





## **Acknowledgements**

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## Introduction

## Bring training, resources, and hope to your community

A workbook to easily prioritize suicide prevention efforts and a resource to build mentally healthy schools

Lines for Life and the Willamette Education Service District have teamed up to create this approachable easy-to-use resource for school communities serving middle and high schools. This resource combines suicide prevention with messaging strategies to school connectedness. The objective is to reduce youth suicide and build awareness of mental health and wellness.

## The Heart of the Matter

Suicide is the second leading cause of death for teens in Oregon. Teens face a barrage of pressures and stressors that, if uncared for, can amplify the mental health risk factors most commonly associated with suicide. When teens feel connected to their schools, friends, and a caring adult, they are better equipped to cope with life in a healthy way.

As your school works to implement suicide prevention policies, procedures, and protocols, you also have an opportunity to positively change your school climate. Use *Promoting Positive Mental Health Messages in your School* to reduce stigma, increase mental health awareness, and help students understand that mental health can be discussed and addressed just like any other physical illness.

Suicide Prevention: Step by Step has two sections:

#### Section 1. Promoting Positive Mental Health Messages in Your School

A plug-and-play resource for promoting mental wellness in your existing school communications

#### **Section 2. Prioritizing Your Suicide Prevention Efforts**

A compact, easy-to-use guide for identifying the procedures and protocols your school needs to prevent suicide

**Suicide Prevention: Step by Step** was created by the Willamette Education Service District and Lines for Life. This resource is guided by the principle that suicide prevention is everyone's business and that our schools need an approachable, easy-to-use guide for suicide prevention.







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 Example of suicide prevention and policy and procedure in Willamette Education Service District















## Section 1

#### Promoting Positive Mental Health Messages in Your School

Why? We now know that to be successful, schools must embrace student mental wellness with the same priority as academics and extracurriculars. We cannot build that mental wellness by doing those things that only check the boxes around training, forms and procedures. We can build a community of care that accepts and normalizes the actions and emotions associated with stress, anxiety, frustration, fear of failure and more. Historically, student success has focused on performance related to grades and activities, but failed to prioritize student mental health. This imbalance, along with a host of societal pressures, has led to an increase in students feeling less well, both emotionally and physically. As supported by data from the Oregon Healthy Teens and Student Wellness Surveys, risk factors for mental health are more evident, and an alarming number of students are engaging in unhealthy behavior such as self-injury and suicidal ideation.

We know that students are trying to manage a lot and many report that they feel overwhelmed by the expectations from school and family. Many students have a perceived message that they need to deal with problems alone, or that they cannot trust the adults in their life. We know that as mental health declines, so do grades, school connectedness, and positive school engagement.

## You can shift the message in your school.

We believe teens are strong, resilient, and can learn healthy coping skills. Students thrive when they know their own capacity better understand their mental health, and most importantly, know it's okay to ask for help.

This is the message your school can deliver to students to balance the scales again.







# Section 1

### Promoting Positive Mental Health Messages in Your School

**What?** We believe your school has the power to reduce stigma and increase students' sense of well-being. You can ensure students know where and how to get help when they need it without feeling the shame or guilt often associated with stigma. We also recognize that shifting school culture can feel like a big undertaking.

School climate and culture are adaptable! By sharing messages of hope that reduce stigma around mental health issues, you can **promote mental wellness for students!** Talk about it. Publicize it. Use your natural channels of communication (ie: tweeting, newsletters, announcements).

An open acceptance that students deserve and need balance in their lives, and a belief that mental health is real and deserves attention will be the undercurrent that ultimately pushes your school toward stronger suicide prevention.

**How?** Teachers, administrators, and support staff, play an important role in preventing youth suicide and promoting ways for your students to get help during distressing times. Ensure that teachers will help students who disclose stress and distress. Help your students learn to identify and assess their mental health symptoms and stressors and get the crucial help they need and deserve. You can strengthen how your whole school promotes wellness to positively impact the mental wellness of your students.

### No Problem is Too Big or Too Small for YouthLine

Most teens report not knowing who they can trust when they need it most. That's where the YouthLine comes in.

We are Oregon's teen-to-teen help, support and crisisline. We are young. We are trained. We are ready to help. YouthLine is a peer-to-peer youth support and crisis service provided by Lines for Life—a non-profit dedicated to preventing substance abuse and suicide in Oregon.

YouthLine operates a helpline that provides crisis support and referrals via phone, text, chat, and email. YouthLine is answered by highly trained and supervised youth daily from 4-10pm and by adults at all other times.



## **School Notification Systems**

In this section, you will find multiple ways to promote mental health, wellness, resources and supports while also reducing the stigma around these topics.

#### How

#### **Parent Newsletter**

Publish a mental wellness message in place of an article or advertisement (see Event Programs for mental wellness ads that may also fit your newsletter)



#### **Telephone AutoRecorded Messages**

Pre-recorded messages distributed to parents via a telephone notification system can quickly address mental health awareness

#### **Morning Announcements**

Short mental wellness announcements can be read or recorded by students and played during morning announcements



#### Listserv

Add a message promoting mental health that can be woven into special event and informative messages



## What (use or adapt these sample messages)

We know that signs of stress and anxiety create added pressure for many students. At (school name) we care about each student's total health which includes mental health and wellness. Worried about the mental health of a student in your life? Keep an eye out for these signs of distress:

- Emotions become more volatile (higher highs and lower lows)
- Mood is depressed for two weeks or more
- No longer showing interest in previous hobbies
- Struggling with sleep

These signs can be symptoms of treatable mental health issues. A doctor's visit or consultation with a mental health counselor can help you and your student access life-saving treatment. Take your students mental health seriously. Getting help is courageous and brave.

Your student's mental health and wellness is just as important as their physical health. If you have concerns that your student may be struggling with stress, anxiety or depression, there's help. (insert information about available school resources such as school counselor, nurse, or health center; or recommend "Visit www.OregonYouthLine.org.")

- Your mental health and wellness are just as important as your physical health. Take a minute to check on your emotional wellness today. At (name your school) we want you to be well both physically and mentally. If you need support, please talk to someone you trust.
- Good morning! We want to remind you that if you are feeling stressed or anxious, please talk to someone.
   Keeping your feelings bottled up never makes things better. Find someone you trust, or contact the YouthLine for support. You don't need to struggle alone.
- Sometimes you just need someone to talk to. YouthLine is here for you. Call, text, chat any day of the week. Visit: www.OregonYouthLine.org for more information.
- Welcome back to school. Remember to take care of your mental and physical health this year. We care about how you are doing physically and mentally.
- It's finals week! We know the stress can be overwhelming. Take a few moments to pause, take a breath and notice if you need extra support this week. We are here for you.
- Summer break is just around the corner! Please know that your mental health matters. Check in with your counselor to plan for mental health resources available over the summer months.

Suicide Prevention: Step by Step

Section 1: Promoting Positive Mental Health Messages in Your School

Letting your students know that YouthLine is an available resource can further normalize that getting help is possible and accessible. Consider utilizing YouthLine resources in spaces where your students congregate. Download or order materials: **oregonyouthline.org/materials** 

#### **Posters**

Best hung in classrooms, counseling offices, bathroom stalls, hallways

Consider the impact when this message comes from peers in your school!









#### **Small Wallet Cards**

Discreet, easy to use, and can be distributed by teachers when a student discloses distress or by counselors as a resource for students needing crisis support or emotional support





#### **Brochures**

"Need Help" provides information about YouthLine and is a good introduction for teachers and parents looking to understand who we are and what we do.

"Getting Through Today" provides self-care strategies for teens managing tough days; we recommend this goes to counselors to use with students





#### **Stickers**

Designed to fit and stay secure on school ID's, phones, water bottles or anyplace else, these stickers ensure students have at least one resource on hand at all times should they need help





#### **Event Program**

Advertising in theater, music, and sporting event programs can also include promoting mental health

Use a visual advertisement about your local resources or places in the school where students can access help. Or use existing YouthLine advertisements as a resource.





Create your own visuals, or use these examples.

Print Media

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In the same ways that your school promotes sporting events, theater, and spirit week, you can also use social media to promote the mental health and wellness of your students. This is a small step that can really change and address the stigma around mental health issues. You can choose to promote YouthLine as a resource for your students, or you can use the local resources your school and community already have (e.g., school health center, counseling department, school nurse, community resources).

### Share YouthLine's Social Media Content

You don't have to reinvent the wheel. Instead, follow YouthLine's social media accounts and you'll find lots of great messages that can be instantly shared with your audiences.

You can find us at:

Instagram: @or\_youthline | Facebook: @oregonyouthline

Use the following examples verbatim or revise them as needed to create your own original social media content on any platform.

#### Нои

#### **Messages for Students**

Use the following examples verbatim or revise them as needed to create your own original social media content on any platform



#### What (use or adapt these sample messages)

**Support is available right where you are.** YouthLine is available for you. Text teen2teen to 839863 to talk with a supportive peer daily 4-10p (pst).

**Feeling Stressed?** Dealing with stress can look different for everyone. Some ideas to try: getting outside, talking to friends, listening to music, going for a run, or doing a breathing exercise. Keep trying until you find what works for you.

Mental Health is just as important as Physical Health. You deserve to be well and feel well. Get support right here at school. Talk to your school counselor, your favorite teacher or the school nurse.

**Dealing with depression or anxiety?** YouthLine wants to support you right where you are. Talk to your school counselor, or call/text/chat with the Oregon YouthLine.

We know that sometimes being a teenager is hard. We know all the pressures and expectations can feel like too much. If you need to talk, please check in with your counselor soon.



## Social Media (continued)

#### How

#### **Messages for Parents**

Use the following examples verbatim or revise them as needed to create your own original social media content on any platform



## What (use or adapt these sample messages)

When your student is overwhelmed, the YouthLine can help. Peer to Peer support every day, from anyplace. Talk. Text.Chat. www.OregonYouthLine.org

Your student's mental health and wellness is just as important as their physical health. If you have concerns that your student may be struggling with stress, depression, loss of sleep, and more, there's help. (insert information about available school resources such as school counselor, nurse, or health center; or recommend "Visit www.OregonYouthLine.org.")

Adolescence is full of change and growth. If you notice a change in your student's mental wellness, it might be time to explore what's beneath the struggle. Have a conversation, take a car ride, get extra support from family or professionals, or reach out to your student's teachers to get a fuller picture of what might be going on. We are on your team.

#### **Images**

Use the following examples as they are or revise as needed to create your own original social media content on any platform











## **Classroom Presentations**



Our 45- to 90-minute lessons are tailored to your classroom and designed to:

- Normalize getting help instead of struggling alone
- Destigmatize mental health and substance use issues
- Identify a personalized safety net of adults and community services

YouthLine provides interactive co-facilitation to keep students engaged. Teen volunteers help initiate and lead discussions that normalize subject matter. We offer the following lessons. For more information or to find out how your organization can benefit from our lessons, contact us at YouthL@linesforlife.org.

Lessons	What
Coping with Stress	Learning to manage stress fosters resiliency and boosts capacity to develop independence (Grades 6-12)
Suicide Prevention	Moving past stigma improves life-saving ability to recognize and address the signs of suicide (Grades 9-12)
Under Pressure	Recognizing peer pressure when it happens helps teens stay true to themselves (Grades 6-8)
Understanding Bullying	Knowing the dynamics and socio-emotional impacts of bullying increases empathy (Grades 6-8)
Teen Decision Making	Understanding brain science helps put risky behavior in perspective (Grades 9-12)



## **Sharing Resources**

Consider places in your school you have the capacity to add a link to mental health resources for your area. This could also be a space to remind students to practice stress management, see the school counselor or reach out for crisis support. **Get creative!** 

## **Examples:**

Grade portal site; Teacher websites; Bookmark websites on school computers and tablets; Library portal online



## Section 2

#### **Prioritizing Your Suicide Prevention Efforts**

Why? Suicide rates, mental health issues, and crisis are a prominent concern in schools. In the state of Oregon, suicide is the second leading cause of death for young people aged 10-24. These numbers are devastating, but we can turn the tide. As a strong team of teachers, administrators and school staff who know how to recognize, handle, and care for students in crisis, you can make a difference.

#### Many barriers get in the way of good suicide prevention in schools:

- 1) Stigma about mental health makes talking about these issues challenging
- 2) Prevention efforts are difficult to prioritize
- 3) Getting started on a new suicide prevention policy and protocol is a big task

This guide will help you sort through your options and build a manageable suicide prevention effort in your school.

What? The tasks and strategies laid out in this section will help you prioritize what's most important to your school and take action toward creating your school's suicide prevention policy and procedures. You may also discover that you have some great work underway. The intention of this guide is to notice what needs improvement and to notice what you are already doing well.

## How?

- 1. Use Step 1: Primary Checklist Assessment to quickly review seven suicide prevention areas that represent the minimum of what can be done. Indicate whether the area is currently being addressed in your school. Then, determine one or two priority areas your school will focus on. Priority areas are color coded — Just follow your color to the Advanced Assessment.
- 2. Use Step 2: Advanced Checklist Assessment to take a closer look at the areas you ranked Priority 1 in Primary Checklist. Review in-depth ways to bring your school up to date on suicide prevention best practices and determine what tasks you'll tackle first.
- 3. Use the extensive resources to put your priority areas into action.









## STEP 1:

Primary
Checklist
Assessment







#### **School Suicide Prevention Checklist**

# Step 1

Step 1 will help identify the areas you want to work on right away and those you'll tackle later.

Create a small interdisciplinary work group to assess your school. Could include: counselors, teachers, administration and, student leaders.

Instructions: Review seven suicide prevention areas that represent best practice components for suicide prevention in schools. Indicate whether the area is currently being addressed in your school. Then use the priority ranking system to determine immediate priority areas for your school and the priorities you want to address later.



