School-Based Approach to Suicide Prevention

A Brief Guide to Youth Suicide Prevention, Intervention and Postvention Procedures for School Districts in Lane County, Oregon
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ABOUT THIS GUIDE

In 2006, Lane County received a Garrett Lee Smith Memorial Act Youth Suicide Prevention Grant award from the Oregon Health Authority. The goal was to implement a comprehensive approach to suicide prevention in schools and to bring awareness to the community. This guide was first created by Deschutes County, another grantee, and revised to serve the needs of Lane County schools. Guidelines included can be applied to any school district seeking to proactively address suicide. Information for this guide was derived from resources that uphold evidence-based approaches.

RESEARCH SOURCES

- Information for this guide was derived from the following sources:
  - Suicide Prevention, Intervention and Postvention Policies and Procedures. Developed by Washington County Suicide Prevention Effort, August 2010.

- Two key publications to consult for more detailed protocols, resources and handouts are available online to download/order:
  - Preventing Suicide: A Toolkit for High Schools
    Substance Abuse and Mental Health Services Administration (SAMHSA), 2012
    http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669
    NOTE: although this toolkit was written primarily for high schools, most of the information is applicable to elementary and middle schools as well.
  - After a Suicide: A Toolkit for Schools
    American Foundation for Suicide Prevention & Suicide Prevention Resource Center, 2011
    http://www.sprc.org/webform/after-suicide-toolkit-schools

DEFINITIONS (from Preventing Suicide: A Toolkit for High Schools):

Postvention refers to programs and interventions for survivors following a death by suicide. These activities help alleviate the suffering and emotional distress of suicide survivors and help prevent suicide contagion.

Survivor (or suicide survivor) is a person who has experienced the suicide of a family member, friend, or colleague. A person who attempts suicide but does not die is an attempt survivor.

Suicide contagion is “a process by which the suicide or suicidal behavior of one or more persons influences others to commit or attempt suicide” (Davidson and Gould, 1989).

Warning Signs are indications that someone may be in danger of suicide, either immediately or in the near future.
Purpose of Protocols and Procedures

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning. The guidelines do not constitute legal advice, nor are they intended to do so.

Quick Notes: What Schools Need To Know

- School staff are frequently considered the first line of contact in reaching suicidal students.
- While most school personnel are neither qualified nor expected to provide the in-depth assessment or counseling necessary for treating a suicidal student, they are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual “on the scene.”
- Research has shown talking about suicide or asking someone if they are feeling suicidal will not put the idea in their head or cause them to kill themselves.
- School Personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults, about suicidal peers because they do not know how they will respond or think they can’t help.
- Regardless of how comprehensive suicide prevention and intervention efforts may be in a community, not all suicidal behavior can be prevented.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

General Recommendations*

- Implement comprehensive prevention programs
- Establish protocols for all staff
- Train all staff in suicide risk factors, warning signs, and intervention
- Educate students and parents/guardians about signs of suicide risk and how to get help
- Reduce harassment and bullying
- Establish links with community resources
- Identify students who need mental and behavioral health services
- Help students and families access available resources

* from Suicide, Suicide Attempts, and Ideation among Adolescents in Oregon, Oregon Health Authority, Public Health Division, March 2012
CHECKLIST OF SUICIDE PREVENTION ACTIVITIES*

☐ Develop protocols
   ⇒ Helping students/staff at risk of suicide
   ⇒ Responding to students who attempt suicide
   ⇒ Responding to the suicide of a student or other member of the school community

☐ Provide staff education and training
   ⇒ General education about risk and protective factors, warning signs, protocols
   ⇒ Specialized training on assessing, intervention, referring and follow up for at least two staff members

☐ Implement student suicide prevention education programs
   ⇒ Use evidence-based or promising practice curriculum
   ⇒ Offer programs at all grade levels (earlier grades can focus on related topics such as self-regulation, conflict resolution, asking for help, stress management, etc.)

☐ Offer parent/guardian education and outreach
   ⇒ Provide information in orientation packets and meetings, e-newsletters, websites
   ⇒ Information should include stress management, warning signs, resources, etc.

