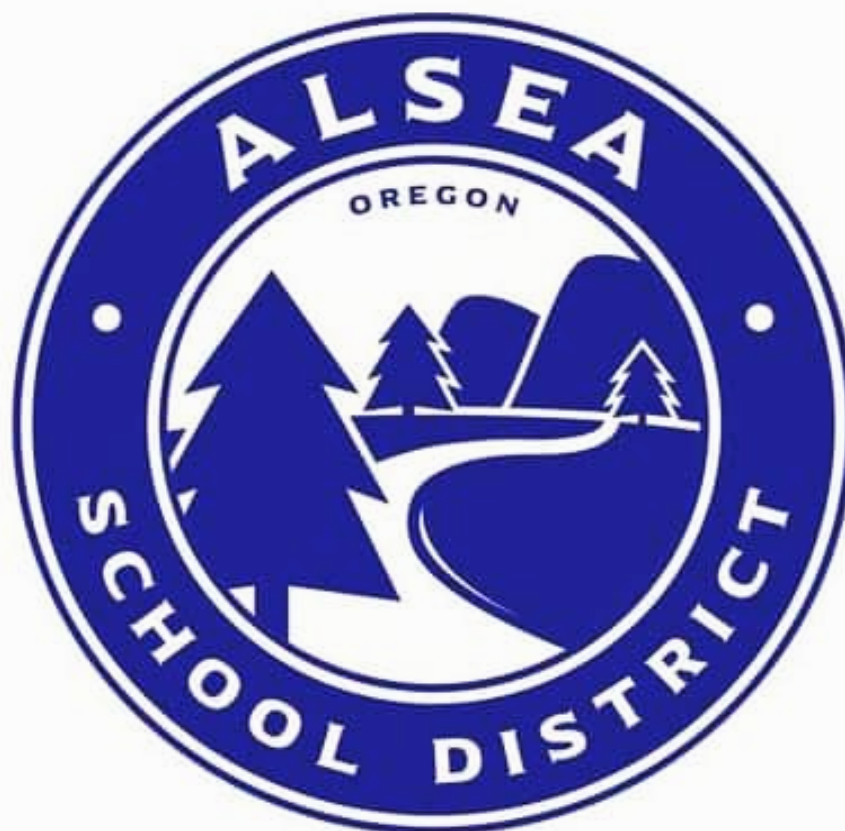


ALSEA SCHOOL DISTRICT

Suicide Prevention Plan



Updated 11/2022



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SECTION 1: INTRODUCTION

PURPOSE & PROCEDURES

The purpose of this plan is to increase the safety of at-risk youth and protect the health of all students at Alsea High School by implementing procedures related to suicide prevention, intervention, and postvention.

Senate Bill 52, or Adi's act, was passed in 2019 and requires Oregon school districts to publicly post a comprehensive plan for suicide prevention, intervention, and postvention response. This plan should be reviewed annually.

QUICK NOTES

School staff are frequently considered the first line of contact with potentially suicidal students

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 that talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to die by suicide.

School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.

DEFINITIONS

Crisis Team

A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address helping a school support students and staff after a crisis.

Mental Health

Someone's state of being in regards to their emotions and feelings. Everyone has mental health. Mental health is a spectrum and can present strengths and challenges at all stages of life.

Protective Factors

Protective factors are a part of someone's life experience that might increase their ability to cope with stressors. Examples of protective factors are a stable home environment, presence of supportive adults, and financial stability.

Risk Factors

Risk factors are parts of someone's life stressors or the oppression experienced by a part of their identity that might increase their likelihood of thinking about suicide. 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 the environment.

Self-Harm

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

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 kill themselves. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feeling such as a 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 dangerous suicide attempt.

Suicidal Ideation

Thoughts about killing oneself or ending one's life. These thoughts can range from "I wish I could go to sleep and not wake up" to detailed planning for

suicide. ALL thoughts of suicide should be taken seriously.

Suicide Intervention

The intentional steps that your school and its staff take in the event of a student mental health crisis. Examples include written procedures, safety planning, parental involvement, and emergency services.

Suicide Prevention

The intentional steps that your school takes to create a school culture that encourages positive coping skills, reaching out to help with mental health, and talking about suicide in a safe and healthy way. Examples of suicide prevention include mental health education, staff training, and mental health awareness activities.

Suicide Postvention

Postvention is a crisis response strategy designed to reduce the risk of 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.

