

Perrydale School District

Suicide Prevention,
Intervention, and
Postvention Plan





PERRYDALE SCHOOL DISTRICT

The Perrydale School District is committed to developing mental health supports and social and emotional learning with a trauma informed lens to support the development of the whole child. This work is rooted in a commitment to the health and well-being of all students and includes having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. This suicide prevention plan not only complies with Senate Bill 52 and the Perrydale School District Suicide Prevention Policy, it may also play an important role in saving lives. Perrydale School District:

- recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- further recognizes that suicide is a leading cause of death among young people
- has an ethical responsibility to take a proactive approach in preventing deaths by suicide acknowledges its role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience
- acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components
- will publish its policy and plan on their website and will revisit and refine the plan regularly





HIPAA & 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”.

EXCEPTIONS

EXCEPTIONS for parental notification: 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 involve





DID YOU KNOW?

Suicide is the leading cause of death for ages 10-24

More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, COMBINED

Each day in our nation, there is an average of over 5,240 attempts by young people grades 7-12

Four out of five teens who attempt suicide have given clear warning signs

RISK FACTORS

Risk factors increase possibility of suicide, but they might not be direct causes. A combination of situations could lead someone to consider suicide.

- Family history of suicide
- Depression, or substance use
- Previous suicide attempts
- untreated depression, anxiety or other mental illness
- Incomplete comprehension of a death. (If a child doesn't understand the consequences of their actions, they may be more likely to take deadly risks)
- Self-harm such as repetitively picking wounds, sticking pins into skin, biting fingernails to cause bleeding or pain, self-hitting or cutting.
- Learning difficulties or lack of success in school (child may believe they are a failure)
- Exposure to physical, emotional, or sexual trauma
- Unstable home environment resulting from situations such as divorce, frequent moves, or multiple caregivers (child may blame themselves for their circumstances)
- Negative school experiences such as bullying
- Significant recent losses such as the death of a parent, close friend, or pet
- Access to means of suicide such as firearms or prescription drugs
- LBGTQ+, Native-American, Alaskan Native



WARNING SIGNS

Older Youth

- Feeling like a burden
- Being isolated
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping to little or to much
- Talking or posting about wanting to die
- Making plans for suicide
- Bullying/being bullied
- Harassment
- Sexual Harrassment
- Dating violence
- Cyberbullying

Younger Youth (12 and under)

- Excessive somatic complaints
- Anxiety/worry
- Sleep problems/nightmares
- Constant fidgeting/movement
- Expression in writing or art
- Withdrawal
- Crying spells
- Increased anger, frustration, temper tantrums
- Becoming less verbal
- Attempting self-harm cutting skin rubbing objects repeatedly to break skin
- Marked decline in school work
- absenteeism
- Bullying/being bullied
- Cyber bullying
- Harassment

WARNING SIGNS FOR SUICIDE

IMMEDIATE DANGER

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



PROTECTIVE FACTORS

PROTECTIVE FACTORS

- Engaged in effective health and/or MH care
- Positive problem-solving skills
- positive coping skills
- Restricted access to means to kill self
- Reasonably safe and stable living environment
- Willing to access support/help
- Positive self esteem
- Resiliency
- High frustration tolerance
- Cultural and/or religious beliefs that discourage suicide
- Does well in school
- Sense of purpose and future orientation
- School climate/positive connection
- Strong sense of self-worth or self-esteem
- Responsibilities/duties to others (pets, younger siblings, friends, etc...)
- Connectedness
 - Family
 - Peers
 - School
 - Trusted adults
 - Community





Senate Bill 52 requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-12. Following these simple steps will help ensure a comprehensive school based approach to suicide prevention for both staff and students.

District Policy Implementation – A district-level suicide prevention coordinator shall be designated by the Superintendent. This may be an existing staff person.

- The district suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the school district.
- The suicide prevention coordinator will be the contact person when a student has been identified as needing a possible suicide intervention

STAFF TRAINING

Staff Professional Development – All staff will receive a minimum of an initial two-hour, QPR training in suicide prevention.

