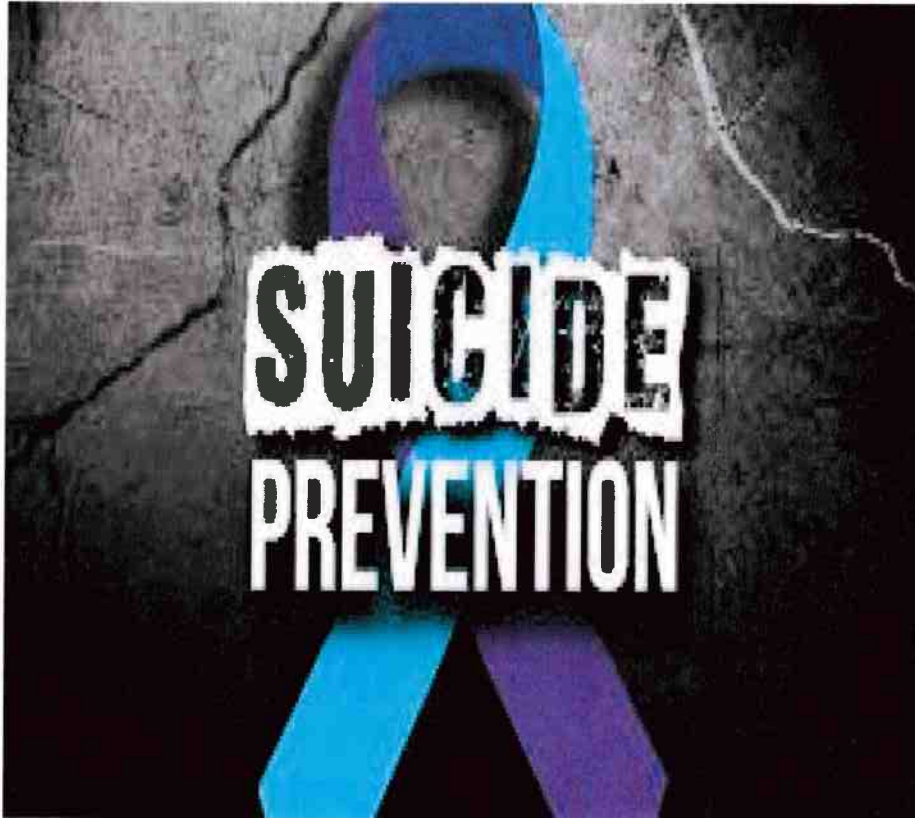


Wayne County School District Suicide Prevention Procedural Guideline



Mr. Tommy Branch- Superintendent
Mrs. Lynn Revette- Assistant Superintendent
Dr. Sherrell Gilmore- District Suicide Prevention Coordinator

School Suicide Prevention Coordinators:

Mrs. Melody McCann - Beat Four School
Dr. Erica Smith - Buckatunna School
Mrs. Amanda Holyfield - Clara School
Mrs. Jessica Koen - Wayne Central School
Ms. Alexis Robinson - Wayne County Career and Technical Education Center
Ms. Adrienne Carlisle - Wayne County High School
Ms. Pamela Packer - Waynesboro Riverview School

Wayne County School District Suicide Prevention Procedural Guideline

PURPOSE

The purpose of this guidance document is to protect the health and well-being of all Wayne County School District students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The Wayne County School District:

- (a) Recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes;
- (b) Further recognizes that suicide is a leading cause of death among young people;
- (c) Has an ethical responsibility to take a proactive approach in preventing deaths by suicide; and
- (d) Acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

This procedure guideline is meant to be paired with other policies supporting the emotional and behavioral health of students more broadly. Specifically, this document is meant to be applied in accordance with the district's Child Find obligations.