#### **Ranking your priorities:**

- Priority 1: address within a few months
- Priority 2: address within this school year
- Priority 3: address next school year
- N/A: not a priority for your school right now

Then what? After you complete *Step 1*, you'll get more in-depth information about your Priority 1 areas and further prioritize your next action steps.

Please see **oregonyouthline.org/step-by-step** to download a PDF of this document and to utilize active links to resources and further information to guide your assessment process.











1 (Need to do now)
2 (Need to do this year)
3 (Need to look at for next year)
N/A (Not a priority)

YES/NO/UNSURE FURTHER INFO. **PRIORITY PREVENTION** See Example: Pulling Does your school currently have a suicide prevention policy in place? it All Together INTERVENTION See Example: Pulling Do school procedures/ protocols identify key people within each it All Together building as contacts to help when suicidal behavior occurs? Does staff or students know who these people are? **POSTVENTION Connect Training** Do you have a policy or training in place for how to handle the loss of a student to suicide? STAFF TRAINING AND EDUCATION Staff Education Have all professional and support staff received training and and Training **Programs** information on Suicide Prevention? STUDENT TRAINING AND EDUCATION Recommended Student Curriculum Has an effective student suicide prevention education curriculum been incorporated? FAMILY INVOLVEMENT Are there procedures in place that provide information to parents www.wesd.org/ about adolescent suicide? suicide prevention RESOURCES Does your school have a list of community agencies and resources www.wesd.org/ that could provide help and assistance to a student at risk for suicide? suicide prevention

<sup>\*</sup> Further information available: www.oregonyouthline.org



## STEP 2:

# Advanced Checklist Assessment







**School Suicide Prevention Checklist** 

# Step 2

Drill down in your priority areas to set specific next action steps for suicide prevention in your school.

Instructions: Find the areas that are high priority. Follow the color theme on the following pages. For example: If you chose to focus on prevention, just stay within the purple section. Bring your school up to date on suicide prevention best practices and use the priority ranking system to determine immediate priority areas for your school.



#### **Ranking your priorities:**

- Priority 1: address within a few months
- Priority 2: address within this school year
- Priority 3: address next school year
- N/A: not a priority for your school right now

Then what? After you complete *Step 2*, use the resources in this guide to help you put your priorities areas into action.











1 (Need to do now)
2 (Need to do this year)
3 (Need to look at for next year)

YES/NO/UNSURE

**PRIORITY** 

N/A (Not a priority)

	DF	VENTION TOOLS		
-	<u> </u>	VINTION TOOLS		
	1.	Does your school currently have a suicide prevention protocol in place?		See Mt Angel District Example
	2.	Is there a training for Staff/Administration?		Student Curriculum page 42-45
	3.	Is there classroom training/curriculum in place for students?		
	4.	Has all staff been provided with the school protocol for Suicide Prevention?		
	5.	Is there an established method for disseminating protocols that includes who should receive them?  If yes, how? (ie: staff meetings, in-services, emails)		
	6.	Is there a method for acknowledging receipt of these protocols, and a point of contact for questions and concerns related to the protocols?		
	7.	Is there a plan for providing new staff with protocols?  If yes, who implements that plan?		
	8.	Are written procedures currently in place that help guide faculty staff and students about how to respond to a student having a suicidal crisis?		" <b>Pulling it All Together</b> " WESD Example, page 46
	9.	Does your school staff know who to contact (at your school) if they come in contact with a student who expresses suicidal thoughts?		See ASIST information in " <b>Finding the Right Training</b> ," page 41
			•	© 2018 All rights reserved







1 (Need to do now) 2 (Need to do this year)

3 (Need to look at for next year)

YES/NO/UNSURE

PRIORITY

N/A (Not a priority)

PREVENTION TOOLS		
10. Is there a clear protocol in place that teachers must refer if there is any thought or behavior of suicide, and that all such thoughts and behavior are serious?		" <b>Pulling it All Together</b> " flowchart, WESD example page 53
11. Do the protocols inform staff about what to do if there is any reason to suspect means are present/available?		
12. Is there a person within your school, such as a guidance counselor or school psychologist, that is assigned the responsibility of maintaining and reviewing student suicide information?		
13. Is someone designated to track number of suicides, suicide attempts, and/ or referrals for suicidal behavior and risk? Does this tracking include progress of students?		
14. Is there a person within your school, such as a guidance counselor or school psychologist, that is assigned to the responsibility of maintaining and reviewing suicide prevention efforts at school?		
15. Is there a suicide screening tool being used by the school?  If yes: Which one?		CAIRN's Toolkit for Healthy Schools, pages 19 (Washington County example) and 26 (Safeplan Template)
NOTES		







1 (Need to do now)
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3 (Need to look at for next year)N/A (Not a priority)

YES/NO/UNSURE

**PRIORITY** 

INT	ERVENTION TOOLS		
1.	Do school procedures/protocols identify key people within each building as contacts to help when suicidal behavior occurs? Do the staff know who these people are?		AFSP/The Trevor Project's Model School District Policy on Suicide Prevention, page 5 ("Suicide Prevention Task Force")
2.	Does the staff know what to do in the event that they come upon, or hear about suicidal ideation?  If yes: Is there an easy place to access this protocol?		
3.	Do school procedures designate someone to contact the parent/guardian when suicide risk is suspected?		
4.	Does the school have procedures for when a parent/guardian is  • Unreachable?  • Unable to help?  - Financial stress  - Own struggles  - Unwilling		"Pulling it All Together"     WESD Example, page 60     ("Confidentiality")     *AFSP/The Trevor Project's     Model School District Policy     on Suicide Prevention,     page 7 ("Parental Notification     and Involvement")     *CAIRN's Toolkit for Healthy     Schools, page 35 ("Parental     Involvement Form Letters")
5.	Does the school provide information to parents about the importantance of removing lethal means and access to appropriate supports and resources?		
NOTES _			







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3 (Need to look at for next year)
N/A (Not a priority)

YES/NO/UNSURE

**PRIORITY** 

INTERVENTION TOOLS		
6. Does the school have a system to alert staff of an emergency while school is in session? Have volunteers and substitutes been informed of the system?		
<ul> <li>7. Are there systems/teams in place to address the needs of students who are exhibiting high risk behaviors?</li> <li>Substance abuse</li> <li>Self injury</li> <li>Others?</li> </ul>		
<ul> <li>8. Are there supports provided for students who are shown to be at higher risk?</li> <li>Students who are bullied</li> <li>Students who live with mental illness</li> <li>Students who are LGBTQ+</li> <li>Survivors of suicide loss</li> <li>Others?</li> </ul>		"Pulling it All Together" WESD Example, page 56 ("Suicidal Behavior Risk and Protective Factors")     AFSP/The Trevor Project's Model School District Policy on Suicide Prevention, pages 3-4 ("Risk and Protective Factors")
9. Is there a written protocol for responding to students who attempt suicide at school?		AFSP/The Trevor Project's Model School District Policy on Suicide Prevention, page 6 ("In School Suicide Attempts")
NOTES	•	· 





1 (Need to do now)
2 (Need to do this year)
3 (Need to look at for next year)
N/A (Not a priority)

