

208 – Suicide Prevention Policy

I. Policy Statement:

The Bryan Allen Stevenson School of Excellence (BASSE) is aware that suicide among adolescents is a growing national concern. Because of this fact, BASSE requires that a plan for suicide prevention be documented and implemented. BASSE recognizes that adolescent students undergo stresses of development and personal growth. Adolescence is a time of discovery and of profound searching and identity formation. Some adolescents find this struggle harder than others. Some feel unequal to the challenge. Some students contemplate suicide as an alternative to the perceived loss of control over their lives. To use suicide as a solution is a tragedy.

II. Implementation:

A. Prevention:

BASSE will:

1. Promote faculty awareness of depression and the warning signs of suicidal behavior.
2. Provide information about youth suicide to parents.
3. Promote the Suicide Prevention Program for students as an integral part of the curriculum.
4. Examine strategies and alternatives to alleviate school-related stress for students.

B. Intervention: The establishment of a uniform protocol by BASSE to respond to a potentially suicidal student.

C. Post-Intervention: The establishment of a uniform plan of response to disseminate facts and to allow for structured expression of grieving within the daily activity of the school. (This uniform plan will also be implemented in the event of any sudden death of a student or staff person.)

D. Resources: BASSE provides the resources listed below:

III. Guidebooks and Toolkits: In addition, BASSE provides Professional Development for the Instructional Staff during the school year by a Licensed Clinical Psychologist.

IV. Prevention

A. BASSE Implementation:

1. A BASSE suicide prevention coordinator shall be designated by the Head of School.
2. The suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy.

3. Each school shall designate a school suicide prevention coordinator to act as a point of contact for issues relating to suicide prevention and policy implementation.
 4. All staff members shall report students they believe to be at an elevated risk for suicide to the school suicide prevention coordinator.
- B. Staff Professional Development All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, post-intervention, and resources regarding youth suicide prevention.
- V. Intervention, Suicide, Abuse, and Neglect Procedures:
 SUICIDE THREAT PROCEDURE
- A. 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 will be seen by a school employed mental health professional within the school day to assess risk and facilitate referral. If there is no mental health professional available, a school nurse, or administrator will fill this role until a mental health professional can be brought in.
 - B. For youth at risk:
 1. School staff will continuously supervise the student to ensure their safety.
 2. The head of school and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
 3. The school employed mental health professional or head of school will contact the student's parent/caregiver.
 4. Child Mental Health will be called as appropriate 1-800-969-4357.
 5. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.
 - C. In-School Suicide Attempts: In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:
 1. First aid will be rendered until professional medical treatment and/or transportation can be received, following BASSE emergency medical procedures as per the school nurse.
 2. School staff will supervise the student to ensure his/her safety.
 3. Staff will move all other students out of the immediate area as soon as possible.
 4. If appropriate, staff will immediately request a mental health assessment for the youth.
 5. The school employed mental health professional or the head of school will contact the student's parent/caregiver.

6. Staff will immediately notify the head of school and school suicide prevention coordinator regarding in-school suicide attempts.
7. The school will engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

VI. Re-Entry Procedure:

- A. For students returning to school after a mental health crisis (e.g. suicide attempt or psychiatric hospitalization), a school employed mental health professional, the head of school, or designee will meet with the student's parent/caregiver 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 or other designee will be identified to coordinate with the student, his/her parent/caregiver, and any outside mental health care providers.
 2. The parent/caregiver will provide documentation from a mental health care provider that the student has undergone examination and that he/she is no longer a danger to themselves or others.
 3. The designated staff person will periodically check in with student to help the student readjust to the school community and address any ongoing concerns.

VII. Post-Intervention

- A. Development and Implementation of an Action Plan including the following:
 1. Verify the death.
 - a) Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent/caregiver or the police department.
 - b) Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made.
 - c) If the cause of death has been confirmed as suicide but the parent/caregiver will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.
 2. Assess the situation:
 - a) The crisis team will meet to prepare the post-intervention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected.