ACKNOWLEDGMENTS

This document was adapted from the following sources

Model School District Policy on Suicide Prevention
American School Counselor Association, National Association of School Psychologists, Trevor Project, and American Foundation for Suicide Prevention

Suicide Prevention, Intervention, and Postvention Step by Step
Lines for Life and the Willamette Educational Service District

After a Suicide: A Toolkit for Schools. American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup, 2011

Forest Grove School District: Suicide Prevention Policy and Plan

SECTION 2: PREVENTION

PREVENTION TRAINING AND EDUCATION

Staff: All staff should receive training on school policy, procedures, and best practices for intervening with students at risk of suicide.

- All school staff will receive:
 - Safeschools online training module-each year
 - Question, Persuade, Refer (QPR) training-at minimum every other year.
 - Access to review district suicide prevention policy and plan-each year

- Designated staff members (school counselors, school psychologists, mental health specialists, and administrators) will receive specialized training to intervene, assess, and refer students at risk for suicide.
 - Applied Suicide Intervention Skills (ASIST)- after hire and 5 year refresher training

Students:

- Core Curriculum:
 - All students should receive information about suicide and suicide prevention through the district's **health curriculum, K-12**. The purpose of developmentally appropriate suicide prevention curriculum delivered at the secondary level is to teach students how to access help at their school for themselves, their peers, and others in the community.

- Additional Support:
 - Through the Comprehensive School Counseling Program, students may receive additional instruction and support for suicide awareness, prevention, and intervention
 - Students should be made aware each year of the staff that have received specialized training to help students at risk for suicide
 - Suicide risk screening and/or assessment
 - Access to the district suicide prevention plan

POPULATIONS AT ELEVATED RISK FOR SUICIDAL BEHAVIOR

Alsea school district identifies the unique needs of its community and identifies populations that may be at elevated risk for suicidal behavior. Alsea's suicide prevention plan is most effective when community diversity and linguistic needs are appropriately addressed.

Youth living with mental health and/or substance use disorders

While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90 percent of deaths by suicide. Mental disorder, in particular depression or bi-polar (manic-depressive) disorder, alcohol or substance abuse, schizophrenia, and other psychotic disorders, borderline personality disorder, conduct disorder and anxiety disorders are important risk factors for suicidal behavior among young people. The majority of people suffering from these mental disorders are not engaged in treatment, therefore school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk.

Youth who engage in self harm or have previously attempted suicide

Suicide risk among those who engage in self-harm is significantly higher than the general population. Whether or not they report suicidal intent, people who engage in self-harm are at an elevated risk for dying by suicide within 10 years. Additionally, a previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not receive necessary follow up care.

Youth in foster care

Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people involved in the juvenile justice system die by suicide at a rate about four times greater than the rate among youth in the general population. Though comprehensive suicide data on youth in foster care does not exist, one researcher found that youth in foster care were more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care.

Youth experiencing homelessness

For youth experiencing homelessness, rates of suicide attempts are higher than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. One student found that more than half of runaway and homeless youth have had some kind of suicidal ideation.

American Indian/Alaska Native (AI/AN) youth

In 2009, the rate of suicide among AI/AN youth ages 15-19 was more than

twice that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma.

LGBTQ+ youth

The CDC finds that LGBTQ+ youth are four times more likely, and questioning youth are three times more likely, to attempt suicide than their straight peers. The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and one quarter have reported having made a suicide attempt. Suicidal behavior among LGBTQ+ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental disorder), these experiences can place them at increased risk. It is these societal factors, in concert with other individual factors such as mental health history, and not the fact of being LGBTQ+ which elevate the risk of suicidal behavior for LGBTQ+ youth.

Youth bereaved by suicide

Studies show that those who have experienced suicide loss, through the death of a friend or a loved one, are at increased risk for suicide themselves.

Youth living with medical conditions or experiencing disability

A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

SECTION 3: INTERVENTION

SUICIDAL RISK AND PROTECTIVE FACTORS	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> <input type="checkbox"/> Current plan to kill self <input type="checkbox"/> Current suicidal ideation <input type="checkbox"/> Access to lethal means 	<ul style="list-style-type: none"> <input type="checkbox"/> Engaged in effective health and/or mental health care <input type="checkbox"/> Feel well connected to others (friends, family, school)