YES/NO/UNSURE

PRIORITY

POS	TVENTION TOOLS	,	
1.	Are there protocols concerning how to help a student re-enter school after an absence or hospitalization for suicidal behavior?		<ul> <li>CAIRN's Toolkit for Healthy Schools, pages 38-40</li> <li>AFSP/The Trevor Project's Model School District Policy on Suicide Prevention, page 6</li> </ul>
2.	Are staff who will implement the suicide response protocol familiar with this protocol and the tools that will help them fulfill their responsibilities?		
3.	In the event of a suicide of a student, do the protocols include a section about working with the media?  If yes: Has a spokesperson been designated?		AFSP's After a Suicide: A Toolkit for Schools, page 24, ("Working with the Media")
4.	In the event of a suicide, are there established protocols for identifying close friends/other vulnerable students and plans to support them in the grief process?  If yes: Who is the point person for this?		AFSP's After a Suicide: A Toolkit for Schools, pages 14-16 ("Helping Students Cope"); Dougy Center Guide to Grief
5.	Have protocols been developed that explicitly detail what to do following a suicide to avoid contagion? Does all staff know what contagion is?		ASFP's After a Suicide: A Toolkit for Schools, pages 26-31, ("Memorialization")
6.	Do the protocols recommend that all staff and student deaths be treated the same, regardless of how they died? Following a suicide, the recommendation is to not have a whole school permanent memorial.		
7.	Do the protocol take into account the role the school will play in the event of any and all death?  If yes: Where can that protocol be found?		AFSP/The Trevor Project's Model School District Policy on Suicide Prevention, page 8, ("Postvention")
8.	Have plans been developed for supporting students should a suicide occur during vacation or over summer break?  If yes: Who will implement this?		
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1 (Need to do now)
2 (Need to do this year)
3 (Need to look at for next year)

ES/NO/UNSURE

PRIORITY

N/A (Not a priority)

		YES / NO / UNSURE	PRIORITY	FURTHER INFO.
STA	FF TRAINING			
1.	Have all professional and support staff received information about the importance of school based suicide prevention efforts?			
2.	Are teacher and staff Suicide Prevention trainings one component of your schools suicide prevention program?			
3.	Does your school provide training sessions to all staff about adolescent suicide warning signs and risk factors, and what to do if approached by a student who may be at risk for suicide?  • Teachers • Administration • Paraprofessionals • SROs • Librarians • Office staff • Coaches • Bus Drivers • Maintenance staff • Janitorial staff • Cafeteria workers			<b>"Finding the Right Training,"</b> page 36
4.	Have all staff received evidence-based training in suicide prevention?  Follow up question: Which staff?  Teachers Administration Paraprofessionals SROs Librarians Office staff Coaches Bus Drivers Maintenance staff Janitorial staff Cafeteria workers			See Staff Education and Training Programs for Suicide





1 (Need to do now) 2 (Need to do this year)

2 (Need to do this year3 (Need to look at for next year)N/A (Not a priority)

YES/NO/UNSURE

PRIORITY

STAFF TRAINING				
5.	What training did the staff receive?  • QPR  • safeTALK  • ASIST  • Other			
6.	Is there a backup plan in case the person(s) is unavailable?			
7.	Is there a plan in place to train new staff or for annual training?			
8.	Do staff communicate to students that they are willing to talk about mental health? Are there any visual clues (ie: sign on the door, bracelet they wear) that indicate that they are open and willing to talk about mental health and suicide?			Explore ideas in Promoting Mental Health
NOTES _				







1 (Need to do now)
2 (Need to do this year)
3 (Need to look at for

3 (Need to look at fo next year) N/A (Not a priority)

YES/NO/UNSURE

PRIORITY

STUDENT TRAINING		
1. Has an effective student suicide prevention education program been incorporated?		Please see student curriculum options.
If yes: Which one?		
2 Is suicide prevention integrated into student health/mental health courses and initiatives?		
3. Do students know to whom in the school they can go to if they are worried about a suicidal friend or struggling themselves?		
Follow up question: How do you let the students know who is trained and who is willing to have hard conversations?		
NOTES		







1 (Need to do now)
2 (Need to do this year)
3 (Need to look at for next year)
N/A (Not a priority)

YES/NO/UNSURE

**PRIORITY** 

FAMILY INVOLVEMENT			
Are there procedures in place that provide information about adolescent suicide?	n to parents		Information can be found on WESD website: www.wesd.org/suicide prevention
<ul> <li>2. Are parents of our students educated about suicide of health issues?</li> <li>If yes: How is this communicated? <ul> <li>Emails</li> <li>Phone calls</li> <li>Texts</li> <li>Meetings</li> <li>Social media</li> <li>Other</li> </ul> </li> </ul>	nd related mental		"Finding the Right Training," page 36     AFSP's "More than Sad" parent module
<ul> <li>3. Are opportunities provided for parents to learn about suicide prevention?</li> <li>If yes: Are trainings offered? If so, which ones?</li> <li>QPR</li> <li>safeTALK</li> <li>ASIST</li> <li>Other</li> </ul>			
4. Have parents been told what the school is doing to p address the issue of suicide and what steps will be tal at risk to ensure safety?	revent and en if their child is		
NOTES	•	•	







1 (Need to do now) 2 (Need to do this year)

3 (Need to look at for next year) N/A (Not a priority)

YES/NO/UNSURE

**PRIORITY** 

RES	OURCES	
1.	Does your school have a list of community agencies and resources that could provide help and assistance to a student at risk for suicide?	"Pulling it all Together" WESD Example, page 60, "Recommended Resources"
2.	Are behavioral health services readily available to youth?  If yes: how do students, parents and staff learn about them?	See: Promoting Mental Health, page 15
3.	Are there established agreements with outside providers to provide effective and timely mental health services to students?  If yes: How do students become aware of this service?	
4.	Are there identified community partners to help in the event of a suicide?  If yes: Who?	AFSP's "After a Suicide: A Toolkit for Schools," page 18 ("Working with the Community")
5.	Are parents provided with a list of community resources and agencies to contact if they are concerned about their child being suicidal or following suicide behavior?	
NOTES _		
I		











Near the bottom of

general approach

to destigmatizing the

topic of suicide and learning how to refer

to the right people in times of crisis.

the pyramid, you will find a more

## Wondering what training is right for you and your staff?

This simple chart will help you choose what suicide prevention training is the best fit for your team.

www.livingworks.net

**Recommended for:** Guidance Counselors, Discipline Staff, and Teachers

## **Youth Mental Health First Aid**

www.mentalhealthfirstaid.org

Recommended for: All Staff

## Kognito www.kognito.com

**Recommended for:** All Staff

## safeTALK

**Recommended for: Student Resource Officers and Coaches** 

## Act on Facts www.sptsusa.org

**Recommended for: All Staff** 

www.qprinstitute.com

Recommended for: Students, Family, Community Members and All Staff

Near the top of the pyramid, you will find intensive training designed to provide adequate skills to deescalate crisis.





