

FSAS Suicide Prevention Policy

INTRODUCTION

Purpose

In compliance with the State of Maine laws LD 609 (requiring suicide prevention training for school personnel, 2013) and LD 1694 (requiring development and implementation of protocols, 2018, amended 2019), the purpose of this policy is to protect the health and well-being of all students by having a comprehensive policy including prevention, intervention, and post-intervention components. In addition, this policy is meant to be complemented with other school policies (for example, non-discrimination and anti-bullying policies) that support the overall emotional, mental and behavioral health of students.

Awareness

Suicide awareness is increasingly growing in importance for the elementary and middle school levels. Each year, approximately 30 Maine youth die by suicide. Maine has had a youth as young as eight years old die by suicide. The highest rates of reported suicidal ideation occur in middle school (Suicide Awareness Toolkit, p. 12). In a 2017 Maine Integrated Health Survey, 16% of Maine middle school students reported seriously considering suicide at some point in their lives and 6% had attempted suicide. Though the rates are small, national suicide rates in youth under the age of 15 have increased 130% in the past decade, making it the most significant increase in any age group across the lifespan (e-mail from NAMI-Maine, 4/16/2020).

Based on a study conducted between 2014-2016, the suicide rate for Maine youth ages 10-24 is higher than the U.S. rate. Additionally, for every 5 youth suicides in Maine, 4 are male, and high school students who are female, gay, bisexual, transgender or unsure of their gender identity are the likeliest to consider and attempt suicide.

Policy Components

This policy will outline the following key protocols and procedures for FSAS in educating employees, students and the FSAS community on the actions and resources to help prevent suicide and to promote student well-being, emotional health and resiliency:

- The development and implementation of administrative protocols;
- The development of close working partnerships with key resources and

providers;

- The development and maintenance of a functional school **Health and Crisis Response Team** with identification of clinical and administrative tools to support prevention;
- Education and training for a competent adult school community;
- The development, implementation and delivery of Health, Social-Emotional Learning and Suicide Prevention Curricula presented to students (usually by Grade 5 more than 90% of students understand suicide, Suicide Prevention Awareness Toolkit, p. 13).

Scope

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This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities including outdoor learning spaces, on school buses and at school bus stops, and at school-sponsored out-of-school events where school staff is present. This policy applies to the entire school community, including educators, school staff, students, parents/guardians and volunteers.

At-Risk

There are various levels of risk that will require a different level of response as outlined in this policy. However, a student who is defined as high risk for suicide is one who has made a suicide attempt, or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health. The student may have thought about suicide including potential means of death and may have a plan.

It is important to note that all risks of suicide will be assessed and treated with the utmost care. It is necessary that all threats of suicide, regardless of the severity, be fully addressed, documented and proper support provided.

Risk Assessment

An evaluation of a student who may be at-risk for suicide will be conducted by the appropriate designated staff member(s) and will include usage of the Columbia-Suicide Severity Rating Scale (C-SSRS), a screening method with triage points. Please see the link below for the Columbia-Suicide Severity Rating Scale.

https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf

This assessment is designed to elicit information regarding the student's overall safety, 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.

Risk Factors for Suicide

Risk factors for suicide are characteristics or conditions that increase the chance that a person may attempt to take one's own life. Suicide risk tends to be the highest when someone has several risk factors converging at the same moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family and/or environment.

The most frequently cited risk factors and warning signs for youth suicide include:

- Talking or writing about suicide or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress
- Withdrawal from or changes in social connections
- Recent increased agitation or irritability
- Anger or hostility that seems out of character or context
- Changes in sleep (increased or decreased)
- Feelings of rejection or hurt
- Loss through death, abandonment, divorce
- Victim of harassment or bullying
- Victim of abuse (emotional, physical, sexual, domestic)
- Impulsivity and aggression, especially along with a mental disorder
- Depression or bipolar disorder (severe mood swings)
- Problems with alcohol or drugs
- Family history of suicide, mental illness, or substance abuse

PREVENTION

Health and Crisis Response Team

A school **Health and Crisis Response Team** shall be appointed annually by the Executive Director of FSAS at the start of the school year. The members will include the Executive Director, Coordinator of Teaching and Learning, School Social Worker, School Nurse/Acting School Nurse, and others based on their area of expertise. It is encouraged to include a community professional(s) when possible. These professionals have been specifically trained in crisis preparedness, suicide prevention and recovery and safety planning for students. In addition, this team will take the leadership role in developing crisis plans, ensuring school staff can

effectively execute various crisis protocols and provide mental health service (or connections to such resources) for effective crisis interventions and recovery supports.

In summary, this team's primary focus is to address crisis and safety prevention, preparedness, intervention/response and recovery and shall be responsible for planning and coordinating the implementation of this policy for the school. Names of the **Health and Crisis Response Team** will be posted on the school website at the beginning of each school year along with the policy itself.

