

Purpose of Protocol 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 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 and school counselors in their planning.

What School Staff Needs 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/guardians, 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 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 take their own life.
- 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 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 QPR Suicide Prevention model provides training on best practices.

- Recommendation: All Staff receive QPR training once a year. Annual review of prevention, intervention, and postvention protocols.
- OR
- Use a module *M-004 M-506 Suicide Prevention Module 2: Suicide Warning Signs and Response* from PublicSchoolWorks.com.

Specific staff members should receive specialized training to intervene, assess, and refer student at risk for suicide. Training should be best practice suicide program such as ASIST: Applied Suicide Intervention Skills Training.

- Recommendation: School Counselors and one other staff member should be ASIST trained and be the “go-to” people within each school. All staff should know who the “go-to” people are within the school and be familiar with the intervention protocol.

Students:

Students should receive developmentally appropriate, student centered education about suicide and suicide prevention in health class and in the Second Step program. The purpose of this curriculum is to teach students how to access help at their school for themselves, their peers, and others in the community. This can be accomplished by listing resources in the school handbook, newsletter or website, and providing information on partnerships with community agencies.

Parents:

Provide parents with information material 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 student or other in their community that may be at risk for suicide. This can be accomplished by listing resources in the school handbook, newsletter or website, and providing information on partnerships with community agencies.

Suicide Intervention Protocol

Warning Signs for Suicide:

Warning signs are the changes in a person's behavior, feeling, and beliefs about oneself that indicates 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 may indicate an immediate danger or threat:

- Someone threatening to hurt or kill themselves
- Someone looking for way to kill themselves-seeking access to pills, weapons, or other means
- Someone writing about death, dying, or suicide

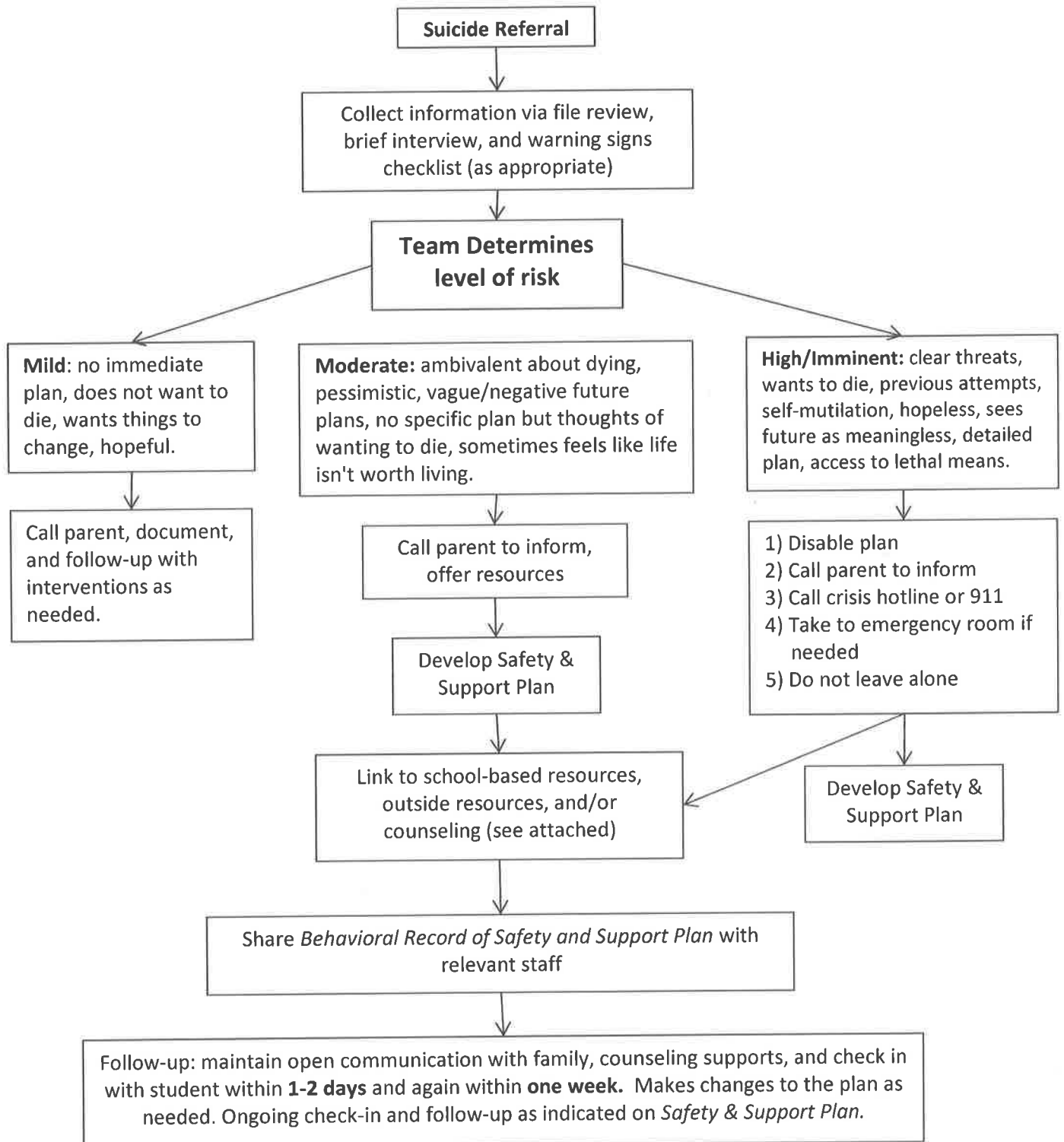
If a suicidal attempt, gesture, or ideation occurs or is recognized:

- Staff will take all suicidal behavior and comments seriously every time
- Call 911 if there is immediate danger
- It is critical that any school employee, who has knowledge of someone with suicidal thoughts or behaviors, communicate this information immediately and directly to a school based mental health person (school counselor), administrator, and/or an ASIST trained "gatekeeper"
- Staff will stay with the student until relieved by a school counselor, administrator, or designated ASIST trained "gatekeeper"
- Consult and follow the school-based suicide intervention process flowchart

In which the following will occur:

- Interview student using Suicide Assessment/Interview form
- Complete Suicide Crisis Response Plan, if needed
- Contact parent/guardian to inform and obtain other information
- Determine need for further action based on level of concern
- Consult with another trained screener prior to making a decision to not proceed with further intervention
- Inform administration of screening results

Fern Ridge School District 28J
Suicide Prevention Response Protocol



REVIEW RISK

Frequency, intensity, duration of suicide ideation:

9. How often do you think about suicide: Daily, weekly, or monthly?

10. How long do these feelings last: seconds, minutes?

11. How severe or overwhelmingly are they? Could you rate the intensity on a scale from one to ten?

PAST ATTEMPTS:

12. Have you ever tried to hurt/kill yourself before?

13. What did you do?

Plan/Method/Intention:

14. Do you have any intention of acting on the thoughts of suicide?

15. Have you thought about how and when you would do it?

16. Do you have the means available?

17. What have you done so far to carry out your plan?

MENTAL HEALTH:

18. Are you receiving or have you ever received mental health care?

19. (Optional) I do need to contact someone in your family. Which adult do you feel the most comfortable sharing this with?

Student Summarized Report and Record of Actions Taken
Confidential

Date: _____

Student Name: _____ School: _____ Grade: _____

Who initiated the referral:

- Friend/Student (no name needed) Parent/Guardian _____
- Self-Referral Staff Member _____ Other _____

Form completed by: _____ Position: _____ Date: _____

Action Taken (Choose those that apply)

- Student seen by school personnel: _____
- Student referred to agency/is current client of: _____
- Student referred to private provider/is current client of: _____
- Student transported to hospital/other: _____
- Student referred to Crisis Services: Station 7 – Looking Glass: 1-888-689-3111 Crisis Response Team: 1-888-989-9990
11-17 can access service on site: any age can call for support (will provide crisis response to youth under age 18)
- Release of Information on file: Other Crisis Service _____

Parent/Guardian Notification

- Parent notified: (Who was notified/When): _____
- Attempt to notify parent/guardian failed: _____
- Other staff members who have been notified of risk (optional): _____
- Safety/Support Plan developed (attached)?: _____

Description of Problem:

Summary of conversation with Parent/Guardian:

Staff Member Signature: _____ Date: _____

Fern Ridge School District
88834 Territorial Road
Elmira, Oregon 97437
541-935-2253

Report of Suicide Risk:

Date: _____

Student Name: _____

School: _____

Grade: _____

- Female
- Male

Parent Notification Date: _____

Date of Birth: _____

Parent Notification Date: _____

Staff Members Involved in Report:

Other Staff who have been notified of risk (Optional):

Description of Problem:

Summary of Conversation with Parent/Guardian:

Staff Member Signature

Admin Signature/Date

Results of Follow Up with the Student/Parent/Guardian:

Date: _____

CONFIDENTIALITY

HIPAA and FERPA

School employees, with the exception of nurses and psychologists who are bound by the Health Insurance Portability & Accountability Act (HIPAA), are bound by laws of The Family Education Rights and Privacy Act of 1974 (FERPA).