Abuse & Suicide



## **Recommended Staff Training Programs**

School suicide prevention programs should train your entire school community to identify suicide risk factors and warning signs. Choosing a training program for your school or district can be challenging. Select a program that meets your school or district's needs, readiness, and climate. We recommend the following programs. A more complete list of programs can be found in the SAMHSA Toolkit for High Schools (www.samhsa.gov).

Why this Training?	Audience	Facilitator	Cost* (Varies by trainer)
<ul> <li>✓ Identify and respond to people at immediate risk of suicide</li> <li>✓ Provide suicide first aid and intervention to students when high risk or having thoughts of suicide</li> <li>✓ Practice these skills in group and one on one interventions</li> <li>✓ Composed of lectures, small group discussions, and interactive exercises</li> </ul>	School counselors Identified Natural Connectors with Students Discipline/Administrative staff (deans/ assistant principals, SRO's) School Nurses Principals	Certified LivingWorks Trainers     Training available off-site	Varies by trainer and agency Counties often offer <b>FREE</b> Trainings
on > livingworks.net			
<ul> <li>✓ Assess risk of suicide or self-harm</li> <li>✓ Differentiate between typical adolescent behavior and signs/symptoms that a person may be developing a mental health disorder or experiencing a mental health crisis</li> <li>✓ Support youth in crisis</li> <li>✓ Develop crucial non-judgmental listening skills</li> <li>✓ Encourage youth to seek appropriate professional resources</li> <li>✓ Help youth help themselves</li> </ul>	<ul> <li>Department chairs in a school</li> <li>Interested teachers/ support staff.</li> </ul>	<ul> <li>Certified Mental Health First Aid USA Trainers</li> <li>Training available onsite</li> </ul>	FREE Offered by American Foundation for Suicide Prevention; based on grant funding availablity  \$200 per participant Offered by Lines for Life
tion > mentalhealthfirstaid.org			
<ul> <li>✓ Identify early warning signs</li> <li>✓ Learn how to approach students</li> <li>✓ Learn effective conversation strategies to talk about psychological distress</li> <li>✓ Make a referral to school support services</li> <li>✓ Motivate the student to seek help</li> </ul>	*GATEKEEPER TRAINING*  • Teachers  • Includes step-by-step modules for college students	Online     Uses role plays with animated and responsive avatars with a virtual coach	Varies by school district/ county
	<ul> <li>✓ Identify and respond to people at immediate risk of suicide</li> <li>✓ Provide suicide first aid and intervention to students when high risk or having thoughts of suicide</li> <li>✓ Practice these skills in group and one on one interventions</li> <li>✓ Composed of lectures, small group discussions, and interactive exercises</li> <li>On &gt; livingworks.net</li> <li>✓ Assess risk of suicide or self-harm</li> <li>✓ Differentiate between typical adolescent behavior and signs/symptoms that a person may be developing a mental health disorder or experiencing a mental health crisis</li> <li>✓ Support youth in crisis</li> <li>✓ Develop crucial non-judgmental listening skills</li> <li>✓ Encourage youth to seek appropriate professional resources</li> <li>✓ Help youth help themselves</li> <li>tion &gt; mentalhealthfirstaid.org</li> <li>✓ Identify early warning signs</li> <li>✓ Learn how to approach students</li> <li>✓ Learn effective conversation strategies to talk about psychological distress</li> <li>✓ Make a referral to school support services</li> </ul>	<ul> <li>✓ Identify and respond to people at immediate risk of suicide</li> <li>✓ Provide suicide first aid and intervention to students when high risk or having thoughts of suicide</li> <li>✓ Practice these skills in group and one on one interventions</li> <li>✓ Composed of lectures, small group discussions, and interactive exercises</li> <li>✓ Assess risk of suicide or self-harm</li> <li>✓ Differentiate between typical adolescent behavior and signs/symptoms that a person may be developing a mental health crisis</li> <li>✓ Support youth in crisis</li> <li>✓ Develop crucial non-judgmental listening skills</li> <li>✓ Encourage youth to seek appropriate professional resources</li> <li>✓ Help youth help themselves</li> <li>Identify early warning signs</li> <li>✓ Learn how to approach students</li> <li>✓ Learn effective conversation strategies to talk about psychological distress</li> <li>✓ Make a referral to school support services</li> <li>✓ Motivate the student to seek help</li> </ul>	Identify and respond to people at immediate risk of sulcide     Provide suicide first aid and intervention to students when high risk or having thoughts of suicide     Practice these skills in group and one on one interventions     Composed of lectures, small group discussions, and interactive exercises     School Nurses     Principals     School Nurses     Principals     Principals     School Nurses     Principals     Principals     School Nurses     Training available off-site     School Nurses     School Nurses     Principals     School Nurses     Principals     School Nurses     Training available off-site     Training available off-site     School Nurses     School Nurses     Training available off-site     School Nurses     School Nurses     Training available off-site     School Nurses     Training available off-site     Training available off-site



\*Cost is estimated at time of data retrieval.



#### **Recommended Middle School Student Curriculum**

#### **Suicide Prevention and Related Mental Health Issues**

Suicide prevention programs involving students can help reduce the risk of suicide when combined with strategies like staff training and protocols. Involving students in your suicide prevention strategy is a key factor in supporting and promoting mental health and wellness. Below is a vetted list of curriculum.

Program/Curriculum	Overview	Timeframe	Delivered by	Highlight	Cost*
LOOK, LISTEN, LINK  GRADES 6-8	<ul> <li>Define stress and anxiety; identify causes and symptoms in self and others; demonstrate healthy coping skills</li> <li>Understand facts about teen depression; recognize symptoms in a friend</li> <li>Name adult resources to go to for help Demonstrate 3 skills-Look, Listen, and Link</li> </ul>	<ul> <li>1-3 hour teacher training (encouraged, but not required)</li> <li>Four 45 minute lessons</li> </ul>	Teachers  'Frequently Asked Questions' answers included in curriculum materials	Based on research about middle school learners.  Curriculum authors relied heavily on feedback from Washington State middle school teachers and middle-school aged youth leaders.  Curriculum was beta tested with students from two culturally diverse seventh grade health classrooms in Washington State.	\$ \$250 (OUTSIDE OF WASHINGTON STATE)
For more information > cris	isconnections.org/get-trair	ning/school			
(SIGNS OF SUICIDE)  GRADES 6-8	<ul> <li>Recognize symptoms of depression and suicide in self and others</li> <li>Raise awareness among teachers and parents with prepared presentations</li> </ul>	<ul> <li>45 minute classroom Lessons x3 (1 ½ hours total)</li> <li>1 Hour Staff Presentation</li> <li>1 Hour Parent Presentation</li> </ul>	Teachers     Teacher Training included in curriculum materials	EVIDENCE BASED  Includes screening tool for depression and related suicide risk factors to complete for self or child	\$\$ \$500 (Add Signs of Self Injury: \$100)
For more information > spro	c.org				
GRADES 7-8	<ul><li>✓ Learn about suicidal behavior</li><li>✓ Recognize personal role in suicide prevention</li></ul>	<ul> <li>Four 45 minute or two 90 minute lessons</li> <li>1 ½ hour staff training</li> <li>1 ½ hour parent presentation</li> </ul>	Teachers/ Guidance Counselors  Teacher Training included in materials  Interactive teaching techniques, role-play	EVIDENCE BASED  Lifelines curriculum has three components. Purchased and use together or separately Prevention - Intervention - Postvention	\$\$\$ Prevention \$235 Intervention \$159 Postvention \$120 (Can be purchased and used separated