SCOPE

This procedure guideline covers actions that take place in the Wayne County School District schools, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school sponsored out-of-school events where school staff are present. This procedure guideline applies to the entire school community, including Wayne County School District educators, school and district staff, students, parents/guardians, and volunteers. This procedure guideline will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

PREVENTION

1. District Procedure Implementation: A district level suicide prevention coordinator is required to be designated by the Superintendent. This may be an existing staff person. The district suicide prevention coordinator will be responsible for planning and coordinating implementation of the policy for the school district.

Each school principal of Wayne County School District can designate a school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. This may be an existing staff person. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

2. Staff Professional Development: The Mississippi School Safety Act of 2019 states that beginning in the 2019-2020 school year, the State Department of Education shall require local school districts to conduct, every two (2) years, refresher training on mental health and suicide prevention for all school employees and personnel, including all cafeteria workers, custodians, bus drivers, teachers and administrators. The Mississippi Department of Mental Health is responsible for the development and/or selection of the content of the training and schools are required to report completion of the training to the State Department of Education. The professional development series contains information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. Wayne County School District will also take into consideration any recent traumatic events that may increase the potential for suicide threats or completion and provide additional professional development as needed. *See Appendix E for "Suicide Prevention and Mental Health Refresher Trainings" for professional development series course trainings and instructions for implementation.*

3. Publication and Distribution: Wayne County School District will distribute the district policy annually and it may include student and teacher handbooks and the district/school website. Wayne County School District will include the National Suicide Prevention Lifeline's logo with phone number and website in distributions. *See Appendix B.*

4. Youth Suicide Prevention Programming: In addition to developmentally appropriate, student centered education materials regarding suicide prevention that are integrated in Health Science classes, schools are encouraged to invite the MS Department of Mental Health or other organizations to provide presentations and resources to students about warning signs and prevention techniques. The MS Department of Mental Health can be reached at 1-601-359-1288.

INTERVENTION

Assessment and Referral

When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a school counselor or a behavior specialist within the same school day to assess risk and facilitate referral. If

there is not a school counselor or a behavior specialist available, a school nurse or administrator will fill this role. *See Appendix C for Community Mental Health Center and Mobile Crisis Response Team contact information.*

For youth at risk:

1. School staff will continuously supervise the student to ensure their safety.
2. The principal and school and/or district suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
3. The school counselor, behavior specialist, or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases will involve assisting parent or guardian with setting up outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.
4. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.
5. Upon re-entry, the parent or guardian will provide the school with documentation that the student has consulted with a mental health care provider or primary care physician of choice.

IN-SCHOOL SUICIDE ATTEMPTS

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following (*Wayne County School District*) emergency medical procedures.
2. School staff will supervise the student to ensure their safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth. *See Appendix C for list of Community Mental Health Center and Mobile Crisis Response Team contact information.*
5. The school counselor, behavior specialist, or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.

6. Staff will immediately notify the principal or school and/or district suicide prevention coordinator regarding in-school suicide attempts.

7. The school will engage, as necessary, the crisis team (*See Appendix A*) to assess whether additional steps should be taken to ensure student safety and well-being.

RE-ENTRY PROCEDURE

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school counselor, behavior specialist, principal, or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. A school counselor, behavior specialist, or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
2. The parent or guardian will provide documentation from a mental health care provider of choice that the student has undergone examination.
3. The designated staff person will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.

OUT-OF-SCHOOL SUICIDE ATTEMPTS

If a Wayne County School District staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the school and/or district suicide prevention coordinator and principal.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

PARENTAL NOTIFICATION AND INVOLVEMENT

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, school counselor, behavior specialist, or designee. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

If the principal, school counselor, behavior specialist, or designee believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented.

POSTVENTION

1. Development and Implementation of an Action Plan: The crisis team (see *Appendix A*) will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:

- a) **Verify the death.** District official will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to provide voluntary grief counseling to students.
- b) **Assess the situation.** The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
- c) **Share information.** Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement include the basic facts of the death and known funeral arrangements (without providing

details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided.

