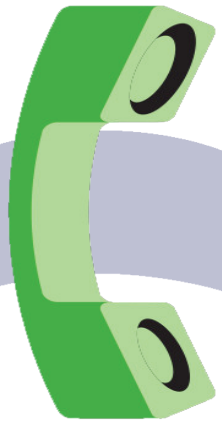
HENRY COUNTY SCHOOLS

# SUICIDE PROTOCOL



## PREVENTION
## INTERVENTION
## POSTVENTION

# Suicide Prevention Protocol

All Henry County Schools employees shall receive annual training on youth suicide prevention. The training will include risk factors and warning signs to identify students who may be at-risk for suicide and where to refer a potentially suicidal student. Each school will identify personnel (in most cases, school counselors and school social workers), who are trained annually to carry out the suicide intervention protocol when at-risk students are identified.

## *Know the facts:*

- Suicide is the second leading cause of death among persons aged 15-24 and third leading cause of death for children 10-14 years
- In a 2017 nationally-representative sample of youth in grades 9-12:
  - 17.2% of students reported that they had seriously considered attempting suicide during the 12 months preceding the survey
  - 13.6% of students reported that they made a plan about how they would attempt suicide during the 12 months preceding the survey
  - 7.4% of students reported that they had attempted suicide one or more times during the 12 months preceding the survey
  - 2.4% of students nationwide had made a suicide attempt resulting in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the 12 months before the survey.

Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance, 2017 available from https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf or https://www.cdc.gov/healthyyouth/data/yrbs/index.htm

## *Identify Students Who May be at Risk for Suicide:*

You may notice problems facing your students that may put them at risk for suicide. There are a large number of risk factors for suicide. Some of the most significant risk factors are:

- Prior suicide attempt(s) or hospitalizations
- Alcohol and drug abuse
- Mood and anxiety disorders, e.g., depression, posttraumatic stress disorder (PTSD)
- LBGTQ+ identification
- Trauma history (survivor of child abuse, neglect, exposure to violence, etc.)
- Family history of suicide

Suicide risk is usually greater among people with more than one risk factor. For individuals who are already at risk, a "triggering" event causing shame or despair may make them more likely to attempt suicide. These events may include problems in school (academic and/or discipline), family problems or abuse, relationship problems or break-ups, bullying, and legal difficulties. It is critical that we identify and support students that may be experiencing difficulties and let them know that we are here to support them. Make referrals to school counselors or school social workers if you are aware of a student that may be in need of additional support.

*(Adapted from Rodgers, 2011 and SPRC, 2008)*

Developing meaningful relationships with each one of your students and knowing what to do when presented with this critical situation are the most important things that you can do as an

educator to prevent suicide. Surrounding each student with encouragement, care, and a sense of belonging is critical to ensuring a safe and supportive environment.

## Suicide Intervention Protocol

When a student is identified by a staff member, peer, community member, or through self-report(s) as potentially suicidal, the student will be seen by a designee trained in the suicide protocol for Henry County Schools. School staff will continue to demonstrate genuine concern for student throughout this process. The information in this section will provide the suicide intervention protocol steps:

# STEP 1: STABILIZE

A. School staff will continuously supervise the student to ensure safety. Under no circumstances should a suicidal youth be left alone.
B. Take the student to a private, non-threatening place away from other students.
C. Immediately observe the area to determine if there are any dangerous objects or instruments close at hand.

# STEP 2: ASSESS RISK

- Talk calmly with the student to assess risk of self-harm. Professional and clinical judgement should be utilized in directing the interview. There are no prescribed steps to be taken with a student during the interview process, as each situation will present unique risk and behavioral factors.
  - The *Interviewing Suicidal Students* document is a tool providing a listing of various questions to be considered for use in the student interview

## Interviewing Suicidal Students

It can be difficult to begin a conversation with students regarding suicidal thoughts or actions. The following section is intended to provide some examples of language you may want to use. Remember to reassure and encourage students through this process.