#### **Recommended Middle School Student Curriculum**

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Program/Curriculum	Overview	Timeframe	Delivered by	Highlight	Cost*
GRADES 6-8	<ul> <li>Promote mental wellness school wide via trained advisors and youth peer leaders</li> <li>Engage whole school community in creation of unique messaging tools</li> </ul>	<ul> <li>6 hours training for advisors</li> <li>4 hours training for peer leaders</li> <li>3-6 months for program implementation</li> </ul>	Teachers 2-5     Peer Leaders     20-50 students	Peer Leader Program Includes peer to peer interaction      Peer based school wide branding and messaging      Successful use in diverse/underserved communities	<b>\$\$\$\$</b> \$5,000
For more information > crisis	sconnections.org/get-trail	ning/schools			
YOUTHLINE CLASSROOM OUTREACH  GRADES 6-8	✓ Promote mental wellness, help-seeking behavior, and coping skills via trained adult educators and experienced youth peer leaders	<ul> <li>Choice of 45 to 90 minute classroom presentations</li> <li>One time guest presentations</li> </ul>	Oregon YouthLine staff and volunteers	Peer Led Discussions  Lessons for: Coping with Stress Understanding Bullying Peer Pressure	FREE

\*Cost is estimated at time of data retrieval.



## **Recommended High School Student Curriculum**

Involving students in your suicide prevention program can help reduce the risk of suicide, especially when combined with strategies like staff training and protocols. Students benefit from outreach programs, classroom lessons, and presentations that provide information, build skills, and raise awareness. Choosing a training program for your school or district can be challenging. Select a program that meets your school or district's needs, readiness, and climate. We recommend the following programs. A more complete list of programs can be found in the SAMHSA Toolkit for High Schools (www.samhsa.gov).

Program/Curriculum	Overview	Timeframe	Delivered by	Highlight	Cost*
YOUTHLINE Classroom Outreach Oregon YouthLine and Lines for Life  GRADES 9-12	✓ Promote mental wellness, help-seeking behavior, and coping skills via adult educators and experienced youth peer leaders	Choice of <b>45 to 90 minute</b> classroom presentations 1-2 classroom visits per year	Oregon YouthLine staff and volunteers	Peer Led Discussions Lessons for: - Coping with Stress - Suicide Prevention - Understanding Bullying - Peer Pressure - Teen Decision Making	FREE
For more information > oreg	onyouthline.org/our-lesso	ns			
GRADES 9-12	<ul> <li>✓ Learn about suicidal behavior</li> <li>✓ Recognize personal role in suicide prevention</li> </ul>	<ul> <li>Four 45 minute or two 90 minute lessons</li> <li>1 ½ hour staff training</li> <li>1 ½ hour parent presentation</li> </ul>	Teachers/ Guidance Counselors  Teacher Training included in materials  Interactive teaching techniques, role-play	EVIDENCE BASED  • Lifelines curriculum has three components. Purchased and use together or separately Prevention - Intervention - Postvention	\$\$\$ Prevention \$235 Intervention \$159 Postvention \$120 (Can be purchased and used separately)
For more information > haze	elden.org (search booksto	re)			
(Signs of Suicide)  GRADES 9-12	<ul> <li>Recognize symptoms of depression and suicide in self and others</li> <li>Raise awareness among teachers and parents with prepared presentations</li> </ul>	<ul> <li>45 minute classroom lessons x3 (1 ½ hours total)</li> <li>1 Hour Staff Presentation</li> <li>1 Hour Parent Presentation</li> </ul>	Teachers     Teacher Training     included in     curriculum materials	EVIDENCE BASED  Includes screening tool for depression and related suicide risk factors to complete for self or child	\$\$ \$300



## **Recommended High School Student Curriculum**

Involving students in your suicide prevention program can help reduce the risk of suicide, especially when combined with strategies like staff training and protocols. Students benefit from outreach programs, classroom lessons, and presentations that provide information, build skills, and raise awareness. Choosing a training program for your school or district can be challenging. Select a program that meets your school or district's needs, readiness, and climate. We recommend the following programs. A more complete list of programs can be found in the SAMHSA Toolkit for High Schools (www.samhsa.gov).

Program/Curriculum	Overview	<b>Timeframe</b>	<b>Delivered by</b>	Highlight	Cost*
RESPONSE: High School-Based Suicide Awareness Program  GRADES 9-12	<ul> <li>Gain awareness about suicide prevention, depression and suicidal ideation.</li> <li>Discover barriers that interfere with getting help.</li> <li>Help a Friend.</li> <li>Improve identification and referral process for at risk students</li> </ul>	<ul> <li>1 hour classroom lessons x4 (4 hours total)</li> <li>2 Hour Staff Training</li> <li>1 Hour Parent Training</li> </ul>	<ul> <li>School Wide Coordinator</li> <li>Teachers</li> <li>Teacher Training included in school kit</li> </ul>	Step-by-step instruction for implementation of Protocols and Programming     Staff training, parent education and student curriculum     Oregon specific version available     Recommendation for school readiness assessment and 2 staff to be ASIST trained	<b>\$\$</b> \$375
For more information > spre	c.org				
MORE THAN SAD American Foundation for Suicide Prevention  GRADES 9-12	✓ Raise Awareness for Suicide Prevention to increase knowledge related to teen suicide risk factors	• 60-90 minute presentations for: - Teens - Parents - Teachers	<ul> <li>Teachers</li> <li>Counselors</li> <li>American Foundation for Suicide Prevention (ASFP)</li> </ul>	INCLUDES INFORMATIONAL VIDEOS FOR:  • High School Students  • Teachers  • Parents  • Presents information for Prevalence of suicide  • Risk factors  • Resources	\$ DVD set of two \$50 Facilitator Materials FREE
For more information > afsp	o.org				
SOURCES OF STRENGTH  GRADES 9-12	<ul> <li>Promote mental wellness via trained advisors and youth peer leaders</li> <li>Engage school community via a variety of communication tools</li> </ul>	<ul> <li>6 hours training for advisors</li> <li>4 hours training for peer leaders</li> <li>3-6 months for program implementation</li> </ul>	Teachers     Peer Leaders	EVIDENCE BASED     Peer Leader Program includes peer to peer interaction     Peer based school wide branding and messaging     Successful use in diverse/underserved communities	<b>\$\$\$\$</b> \$5,000

For more information > sourcesofstrength.org



# PULLING IT ALL TOGETHER:

An Example of Suicide Prevention in Willamette Education School District









# SchoolBasedSuicide Resource Guide

A Guide to Youth Suicide Prevention, Intervention and Postvention procedures provided by Willamette Education Service District

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## **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.