<ul style="list-style-type: none"> <input type="checkbox"/> Previous suicide attempts <input type="checkbox"/> Family history of suicide <input type="checkbox"/> Exposure to suicide by others <input type="checkbox"/> Recent discharge from psychiatric hospitalization <input type="checkbox"/> History of mental health issues (major depression, panic attacks, conduct problems) <input type="checkbox"/> Current drug/alcohol use <input type="checkbox"/> Sense of hopelessness <input type="checkbox"/> Self-hate <input type="checkbox"/> Current psychological/emotional distress <input type="checkbox"/> Loss (relationship, work, financial) <input type="checkbox"/> Discipline problems <input type="checkbox"/> Conflict with others (friends/family) <input type="checkbox"/> Current agitation <input type="checkbox"/> Feeling isolated/alone <input type="checkbox"/> Current/past trauma (sexual abuse, domestic violence) <input type="checkbox"/> Bullying (as an aggressor or as victim) <input type="checkbox"/> Discrimination <input type="checkbox"/> Severe illness/health problems <input type="checkbox"/> Impulsive or aggressive behavior <input type="checkbox"/> Unwilling to seek help <input type="checkbox"/> LGBTQ+, Native-American, Alaskan Native, Male 	<ul style="list-style-type: none"> <input type="checkbox"/> Positive problem solving skills <input type="checkbox"/> Positive coping skills <input type="checkbox"/> Restricted access to lethal means <input type="checkbox"/> Stable living environment <input type="checkbox"/> Willing to access support/help <input type="checkbox"/> Positive self esteem <input type="checkbox"/> Resiliency <input type="checkbox"/> High frustration tolerance <input type="checkbox"/> Emotion regulation <input type="checkbox"/> Cultural and/or religious beliefs that discourage suicide <input type="checkbox"/> Does well in school <input type="checkbox"/> Has responsibility for others <p style="font-size: small; margin-top: 20px;">*Note: a person with an array of protective factors in place can still struggle with thoughts of suicide</p>
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SUICIDE RESPONSE PROTOCOL

Warning signs that may indicate an immediate danger or threat:

- Someone who has already taken action to die by suicide
- Someone threatening to hurt or kill themselves
- Someone looking for ways to die by suicide- seeking access to pills, weapons, or other means
- Someone talking, joking, or writing about death, dying, or suicide

Staff response:

If a suicidal attempt, gesture, or ideation occurs or is recognized, staff will ensure the continuous supervision of the student and report it to the school

counselor or school administrator right away. If there is imminent danger, call 911. A Suicide Screening Protocol Level 1 is performed by a trained school staff member. The screener will do the following:

- Interview the student using the Suicide Risk Assessment
- Complete a Student Safety Plan, if indicated
- Contact parent/guardian to inform and gather additional information
- Determine need for a Level 2 community based assessment based on level of concern and noted risk factors through the Suicide Risk Assessment
- Inform administrator of screening results

RE-ENTRY PROCEDURE

For students returning to school after a mental health crisis (e.g. suicide attempt or psychiatric hospitalization), a school counselor, mental health professional, administration, or designee, will 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 safe return to school.

The school will request that the parent or guardian provide documentation from the hospital or mental health provider and/or sign a release of information to allow the school to share information with the hospital or outside mental health provider.

The designated staff person will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns

SECTION 4: POSTVENTION

Regardless of how comprehensive suicide prevention and intervention plans may be, not all suicidal behavior will be prevented. Schools must be prepared to act and provide postvention support and activity in the event of a serious attempt or a completed suicide. 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.

Key Points (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 not “glorify” the suicide and to treat it sensitively when speaking about the event, particularly with the media.
- 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.
- Families and communities can be especially sensitive to the suicide event.
- Know your resources.

Postvention Protocol

- School Administrators notify the District Office
- Verify Suicide
- The Crisis Response Team will be mobilized in partnership with LBL ESD crisis team members
- Estimate level of response resources required
- Determine what and how information is to be shared
- Inform faculty and staff
- Identify at risk students and staff
- Refresh staff on prevention protocols and be responsive to signs of risk

SECTION 5: RESOURCES

RESOURCES

988 National Suicide Hotline

Phone Number: 988

The 988 Lifeline is a national network of over 200 local, independent crisis centers equipped to help people in mental health-related distress or experiencing a suicidal crisis via call, chat, or text. The 988 Lifeline provides free and confidential support to people in a suicidal crisis or mental health-related distress 24 hours a day, 7 days a week.

The TREVOR Lifeline

Phone Number: 1-866-488-7386

TREVOtext: Text START to 678-678

Founded in 1998 by the creators of the Academy Award®-winning short film TREVOR, The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25.

YouthLine: CALL 877-968-8491 or TEXT “teen2teen” to 839863

Benton County Crisis Line: 1-888-232-7192

Helpful Calming Apps:

Calm Harm

Breathe2relax

Fluidity

DISTRICT REVIEW REQUEST

To request the district to review the actions of a school in responding to suicidal risk, make a written request to the superintendent.