***Remember:***

- **Take all suicidal threats and all suicide attempts seriously.**
- Talking or asking about suicide will not increase the person's suicidal thoughts.
- It is important that you take time at the beginning of the interview to develop positive rapport.
- After introducing the topic, ask open-ended questions first, they may tell you all the information you need to know without further questioning. (i.e., Can you tell me about the suicidal thoughts?)
- Follow-up questions may help to determine characteristics such as the precipitants, strength, and duration of the suicidal thoughts.
- If information related to planning, method, and intent does not come to light spontaneously, ask about this directly. Unwillingness to share may indicate increased risk of suicidal behavior.
- If the school day has ended and you learn of the student having suicidal ideation after hours, and you are unable to reach the parent or cannot verify that the parent is home, please call for a welfare check to the home: 770-957-9121

**Introduce the topic (two examples):**

- Now, I am going to ask you a few questions about suicide.
- I have a few questions to ask you about suicidal thoughts and behaviors.

***Note that the questions below are brief and straightforward. They are designed to help determine if the person 1) is having suicidal thoughts/ideas, 2) has a plan to do so, and 3) has access to the means.***

| Interviewing Children | Interviewing Adolescents |
|---|---|
| ➢ What is death?<br>➢ Have you ever thought of how you might die? Tell me about it.<br>➢ Have you ever hurt yourself on purpose?<br>➢ Do you have a way to carry out your plan?<br>➢ What happens after you die?<br>➢ When would you kill yourself?<br>➢ Have you ever told anyone about your thoughts or plans?<br>➢ How will killing yourself help?<br>➢ What else can you do instead of killing yourself?<br>➢ Have you ever tried alcohol or drugs?<br>➢ How can I help you? | ➢ Have you thought about killing yourself?<br>➢ Are you thinking about killing yourself?<br>➢ If yes, do you have a plan, or how would you do it?<br>➢ Have you ever tried to hurt yourself before?<br>➢ Do you think you might try to hurt yourself today?<br>➢ Have you thought of ways you might hurt yourself?<br>➢ Do you have access to pills or weapons (or other methods)?<br>➢ Can you tell me about the suicidal thoughts?<br>o For example, what brings them on?<br>o How strong are they? How often do you have them?<br>o How long do they last? When was the last time?<br>➢ Who really needs to know that you feel this way?<br>➢ Who knows about your thoughts and plans?<br>➢ How can I help you? |

Other questions to consider:

- Have you ever used alcohol or drugs to ease your pain?
- Are you currently taking any medications or had any medication changes?
- Have there been any unusual or major changes in your life recently?
- Do you think things are getting worse, better, or staying the same?
    - Have you seen any specialists or counselors lately?

## STEP 3: DETERMINE SERVICES

**If the student is in imminent danger, has made a suicide attempt at school, or will not relinquish dangerous instruments, follow the *Extreme Risk Procedure***

### *Extreme Risk Procedure*

*To be used if the student is assessed to be in imminent danger, has made a suicide attempt at school, or will not relinquish dangerous instruments.*

- Call 911
- Calm the student by talking reassuringly until EMS personnel arrive
    - Try to protect the student from self-harm; try to have student disengage from self-harming behaviors and relinquish any dangerous objects
- Call the parents or guardians and inform them of the actions taken
    - If parents or guardians are uncooperative, or if the student's distress is the result of abuse, neglect, or exploitation by a parent or guardian, contact the Department of Family and Children Services (DFCS), in addition to following protocol outlined above.

- Ensure plan for follow-up with the student

## Guidance for contacting parents/guardians during assessment process

Contacting a parent or guardian regarding a child's suicide risk can be challenging. The following guidance is to be used as a tool to guide your conversation with the parent during this difficult time and may be adjusted to meet the unique needs of your student's situation.