- b) The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide.
 - c) If the death occurred during a school vacation, the need for or scale of post-intervention activities may be reduced.
3. Share information:
- a) Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/caregivers with an acknowledgement that its cause is unknown.
 - b) Inform the faculty that a sudden death has occurred, preferably in a staff meeting.
 - c) 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 will cause, and information about the resources available to help students cope with their grief.
 - d) Public address system announcements and school-wide assemblies should be avoided.
 - e) The crisis team may prepare a letter (with the input and permission from the student's parent/caregiver) 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.
4. Avoid suicide contagion:
- a) 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.
 - b) The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death.
 - c) In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.
5. Initiate support services:
- a) Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed.
 - b) The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed.

- c) In concert with parents/caregivers the crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.
6. Develop memorial plans:
- a) The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion.
 - b) School should not be canceled for the funeral.
 - c) Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.
- B. External Communication:
1. The head of school or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:
 - a) Keep the BASSE suicide prevention coordinator and head of school informed of school actions relating to the death.
 - b) Prepare a statement for the media including the facts of the death, post-intervention plans, and available resources. The statement will 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.

RESOURCES

GUIDEBOOKS AND TOOLKITS

1. “Preventing Suicide: A Toolkit for High Schools” – U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services <http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-466>

2. “After a Suicide: A Toolkit for Schools” – American Foundation for Suicide Prevention and Suicide Prevention Resource Center www.afsp.org/schools
3. “Guidelines for School-Based Suicide Prevention Programs” – American Association of Suicidology http://www.sprc.org/sites/sprc.org/files/library/aasguide_school.pdf
4. “Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel” – Maine Youth Suicide Prevention Program <http://www.maine.gov/suicide/docs/Guideline.pdf>
5. “Trevor Resource Kit” – The Trevor Project thetrevorproject.org/resourcekit
6. “Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender (LGBT) Children” – Family Acceptance Project <http://familyproject.sfsu.edu/publications>
7. National Center for School Crisis and Bereavement <http://www.stchristophershospital.com/pediatric-specialties-programs/specialties/690>
8. Adolescent and School Health Resources –Centers for Disease Control and Prevention, contains an assortment of resources and tools relating to coordinated school health, school connectedness, and health and academics <http://www.cdc.gov/healthyyouth/schoolhealth/index.htm>

SCHOOL PROGRAMS

1. “Signs of Suicide Prevention Program (SOS) – Screening for Mental Health, Inc. <http://www.mentalhealthscreening.org/programs/youth-preventionprograms/sos/>
2. “American Indian Life Skills Development/Zuni Life Skills Development” University of Washington <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=81>
3. “Lifeguard Workshop Program” – The Trevor Project thetrevorproject.org/adulteducation
4. “More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel” – American Foundation for Suicide Prevention <http://morethansad.org>

CRISIS SERVICES FOR STUDENTS

1. Delaware’s 24-hour Child Priority Response Hotline: 1-800-969- HELP (4357) or dial 9-1-1 for emergency response.
2. National Suicide Prevention Lifeline: The Lifeline is a 24-hour, tollfree suicide prevention service available to anyone in suicidal crisis or their friends and loved ones. Call 1.800.273.8255 (TALK). Callers are routed to the closest possible crisis center in their area. <http://www.suicidepreventionlifeline.org>
3. The Trevor Lifeline: The only nationwide, around-the clock crisis intervention and suicide prevention lifeline for lesbian, gay, bisexual, transgender, and questioning young people, 13-24, available at 1.866.488.7386.

RELEVANT RESEARCH

1. “Youth Risk Behavior Surveillance System” – Centers for Disease Control and Prevention. Monitors health-risk behaviors among youth, including a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.
<http://www.cdc.gov/healthyyouth/yrbs/index.htm>
2. 2012 National Strategy for Suicide Prevention: A report by the U.S. Surgeon General and the National Alliance for Suicide Prevention outlining a national strategy to guide suicide prevention actions. Includes up-to-date research on suicide prevention.
http://www.surgeongeneral.gov/library/reports/national-strategysuicide-prevention/full_report-rev.pdf

WORKING WITH THE MEDIA

1. “Talking About Suicide & LGBT Populations” – Gay & Lesbian Alliance Against Defamation,
2. Movement Advancement Project, American Foundation for Suicide Prevention,
3. The Trevor Project, et al. <http://www.afsp.org/understandingsuicide/for-the-media/reporting-on-suicide/talking-about-lgbt-suicide> “Recommendations for Reporting on Suicide”

Related Policies:

- A. 209 – Suicide Prevention & Training Policy

Related Procedures and Documents:

- A. xxx

Approval:

Revision Dates: