

HB 1623

The Board of Education of each school district in this state MAY provide school-wide training to all students in grades seven through twelve and staff addressing suicide awareness and prevention. The Department of mental Health and Substance Abuse Services shall develop and make available to school districts curriculum which addresses suicide awareness and prevention, without cost to the school districts. If used, the course outline for the curriculum shall be made available to the public online through the school district website.

Suicide Warning Signs

These signs may mean someone is at risk for suicide. Risk is greater if it seems related to a painful event, loss, or change. Seek help as soon as possible if you or someone you know exhibits any of the following signs:

- Talking about wanting to die.
- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

The following are procedures for dealing with students who express a desire to harm themselves. Warning can be obtained through any of the following:

- GAGGLE notification of suicidal content in submitted work
- Self-reporting, either verbal or in written work
- Report from friends/other students
- Noticeable signs of self-harm or other suicidal warning signs

For Ethical Guidance regarding self-harm/suicidal risk, refer to the “ASCA Ethical Standards for School Counselors” document, section A9. To explain this a little further, in a December 2018 article on School Counseling Ethics, Dr. Carolyn Stone, chair of the American School Counselor’s Association Ethics Committee, stated,

School counselors should never rely on a student’s denial of suicide intent. Students who are bent on self-harm will escape our scrutiny by telling us what they think we want to hear. If something prompted you to question a student about suicide, then you should talk to the parents as well. In-school suicide assessments are dangerous if relied on for conclusive answers. If a school district performs suicide assessments, these assessments should only be used as a segue to convey to parents the urgency to monitor their child’s safety and to get them professional mental health care to evaluate and, if necessary, treat the suicide risk. The standard of care for school counselors when informally assessing students who are identified as a potential suicide risk is to employ these assessments with extreme caution, with a follow-up assessment completed by a mental health professional who has been trained to assess the risk. School counselors who rely on an in-school suicide assessment for definitive answers are not only negligent but wanton and reckless in their evaluation.

SUICIDE INTERVENTION PROCEDURES

If a student indicates to ANY school employee or another student that they are thinking of harming themselves, call the school counselor to remove the student from the classroom. If the school counselor is not available, call the site administrator. Do not send the student from the room unattended.

Student must be advised that any information indicating harm to him/herself or others must be reported.

Counselor or administrator will interview the student to determine the following:

1. What is going on in their life that makes them want to harm themselves?
2. How long have they been having these thoughts?
3. Do they have a plan?
4. Do they have the means?

If there is a question of risk, confidentiality no longer applies. The following procedures must be followed:

1. If there are suicidal ideas but no plans, contact the parent/guardian.
 - a. If at all possible, parent/guardian must pick up child
 - b. Complete Form A and obtain parent signature
 - c. Complete Documentation of Suicide Risk Form
 - d. **If substance abuse is involved** or if further resources are needed, contact Angie Avella (405-417-7688)
2. If there is suicidal ideation AND a plan to carry out, contact the parent/guardian.
 - a. Parent/guardian **MUST** meet with the counselor **and** administrator.
 - b. Complete Form B and obtain parent signature
 - c. Complete Documentation of Suicide Risk Form
 - d. Discuss removing access to the means with the parent/guardian
 - e. Explain to parent/guardian that child should obtain a mental health evaluation before returning to school
 - f. Notify school resource officer that referral has been made.
 - g. **If substance abuse is involved** or if further resources are needed, contact Angie Avella (405-417-7688)
3. If the parent of a child with a suicidal plan and means refuses to pick up a child, or if it is too risky for a parent to transport the child, notify school resource officer.



Safety Threat Assessment

In an imminent safety threat to self or others, notify principal immediately and take immediate action to isolate the individual. Attach copies of any materials which may be useful in conducting a preliminary risk assessment (i.e., writings, notes, printed email or internet materials, books, drawings, etc.)

STUDENT INFORMATION:		
Student Name:	Age:	Grade:
Person Completing Form:	Title:	
Contact Phone Number:	School:	
IMMINENT WARNING SIGNS: <i>(check all that apply)</i>		
<input type="checkbox"/> Possession and/or use of firearm or other weapon <input type="checkbox"/> Exhibiting impulsive violent actions, rebellious behavior, or running away <input type="checkbox"/> Making statements about hopelessness, helplessness, or worthlessness <input type="checkbox"/> Suicide threats or statements <input type="checkbox"/> Self-harming <input type="checkbox"/> Giving away favorite possessions <input type="checkbox"/> Making a last will, writing a suicide note <input type="checkbox"/> Homicidal threats <input type="checkbox"/> Giving verbal hints with statements such as "I won't be a problem much longer," "Nothing matters," etc. <input type="checkbox"/> Saying other things like "I'm going to kill myself," "I wish I were dead," "I shouldn't have been born" <input type="checkbox"/> Other		
DOCUMENTATION OF ACTION TAKEN: <i>(check all that apply)</i>		
<input type="checkbox"/> Notify Parent/Guardian <input type="checkbox"/> Contact Law Enforcement <input type="checkbox"/> Contact EMS <input type="checkbox"/> Contact DHS <input type="checkbox"/> Community Mental Health Referral given to Parent/Guardian		

PROVIDE A COPY OF THIS FORM TO THE MENTAL HEALTH SERVICE PROVIDER OF YOUR CHOICE

Signature of Parent/Guardian

Date

Signature of Person Completing this Form

Date

Title



My Safety Plan

Date:
What are my warning signs that a crisis may be developing?
What are some ways I can help myself at school?

