

Smith Academy for Excellence Suicide Policy

I. Policy Statement

It is the responsibility of the Smith Academy for Excellence (SAFE) to provide a safe, supportive, and culturally responsive school environment for all students. The SAFE School Board believes that suicide is a preventable public health problem and acknowledges that all students have the right to be protected from those indicators that put students at higher risk for suicide. The board thus acknowledges the necessity of this policy to ensure school personnel are able to recognize and report students at risk of suicide.

II. Purpose

- a. To protect the health and well-being of all SAFE students.
- b. To establish procedures to prevent, assess the risk of, intervene, and respond to suicide risk in students, staff, and volunteers and make referrals as needed.
- c. To educate all school personnel on their role in providing an environment that is sensitive to individual and societal factors and one which helps to foster positive youth development.
- d. To ensure that all efforts will be made to maintain the privacy and dignity of students and families.
- e. To identify the Suicide Prevention Coordinator and other lead personnel.
Suicide Prevention Coordinator (District) __ Corey Smith _____
School Suicide Prevention Coordinator __ Corey Smith _____
Designee(s) when the coordinator is not immediately available _Michael Muter

III. Suicide

a. Definitions

- i. Crisis Team (title of the team may be changed to match school's terminology): A multidisciplinary team comprised primarily of administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery, including for suicide related situations. These professionals have been specifically trained in suicide intervention and crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports. Crisis team members include: _Corey Smith, Michael Muter, Thomas Smith, Erin Smith _____
- ii. Mental Health: A state of mental and emotional wellbeing that can impact choices, actions, and relationships that affect wellness.

- iii. **Suicide Postvention:** A crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
- iv. **Risk Determination/Assessment:** An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
- v. **Risk Factors for Suicide:** Characteristics or conditions that increase the chance that a person may try to take his/her life. Suicide risk tends to be highest when several risk factors are present at one time. Risk factors may include biological, psychological, and /or social factors in the individual, family and environment.
- vi. **Self-harm:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. It can be categorized as either non-suicidal self-injury or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
- vii. **Suicidal Ideation:** Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.
- viii. **Suicidal Behavior:** These behaviors include suicide attempts, intentional injury to self, associated with at least some level of intent, developing a plan or strategy for suicide, writing a suicide note, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
- ix. **Suicide Attempt:** A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
- x. **Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death. Parent

acknowledgement that the death was a suicide is strongly recommended before discussing the death as a suicide with the students.

- xi. District-Level Suicide Prevention Coordinator: The district-level coordinator may be an existing staff member and is designated by the Superintendent with the responsibility of planning and coordinating implementation of this policy for the school district.
- xii. School Suicide Prevention Coordinator: Appointed at the building level by the school principal to act as a point of contact in each school for issues relating to suicide prevention and policy implementation (including documentation). All staff members report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator. In the absence of the school suicide prevention coordinator, the school counselor/school social worker/mental health professional or an administrator would be the designee.

*The district and school coordinators are considered best practice (or recommended) but are not positions required by law.

Additional definitions can be found in Appendix A of the Resource Guide for Indiana Schools.

b. Risk Factors

The student:

- i. has made a previous suicide attempt(s);
- ii. has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition;
- iii. has thought about the potential means of death and may have a plan;
- iv. may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain;
- v. has had a parent/guardian or other close family member die by suicide.

IV. Response Procedures

First responders/Staff:

- a. School personnel may ask some initial screening questions, if appropriate, or make a referral to the suicide prevention coordinator for initial screening and assessment (see Appendix H, *What Can I Say?*, in the resource guide).
 - i. Listen to the student with an open and non-judgmental stance; do not dismiss or undervalue what is being shared; be supportive and offer hope.
 - ii. It is ok to ask the student if he/she has been thinking about suicide.
- b. Always take the threat of harm seriously.
- c. Take immediate action, which may include calling 911 and/or local law enforcement if the student is in imminent danger.

- d. Notify the School Suicide Prevention Coordinator so s/he can meet with the student and conduct a suicide risk assessment.
- e. The student should NOT be left unsupervised.
- f. Notify a school administrator regarding the potential risk.
- g. Document date, time, individuals involved, summary of conversation, etc. and share with the Suicide Prevention Coordinator.
- h. Following the referral, debrief with appropriate staff involved in the student's referral process (avoid sharing details that may be considered privileged communication or unnecessary details that the student may wish to remain private).

The following should be conducted by the School Suicide Prevention Coordinator or designee:

- i. Complete a Suicide Screening (if this hasn't already taken place) and/or a Suicide Assessment to determine or confirm suspected suicide risk. (*NIMH Suicide Risk Screening Tool*).
- j. Communicate with the student about contacting parents. Include the student in this conversation with the parent, when possible and appropriate.
- k. Contact the parent/guardian when there is any risk of harm to inform of the situation and request active involvement in support of the student. The following should be addressed with the parent:
 - i. seriousness of the situation;
 - ii. do not assume the student is seeking attention;
 - iii. a list of community mental health agencies/counselors;
 - iv. information about when it is necessary to seek outside professional help;
 - v. the need for ongoing and continuous monitoring at home;
 - vi. increasing safety measures in the home, ensuring the home is free of potential safety concerns;
 - vii. the desire and importance of working collaboratively with the student;
 - viii. the need to follow a safety plan and update it as needed;
 - ix. a request for a release of information form so communication between the school and outside health provider can take place to best support the student;
 - x. a request for the parent/guardian to stay in contact with the school and to be involved at the re-entry meeting for the student (see Appendix O, Parent Information, in the resource guide);
 - xi. when appropriate, assist family with urgent referral and/or calling emergency services;
 - xii. support for families who don't speak or understand English, require an interpreter, etc. It's important not to have the student or other family member translate.

- l. If reasonable attempts to reach the parent/guardian or adult in whose custody the student may be released are not successful, the case will be treated as a medical emergency and arrangements will be made to contact appropriate medical services or local law enforcement. Documentation of all parties attempted to be reached will be made.
- m. Failure on the part of the family to take seriously and provide for the safety of the student may be considered emotional neglect and reported to the Indiana Department of Child Services.
- n. Develop a safety plan for the student. When possible, this should be developed collaboratively with the student, parent, and any other individual(s) determined to be appropriate. The plan should be shared with school administration and other personnel who will be involved in the implementation of the plan (see resource guide, Appendix L).
- o. Once imminent risk to harm oneself or others is shared, confidentiality is not maintained (no longer considered privileged communication). Inform the School Administrator (who should contact the District Suicide Prevention Coordinator) regarding the imminent risk (danger to self and others), risk level, recommendations, and safety plan.
- p. ALL actions and assessments must be documented. This should include screening and assessment results, behavioral observations; actions taken, including dates, times, individuals involved; a copy of the safety plan; phone calls; conversations; and follow-up actions. This documentation must be kept by the Suicide Prevention Coordinator in a secure file cabinet, separate from a student's cumulative folder or academic file. It is critical to keep this documentation separate, secure, and confidential.
- q. The school administrator and suicide prevention coordinator should be informed regarding follow-up services, re-entry plan, and recommendations for the student to return to school.

V. Reporting to State Authorities

- a. If after informing the parent of the situation, failure by the parent or the family to take seriously and provide safety for the student may be considered emotional neglect and may be reported to the Indiana Department of Child Services.
- b. If it is determined by school staff that contacting the parent or guardian would endanger the health or well-being of the student, parent contact may be delayed as appropriate, and DCS and/or local law enforcement should be notified immediately. The school should document reasons for which parents were not immediately notified and information that demonstrates the student's health or well-being was assumed to be in danger. The school administrator or designee

must stay at school with the student until the proper authorities arrive and assume responsibility for the child.

VI. Support for Students

- a. School Counselor/Social Worker/Nurse have a current list of community-based mental health resources. (see Section VIII)
- b. School employees, including the suicide prevention coordinator or designee and teachers(s), will collaborate with the family and community resource(s) involved to prepare for re-entry and to continue to monitor the student's safety plan and additional supports needed.
- c. Counseling
 - i. In-School:
 1. School Counselors, School Social Workers, School Psychologists, Nurses, and other appropriate school personnel are available to provide support and counseling to students who are victims or alleged victims of abuse.
 2. School employees should act only within the authorization and scope of their credential or license. Only those employees with counseling expertise should provide counseling services.
 - ii. Community
 1. Community referrals may need to be made as necessary. The school should have a list of community resources available for the student and family.
 2. A signed release form may be necessary to communicate with community counselors/therapist.
- d. Multidisciplinary/Student support/intervention team meetings should occur for the purpose of providing services and supports to students in need. To the extent permitted by confidentiality laws, information may be shared and concerns discussed to coordinate planning services for the student. Appropriate school personnel may also request information outside of the team meeting to coordinate services that may be provided in the community.
- e. Academic support available, if needed, for a child to continue to be successful in school.
- f. In the case of a student suicide, postvention plans need to be implemented.

VII. School Employee Training

- a. **Staff Training Required by Indiana Law**
 - i. Per IC 20-28-3-6, after June 30, 2018, evidence-based youth suicide awareness and prevention training is required for all teachers, including Superintendent licensed under IC 20-28-5; principal; teacher; librarian; school counselor; school psychologist; school nurse; school social worker;

and any other appropriate school employees who are employed at schools that provide instruction in any combination of grades 5-12.

Training:

1. must be during the teacher or school employee's contracted day or at a time chosen by the employee;
 2. may include an in-person presentation or online;
 3. shall count toward professional development requirements; and
 4. must be demonstrated to be an effective or promising program and recommended by the Indiana Suicide Prevention Advisory Council.
- ii. Suicide Training Required for Indiana Licensure: An initial teaching license (instructional, student services, or administrative) may not be issued at any grade level unless the applicant has completed education and training on the recognition of signs that a student may be considering suicide.

b. Recommended training for Suicide Prevention Coordinators

It is *recommended* that all Suicide Prevention Coordinators at the district and school levels participate in training on the following topics:

- i. Suicide Risk Assessment
- ii. Safety Planning
- iii. Counseling on Access to Lethal Means
- iv. Community Resource Planning
- v. Postvention

VIII. Resources

- www.fwsafe.com/resources
- [DOE Webpage](#)
- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741
- Parkview Behavioral Health
- Bowen Center
- ABA Institute

IX. History

Adopted: April 23, 2018