*Based on recommendations from Preventing Suicide: A Toolkit for High Schools, 2012
Suicide PREVENTION Protocol

Suicide can be prevented. Following these steps will help ensure a comprehensive school based approach to suicide prevention for the school community.

STAFF

Train all staff (or provide a refresher) once a year on the policies and procedures and best practices for intervening with students and/or staff at risk for suicide.

RECOMMENDATIONS:
(1) Identify staff to deliver an evidence-based curriculum* once a year. Review prevention, intervention and postvention protocols.
(2) Provide specialized training* to at least two staff per school to intervene, assess, and refer students at risk for suicide. This training should be a best practice and specific to suicide such as ASIST: Applied Suicide Intervention Skills Training.
(3) Identify at least two staff trained to be “go-to” people (e.g. ASIST-trained) within the school. Ensure all

STUDENTS

Provide students with information about suicide in health or another appropriate class. The purpose of this curriculum is to teach students how to access help at their schools for themselves, their peers, or others in the community.

RECOMMENDATIONS:
(1) Use curriculum* in line with Oregon State Standards for health. Students should be made aware each year of the staff that have received specialized training to help students at risk for suicide.
(2) Consider engaging students to help increase awareness of resources.

PARENTS/GUARDIANS/COMMUNITY

Provide parents with informational materials to help them identify whether their child or another person is at risk for depression and/or suicide. Information should include how to access school and community resources to support students or others in their community who may be at risk for suicide.

RECOMMENDATIONS:
(1) List resources in the school handbook, newsletter and/or website. Partner with community agencies to offer parent information nights using research based programs.*
(2) Ensure cross-communication between community agencies and schools within bounds of confidentiality.
(3) Provide ‘Tween/Teen-Proof Your Home information on website, in e-newsletters and information packets
(4) Post the link to the Lane County Public Health Prevention Program on your school website: www.preventionlane.org

*Curriculum and training suggestions provided in Preventing Suicide: A Toolkit for High Schools
Sample
ADMIN Staff Suicide Intervention Protocol

Identify Risk (applies to all staff)

Suicide ideation, gestures or reported attempts recognized

- Is there an imminent risk of danger and/or threat?
  - Yes → Initiate protective response and dial 911
  - No → Report to counselor or administrator for further assessment by trained staff

Decide Level of Concern
(applies to trained staff and school/community team as appropriate)

- Trained staff interviews student to determine need for additional intervention
  - No → Trained staff determines follow up
  - Yes → Is there imminent risk?
    - Yes → School team works with student, parents and authorities, as appropriate, to develop a safety plan*
    - No → Trained staff determines follow up

Develop Safety Plan
(applies to trained staff and school/community team as appropriate)

- Is there a need for additional expertise beyond school staff?
  - No → Trained staff works to develop safety plan with available resources
  - Yes → Trained staff works to connect student with appropriate resources as part of the safety plan*

*Sample safety plan template can be found at: [www.sprc.org/resources-programs/patient-safety-plan-template](http://www.sprc.org/resources-programs/patient-safety-plan-template)
All-Staff Suicide Intervention Protocol

Initial Identification of Risk (applies to all staff)

Suicide ideation, gestures or reported attempts recognized

Is there an immediate danger or threat?

Yes

Initiate protective response and dial 911

No

Report to counselor or administrator for further assessment by trained staff

WARNING SIGNS FOR SUICIDE

Warning signs are the changes in a person’s behavior, feelings, and beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly especially if they have access to firearms.

Warning signs that indicate an immediate danger or threat:
- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons or other means
- Someone talking, drawing or writing about death, dying or suicide—including posts on social media

Warning signs (verbal and/or behavioral) that should be reported to a counselor or administrator for further assessment by trained staff:
- Hopelessness; feeling no sense of purpose in life or reason for living
- Rage, anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped—like there’s no way out
- Increasing alcohol or drug use
- Lack of interest in activities previously involved in
- Withdrawing from friends, family, or society
- Change in appetite or sleep patterns (too much or too little)
- Anxiety, agitation
- Talking or writing about death, suicide
- Giving away prized/precious possessions
- Prolonged or abrupt mood or behavior changes
Suicide POSTVENTION Protocol

Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented. It is as equally important to be prepared for prevention and intervention of suicide as it is to be prepared in the event of attempts or completed suicides.