- Introduce yourself and your role to the parent
- Explain that you are responsible for facilitating the suicide protocol for the school and that their child was referred to you due to identified risk of self-harm/suicide
- If risk level indicates, request an emergency face to face meeting with the parent to discuss:
    - The specifics leading up to the suicide protocol referral and the assessment process
    - The importance of following through with services
    - Safety precautions that they should be mindful of at home (such as removing access to dangerous weapons/pills, active supervision, supportive conversations)
    - Provide relevant crisis assessment resources and assist as needed
    - Review Emergency Conference Summary Form and request signature
    - Discuss follow up and the potential for an additional school support meeting
- If risk level does not indicate the need for an emergency face to face meeting, continue to discuss needs for mental health support, provide resources, and follow up as needed

**If the student expresses active suicidal thoughts with an identified plan, but danger is not imminent or accessible, or if assessment of risk factors determines need for this level of service follow the *Severe Risk Procedure***

## *Severe Risk Procedure*

*To be used if the student expresses active suicidal thoughts with an identified plan, but danger is not imminent or accessible; or if assessment of risk factors determines need for this level of service*

- Call the parents/guardians and communicate the nature of the situation
    - Ask parents to come and meet with you before picking up the student
    - Provide relevant information and resources to assist parents/guardians in scheduling an assessment with a mental health provider. If requested by the parent/guardian, assist in making the initial call to the mental health provider
    - Ask the parent to transport the child to the assessment
- If unable to contact the parents or guardians, call 911
- If parents or guardians are uncooperative, or if the student's distress is the result of abuse, neglect, or exploitation by a parent or guardian, contact the DFCS in addition to following protocol outlined above.
- Ensure plan for follow-up with the student

**Guidance for contacting parents/guardians during assessment process**

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    - Provide relevant crisis assessment resources and assist as needed
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    - Discuss follow up and the potential for an additional school support meeting
- If risk level does not indicate the need for an emergency face to face meeting, continue to discuss needs for mental health support, provide resources, and follow up as needed

**If the student expresses active suicidal thoughts, but has no identified plan, or if assessment of risk factors determines need for this level of service, follow the *Moderate Risk Procedure***

## *Moderate Risk Procedure*

*To be used if the student expresses suicidal thoughts, but has no identified plan; or if assessment of risk factors determines need for this level of service*

- Call the parent/guardian and explain the nature of the situation
    - Provide relevant information and resources to assist parents/guardians in scheduling an assessment with a mental health provider. If requested by the parent/guardian, assist in making the initial phone contact to the provider
    - Ask parents to come and pick up the student. If parents refuse, ask what safety precautions will be in place when the child returns home
- If unable to contact the parent/guardian or if student is in immediate danger, call 911
- If parent/guardian is uncooperative, or if the student's distress is a result of abuse, neglect, or exploitation by a parent/guardian, contact DFCS in addition to following the protocol outlined above.

**Guidance for contacting parents/guardians during assessment process**

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    - Provide relevant crisis assessment resources and assist as needed
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- If risk level does not indicate the need for an emergency face to face meeting, continue to discuss needs for mental health support, provide resources, and follow up as needed

*Adapted from Youth Suicide: A Survival Guide for Schools and Suicide and the School: A Practical Guide to Suicide Prevention

## Henry County School System

## Self-Harm Threat

## Emergency Conference Summary

I, or we, _____, the parent(s)/guardian(s)/custodian(s) of _____, were involved in a conference with school personnel on the date of _____. We were made aware of our child's suicidal/self-harm risk. I have been advised to seek the services of a mental health agency or therapist immediately.

I give permission for school personnel to disclose information regarding my child's self-harm or suicidal threat to mental health and medical professionals who may evaluate or treat my child in the future. In addition, I have been made aware that if the school determines that my student's behavior is a threat to self, and that if I do not follow through with intervention, a referral to the Department of Family and Children Services may be considered.

_____ _____

Parent or Legal Guardian Parent or Legal Guardian

_____ _____

School Administrator School Personnel/Title

_____

Today's Date






# STEP 4: STUDENT TRANSITION MEETING (RE-ENTRY FROM CRISIS HOSPITALIZATION PROCEDURE)

- A designated staff member will coordinate with school personnel, the parent or guardian, and the student to determine what supports are needed for the student to transition successfully back into the school setting.

## Transition Meeting Guidance

**Guidance for Student Transition Meeting (Re-Entry from Crisis Hospitalization Meeting)**

Students returning from a crisis hospitalization may be fearful or anxious about returning to school. Providing adequate supports can help to ease this transition. Once return date is known, or when the student has returned to school, a re-entry meeting should be scheduled with the parent, and appropriate school personnel. As Section 504 eligibility must be considered in each case, close coordination with the 504 Administrator should occur. In the event that a barrier prevents a 504 meeting from being held simultaneously, the re-entry meeting should be held immediately to determine appropriate transitional supports for each student and a referral submitted to the designee for 504 eligibility.