- After the initial training, subsequent annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention will be offered.
- The professional development may include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.
- Additional professional development in risk assessment and crisis intervention will be provided to designated school suicide prevention points of contact. Recommendation is that two staff members too be trained in ASIST Suicide Prevention Training.
- All staff members shall report the names of students they believe to be at elevated risk for suicide to the administrator and/or designated building staff.
- School employees act only within the authorization and scope of their credentials or licenses. This policy does not authorize or encourage a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.



INTERVENTION

- If imminent danger exists (an attempt has been made or student has access to lethal means and a plan) activate protective response: CALL 911
- If warranted, every attempt will be made to ensure that the student is under continuous adult supervision during this time.

Upon notification, the designated staff member and/or administrator shall complete a Suicide Risk Assessment Level 1.

- Every attempt will continue to be made to ensure that the student is under continuous adult supervision during this time. This will be ensured by a designated staff member.
- If the assessment is being conducted virtually or by phone, designated school staff will make every attempt to inform the student's parent/guardian of the situation, unless doing so could result in further harm to the student.
- Emergency services will be contacted immediately if an imminent threat and/or a known attempt is made.
- Screener interviews student using screening form (attached with plan)
- Screener will work with student to complete Safety Plan (attached with plan)
- 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.

If a referral for a Suicide Risk Assessment Level 2 is determined, after a Level 1 is completed, staff will reach out to the Polk County Crisis Team for addition support.

- Level 2 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 crisis team 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 admin staff



POSTVENTION

- Verify suicide - offer supports to family
- 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

RE-ENTRY PROTOCOL

- For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school-employed mental health professional will meet with the student's parent or guardian, and if appropriate, meet with the student to develop the student's safety and support plan with school staff.
- An administrator or designated school staff will be identified to coordinate re-entry with the student or their parent or guardian. The designated school staff and/or administrator will seek authorization to coordinate with any outside mental healthcare providers.
- The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
- Confidentiality is critical in protecting the student and enabling school personnel to render assistance. The school-based mental health professional will discuss with the student and parent or guardian the information that identified staff need to know to support the student's academic, social, emotional, and physical needs.
- The designated staff person will periodically check in with student and parent or guardian to help the student readjust to the school community and address any ongoing concerns



Willamette

EDUCATION SERVICE DISTRICT

Suicide Risk Assessment - Level 1

Date: _____
Time: _____

1. IDENTIFYING INFORMATION

Name: _____ ID: _____ School: _____
DOB: _____

Age: _____ IEP/504? _____ Medicine/Health information:

Address: _____

Parent/Guardian #1 name/phone # (s):

2. REFERRAL INFORMATION

Parent/Guardian #2 name/phone # (s):

Who reported concern: _____
 Self Peer Staff Parent/Guardian Other

Screeners name: _____ Contact information (if Position:
When was concern disclosed: _____ applicable): _____

What information did this person share that raised concern about suicide risk?

3.

WARNING SIGNS/RISK FACTORS

- Expressions of wanting to die, of being gone, or of death in any manner in their: death, divorce)
- Recent personal or family loss or change (i.e., suicide, death, divorce)
- Writing
- Recent changes in appetite, behavior, sleep
- Verbal
- Family problems
- Drawing
- Giving away possessions
- Social Media
- Current/past trauma (domestic/relational/sexual abuse)
- Withdrawal from others
- Crisis within the last 2 weeks
- Preoccupation with death
- Stresses from: gender ID, sexual orientation, ethnicity
- Feelings of hopelessness/self-hate
- Engages in high risk behavior
- Substance Abuse
- Exposure and/or access to weapons, violent video games
- Current psychological/emotional pain
- Unmet basic needs
- Discipline problems
- Mental Health concerns

4. CURRENT SUICIDE SEVERITY RATING SCALE (C-SSRS) – Fill out and attach separate screening form

LOW RISK MEDIUM RISK HIGH RISK

5.