Staff Training/Professional Development

- All school personnel including administrators, teachers, bus drivers, contract employees, part-time employees or full-time employees at FSAS must complete a 1-2-hour in-service suicide prevention training every 5 years;
- All new school personnel must complete the 1-2-hour in-service suicide prevention training within 6 months of hire.

This suicide prevention training will include (but is not limited to):

- Warning signs and risk factors;
- Intervention plans and techniques to help suicidal youth;
- Accurate and current information about school, community, and state resources for help;
- Self-care guidelines for staff that work with a suicidal youth; and
- An understanding of the FSAS suicide prevention protocols.

When a student is identified through any source—verbalized thoughts, written expressions, self-inflicted wounds, communication from others—school staff members will refer the student immediately to the School Social Worker, or the Executive Director (if the School Social Worker is unavailable) as these staff members will be required to complete advanced Suicide Prevention Gatekeeper training. Please see the FSAS Suicide Prevention Safety Protocol.

Advanced Staff Training/Staff Development

At least two school professionals must complete a one-day Suicide Prevention Gatekeeper training every five years. At minimum, the School Social Worker and the Executive Director shall be trained in advanced protocols and risk assessment use and evaluation.

Youth Suicide Prevention Programming

Developmentally appropriate student-centered education materials shall be

integrated into the curriculum as follows:

Grades K-4: Social-Emotional Learning (SEL) and health curricula. Examples include identification of feelings, positive self-worth, working with others/good relationships with peers, problem solving skills, how and where to ask for help, healthy choices, and how to help create a welcoming school community.

Grades 5-8: Continuation of SEL and health curricula with addition of suicide prevention unit. This will include the importance of safe and healthy choices, coping strategies focused on resiliency building, anti-bullying, how to recognize risk factors and warning signs of mental health conditions and suicide in oneself and others, along with help-seeking strategies and additional resources for help.

Additional Programming:

The **Health and Crisis Response Team** will hold an annual coordination of a Community Resource and Prevention Night in partnership with the PTO either remotely or in person with information tables and/or speakers on health topics which could include: suicide warning signs and prevention, self-injury, internet safety, etc.

Policy Distribution

This policy shall be included in all parent/guardian and teacher handbooks, as well as available on the school website.

INTERVENTION/RESPONSE

Response Guidelines

When a student is identified as potentially suicidal or has exhibited suicidal ideation, the student shall be seen by the School Social Worker within the same day to assess risk and facilitate referral if necessary. If the School Social Worker is not available, then the student should be seen by the Executive Director.

The assessment tool used will be the Columbia-Risk Assessment Screener:

www.cssrs.columbia.edu/documents/c-ssrs-screener-triage-schools/

This assessment is designed to elicit information regarding the student's safety including one's intent to die by suicide, previous history of suicide attempts, presence of a plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness. The student shall be continuously supervised to ensure their safety until the assessment process is complete.

The School Social Worker or Executive Director, shall reach out to the student's

parent/guardian on the same day, as soon as possible, anytime a student is identified as having any level of risk for suicide. This conversation will include information regarding the risk assessment of their student, discussion of community resources, and the best methods to support the student's mental well-being and safety, which will include home and school safety planning.

If the parent refuses to cooperate or if there is any doubt regarding the student's safety, local mental health service providers and/or law enforcement will be contacted, and a report may need to be made to the **Maine Office of Child and Family Services**. Contact with a parent concerning risk of suicide will be documented in writing, marked confidential, and provided to the Executive Director.

Please refer to the FSAS Suicide Prevention Safety Protocol for identification of the Intervention and Response plan.

POSTVENTION

Student Re-Entry Procedures

For a student returning to school after a mental health crisis, the School Social Worker, Executive Director or other identified member of the Health and Crisis Response Team, shall meet with the student's parent/guardian, and if appropriate, the student, to discuss a re-entry plan. Any necessary accommodations shall be discussed and documented, along with obtaining permission for exchange of information with any outside providers supporting the student in treatment. The School Social Worker shall check-in with the student and the student's parents/guardians at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time, with initially more frequent check-ins.

After a Suicide Death

Advanced planning of next steps following a suicide will be undertaken by the **Health and Crisis Response Team** in consultation with community crisis services experts (i.e. NAMI - Maine) to meet the following goals:

- To ensure that the facts are obtained before any statement is made to the FSAS community, and to have an orderly dissemination of information. The **Health and Crisis Response Team** will appoint one member of the team to be in contact with the family of the student who has died by suicide;
- To determine which students are most likely to be affected by this death;

- To support students, faculty, staff and parents as they grieve;
- To provide a safe environment for students to express their array of feelings, including grief, loss, anger, guilt, betrayal, etc.;
- To prevent a “copycat” response from other vulnerable students;
- To return the school environment to its normal routine as quickly as possible following crisis intervention and grief work. This is as important for after-school activities as it is during class time;
- To consider if/how the school will be involved in any memorial plans: it is recommended to avoid planned on-campus physical memorials (e.g. funeral services, locker displays, permanent monuments, tributes, flying the flag at half-mast because it may inadvertently sensationalize the death for other vulnerable students).