Suicide Risk Assessment

Level 1 (School Screening)

1. IDENTIFYING INFORMATION

Name: _____ School: _____ Grade: _____ DOB: _____
Screener's Name: _____ Position: _____

2. REFERRAL INFORMATION

Who reported concern:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Other |
| <input type="checkbox"/> Staff | |

When was concern disclosed: _____ Contact information, if applicable: _____

What information was shared:

3. INTERVIEW WITH STUDENT (SEE 'STUDENT INTERVIEW' PAGE FOR GUIDING QUESTIONS)

Warning Signs/Risk Factors

- | | |
|--|--|
| <input type="checkbox"/> Expressions of wanting to die, be gone, or of death in any manner | <input type="checkbox"/> Changes in appetite, behavior, or sleep |
| <input type="checkbox"/> Withdrawal from others | <input type="checkbox"/> Family problems |
| <input type="checkbox"/> Preoccupation with death | <input type="checkbox"/> Giving away possessions |
| <input type="checkbox"/> Feelings of hopelessness/self-hate | <input type="checkbox"/> Current/past trauma |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Stresses from: gender ID, sexual orientation, ethnicity |
| <input type="checkbox"/> Current psychological/emotional pain | <input type="checkbox"/> Exposure or access to weapons, violent video games |
| <input type="checkbox"/> Discipline problems | <input type="checkbox"/> Unmet basic needs |
| <input type="checkbox"/> Conflict with others (family/friends) | <input type="checkbox"/> Mental health concerns |
| <input type="checkbox"/> Experiencing bullying | <input type="checkbox"/> Self-injury |
| <input type="checkbox"/> Recent personal loss or change (death, divorce) | |

Protective Factors

- | | |
|--|--|
| <input type="checkbox"/> Engaged in mental health care | <input type="checkbox"/> Positive self esteem |
| <input type="checkbox"/> Positive problem solving | <input type="checkbox"/> Resiliency |
| <input type="checkbox"/> Positive coping skills | <input type="checkbox"/> Emotional regulation |
| <input type="checkbox"/> Restricted access to means to kill self | <input type="checkbox"/> Cultural and/or religious beliefs |
| <input type="checkbox"/> Stable living environment | <input type="checkbox"/> Does well in school |
| <input type="checkbox"/> Willing to access support/help | <input type="checkbox"/> Feels connected to others |
| | <input type="checkbox"/> Has responsibilities |



Suicide Risk Assessment

Level 1 (School Screening)

4. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: _____ Time contacted: _____

Left voicemail Date: _____ Time: _____ Received call back? _____

Parent/guardian answered

Was the parent aware of the student's suicidal thoughts/plans? _____

Parent/guardian perception if threat: _____

Parent action plan:

Transport student to a mental health evaluator (hospital, therapist, county mental health)

Needs additional support

Provided parents with additional resources and phone numbers

ROI signed

5. CONSULTED WITH ADMINISTRATOR AND/OR OTHER TRAINED STAFF

School administrator notified (required): _____

Date: _____ Time: _____

Benton County Mental Health consultation needed? Hotline: 1-888-232-7192

Yes

No

If yes, crisis counselor consulted with _____

Recommendations:

6. DETERMINATION/ACTION TAKEN

No risk

Low/limited risk. Supports offered: _____

Moderate/Several risk factors noted but no imminent danger

• Complete coping plan with student

• Mental Health referral

• Follow-up meeting _____

High/Several risk factors noted and Level 2 assessment by the crisis team/emergency room needed.

• Consult with crisis counselor, Benton County Hotline: 1-888-232-7192

• ROI signed

• Complete coping plan with student

• Follow-up meeting _____



Student Coping Plan- Primary Level

Feeling safe looks like this:

A large, light blue rounded rectangle with a thin black border, intended for a student to draw or illustrate what "feeling safe" looks like.

When I notice _____, my body is telling me I am not safe.

When this happens, I will _____ or _____

When I notice this at school, I will tell _____

When I notice this outside of school, I will tell _____

If the person in my plan is not available, I will tell a safe adult.

It is important to stay safe because:

1. _____

2. _____



Student Coping Plan- Secondary Level

Student Name: _____

Date of plan: _____

Warning signs that I am not safe:

- 1.
- 2.
- 3.

What are things worth living for:

- 1.
- 2.
- 3.

My plan to create a safe environment:

- 1.
- 2.
- 3.

An adult I feel safe with at school: _____

An adult I feel safe with at home/outside of school: _____

I can call these numbers for 24 hour crisis support:

National Suicide Lifeline: 1-800-273-8255

Oregon Youthline: 1-877-968-8491 or text "teen2teen" to 839863

Benton County Crisis: 1-888-232-7192