Who are people I can call if I need help?	
Name:	Phone #:
Name:	Phone #:
Name:	Phone #:

Who will I contact in case of an emergency:
Call 911
National Suicide Prevention Lifelines Hotline 1-800-273-8255 (TALK)
Local Hospital _____



Emergency Notification of Student in Crisis

Date: _____ School: _____

School Personnel: _____ Title: _____

_____, the parents of _____

have been advised that our child has expressed thoughts of self-harm, has engaged in self-harming behavior, or made homicidal threats. We have been further advised that we should seek some psychological/psychiatric consultation immediately. We have been further advised that we should seek some psychological/psychiatric consultation immediately. We have been provided with a list of Emergency Resources for Crisis Care. We understand that the school district is not responsible for the provision of these services, but is alerting us to this emergency just as they would inform us of any health problem.

Parent/Guardian Signature

School Personnel Signature

We have received a Safety Threat Assessment to assist in receiving
mental health services.

Parent/Guardian Initials

Third Party Statement (describe activity or incident personally observed)

Third Party Statement Provider Signature

Printed Name

Title

Student Return to School

We will contact the counselor in advance of our child's return to school to formulate a Student Re-entry Plan and provide a copy of this form with completed provider acknowledgment.

Parent/Guardian Initials

Counselor's Printed Name

Phone Number and/or Email Address

Provider Acknowledgment: I received a copy of the Emergency Notification of Student in Crisis.

Name

Title

Date

Agency Name (if applicable)



Parent Notification of Emergency Conference

Date: _____

I/we, _____, the parents of
(Parent's Name)
_____ were involved in a
(Student's Name)
conference with school personnel at _____.
(School Name)

We have been advised that our child appears to be at risk for suicide and/or self harm. We have further been advised that we should seek psychological/psychiatric consultation immediately. We have been provided with a list of resources. We understand that the school district is not responsible for the provision of these services, but is alerting us to this emergency just as they would inform us of any health problem.

Parent or Legal Guardian

Parent or Legal Guardian

School Personnel, Title

School Personnel, Title

Parent Resources for Crisis Intervention

Oklahoma City Hope Community Services (405) 634-4400

Oklahoma City NorthCare - Children's Services and Administration (405) 858-2700

Oklahoma City NorthCare - Adult Facility - Satellite (405) 858-1700

Oklahoma City NorthCare - Medication Clinic (405) 425-0490

Oklahoma City Oklahoma County Crisis Intervention Center (405) 522-8100

Oklahoma City Red Rock Behavioral Health Services - Main Facility (405) 424-7711

National Suicide Prevention Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones and best practices for professionals. 1-800-273-8255

If you or someone you know is suicidal, please call 1-800-273-8255 or 911 immediately.



IN RE: THE PROTECTIVE CUSTODY OF:

THIRD PARTY STATEMENT

I, _____, the undersigned, state that on the _____ day
of _____, 201____, at _____ o'clock ____m I observed _____ (name) at
_____ (location) in _____ County,
Oklahoma, do the following (describe activity or incident personally observed):

That upon such basis, I have a reasonable belief that this person has a mental illness or is alcohol or drug dependent to a degree that immediate emergency action is necessary.

Any false statement given to the officer by the person upon whose statement the officer relies shall be a misdemeanor offense.

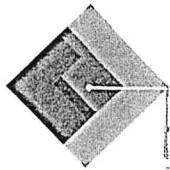
Name:

Print:

Signature

Address:

City/State/Zip:



STUDENT RE-ENTRY PLAN

STUDENT INFORMATION									
Student:					ID:		Grade:		
Person Completing Form:									
Meeting Date:					Date Returning to School:				
Length of time out of school:									
Signed release of information from mental health provider				Yes	No				
Mental health provider present (if yes, provide name)				Yes	No				
Parent/Guardian present				Yes	No				
Student Safety Plan (must complete before re-entry)				Yes	No				
Student on 504 plan or IEP				Yes	No				
Daily check-in upon Reentry		Yes	No	With whom:			AM	PM	Both
Family Concerns									
Academic Concerns									
Re-entry Conference (Names & titles of all present)									
Modification on course assignments (list course and if assignments can be modified) List modifications on back									
Course	Can assignments be modified?				Can assignments be modified?				
	Yes	No			Yes	No			
	Yes	No			Yes	No			
	Yes	No			Yes	No			
	Yes	No			Yes	No			