

SUICIDE PREVENTION PROCEDURES

Definitions

This policy defines the following:

- *At risk* means a student who is defined as high risk for suicide and who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or 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.
- *Crisis team* means 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.
- *Mental health* means 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.
- *Postvention* means 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.
- *Risk assessment* means 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.
- *Risk factors for suicide* means 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.
- *Self-harm* means behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
- *Suicide death* means 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 first confirm that the death was a suicide before any school official may state this as the cause of death.)

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- *Suicide attempt* means 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.
- *Suicidal behavior* means suicide attempts, intentional injury to self-associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
- *Suicide contagion* means 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.
- *Suicidal ideation* means 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.
- *School property* is defined in NDCC 15.1-19-10(6)(b) is all land within the perimeter of the school site and all school buildings, structures, facilities, and school vehicles, whether owned or leased by a school district, and the site of any school-sponsored event or activity.

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 must be seen by a school-employed mental health professional within the same school day to assess risk and facilitate referral. If there is no mental health professional available, a school nurse or administrator shall fill this role.

For youth at risk:

1. School staff shall continuously supervise the student to ensure their safety.
2. The Administrator and School Suicide Prevention Coordinator shall be made aware of the situation as soon as reasonably possible.
3. The school-employed mental health professional, Administrator, or designee shall contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and shall assist the family with urgent referral. When appropriate, this may include contacting emergency medical services.
4. Staff shall ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

Suicide Attempts on School Property

In the case of a suicide attempt on school property, the health and safety of the student is paramount. In these situations:

1. First aid may be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.

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2. School staff shall supervise the student to ensure their safety.
3. Staff shall move all other students out of the immediate area as soon as possible.
4. If appropriate, staff shall immediately request a mental health assessment for the student.
5. The school-employed mental health professional, Administrator, or designee must contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
6. Staff shall immediately notify the Administrator or School Suicide Prevention Coordinator regarding in-school suicide attempts.
7. The school shall engage as necessary the crisis team 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-employed mental health professional, the Administrator, or designee shall 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-employed mental health professional, Administrator, or designee must be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
2. The parent or guardian shall provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
3. The designated staff person shall periodically check in with the student to help them readjust to the school community and address any ongoing concerns.

Out-of-School Suicide Attempts

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member shall:

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

If the student contacts the staff member and expresses suicidal ideation, the staff member shall maintain contact with the student (either in person, online, or on the phone). The staff member may 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 must be informed as soon as practicable by the school-employed mental health professional, Administrator, or designee. If the student has exhibited any kind of suicidal behavior, the parent or guardian shall be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide

attempt. Staff must also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the school-employed mental health professional, Administrator, or designee shall assess whether there is further risk of harm due to parent or guardian notification. If the mental health professional, Administrator, 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 shall develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan must take place immediately following news of the suicide death. The action plan may include the following steps:

- a. **Verify the death.** Staff shall confirm the death and determine the cause of death through communication with the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it shall 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 must not share the cause of death but may use the opportunity to discuss suicide prevention with students.
- b. **Assess the situation.** The crisis team shall 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 shall 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 may 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 should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news may 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. The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.
- 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 shall work with teachers to identify students who are most likely to be significantly

affected by the death. In the staff meeting, the crisis team shall 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 shall be assessed by the school-employed mental health professional, Administrator, or designee to determine the level of support needed. The crisis team shall 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 shall refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.
- f. **Develop memorial plans.** The school should not create physical memorials (e.g. photos, flowers) on school property, 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 memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and prevention resources available.

2. External Communication

The Administrator or designee shall be the sole media spokesperson. Staff shall refer all inquiries from the media directly to the spokesperson. The spokesperson shall:

- a. Keep the District Suicide Prevention Coordinator informed of school actions relating to the death.
- b. Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement must not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
- c. Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic”—as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.