- d) **Avoid suicide contagion.** It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.
- e) **Initiate support services.** Students identified as being more likely to be affected by the death will be assessed by the school counselor, behavior specialist, suicide prevention coordinator, or other assigned mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental health care providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.
- f) **Memorial plans.** The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. Any school-based discussions or gatherings should focus on the prevention of future suicides while providing prevention resources.
- ***Schools should strive to treat all deaths in the same way.*** Having one approach for memorializing a student who died of cancer or in a car accident and a different approach for a student who died by suicide reinforces stigma and may be deeply and unfairly painful to the student's family and friends. Refer to the American Foundation for Suicide Prevention's "After a Suicide" at www.afsp.org/schools for sample notification statements for students and parents/guardians, sample media statements, and other model language.

APPENDIX A

DEFINITIONS

1. At Risk A student who is defined as high risk for suicide 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 deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.

2. Crisis team Created by the school district and comprised of a multidisciplinary team of primarily administrative, mental health, safety professionals and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.

3. Mental health A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.

4. Postvention Suicide Postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

5. Risk assessment An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

6. Risk factors for suicide Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.

7. 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, youth who engage in self-harm are more likely to attempt suicide.

8. Suicide Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must confirm that the death was a suicide before any school official may state this as the cause of death.

9. Suicide attempt A self-injurious behavior for which there is evidence that the person had 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 wish to die and 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.

10. Suicidal behavior Suicide attempts, intentional injury to self that is associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for suicide plan, or any other overt action or thought indicating intent to end one's life.

11. Suicide contagion The process by which suicidal behavior or a suicide 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.

12. 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.

APPENDIX B

988 Suicide And Crisis Hotline

You can call or text 988 or chat 988lifeline.org to be connected to the National Suicide Prevention Lifeline (NSPL). It will be confidential, free, and available 24/7/365. 988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress. That could be thoughts of suicide, mental health or substance use crisis, or any other kind of emotion distress.

People can call or text [988](https://988lifeline.org) or chat 988lifeline.org for themselves or if they are worried about a loved one who may need crisis support. 988 serves as a universal entry point so that no matter where you live in the United States, you can reach a trained crisis counselor who can help.

APPENDIX C



REGION 1

Coahoma, Quitman, Tallahatchie, Tunica
 Region One Mental Health Center
 1742 Cheryl Street
 P. O. Box 1046
 Clarksdale, MS 38614
 Phone: 662-627-7267

REGION 2

Calhoun, Lafayette, Marshall, Panola, Tate, Yalobusha
 Communicare
 152 Highway 7 South
 Oxford, MS 38655
 Phone: 662-234-7521

REGION 3

Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, Union
 LIFECORE Health Group
 2434 S. Eason Boulevard
 Tupelo, MS 38804
 Phone: 662-640-4595

REGION 4

Alcorn, Desoto, Prentiss, Tippah, Tishomingo
 Timber Hills Mental Health Services
 601 Foote Street
 P. O. Box 839
 Corinth, MS 38835-0839
 Phone: 662-286-9883 (Admin)
 662-287-4424 (Service)

REGION 6

Attala, Bolivar, Carroll, Grenada, Holmes, Humphreys, Issaquena, Leflore, Montgomery, Sharkey, Sunflower, Washington
 Life Help
 2504 Browning Road
 P. O. Box 1505
 Greenwood, MS 38935-1505
 Phone: 662-453-6211

REGION 7

Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, Winston
 Community Counseling Services
 1032 Highway 50 West
 P. O. Box 1336
 West Point, MS 39773
 Phone: 662-524-4347

REGION 8

Copiah, Lincoln, Madison, Rankin, Simpson
 Region 8 Mental Health Services
 613 Marquette Road
 P. O. Box 88
 Brandon, MS 39043
 Phone: 601-824-034