The school’s primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc.

Key Points (derived from After a Suicide: A Toolkit for Schools, 2011):

- Prevention after a suicide attempt or completion is very important. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion or in other words increased risk for suicide.
- It is important to address all deaths in a similar manner. Having one approach for a student who dies of cancer (for example) and a different approach for a student who dies by suicide reinforces the stigma that still surrounds suicide.
- At the same time, it is important not to over simplify, glamorize or romanticize the student or his/her death, which might impact those who are vulnerable to the risk of suicide contagion.
- Communicate that suicide is a complex issue; that the person who died by suicide was most likely struggling with a mental health issue, such as depression and/or anxiety, and trauma that can result in substantial physical and emotional pain. This may not have been apparent to others.
- Know your resources; stress that help is available for those needing support or who are struggling with mental health issues or suicidal thoughts.
- Monitor social media

What should a school do:

- **TO BE PREPARED:**
  - Identify staff who will take the lead in the event of a suicide attempt or completion.
  - Identified staff should review and discuss the resource, After a Suicide: A Toolkit for Schools. This resource is the latest comprehensive document dealing with this subject. It can be found at: www.sprc.org.
  - Identified staff should meet once a year to establish and review roles and responsibilities in the event that there is an attempt or completion.

- **AFTER A SUICIDE:**
  - Consult the website resources referenced above.
  - Communicate with appropriate school and community partners for assistance and resources.
  - Notify the Lane County Suicide Prevention Coordinator at SuicidePrevention@co.lane.or.us.
  - Work with designated school district staff to address the immediate needs of students, staff and parents.
  - Be aware that persons may still be traumatized months after an event. Refresh staff on prevention protocols and be responsive to signs of risk.
  - For more details and resources, go to: www.preventionlane.org/suicide
CONTINUUM FOR SCHOOL & COMMUNITY

SUICIDE ATTEMPT AND COMPLETION RESPONSE

Crisis Response

Activate School & Community Suicide Communication and Response Protocols

- Send Parents a Letter/Email ASAP
- Share Information with Staff, Provide Crisis Counseling
- Counselors Discuss With Students in Small Groups, Classroom by Classroom
- Make Counseling Services Available for a Month or Longer
- Manage Memorials/Funerals Appropriately
- Work with Media on Safe Reporting
- Bring in Peer and Family Support Specialists

Adjust to “New Normal”

Safety for Vulnerable Youth and Families
Continue Grief Counseling and Other Supports for At-Risk Individuals

Create a Life-Affirming Culture
- Conduct Gatekeeper Training
- Continue to Monitor Welfare of Vulnerable Youth
- Consider Initiating Youth-Led Prevention Programs to Change the Culture, e.g.:
  - Sources of Strength
  - Lines for Life
  - Youth MOVE Oregon Peer Support
  - Parent Support Specialists

Follow-up Postvention

Activate Postvention Services Over Time to Accommodate Grieving

Pay Special Attention to:
- Anniversaries of Death
- Birthdays
- Holidays

Health Systems Division, Oregon Health Authority
CONFIDENTIALITY

HIPAA and FERPA
School employees, with the exception of nurses and psychologists who are bound by the Health Insurance Portability & Accountability Act (HIPAA), are bound by laws of The Family Education Rights and Privacy Act of 1974 (FERPA).

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is an imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPAA known as “minimum necessary disclosure.”

Request from Student to Withhold from Parents/Guardians
The school suicide prevention contact person can say “I know that this is scary to you, and I care, but this is too big for me to handle alone.” If the student still doesn’t want to tell his/her parents/guardians, the staff suicide contact can address the fear by asking, “What is your biggest fear?” This helps reduce anxiety and the student gains confidence to tell his/her parents/guardians. It also increases the likelihood that the student will come to that school staff again if s/he needs additional help.

EXCEPTIONS for Parental Notification: Abuse or Neglect
Parents need to know about a student’s suicidal ideation unless a result of parental abuse or neglect is possible. The counselor or staff suicide contact person is in the best position to make the determination. The school staff will need to let the student know that other people would need to get involved on a need to know basis.