PROTECTIVE FACTORS
 Self-harm (see NSSI Assessment & Protocol)
 Experiencing bullying or being a bully

- Engaged in effective health and/or MH care
- 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

- Other signs: _____
- Resiliency
- High frustration tolerance
- Emotional regulation
- Cultural and/or religious beliefs that discourage suicide
- Does well in school
- Feels well connected to others (family, school, friends)
- Has responsibility for others

6. PARENT/GUARDIAN CONTACT

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

<input type="radio"/> Left a Voicemail <input type="radio"/> Parent/Guardian Answered Date: _____ Time: _____ Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes <input type="radio"/> No	
<input type="radio"/> Parent/Guardian Called Back Date: _____ Time: _____ _____ _____	
Parent Action Plan – Additional Notes: <input type="radio"/> Will transport child to a mental health evaluator (i.e. hospital, County Mental Health, private therapist) Mental Health evaluation appointment date: _____ <input type="radio"/> Needs additional support Other: <input type="radio"/>	

7. CONSULTED WITH administrator (recommended) and/or another trained professional

1. _____
2. _____

8. POTENTIAL SCHOOL ACTION PLANS

- Determined if Student Coping Plan was needed
 - Limited risk factors; Student Coping Plan not needed
 - Filled out a Student Coping Plan. One copy given to student, original placed in Confidential file and/or CUM file
 - Provided student and family with resource materials and phone numbers
 - Parent/guardian contacted
 - Released back to class after Limited or NO risk factors noted
 - Released back to class after parent (and/or Agency) contacted and follow up plan established
 - Released to parent/guardian
 - Called 911. Contact name/date/time: _____
 - Parent/guardian took student to hospital
 - Parent/guardian scheduled mental health evaluation appointment - Notes: _____
 - School Counselor/School Psychologist/School Nurse follow up scheduled - Date/Time: _____
- Limited risk factors noted. NO FURTHER FOLLOW-UP NEEDED.
- Several risk factors noted but no imminent danger. Completed Student Coping Plan with student. Will follow up with student on Date/time: _____
- Several risk factors noted and referred for a Suicide Risk Assessment - Level 2 with a crisis worker from the county

Student Name: _____

Screener Name: _____

Date: _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
	YES	NO
Ask questions that are bolded and underlined.		
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6. 3)		
E.g. " <u>Have you been thinking about how you might do this?</u> <i>I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it.</i>		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>I have the thoughts but I definitely will not do anything about them.</i> As opposed to " <u>Have you started to work out or worked out the details of how to kill yourself?</u>		
5) <u>Do you intend to carry out this plan?</u>		

6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>	YES	NO
	Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>	

- Low Risk
- Moderate Risk
- High Risk

NOTES:



Perrydale

SCHOOL DISTRICT

7445 Perrydale Rd 503-623-2040 / 503-835-3184 / 503-835-7575
Amity, OR 97101 Fax: 503-835-0631

To parent/guardian,

We are concerned about the safety and welfare of your child. We have been made aware that your child may be suicidal. All expressions of suicidal behavior are taken very seriously within the Perrydale School District and we would like to support you and your student as much as possible during this time. To assure the safety of your child, we suggest the following:

- Your child needs to be supervised closely. Assure that your child does not have access to firearms or other lethal means (such as rope, weapons, knives, medications) at your house or at the home of neighbors, friends, or other family members. The local Police Department can speak to you about different ways of removing, storing, or disposing of firearms.
- Seek professional help for your child. When a child is at risk for suicide it is extremely important they be seen by a qualified mental health professional for an assessment. Someone from your child's school can assist you in finding resources or you can contact your insurance company directly. Your child will need support during this crisis.
- Your child may need reassurance that you love them and will get them the care they need. Experts recommend being sensitive to their needs by being patient and calm, conveying concern and showing love with no strings attached. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect.
- We may need to develop a re-entry plan with you before your child can return to school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members. This is to ensure your child's safety while at school.

**If you have an immediate concern for your child's safety, please call 911, go to the nearest hospital emergency room, or call one of the crisis lines listed below. Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe. Polk County Crisis Line: (503) 623-9289 Weekdays 8:00 am – 5:00 pm (excluding holidays) (503) 581-5535 or (800) 560-5535 – Outside of regular business hours