REGION 9

Hinds
 Hinds Behavioral Health Services
 P. O. Box 7777
 Jackson, MS 39284
 Phone: 601-321-2400

REGION 10

Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, Smith
 Weems Community Mental Health Center
 1415 College Drive
 P. O. Box 2868
 Meridian, MS 39302
 Phone: 601-483-4821

REGION 11

Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Pike, Walthall, Wilkinson
 Southwest Mississippi Mental Health Complex
 1701 White Street
 P. O. Box 768
 McComb, MS 39649-0768
 Phone: 601-684-2173

REGION 12

Covington, Forrest, Greene, Jefferson Davis, Jones, Lamar, Marion, Perry, Wayne
 Pine Belt Mental Healthcare Resources
 103 S. 19th Avenue
 P. O. Box 18679
 Hattiesburg, MS 39404-8679
 Phone: 601-544-4641

REGION 13

Hancock, Harrison, Pearl River, Stone
 Gulf Coast Mental Health Center
 1600 Broad Avenue
 Gulfport, MS 39501-3603
 Phone: 228-863-1132

REGION 14

George, Jackson
 Singing River Services
 3407 Shamrock Court
 Gautier, MS 39553
 Phone: 228-497-0690

REGION 15

Warren, Yazoo
 Warren-Yazoo Mental Health Service
 3444 Wisconsin Avenue
 P. O. Box 820691
 Vicksburg, MS 39182
 Phone: 601-638-0031

FOR INFORMATION ABOUT OTHER DMH CERTIFIED PROVIDERS IN YOUR AREA, CALL THE DMH HELPLINE AT 1-877-210-8513.

*Wayne County - Region 12

Mississippi Community Mental Health Centers Crisis Services

Mobile Crisis Response Team Contact Numbers:

CMHCs may have multiple teams or numbers

Region 2 · (866) 837-7521

Calhoun, Lafayette, Marshall, Panola,
Tate, Yalobusha

Region 3 · (866) 255-9986

Benton, Chickasaw, Itawamba, Lee,
Monroe, Pontotoc, Union

Region 4 · (888) 287-4443

Alcorn, DeSoto, Prentiss, Tippah,
Tishomingo

Region 6 · (866) 453-6216

Attala, Bolivar, Carroll, Coahoma,
Grenada, Holmes, Humphreys,
Issaquena, Leflore, Montgomery,
Quitman, Sharkey, Sunflower,
Tallahatchie, Tunica, Washington

Region 7 · (866) 866-6505

Choctaw, Clay, Lowndes, Noxubee,
Oktibbeha, Webster, Winston

Region 8 · (877) 657-4098

Copiah, Lincoln, Madison, Rankin,
Simpson

Region 9 · (601) 955-6381

Hinds

Region 10 · (800) 803-0245

Clarke, Jasper, Kemper, Lauderdale,
Leake, Neshoba, Newton, Scott,
Smith

Region 12 North · (888) 330-7772

Covington, Forrest, Greene, Jeff
Davis, Jones, Lamar, Marion, Pearl
River, Perry, Wayne