If a student makes a statement such as “My dad/mom would kill me” as a reason to refuse, the school staff can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

NOTE: it is best to contact your district to confirm any procedures related to confidentiality and include this topic in your protocols.
Sample

PARENT INFORMATION LETTER
(Attach resource list such as the one found on pages 13-14)

Dear _____________________,

Today _________(teacher/principal/other) learned from a concerned ______(teacher/student/student him/herself), that (student name) may be at risk of suicide. Our school district takes all threats of harm seriously and that includes harm to self. We understand that this is a difficult situation and we would like to support you and (student name) in any way we possibly can.

To assure the safety of your child, we suggest the following:

• (Student’s name) needs to be supervised closely. Please make sure (student name) is not left alone. (He/she) should know that they matter and as a result of your concern, you will be closely watching them until you have received assistance.

• Make sure that if there are guns, medications, alcohol or other weapons/lethal means, that they are removed from your house and at the home of neighbors, friends, or other family members. If you must keep them in the house be sure they are locked and that you have the key on you at all times. (Do not use combination locks or try to hide them – youth are often aware of the combinations and locations of items.) If you need assistance with storage of firearms or weapons your local police department may be able to help.

• Please seek the help of a professional who can help assess (student’s name) condition. A qualified mental health professional can help (student) and your family work through the situation. Refer to the attached resource list or contact us if you need assistance in finding help.

Your child will need extra support during this time so please be patient and reassuring. (Student’s name) needs to know that you love him/her and are concerned about him/her getting better. During this time it is recommended that you remain calm, avoid teasing and listen to (student’s name) without judging. Try to be supportive and make sure (student’s name) knows you are trying to understand and want them to receive help.

Once (student’s name) is ready to return to school, we may need to develop a plan with you in order to keep him/her safe while at school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members.

If at any time you are concerned about (student’s name) safety, please call 911, go the emergency room or call the Mental Health Crisis Response Program at 888-989-9990 where counselors are available 24 hours a day and can help you figure out how best to keep (student’s name) safe.

If you have questions or concerns or need further assistance from the school, please contact:

Name: _________________________ Phone: __________________ E-mail: _________________________
MENTAL HEALTH & SUICIDE PREVENTION RESOURCES

CRISIS

911: Imminent danger to self or others

CAHOOTS (Crisis Assistance Helping Out On the Streets): non-emergency mobile crisis intervention. 541-682-5111 (Eugene); 541-726-3714 (Springfield)

Hourglass Community Crisis Center: 541/505-8426
Short-term mental health crisis assessment & stabilization for adults, 24 hours/day

Mental Health Crisis Response Program: 1-888-989-9990 (for parents of children through age 17)

White Bird: 541-687-4000; 1-800-422-7558 (24-hour local crisis line)

Looking Glass Youth & Family Crisis Line: 541-689-3111

National Suicide Prevention Lifeline: 1-800-273-8255 (press 1 for Veterans Crisis Line)

Trevor Lifeline: 1-866-488-7386 (for LGBTQ youth)

COUNSELING SERVICES IN LANE COUNTY

Center for Family Development: 541-342-8437 (mental health and substance abuse disorders)

Centro Latino Americano: 541-687-2667*

The Child Center: 541-726-1465 (ages 17 and under)

Child & Family Center, University of Oregon: 541-346-4805

Direction Service Counseling: 541-344-7303

Lane County Behavioral Health: 541-682-3608*; Child & Adolescent Program: 541-682-1915

Looking Glass Counseling Program: 541-484-4428

Odyssey Community Counseling: 541-741-7107

Options Counseling: 541-687-6983*; 541-997-6261 (Florence); 541-762-1971 (Springfield)

Oregon Community Programs: 541-743-4340

PeaceHealth Counseling Services: 541-902-6085 (Florence); 541-685-1794 (Eugene)

4J School-Based Health Centers (residents of 4J area, including siblings under 19):
Churchill 541-790-5227, N. Eugene 541-790-4445