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

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/guardians, 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 his/her parents/guardians. It also increases the likelihood that the student will come to that school staff again if s/he 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.

NOTE: it is best to contact your district to confirm any procedures related to confidentiality and include this topic in your protocols

PARENT INFORMATION LETTER (Sample)

Dear _____, Today _____ (teacher/principal/other) learned from a concerned _____ (teacher/student/student/him/herself), that (student name) may be at risk of suicide. Our school district takes all threats of harm seriously and that includes harm to self. We understand that this is a difficult situation and we would like to support you and (student name) in any way we possibly can.

To assure the safety of your child, we suggest the following:

- (Student's name) needs to be supervised closely. Please make sure (student name) is not left alone. (He/she) should know that they matter and as a result of your concern, you will be closely watching them until you have received assistance.
- Make sure that if there are guns, medications, alcohol or other weapons/lethal means, that they are removed from your house and at the home of neighbors, friends, or other family members. If you must keep them in the house be sure they are locked and that you have the key on you at all times. (Do not use combination locks or try to hide them— youth are often aware of the combinations and locations of items.) If you need assistance with storage of firearms or weapons your local police department may be able to help.
- Please seek the help of a professional who can help assess (student's name) condition. A qualified mental health professional can help (student) and your family work through the situation. Refer to the attached resource list or contact us if you need assistance in finding help.

Your child will need extra support during this time so please be patient and reassuring. (Student's name) needs to know that you love him/her and are concerned about him/her getting better. During this time it is recommended that you remain calm, avoid teasing and listen to (student's name) without judging. Try to be supportive and make sure (student's name) knows you are trying to understand and want them to receive help.

Once (student's name) is ready to return to school, we may need to develop a plan with you in order to keep him/her safe while at school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members.

If at any time you are concerned about (student's name) safety, please call 911, go the emergency room or call the Mental Health Crisis Response Program at 888-989-9990 where counselors are available 24 hours a day and can help you figure out how best to keep (student's name) safe.

If you have questions or concerns or need further assistance from the school, please contact:

Name: _____ Phone: _____ Email: _____

MENTAL HEALTH & SUICIDE PREVENTION RESOURCES

*CRISIS

911: Imminent danger to self or others

CAHOOTS (Crisis Assistance Helping Out On the Streets): non-emergency mobile crisis intervention. 541-682-5111 (Eugene); 541-726-3714 (Springfield)

Hourglass Community Crisis Center: 541/505-8426; Short-term mental health crisis assessment & stabilization for adults, 24 hours/day

Mental Health Crisis Response Program: 1-888-989-9990 (for parents of children through age 17)

White Bird: 541-687-4000; 1-800-422-7558 (24-hour local crisis line)

Looking Glass Youth & Family Crisis Line: 541-689-3111

National Suicide Prevention Lifeline: 1- 800-273-8255 (press 1 for Veterans Crisis Line)

Trevor Lifeline: 1-866-488-7386 (for LGBTQ youth)

*COUNSELING SERVICES IN LANE COUNTY

Center for Family Development: 541-342-8437 (mental health and substance abuse disorders)

Centro Latino Americano: 541-687-2667*

The Child Center: 541-726-1465 (ages 17 and under)

Child & Family Center, University of Oregon: 541-346-4805

Direction Service Counseling: 541-344-7303

Lane County Behavioral Health: 541-682-3608*; Child & Adolescent Program: 541-682-1915

Looking Glass Counseling Program: 541-484-4428

Odyssey Community Counseling: 541-741-7107

Options Counseling: 541-687-6983*; 541-997-6261(Florence); 541-762-1971 (Springfield)

Oregon Community Programs: 541-743-4340

PeaceHealth Counseling Services: 541-902-6085 (Florence); 541-685-1794 (Eugene)

MENTAL HEALTH & SUICIDE PREVENTION RESOURCES

4J School-Based Health Centers (residents of 4J area, including siblings under 19):

Churchill 541-790-5227, N. Eugene 541-790-4445

Bethel Health Center, Mental Health Services: 541-607-1430 (Bethel district students only)

South Lane Mental Health: 541-942-3939 (counseling & crisis services for South Lane County)

Springfield Schools Health Center: 541-682-3550*(Springfield district students and their family members)

