Suicide Prevention

Purpose

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

- Recognizes that physical and mental health are integral components of student outcomes both educationally and beyond graduation;
- Further recognizes that suicide is a leading cause of death among young people;
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide; and
- Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience.

Definitions

At-Risk

Suicide risk exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention by the school and the district.

Building Emergency Response Team

A multidisciplinary team of administrative staff, mental health professionals, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention, response and recovery. Building Emergency Response Team (BERT) members often include someone from the administrative leadership, school psychologists, school counselors, school social workers, school resource officers, and others including support staff and teachers. These professionals have been specifically trained in areas of crisis preparedness and take a 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 support. BERT members who are mental health professionals may provide crisis intervention and services.

High 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 potential mental health conditions or a deterioration of mental health. The student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or 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.

Mental Health

A state of mental, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions may include depression,

anxiety disorders, post-traumatic stress disorder (PTSD), eating disorders, and substance use disorders. Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and genes.

Risk Assessment
An evaluation of a student who may be at-risk for suicide, conducted by the designated and appropriately trained school staff, such as school psychologist, school social worker, school counselor, or in some cases, trained school administrator. 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
Characteristics or conditions that increase the chance that a person may attempt to take their life. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

School property
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. *See* NDCC 15.1-19-10(6)(b).

Self-Harm
Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm, and reduce the long-term risk of a future suicide attempt.

Suicide
Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt
A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Behavior
Suicide attempts, injury to oneself 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.

Suicidal Ideation
Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and shall be taken seriously.

Suicide Contagion
The process by which suicidal behavior or suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

Postvention
Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

Prevention
District Policy Implementation
The Assistant Director of Student Supports shall serve as the district-level suicide prevention coordinator. The district suicide prevention coordinator and building principal shall be responsible for planning and coordinating implementation of this policy for the school district. The Behavior Health Coordinator for each building shall serve as the school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. All staff members shall report students they believe to be at-risk for suicide to the school suicide prevention coordinator or appropriate school mental health professional.

Staff Professional Development
All school staff shall receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention.

Publication and Distribution
This policy shall be included in all student and employee handbooks, and on the district website. All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.

Intervention

Assessment and Referral

When a student is identified by a peer, educator, or other source as potentially suicidal the student shall be seen by a school-employed mental health professional within the same school day to assess risk and, if necessary, facilitate referral. Educators shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidents require immediate referral to the appropriate school-employed mental health professional. If there is no mental health professional available, the building principal shall address the situation until another district mental health professional is brought in.

For At-Risk Youth

- School staff shall continuously supervise the student to ensure their safety.
- The principal and school suicide prevention coordinator shall be made aware of the situation as soon as reasonably possible.
- The school-employed mental health professional or principal shall contact the student's parent or guardian, as described in the Parental Notification Involvement section, and shall assist with urgent referral.
- Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the healthcare provider; in some instances, particularly life-threatening situations, the school may be required to contact emergency services, or arrange for the student to be transported to the local Emergency Department.
- If parental abuse or neglect is suspected or reported, law enforcement shall be contacted in accordance with AP 6315 Child Abuse and Neglect.
- Staff shall ask the student's parent or guardian for written permission to discuss the student's health with outside care providers, if appropriate.

When School Personnel Need to Engage Law Enforcement

When a student is actively suicidal and the immediate safety of the student or others is at-risk (such as when a weapon is in the possession of the student), school staff shall call the School Resource Officer, if available, or 911 immediately.

Parental Notification and Involvement

The principal, designee, or school mental health professional shall inform the student's parent or guardian on the same school day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt.

Following parental notification and based on initial risk assessment, the principal, designee, or school mental health professional may offer recommendations for next steps based on perceived student need. These can include but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency service provider.

Re-Entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, a school-employed mental health professional, the principal, or designee shall meet with the student's parent or guardian, and if appropriate, include the

student to discuss re-entry. This meeting shall address next steps needed to ensure the student's readiness for return to school and plan for the first day back. Following a student hospitalization, parents may be encouraged to inform the school counselor of the student's hospitalization to ensure continuity of service provision and increase the likelihood of a successful re-entry.

1. A school-employed mental health professional or other designee shall be identified to coordinate with the student, their parent or guardian, and any outside health care providers. The school-employed mental health professional shall meet with the student and their parents or guardians to discuss and document a re-entry procedure and what would help to ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.). Any necessary accommodation shall also be discussed and documented.
2. While not a requirement for re-entry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.
3. The designated staff person shall periodically check-in with the student to help with readjustment to the school community and address any ongoing concerns, including social or academic concerns.
4. The school-employed mental health professional shall check-in with the student and the student's parents or guardians at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time period (e.g. for a period of three months). These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then fading support.
5. The administration shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically related absence and may need adjusted deadlines for assignments. The school-employed mental health professional shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

Suicide Attempts on School Property

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

1. First aid shall be rendered until professional medical services and/or transportation can be received, following district emergency medical procedures.
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. The school-employed mental health professional or principal shall contact the student's parent or guardian, as described in the Parental Notification and Involvement Section.
5. Staff shall immediately notify the principal or school suicide prevention coordinator regarding the incident of in-school suicide attempt.
6. The school shall engage the BERT as necessary to assess whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim.
7. Staff shall request a mental health assessment for the student as soon as possible.

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 emergency medical services at 911.
2. Inform the student's parent or guardian.
3. Inform the school suicide prevention coordinator and principal.

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) and then enlist the assistance of another person to contact the police while maintaining engagement with the student.

After a Death

A meeting of the BERT to implement the Crisis Manual shall take place immediately following word of a death.

Adopted 7/2023