Sample Agenda for Student Support Meeting:

***Actual agenda and discussion topics will vary based upon unique student needs and circumstances***

- Introductions and Purpose of meeting: to provide appropriate supports to student to help facilitate a successful transition back to school
    - Parent update on student progress
    - Obtain releases: Gently discuss purpose of requesting relevant releases for student services personnel to communicate with therapeutic providers
    - Any discharge or medical documentation should be requested
- Transition Team discussion:
    - Temporary supports needed for student to successfully transition back to school
        - Academic supports or accommodations
        - Social/emotional supports
        - Safety precautions, if needed
        - Considerations for peer interactions, positive or negative
    - Identify specific personnel to monitor plan and check-in with student periodically
- Communication plan: Who needs to know about the plan (teachers, coaches, bus drivers, subs, etc) and how will it be ***confidentially*** communicated?
- Length of time for transitional supports to be in place
- Provide parent with appropriate point(s) of contact at the school for any student concerns
- Questions/Adjourn

# Suicide Postvention Guidelines

***The Henry County Schools First Responders On Site Team (F.R.O.S.T) will be activated for any school experiencing a student death or other critical event requiring additional school support.***

A suicide death in a school community requires implementing a coordinated response to assist staff, students, and families. Major goals of postvention activities are to support students and staff, decrease the risk of another suicide, and to restore an environment focused on education. A contact with the FROST team should take place immediately after the basic facts about the death have been obtained.

**STEP 1: Official Fact Gathering**

The Principal, or other designated staff should contact the SRO in order to verify the death and get the facts surrounding the death.

**STEP 2: Parental Communication** **<u>*to be initiated ONLY after Law Enforcement has completed death notification</u>**

Contact with the parent/guardian should be made in person or by phone call by the designated building administrator, and/or other designated personnel. The administrator or designated personnel will offer support to the family, letting them know specifically those services which the school can offer to any siblings in the school system, and referral information for the services that may be needed outside of the school setting. Ascertain any information that the family wants to make known, such as funeral arrangements, visitations, etc.

**STEP 3: Parental Permission**

Parental/family permission is not required to release information related to the death, since a death is public information. However, the death MUST have officially been ruled a suicide for these procedures to be followed. When this is not the case, general FROST procedures for critical events should be used, and with acknowledgment that the cause of death is unknown.

**STEP 4: Notification**

Notify the following:

A. Superintendent
B. Executive Officer
C. Student Services Department
D. Schools attended by siblings

**STEP 5: Preparation for Communication**

<u>Preparation for Step 6:</u> The Principal, or other designee, will work with FROST to notify staff through memo or meeting of the necessary facts obtained regarding the death. If occurring overnight or on the weekend, the Principal should activate the calling tree as appropriate to schedule a meeting with staff prior to students arriving in the building.

<u>Preparation for Step 7:</u> With support from central office as needed, the Principal will prepare an appropriate communication to be shared with students to acknowledge the loss, sharing only basic facts of the death and the availability of student support services.

**STEP 6: Staff Meeting**

A. Inform staff about the facts known up to this point.
B. Allow time for staff to ask questions and express feelings.
C. Review planned in-class discussion formats and disclosure guidelines for talking with students. Prepare staff for student reactions.

D. Provide the prepared communication that will be delivered by designated staff to notify students about the critical event.
E. Alert staff of possible contagion effect and advise to watch for at-risk students.
F. Compile a list of all students that are close to the deceased.
G. Compile a list of all staff members who had contact with the deceased.
H. Provide information regarding counseling/support opportunities for students and staff.

**STEP 7: Student Communication and Support**

A. Do not use the name of the deceased on walkie-talkie or radio devices.
B. Students should receive the prepared information in their classes from their teacher or member of FROST.
C. School-wide announcements and assemblies should be avoided.
D. FROST will coordinate with the school team to set up appropriate processes and locations to conduct individual and group counseling for students.
E. FROST will assist schools in providing appropriate suicide prevention resources to students and parents.
F. Compile/Update a list of students who may be at-risk of suicide.
G. Remind staff about risk factors and warning signs for adolescent suicide.
H. Ongoing identification, monitoring, and support to students that may be at-risk.

