

Procedure Suicide Prevention

A. Prevention

Suicide prevention strategies may include, but are not be limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with the school and each other, and is characterized by caring staff and harmonious interrelationships among students.

1. Student Health Education Program

The district's **comprehensive health education program** will promote the healthy mental, emotional, and social development of students including, but not limited to, the development of problem-solving skills, coping skills and self-esteem. Developmentally appropriate suicide prevention instruction will be incorporated into the health education curriculum and designed to help students:

- a. identify and analyze signs of depression and self-destructive behaviors and understand how feelings of depression, loss, isolation, inadequacy and anxiety can lead to thoughts of suicide;
- b. Identify alternatives to suicide and develop coping and resiliency skills;
- c. Learn to listen, share feelings and get help when communicating with friends who show signs of suicidal intent; and
- d. Identify trusted adults, school resources; Suicide Risk Intervention Team consisting of school principal, school psychologist, school counselor, school nurse and other members as necessary, and/or community crisis intervention resources where youth can get help and recognize that there is no stigma associated with seeking mental health, substance abuse and/or suicide prevention services.

2. Student Responsibility

The district will encourage students to notify a teacher, principal, counselor or other adult when they are experiencing depression or thoughts of suicide or when they suspect or have knowledge of another student's despair or suicidal intentions.

Where appropriate, the district will use students to help educate their peers to identify the warning signs of suicidal behavior and to get a suicidal student, adult help.

Students will be given age appropriate safety information prior to the end of each school year.

3. Staff Training

The district's suicide prevention training will help staff identify and respond to students at risk of suicide. The training will be offered under the direction of the school's Suicide Risk Intervention team (as described above) and/or in cooperation with one or more community mental health or public health agencies and may include information on:

warning signs, referral process and resources. Supportive materials (ie; Lifeline card) may be distributed.

- a. Identifying risk factors such as previous suicide attempts, history of depression or mental illness, substance use problems, bullying and harassment, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability and other factors;
- b. Warning signs that may indicate suicidal intentions, including changes in students' appearance, personality or behavior;
- c. School and community resources/services; and
- d. District procedures for intervening when a student attempts, threatens, discloses the desire to commit suicide or displays other indicators.

4. Principal/Designee Prevention Planning

School administrative teams will designate the Suicide Risk Intervention Team to be promptly contacted regarding a suicide threat including the school counselor, school psychologist, school nurse, school superintendent or designee, the student's parent/guardian and, as necessary, local law enforcement or mental health agencies.

A member of the Suicide Risk Intervention Team will develop a reentry plan, including a student/staff support plan for use after a suicide concern as per screening form (see Collaboration with Assessor indicator on form).

B. Intervention

Whenever a staff member suspects or has knowledge of a student's suicidal intentions he/she will take proper steps to support the student, and promptly notify a member of the Suicide Risk Intervention Team. A school counselor or school psychologist will be the only school staff to conduct, and document in writing, an initial risk interview using the suicide risk screening tool identified by the district (which can be found in Staff Resources on the Sequim School District Website).

The principal or school counselor or school psychologist will then notify the student's parents/guardians as soon as possible, unless notification of the parents will jeopardize the student's safety. The school counselors and school psychologists are responsible for screening and referring the student to a mental health professional, when necessary, for assessment of suicidality.

Additionally, the principal or designee will ensure the student's physical safety by one of the following as appropriate:

1. Secure immediate medical treatment if a suicide attempt has occurred;

2. Secure emergency assistance if a suicidal act is being actively threatened;
3. Keep the student under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene;
4. Follow-up with the parent/guardian and student, in a timely manner, to provide referrals to appropriate services as needed;
5. Provide access to counselors or other appropriate personnel to listen to and support students and staff who are directly or indirectly involved with the incident; or
6. Provide an opportunity for all who respond to the incident to debrief, evaluate the effectiveness of the strategies used and make recommendations for future actions.

C. Parent Responsibility

If a student is determined to be at risk, the principal or designee will contact the parent/guardian and:

1. Ask the parent/guardian whether he or she is aware of the student's mental state;
2. Ask the parent/guardian how he/she will obtain mental counseling or appropriate support for the student;
3. Provide names of community counseling resources, emergency/imminent danger resources; Clallam Designated Mental Health Professional, drive to the Hospital Emergency room, call "911", and offer to facilitate the referral;
4. Determine the parent's/guardian's intent to seek appropriate services for the student; and
5. Discuss the student's reentry into school as documented on the suicide risk screening tool identified by the district.

D. Post-Event

In the event that a suicide occurs or is attempted, the principal or designee will follow the crisis intervention procedures contained in the school safety plan.

After consultation with the Superintendent or designee and the student's parents/guardians about facts that may be divulged in accordance with the laws governing confidentiality of student record information, the principal or designee may provide students, parents/guardians, and staff with information, counseling and/or referrals to community agencies as needed.

School administrators may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students and staff.

Following a suicide, the district will also assess the impact within all schools and the local community and provide appropriate information and support.

E. Communications

The district's suicide prevention policy and procedure and the crisis intervention plan will be available for all staff, students and community through the student, staff, volunteer and parent/guardian handbooks and in school and district offices.

All requests for specific information regarding an incident will be directed to the building principal or designee.

F. Resources

The district will utilize school counselors, the crisis telephone hotline, physician/health care providers, mental health specialists, coaches and youth leaders, parents and clergy as resources for prevention and intervention. The district will also develop partnerships with community organizations and agencies and a memorandum of understanding with at least one of these programs for referral of students to support services. Community resources include:

1. Prevention Resources:

- a. Washington Youth Suicide Prevention Program, www.yspp.org, 206-297-5922;
- b. Washington State Department of Health, www.doh.wa.gov/preventsuicide; 360-236-2800;
- c. ESD 114 Prevention/Intervention contact Kristin Schutte; (360) 405-5833 or Clallam county Juvenile and Family Services; (360) 417-2282;
- d. 211 System – This is an information referral service, it assists with providing resources in your community.

2. Crisis Response Resources:

- a. Emergency Response: 911
- b. Local Crisis Hotlines:
 - Clallam Designated Mental Health Professional (360)452-4357
 - Crisis Clinic of the Peninsulas (serves Clallam County and Kitsap County) 800-843-4793
- c. National LifeLine: 1-800-273-8255
- d. Local Community Mental Health Resources:
 - Peninsula Community Mental health Services at 490 N. 5th Ave, Sequim, WA (360)681-0585
 - Peninsula Behavioral health at 118 E. 8th St., Port Angeles, Wa. (360)457-0431

- National Alliance on Mental Illness (NAMI) of Clallam County
(360)452-5244 for presentations about mental illness.
 - e. Office of Superintendent of Public Instruction:
<http://www.k12.wa.us/safetycenter/SOSforYouth/default.aspx>
3. **Suicide Resources:**
- a. Youth Suicide Prevention Program - YSPP Helpline: 1-800-273-8255
 - b. ReachOut - National Helpline: 1-800-448-3000
 - c. The Trevor Project -The Trevor Lifeline: 1-866-488-7386