

Suicide Prevention

A. Prevention

Suicide prevention strategies may include, but are not 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 prevention and intervention services 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.

3. Staff Training

As part of the district's professional development days prior to the start of school, staff will receive suicide prevention training to help staff identify and respond to students at risk of suicide. The training will include information on:

- a. Identifying risk factors such as previous 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 direct staff to follow the Suicide Intervention and Prevention Protocol (Procedure 2145P - Exhibit A)

The principal or designated staff member will develop a reentry plan, including a student/staff support plan for use after a suicide attempt.

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 and/or the school counselor which will prompt immediate action in accordance with the protocol.

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 or more 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 and disposition in writing (Procedure 2145 - Exhibit B)
5. Follow-up with the parent/guardian and student, within 48 hours, 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.

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 to come to the school;
2. Discuss how the parent/guardian will obtain an assessment by a mental health professional with ongoing mental health counseling or appropriate support for the student;
3. Provide names of community counseling resources, if appropriate, and offer to facilitate the referral;
4. Determine the parent's/guardian's intent to seek appropriate services for the student; and
5. Discuss the need to plan for the student's reentry into school.

C. Community Resources

1. Prevention Resources:

- a. Washington Youth Suicide Prevention Program, www.yspp.org, 1-800-273-8255;
- b. Washington State Department of Health,
www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/YouthSuicidePrevention;
360-236-2843

2. Crisis Response Resources:

- a. Emergency Response: 911
- b. Local Crisis Hotline (866-427-4747 or 206-461-3222; TTY 206-461-3219);
- c. National LifeLine: 1-800-273-8255 (1-800-273-TALK)
- d. Local Community Mental Health Centers
 - Youth Eastside Services 425-747-4937
 - Seattle Children's Emergency 206-987-2222
 - Sound Mental Health (Eastside) 425-653-4900

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