## **Quick Notes: What Schools Need To Know**

- 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 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 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.
- 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.

## **Suicide Prevention Protocol**

Suicide can be prevented. Following these simple steps will help ensure a comprehensive school based approach to suicide prevention for staff and students.

#### Staff:

All staff should receive training (or a refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide. The RESPONSE curriculum and/or the QPR Suicide Prevention model provide training on best practices.

 RECOMMENDATION: All staff to receive QPR training once a year. Preview prevention, intervention, and postvention protocols.

Specific staff members receive specialized training to intervene, assess, and refer students at risk for suicide. This training should be a best practice and specific to suicide such as the internationally known ASIST: Applied Suicide Intervention Skills Training.

• RECOMMENDATION: Identify at least two staff members to be ASIST trained and be the "go-to" people within the school. All staff should know who the "go-to" people are within the school and are familiar with the intervention protocol.

## **Students:**

Students should receive information about suicide and suicide prevention in health class. The purpose of this curriculum is to teach students how to access help at their school for themselves, their peers, or others in the community.

RECOMMENDATIONS: (1)Use curriculum in line with Oregon State Standards for health such as RESPONSE. 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:**

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

 RECOMMENDATIONS: (1) List resources in the school handbook or newsletter. Partner with community agencies to offer parent information nights using research based programs such as QPR or RESPONSE. (2) Ensure cross communication between community agencies and schools within bounds of confidentiality.

## **Suicide Intervention Protocol**

## **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 or writing about death, dying, or suicide

**If a suicidal attempt, gesture, or ideation occurs or is recognized**, report it to the school counselor or school administrator. Call 911, if there is imminent danger. A Suicide Risk Assessment: Level 1 is performed by a trained school staff member. The screener will do the following:

- ✓ Interview student using Suicide Risk Assessment: Level 1 screening form
- ✓ Complete a Suicide Safety Plan, if needed
- ✓ Contact parent to inform and to obtain further information
- ✓ Determine need for a Suicide Risk Assessment: Level 2 based on level of concern
- ✓ Consult with another trained screener prior to making a decision to not proceed to a Level 2
- ✓ Inform administrator of screening results
- ❖ See following School Based Suicide Intervention Process flowchart for additional information

## **Recommended Resources:**

- National Suicide Prevention Lifeline 1-800-273-TALK, www.suicidepreventionlifeline.org
- Oregon YouthLine 1-877-968-8491 or Text teen2teen to 839863 www.oregonyouthline.org

#### To speak with a counselor or schedule an appointment:

Marion Co Youth & Family Crisis Svs (503) 576-4673 Polk County Mental Health (503) 623-9289 Yamhill Mental Health and Human Svs (503) 434-7462

For Emergencies: 911, local emergency room

# SCHOOL-BASED SUICIDE INTERVENTION PROCESS FOR MARION, POLK AND YAMHILL COUNTIES

SUICIDAL ATTEMPT, GESTURES OR IDEATION OCCURS & IS RECOGNIZED

EVENT IS
REPORTED TO
COUNSELOR OR
SCHOOL
ADMINISTRATOR



INITIATE
PROTECTIVE
RESPONSE IF
IMMINENT DANGER
EXISTS (911)



## SUICIDE RISK ASSESSMENT: LEVEL 1 (BY TRAINED SCHOOL STAFF MEMBER)

- Screener interviews student using screening form
- Screener contacts parents to inform and to obtain further information.
- Screener determines need for level 2 suicide risk assessment based on level of concern
- Screener consults with another trained screener or assessor prior to making a decision to not proceed to a Level 2 Suicide Risk Assessment
- Screener informs administrator of screening results

## STUDENT SUPPORT PLAN

## SCHOOL TEAM (ADMINISTRATOR AND COUNSELOR) WITH PARENT AND STUDENT INITIATES A SUPPORT PLAN WHICH MAY INCLUDE:

- School, family, community components
- Monitoring, supervision
- Confidentiality
- Personal safety plan
- Referral
- Precautionary removal of lethal means from student's environment
- Review

## SUICIDE RISK ASSESSMENT: LEVEL 2 (BY MENTAL HEALTH PROFESSIONAL [ASSESSOR])\*

- Requires parent permission, unless student is 14 or older.
   If parent is unavailable or unwilling to consent and the risk of self-harm per screening is high, the school team calls mental health or law enforcement.
- Assessor interviews student, collects collateral information from other pertinent sources and makes risk determination.
- Assessor determines need for immediate intervention.
   (e.g. in-home or out-of-home respite, hospitalization, etc.)
- Assessor shares concerns and recommendations with school team and parent.

#### \*Call the following to request a Level 2 - Suicide Risk Assessment

• Marion County Youth & Family Crisis Services

503-576-4673

• Polk County Mental Health

503-623-9289, 1-800-560-5535 (after hours)

· Yamhill Family & Youth Services

503-434-7462, 1-800-842-8200 (after hours)



#### Suicide Risk Assessment - Level 1

## 1. **IDENTIFYING INFORMATION** ID: \_\_\_\_\_ School: \_\_\_\_ DOB: \_\_\_\_ Age:\_\_\_\_\_IEP/504?\_\_\_\_\_Address:\_\_\_\_ Parent/Guardian #1 name/phone # (s): Parent/Guardian #2 name/phone # (s): Screener's name: \_\_\_\_\_\_\_Position: \_\_\_\_\_\_ Contact Info: Screener consulted with: \_\_\_\_\_\_ at the school. 2. REFERRAL INFORMATION Who reported concern: Self O Peer O Staff O Parent/Guardian O Other O What information did this person share that raised concern about suicide risk? INTERVIEW WITH THE STUDENT 3. A. Does the student exhibit any of the following warning signs? O Written statements, poetry, stories, electronic Recent personal or family loss or change (i.e., death, media about suicide divorce) O Withdrawal from others Recent changes in appetite O Preoccupation with death O Family problems O Feelings of hopelessness O Giving away possessions O Current trauma (domestic/relational/sexual abuse) Substance Abuse/Mental Health Issues O Current psychological/emotional pain Orisis within the last 2 weeks O Discipline problems O Stresses from: gender ID, sexual orientation, ethnicity Other signs: Oconflict with others (friends/family) O Experiencing bullying or being a bully Does the student admit to thinking about suicide? Yes O No O Does the student admit to thinking about harming others? Yes O No O Yes O No O Does the student admit to having a plan? If so, what is the plan (how, when, where)? Yes O No O Explain: \_\_\_\_ Is the method available to carry out the plan? Yes O No O If yes, describe: \_\_\_\_\_ Is there a history of previous gesture(s) or attempts? Yes O No Explain:

Is there a family history of suicide?

