

Procedure Suicide Prevention

A. Prevention

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

1. Student Health Education Program

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

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

2. Student Responsibility

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

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

3. Staff Training

The district's suicide prevention training will help staff identify and respond to students at risk of suicide. The training will be offered under the direction of district staff through Safe Schools and/or in cooperation with one or more community mental health or public health agencies and may include information on:

- a. Identifying risk factors such as previous suicide attempts, history of depression or mental illness, substance use problems, bullying and harassment, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability and other factors;

- b. Warning signs that may indicate suicidal intentions, including changes in students' appearance, personality or behavior;
 - c. School and community resources/services; and
 - d. District procedures for intervening when a student attempts, threatens, discloses the desire to commit suicide or displays other indicators.
4. **Principal/Designee Prevention Planning**
School administrative teams will designate specific individuals to be contacted with reasonable promptness under the circumstances regarding a suicide threat including, as possibilities, the school counselor, psychologist, nurse, superintendent, the student's parent/guardian and, as necessary, local law enforcement or mental health agencies.

The principal or counselor may develop a reentry plan, including a student/staff support plan for use after a suicide attempt or hospitalization.

B. Intervention

Whenever a staff member suspects or has knowledge of a student's suicidal intentions he/she will take proper steps to support the student, promptly notify the principal or school counselor and request that appropriate school staff conduct an initial risk interview or an appropriate course of action for the situation.

The principal or counselor will then notify the student's parents/guardians as soon as possible, unless notification of the parents will jeopardize the student's safety. The district may also refer the student to mental health resources in the community.

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

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

C. Parent Responsibility

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

1. Ask the parent/guardian whether he or she is aware of the student's mental state;
2. Ask the parent/guardian how he/she will obtain mental counseling or appropriate support for the student;
3. Provide names of community counseling resources, if appropriate, and offer to facilitate the referral;
4. Discuss the student's reentry into school.

D. Post-Event

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

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

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

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

Schools and families will work together to develop an appropriate plan to memorialize a student.

E. Communications

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

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

F. Resources

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

1. Prevention Resources:

- a. Washington Youth Suicide Prevention Program, www.yspp.org, 206-297-5922;
- b. Washington State Department of Health, www.doh.wa.gov/preventsuicide; 360-236-2800;
- c. NEW ESD101 Prevention Programs <https://esd101.net/services/prevention>, (509)789-3585;
- d. 211 System – This is an information referral service, it assists with providing resources in your community; and
- e. Additional prevention resources are listed at www.9mile.org website, located at this link. (Will Need to Insert Link)

2. Crisis Response Resources:

- a. Emergency Response: 911
- b. Local Crisis Hotline (List here the number for your community);
- c. National LifeLine: 1-800-273 and Talk (8255)
- d. Local Community Mental Health Center
Regional Crisis Line (Spokane & Stevens Counties): 1-877-266-1818
- e. Additional prevention resources are listed at www.9mile.org website, located at this link. (Will Need to Insert Link)

Adopted: July 17, 2019
Revised: September 15, 2021