Bethel Health Center, Mental Health Services: 541-607-1430 (Bethel district students only)

South Lane Mental Health: 541-942-3939 (counseling & crisis services for South Lane County)

Springfield Schools Health Center: 541-682-3550* (Springfield district students and their family members)

Vet Center: 541-465-6918 (combat veterans; also offers MST services)

VA Mental Health: 541-242-0440

White Bird Clinic: 541-342-8255

Willamette Family: 541-343-2993 (services for mental health & substance abuse disorders)

*Spanish-speaking staff available

This list is offered for information purposes only. Full liability disclaimer for this list available at: [http://www.lanecounty.org/Pages/LiabilityDisclaimer.aspx](http://www.lanecounty.org/Pages/LiabilityDisclaimer.aspx)
MENTAL HEALTH & SUICIDE PREVENTION RESOURCES

SUPPORT GROUPS IN LANE COUNTY
For information on various support groups offered in Lane County, contact the following:
National Alliance on Mental Illness (NAMI) Lane County: 541-343-7688; www.namilane.org
www.211info.org or dial 211

BEREAVEMENT SERVICES IN LANE COUNTY
Suicide Bereavement Group: 541-747-2087(Darlene Baker); www.jenniferbakerfund.org
Free monthly support group in Springfield for survivors of suicide loss
Cascade Health Solutions Grief Education & Support Groups: 541-228-3083
Free and open to adults living with the loss of a loved one
Courageous Kids: 541-242-8693
Eight-week Suicide Loss Support Group for youth and their families
Grief Support Group: 541-726-4478
Free weekly general bereavement support group at McKenzie Willamette Medical Center
Bereavement Support Group: 541-242-8753
Free general bereavement support groups at Sacred Heart Medical Center

OTHER RESOURCES
After Suicide: Recommendations for Religious Services & Other Public Memorial Observances,

Oregon Youth Suicide Prevention Program | www.oregon.gov/DHS/ph/ipe/ysp
The State of Oregon's Youth Suicide Prevention Program provides data regarding suicide in Oregon, publications, crisis line information, information on trainings, and more.

The Trevor Project | thetrevorproject.org | 866-4-U-TREVOR [866-488-7386].
The Trevor Project operates the nation’s only 24/7 suicide & crisis prevention helpline for gay and questioning youth.

Oregon Youthline | oregonyouthline.org | 1-877-Youth-911 (1-877-968-8491)
Teen-friendly helpline and information on a number of issues facing youth such as bullying, depression and suicide, alcohol and drug use, sexuality, relationships and more.

ReachOut.com | http://us.reachout.com
This website provides information and support for teens and young adults struggling with mental health issues, including suicide. All the material is written by teens and young adults and includes fact sheets, how to help yourself and your friends, and the ReachOut blog.

Recommendations for Reporting on Suicide | www.ReportingOnSuicide.org

School-Based Youth Suicide Prevention Guide | http://theguide.fmhi.usf.edu
The Youth Suicide Prevention School-Based Guide is designed to provide accurate, user-friendly information. The Guide is not a program but a tool that provides a framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program.

Society for the Prevention of Teen Suicide | www.sptsusa.org
Their goal is to reduce the number of youth suicides and attempts through public awareness efforts and educational training programs. Website includes a variety of videos, trainings and resources for teens, parents and educators.
GENERAL WEBSITES

Mental Health America: www.Mentalhealthamerica.net

Mind Your Mind Project: www.mindyourmindproject.org

National Council for Behavioral Health: www.thenationalcouncil.org

National Institute of Mental Health: http://www.nimh.nih.gov/health

National Suicide Prevention Lifeline: www_suicidepreventionlifeline.org

QPR Institute: www.qprinstitute.com

Substance Abuse and Mental Health Services Administration: www.samhsa.gov

Suicide Prevention Resource Center (SPRC): www.sprc.org

To receive additional information or assistance,
please contact the Lane County Suicide Prevention Coordinator at 541-682-3650.

For more suicide prevention and mental health resources,
visit the Lane County Prevention Program website at:

preventionlane
www.preventionlane.org
SCHOOL/DISTRICT/COMMUNITY CONTACTS

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NOTES

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