RESOURCES

CommunityPartners

For our school located in Cumberland County, the community partners are:

Emergency 911 tele: 911

Maine 211 (resource line) tele: 211

Cumberland County Crisis Response tele: 207-774-HELP (4357)

Maine Crisis Hotline tele: 888-568-1112

National Suicide Prevention Hotline tele: 800-273-8255

www.suicidepreventionlifeline.org

National Alliance of Mental Illness (NAMI) - Maine tele: 800-464-5767

Opportunity Alliance (for Adult Services) tele: thru Maine Crisis Hotline

www.opportunityalliance.org/emergency-services/

Sweetser (for Children’s Services) tele: 800-434-3000 www.sweetser.org

Intentional Warm Line tele: 866-771-9276

The Trevor Lifeline for LGBTQ youth tele: 866-488-7386

www.thetrevorproject.org

Sexual Assault Crisis & Support tele: 800-871-7741

Domestic Violence Hotline tele: 866-834-HELP (4357)

Assessment Tools

Risk Assessment Tool for Parents <https://cssrs.columbia.edu/wp-content/uploads/Community-Card-Parents-2020.pdf>

Risk Assessment Tool for Teachers <https://cssrs.columbia.edu/wp-content/uploads/Community-Card-Teachers-2020.pdf>

REFERENCES

LD 609: An Act to Increase Suicide Awareness and Prevention in Maine Public Schools signed into law 4/25/2013. Requires elementary and middle schools to implement the following by academic year 2015-16: 1) All school personnel and anyone receiving a check from a public school to receive a 1 to 2 hour in-service training on Suicide Prevention Awareness Education; 2) Each school administration unit is required to have a minimum of two personnel attend a one-day workshop on Suicide Prevention protocols in order to be trained as Suicide Prevention Gatekeepers for their school district; 3) Both staff and trained gatekeepers must renew their education every 5 years; and 4) New hires need to receive Suicide Prevention Awareness Education/in-service training within 6 months of hire.

LD 1694: An Act to develop “Suicide Prevention Protocols Designed to Prevent Youth Suicides”, signed into law 4/4/2018, amended with LD 97 4/22/2019. Requires comprehensive protocols to be adopted by school districts for prevention, intervention and post-intervention by the completion of academic year 2019-2020.

American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). *Model School District Policy on Suicide Prevention: Model Language, Commentary and Resources* (2nd ed.). New York: American Foundation for Suicide Prevention.

Columbia Lighthouse Project (cssrs.columbia.edu)

Critical Elements for a Suicide Safer School (October 2019).

National Alliance on Mental Health-Maine.

Maine Suicide Prevention Program, a department of Maine’s Health and Human Services.

National Association on Suicide Prevention—Maine.

Suicide in Maine – 2018 Update: A Data Brief of YOUTH (Ages 10-24), Maine

Center for Disease Control and Prevention, An Office of Health & Human Services.

Suicide Prevention Awareness: A Toolkit for Maine School Personnel. (no date). Maine Center for Disease Control and Prevention, Maine Department of Education, and National Alliance on Mental Illness-Maine.

FSAS Suicide Prevention Safety Protocol

If a school staff member or volunteer becomes aware or suspects that a student is unsafe and/or at risk of suicide, the following protocol should ALWAYS be followed.

1. A FSAS staff member should remain with the student at all times. If the student is in immediate danger or it is a medical emergency, call 911.
2. If 911 is not immediately necessary, a FSAS staff member should walk the student to meet with the School Social Worker. If the School Social Worker is not available, the student should be connected with the Executive Director. The student should NOT be left unsupervised at any time. **If the class is at an outdoor learning space, the School Social Worker and/or Executive Director should be contacted via telephone. The School Social Worker and/or Executive Director will travel to the outdoor learning space to conduct the risk assessment and provide support.
3. The School Social Worker or the Executive Director will conduct the risk assessment. The assessment tool to be used is the Columbia-Risk Assessment Screener.
4. The School Social Worker or the Executive Director will contact the parent(s) and/or guardian(s) of the student to discuss the risk assessment, safety precautions and planning, treatment needs and familial support.
5. If the parent(s) and/or guardian(s) refuse to cooperate or there are any concerns regarding the student's safety, local mental health service providers and/or law enforcement may be contacted. This may include filing a report with the Maine Office of Child and Family Services.
6. A safety plan will be created with the student and family. This plan will be shared with the FSAS staff to insure the safety of the student and FSAS community.
7. All interactions with the student should be documented, marked confidential and provided to the Executive Director.

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