Region 12 West · (877) 353-8689

Amite, Franklin, Lawrence, Pike, Walthall

Region 12 Coast · (800) 681-0798

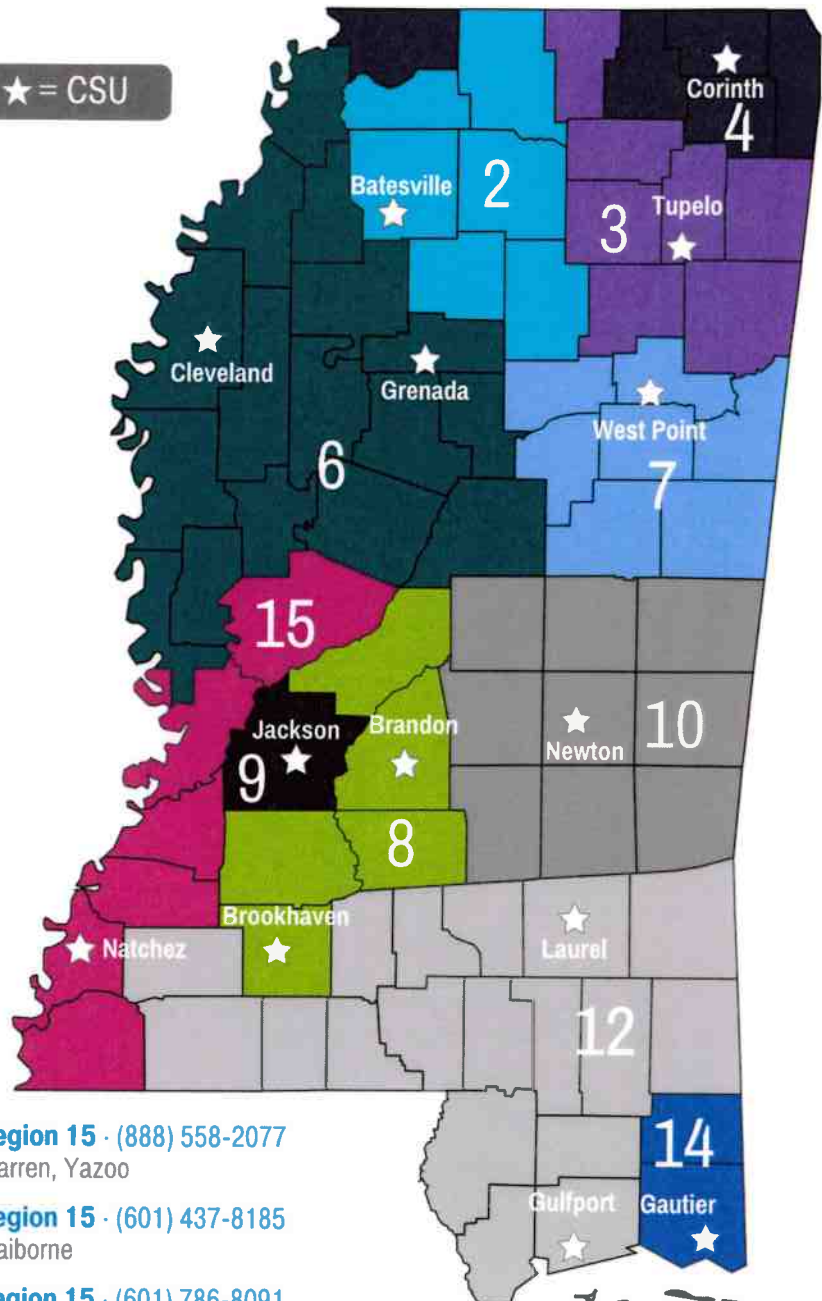
Hancock, Harrison, Stone

Region 14 · (866) 497-0690

George, Jackson

Crisis Stabilization Unit Locations

★ = CSU



Region 15 · (888) 558-2077
Warren, Yazoo

Region 15 · (601) 437-8185
Claiborne

Region 15 · (601) 786-8091
Jefferson

Region 15 · (601) 446-6634
Adams

Region 15 · (601) 890-5440
Wilkinson

APPENDIX D

Wayne County School District Suicide Prevention Student Information

Protecting the health and well-being of all students is of utmost importance to Wayne County School District. The Wayne County School District School Board has adopted a suicide prevention policy which will help protect all students through the following steps:

1. Students will learn about recognizing and responding to warning signs of suicide in friends using coping skills, using support systems, and seeking help for themselves and friends. This will occur in all health classes.

2. Wayne County School District will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources.

3. When a student is identified as being at risk, they will be assessed by a school counselor or behavior specialist who will work with the student and help connect them to appropriate resources.