psychiatric (	dent been recently discharged from care? Yes O No O Date/Explain:
	e student have a support system?  t an adult the student can talk to at home:
List	t an adult the student can talk to at school:
Ad	ditional supports:
C. Protectiv	ve Factors (see supplemental Risk & Protective Factor sheet):
PARENT/	GUARDIAN CONTACT
1. Na	me of parent/guardian contacted:Date contacted:
2. Wa	as the parent/guardian aware of the student's suicidal thoughts/plans? Yes \( \cap \) No \( \cap \) rent/Guardian's perception of threat?
ACTIONS	
_	
Yes ()	No Called 911 (Contact date/time/name)
Yes 🔾	No Safety Plan created with student
Yes ○ Yes ○	No Copy of Safety plan given to student, original placed in CUM file
Yes 🔾	No Parent/guardian contacted  No Released back to class after Parent (and/or Agency) confirmed plan and follow up p
163	established. Notes:
Yes 🔾	No O Released to parent/guardian
Yes 🔘	No Parent/guardian took student to hospital
Yes 🔾	No O Parent/guardian scheduled mental health evaluation appointment
	Notes:
Yes 🔘	No O Provided student and family with resource materials and phone numbers
Yes 🔾	No O School Counselor/School Psychologist/School Nurse follow up (date/time) schedule
Yes 🔾	No O School Administrator notified (date/time):
Limited or N	NO risk factors noted. NO FURTHER FOLLOW-UP NEEDED.
Consulted w	with and approved by:  1
	2
Several risk	factors noted but no imminent danger. Completed Safety Plan. Will follow up with student on
Date/time:	



## Suicidal Behavior Risk and Protective Factors

#### **Risk Factors**

- Current plan to kill self
- Current suicidal ideation
- Access to means to kill self
- Pervious suicide attempts
- Family history of suicide
- Exposure to suicide by others
- Recent discharge from psychiatric hospitalization
- History of mental health issues (major depression, panic attacks, conduct problems)
- Current drug/alcohol use
- Sense of hopelessness
- Self-hate
- Current psychological/emotional pain
- Loss (relationship, work, financial)
- Discipline problems
- Conflict with others (friends/family)
- Current agitation
- Feeling isolated/alone
- Current/past trauma (sexual abuse, domestic violence)
- Bullying (as aggressor or as victim)
- Discrimination
- Severe illness/health problems
- Impulsive or aggressive behavior
- Unwilling to seek help
- LGBT, Native-American, Alaskan Native, male

#### **Protective Factors**

- Engaged in effective health and/or mental health care
- Feel well connected to others (family, school, friends)
- Positive problem solving skills
- Positive coping skills
- Restricted access to means to kill self
- Stable living environment
- Willing to access support/help
- Positive self esteem
- Resiliency
- High frustration tolerance
- Emotional regulation
- Cultural and/or religious beliefs that discourage suicide
- Does well in school
- Has responsibility for others



## **SAFETY PLAN**

Student Name:	DOB:	Date of Plan:
Warning signs that I am not safe:		
1.		
2.		
3.		
Things I can do to keep myself safe (in the ca	ase that I was thinking about suicide):	
1.		
2.		
3.		
An adult I can talk to at home when I feel it	would be better if I were not alive:	
An adult I can talk to <u>at school</u> when I feel it	would be better if I were not alive:	
My plan to reduce or stop use of alcohol/dr	ווסגי	
1.	идэ.	
2.		
3.		
Identify reasons for living:		
1.		
2.		
3.		
I can call any of the numbers below for 24 H	lour Crisis Support.	
National Suicide Prevention Lifeline 1-800-2 Oregon Youthline 1-877-968-8491 or text "te		
Marion County Crisis Line: (503) 576-HOPE (-Polk County Crisis Line: (503) 623-9289, 1-8 Yamhill Crisis Line: 503-434-7462, 1-800-847	00-560-5535 (after hours)	
My follow-up appointment is:		with

## **Suicide Postvention Protocol**

Schools must be prepared to act and provide postvention support and activity in the event of a serious attempt or a completed suicide. Suicide Postvention has been defined as "the provision of crisis intervention, support and assistance for those affected by a suicide" (American Association of Suicidology).

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*):

- 1. 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.
- 2. It is important to not "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media.
- 3. Is 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.
- 4. Families and communities can be especially sensitive to the suicide event.
- 5. Know your resources.

#### **Postvention Goals:**

- Support the grieving process
- Prevent imitative suicides identify and refer at-risk survivors and reduce identification with victim
- Reestablish healthy school climate
- Provide long-term surveillance

## **Postvention Response Protocol:**

- √ Verify suicide
- ✓ Estimate level of response resources required
- ✓ Determine what and how information is to be shared do NOT release information in a large assembly or over the intercom
- ✓ Mobilize the Crisis Response Team
- ✓ Inform faculty and staff
- ✓ Identify at risk students and staff
- ✓ Be aware that persons may still be traumatized months after the event. Refresh staff on prevention protocols and be responsive to signs of risk

## **Risk Identification Strategies:**

- ➤ **IDENTIFY** students/staff that may have witnessed the suicide or it's aftermath, have had a personal connection/relationship with the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
- ➤ MONITOR student absentees in the days following a student suicide, those who have a history of being bullied, who are LGBTQ, who are participants in fringe groups, and those who have weak levels of social/familial support
- ➤ **NOTIFY** parents of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents, provide information on community based funeral services/memorials, and collaborate with media, law enforcement and community agencies.

#### Key Points to emphasize to students, parents, media:

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death
- Mental illness etiology
- Normalize anger
- ♦ Stress alternatives
- Help is available

#### **CAUTIONS:**

- Avoid romanticizing or glorifying event or vilifying victim
- ♦ Do not provide excessive details, describe the event as courageous or rational
- ♦ Do not eulogize victim or conduct school-based memorial services
- Address loss but avoid school disruption as best as possible

(School Postvention - www.sprc.org)

## **Recommended Resources:**

- After A Suicide: A Toolkit for Schools www.afsp.org
- Suicide Prevention Resource Center www.sprc.org
- American Foundation for Suicide Prevention www.afsp.org

#### To speak with a counselor or schedule an appointment:

Marion Co Youth & Family Crisis Svs (503) 576-4673 Polk County Mental Health (503) 623-9289 Yamhill Mental Health and Human Svs (503) 434-7462

For Emergencies: 911, local emergency room

## **Confidentiality**

#### HIPAA and FERPA

School employees, with the exception of nurses and psychologist who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is in 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

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, 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 parents. It also increases the likelihood that the student will come to that school staff again if he/she 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.

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## **Research Sources**

Information for this guide was derived from the following sources:

- 1. After a Suicide: A Toolkit for Schools. American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup, 2011.
- 2. King, Keith A., 15 "Prevalent Myths about Adolescent Suicide", Journal of School Health April 1999; Vol. 69, No.4:159
- 3. Rudd, MD, Berman AL, Joiner, TE, Jr., Nock MK, Silverman, MM, Mandrusiak, M, et al. (2006). Warning Signs for Suicide: Theory, Research, and Clinical Applications. *Suicide and Life-Threatening Behavior*, 36 (3), 255-262.
- 4. Suicide Prevention, Intervention and Postvention Policies and Procedures. Developed by Washington County Suicide Prevention Effort, August 2010.
- 5. www.oregon.gov/DHS/ph/ipe
- 6. www.surgeongenteral.gov
- 7. www.sprc.org