Vet Center: 541-465-6918 (combat veterans; also offers MST services)

VA Mental Health: 541-242-0440

White Bird Clinic: 541-342-8255

Willamette Family: 541-343-2993 (services for mental health & substance abuse disorders)

***SUPPORT GROUPS IN LANE COUNTY**

For information on various support groups offered in Lane County, contact the following:

National Alliance on Mental Illness (NAMI) Lane County: 541-343-7688; www.namilane.org

www.211info.org or dial 211

***BEREAVEMENT SERVICES IN LANE COUNTY**

Suicide Bereavement Group: 541-747-2087(Darlene Baker); www.jenniferbakerfund.org

Free monthly support group in Springfield for survivors of suicide loss

Cascade Health Solutions Grief Education & Support Groups: 541-228-3083; Free and open to adults living with the loss of a loved one

Courageous Kids: 541-242-8693; Eight-week Suicide Loss Support Group for youth and their families

Grief Support Group: 541-726-4478; Free weekly general bereavement support group at McKenzie Willamette Medical Center

Bereavement Support Group: 541-242-8753; Free general bereavement support groups at Sacred Heart Medical Center

OTHER RESOURCES

After Suicide: Recommendations for Religious Services & Other Public Memorial Observances,

www.sprc.org/sites/default/files/migrate/library/aftersuicide.pdf

Oregon Youth Suicide Prevention Program | www.oregon.gov/DHS/ph/ipe/ysp

The State of Oregon's Youth Suicide Prevention Program provides data regarding suicide in Oregon, publications, crisis line information, information on trainings, and more.

The Trevor Project | thetrevorproject.org | 866-4-U-TREVOR [866-488-7386]. The Trevor Project operates the nation's only 24/7 suicide & crisis prevention helpline for gay and questioning youth.

Oregon Youthline | oregonyouthline.org | 1-877-Youth-911 (1-877-968-8491)

Teen-friendly helpline and information on a number of issues facing youth such as bullying, depression and suicide, alcohol and drug use, sexuality, relationships and more.

ReachOut.com | <http://us.reachout.com>

This website provides information and support for teens and young adults struggling with mental health issues, including suicide. All the material is written by teens and young adults and includes fact sheets, how to help yourself and your friends, and the ReachOut blog.

Recommendations for Reporting on Suicide | www.ReportingOnSuicide.org

School-Based Youth Suicide Prevention Guide | <http://theguide.fmhi.usf.edu>

The Youth Suicide Prevention School-Based Guide is designed to provide accurate, user-friendly information. The Guide is not a program but a tool that provides a framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program.

Society for the Prevention of Teen Suicide | www.sptsusa.org

Their goal is to reduce the number of youth suicides and attempts through public awareness efforts and educational training programs. Website includes a variety of videos, trainings and resources for teens, parents and educators

GENERAL WEBSITES

Mental Health America: www.Mentalhealthamerica.net

Mind Your Mind Project: www.mindyourmindproject.org

National Council for Behavioral Health: www.thenationalcouncil.org

National Institute of Mental Health: <http://www.nimh.nih.gov/health>

National Suicide Prevention Lifeline: www.suicidepreventionlifeline.org

QPR Institute: www.qprinstitute.com

Substance Abuse and Mental Health Services Administration: www.samhsa.gov

Suicide Prevention Resource Center (SPRC): www.sprc.org

Appendix

School-Based Approach to Suicide Prevention: A brief guide to youth suicide prevention, intervention and Postvention procedures for school districts in Lane County, Oregon (2017). Retrieved from: <https://www.preventionlane.org/wp-content/uploads/2013/08/Lane-County-Comprehensive-School-Based-Approach-to-Suicide-rev.-3-17.pdf>

Malheur County School Based Suicide Prevention Policy Guide: A guide to youth suicide prevention, intervention, and postvention procedures for schools.

Greater Albany Public School Guide to Youth Suicide Prevention, Intervention, and Postvention Procedures (Fall 2020).

Forest Grove School District Suicide Prevention and Policy Plan (9/8/2020).

Oregon Department of Education Mental Health and Wellbeing Resources website: [https://www.oregon.gov/ode/students-and-family/equity/SchoolSafety/Pages/Suicide-Prevention,-Intervention,-Postvention-\(Adi%27s-Act\).aspx](https://www.oregon.gov/ode/students-and-family/equity/SchoolSafety/Pages/Suicide-Prevention,-Intervention,-Postvention-(Adi%27s-Act).aspx)