not yourself lately. Are you thinking about killing yourself?" **DO NOT LEAVE YOUR**

CHILD ALONE.

Other Considerations

Children are at far greater risk for suicide when medications or guns are accessible at home. Lock them up. Other factors such as previous suicide attempts, alcohol and substance abuse, mental illness, a family tragedy, and exposure to other young people who have experience with suicidal thinking/behavior may increase suicidal behaviors. Grief and loss issues such as the death of a relative, friend, or pet or the breakup of a relationship can trigger thoughts of dying. We also need to pay special attention to those young people who are exploring or questioning their sexual orientation because this can be a significant factor in assessing increased risk.

Resuming the School Routine

Once your child is determined to no longer be at imminent risk of harming themselves, creating a sense of routine and structure is helpful. It is also helpful to keep the school informed so your child may return to their coursework and activities as soon as possible. With this in mind, we require a re-entry meeting after the assessment and before your child begins their next school day. It is imperative that you attend this meeting.

Acting as your child's advocate, the school counselor, and the school nurse can be of tremendous support. The school nurse can regularly assess for any medical complications or medication side effects. District policy states that all medications a child uses are to be kept under the supervision of the nurse to ensure their appropriate application and monitor safe usage. We want to assist in coordinating care between your health providers and HBHS. Let us know what your child needs and how we can help. We'll do our best to support your child and you during this challenging time.

Additional Information

A number of resources are available to you.

The National Suicide Prevention Lifeline
1-800-273-8255
www.988lifeline.org
NH National Alliance on Mental Illness
www.naminh.org

The American Association of Suicidology
www.suicidology.org
The American Foundation for Suicide Prevention
www.afsp.org
In NH: Dial 911 (medical) or 988 (mental health) For Emergencies

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STUDENT RE-ENTRY MEETING

Date:

Student:

Stakeholders Present:

Information Received From:

Intervention/Treatment Received:

Continued Treatment Recommendations:

Student Signature

Date

Parent Signature

Date

Administration Signature

Date

School Counselor/School Psychologist/School Social Worker Signature

Date

Permission granted to share confidential information with teachers? ___yes ___no

****Hollis, Brookline and Hollis-Brookline Cooperative Schools have an ethical obligation to ensure that appropriate counseling services are secured, and treatment recommendations followed. Failure to follow treatment recommendations may require notification to the Division for Children and Youth Services.**

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Student Mental Health Safety Plan

Members of the student, Mental Health Safety Plan Team, may include:

Student, family/guardian, Administration, School Counselor, School Social Worker, School Nurse

What would you like us to share with your teacher and school team? We are all here to support you.

Let's talk about some things that will help you feel safe and secure in the school environment. For example: Regular check-ins with a trusted adult, access to a quiet space for decompression.

What are some things your teacher or team may see or notice to show them you may be experiencing a difficult time?

For example: Increased visits to the Nurse's Station, not participating in work.

What helps you or do you think would help you when you are having a difficult time?

For example: Breathing exercises, listening to music, or engaging in physical activities.

Please provide copies of this document to the student, their family/guardian, and save a copy for your records

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Safety Intervention Protocol Checklist

- Staff Member _____ notified the School counselor and/or the designee of potential suicidal risk.
- Risk interview conducted by _____
- Safety screening interview complete
- Parent/Guardian contacted and contact form complete
- Student referred for emergency assessment if needed
- Release of information signed
- Return to school form completed by treating physician
- Return to school meeting
- Support plan developed

*Notify Attendance of student absence

III. Suicide Post-Intervention (after send out protocol)

A. Return to School

1. Upon the student being found safe, a re-entry meeting occurs to develop a safety support plan.
2. The student, family, counselor, and an administrator develop this plan with input, as needed, by the licensed mental health practitioner. School counselor/student check-ins are scheduled.
3. The counselor works with the family to support them with resources to obtain outside therapeutic supports.
4. Counselor may provide a release of information form allowing collaboration between outside mental health practitioners and school.
5. If appropriate, a disabilities services referral may be made to determine whether a formal plan is necessary.
 - a. For students who may already have a 504 plan or IEP in place, a progress meeting may be scheduled to carryover student needs and services into the student's formal plan.

B. Protocol for Suicidal Attempt in the School Building

1. Keep the student safe and under close supervision. The student should always be supervised by an adult. Contact an administrator immediately.
2. The school administrator will notify counselor/therapist, school nurse, emergency medical professionals, community/hospital crisis service provider, SRO and the superintendent of schools.
3. The administrator will notify the parents/guardians of what has occurred and arrange to meet them at the hospital.
4. Call the hospital/community crisis assessment provider for instructions on where to bring the student. Have the student transported by community medical personnel or police.
5. If the student does not require emergency treatment or hospitalization and the immediate crisis is under control, release the student to the parent/guardian with arrangements for needed medical treatment and/or mental health counseling. Explain to the adult that the student must have an assessment by a hospital/community crisis team to return to school and a reentry meeting with the counselor/therapist and administrator will take place before the student

returns to classes. Release the student to the parent/guardian or designee with names and phone numbers. Paperwork indicating that the student is safe to return to school must be submitted prior to reentry.

6. In the event the situation requires transportation to a hospital emergency department, EMS and/or law enforcement should be contacted to assess the situation and expedite the transition to the hospital.
7. Parents will be given the HSD paperwork for continued instructions and information.