4. Students will have access to national resources which they can contact for additional support such as:

- **The National Suicide Prevention Lifeline— 988 (Call or Text)
988lifeline.org (Chat)**

5. All students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help.

6. Students should also know that because of the life or death nature of these matters, confidentiality or privacy concerns are secondary to seeking help for students in crisis.

7. For a more detailed review of policy changes, please see the district's full suicide prevention policy at wayne.k12.ms.us.

APPENDIX E

Suicide Prevention and Mental Health Refresher Trainings

The Mississippi School Safety Act of 2019 states that beginning in the 2019-2020 school year, the State Department of Education shall require local school districts to conduct, every two (2) years, refresher training on mental health and suicide prevention for all school employees and personnel, including all cafeteria workers, custodians, bus drivers, teachers and administrators. The Mississippi Department of Mental Health is responsible for the development and/or selection of the content of the training and schools are required to report completion of the training to the State Department of Education. Employees of Wayne County School District will complete on-line training from Vector Solutions on suicide prevention, mental health, and bullying.

APPENDIX F

School Crisis Teams

Beat Four School:

Administrator: Mrs. Sandra Graham
Support Staff: Mrs. Suzette Graham
Mrs. Melody McCann
Mr. Ben Eidson
Dr. Sherrell Gilmore
Safety: Chief Chris Sargent
SRO Fred Daniels
Nurse: Ms. Noel Armstrong
Mental Health: Mr. Byron Dukes
Ms. Melody Arnold

Wayne County Career and Technical Education Center:

Administrator: Mr. Michael West
Support Staff: Ms. Alexis Robinson
Dr. Sherrell Gilmore
Safety: Chief Chris Sargent
SRO Randy Pettus
SRO Jerome Jackson
Nurse: Mrs. Cynthia Green
Mental Health: Mr. Byron Dukes
Ms. Melody Arnold

Buckatunna School:

Administrator: Mr. Michael Hall
Support Staff: Mrs. Andrea Cochran
Mr. Eric Sims
Dr. Sherrell Gilmore
Safety: Chief Chris Sargent
SRO Tedric Rankin
Nurse: Ms. Cora Everett
Mental Health: Mr. Byron Dukes
Ms. Melody Arnold

Wayne County High School:

Administrator: Mr. Robert Hathorn
Support Staff: Mr. Eric Holland
Mrs. Anna Mills
Ms. Crystal Bates
Mrs. Yolanda Stewart
Ms. Adrienne Carlisle
Dr. Sherrell Gilmore
Safety: Chief Chris Sargent
SRO Jerome Jackson
Nurse: Mrs. Jennifer Volrath
Mental Health: Mr. Byron Dukes
Ms. Melody Arnold

Clara School:

Administrator: Ms. Donna Hopkins
Support Staff: Mrs. Sharita Pitts
Mrs. Amanda Holyfield
Mr. Zach Freeman
Dr. Sherrell Gilmore
Safety: Chief Chris Sargent
SRO Jamie Beard
Nurse: Mrs. Dani McIlwain
Mental Health: Mr. Byron Dukes
Ms. Melody Arnold

Waynesboro Riverview School:

Administrator: Mrs. Shronda Turner
Support Staff: Dr. Temekia Lyons
Ms. Pamela Packer
Mrs. Tammie Washington
Mr. Jordan Powe
Dr. Sherrell Gilmore
Safety: Chief Chris Sargent
SRO Jessica Blakley
Nurse: Ms. Stephanie Busby
Mental Health: Mr. Byron Dukes
Ms. Melody Arnold

Wayne Central School:

Administrator: Mr. Eric Boone
Support Staff: Mrs. Franchell King
Mrs. Jessica Koen
Mrs. Tammie Washington
Mr. Brett Dean
Dr. Sherrell Gilmore
Safety: Chief Chris Sargent
SRO Randy Pettus
Nurse: Mrs. Phyllicia Davis
Mental Health: Mr. Byron Dukes
Ms. Melody Arnold