**STEP 8: Monitor Social Media**

Assign someone to monitor social media. Student increasingly utilize social media as a means to commemorate those that have died. They might continue to post messages to a deceased person's site, create hashtags specific to a critical event, or even create a new site or account for this purpose. Schools personnel should speak with students to gain information about what is posted. The goal is not to police, but to maintain a general level of awareness.

**STEP 9: Parent Notification of Students in School**

The Principal or designee should consult with FROST and the District's Communication Office for support on developing an appropriate parent communication from the school that includes facts about the death, what the school is doing to support students, warning signs of suicidal behavior, and a list of resources available.

**STEP 10: Participate in/Advise on Appropriate Memorialization in Immediate Aftermath**

Schools should avoid formal memorials such as a page in a yearbook, planting a tree, or placing a plaque to memorialize a death by suicide. This is consistent with general recommendations for memorialization. Informal, individualized responses that are meaningful to the students should be chosen instead. Students may wish to implement school based suicide prevention activities, activities related to student mental health, or a community service initiative. Monitor spontaneous memorial activity near lockers, school gathering places or parking spaces.

**Other Actions to be considered:**

Consider plans for providing ongoing, longer term counseling support for students and all faculty and staff.

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This document was adapted from the Suicide Prevention Resource Center, available at http://www.sprc.org/sites/sprc.org/files/Teachers.pdf Suicide Prevention Resource Center web: http://www.sprc.org • e-mail: info@sprc.org • phone: 877-GET-SPRC (438-7772)

# Crisis Assessment Resource List*

| Assessment Facility | Phone | Website | Ages Served | Insurance | Cost** | Areas of Treatment |
|---|---|---|---|---|---|---|
| Georgia Crisis and Access Line | 1-800-715-4225 | www.mygcal.com | All | N/A | Free | Mobile Crisis Assessments - refers out for services |
| ~~Crescent Pines 1000 Eagles Landing Parkway Stockbridge, GA 30281~~ | ~~770-474-8888~~ | ~~www.crescentpineshospital.com~~ | ~~4 and up~~ | ~~All managed Medicaid, Peach State, Tri Care, most other private insurance~~ | ~~Free, but call first~~ | ~~Crisis/Psychiatric Stabilization and treatment; Drug and alcohol dependency~~ |
| Riverwoods Hospital 11 Upper Riverdale Rd. Riverdale, GA | 877-394-5271 | http://www.riverwoodsbehavioral.com/ | 9 and up | Most private insurance; call for others | Free | Crisis/Psychiatric Stabilization and treatment; Drug and alcohol treatment |
| Anchor Hospital 5454 Yorktown Dr. Atlanta, GA 30349 | 770-991-6044 | www.anchorhospital.com | 13 and up | Peachstate, Wellcare, Amerigroup, most private, call for most current info | Free | Crisis/Psychiatric stabilization and treatment. |
| Lakeview Behavioral Health 1 Technology Parkway Norcross, GA 30092 | 877-659-4522 | http://www.lakeviewbehavioralhealth.com/ | 9 and up | Most private insurance; call for others | Free | Crisis/Psychiatric stabilization and treatment. Treats clients with mild intellectual disabilities on case by case basis. |
| Piedmont Henry Hospital ER 1133 Eagles Landing Pkwy Stockbridge, GA 30281 | 678-604-1000 | http://www.piedmont.org/locations/piedmont-henry/phh-home | All | | Based on ER fees | Crisis assessment |
| Peachford Hospital 251 Peachford Rd. Atlanta, GA 30338 | 770-454-2302 | peachford,com | 4 and up | | Free | Crisis/Psychiatric Stabilization and treatment |

*HCS does not endorse any particular facility. This resource list is compiled to assist families in making appropriate decisions. **Cost for initial crisis assessment may be different than cost of recommended treatment. Any information on this chart is subject to change. Please consult directly with facility and insurance provider to determine actual cost.