Harrisburg School District Suicide Prevention Policy Guide

A GUIDE TO YOUTH SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION PROCEDURES

DATE: March 20, 2023

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SECTION I: INTRODUCTION

Purpose
The purpose of this plan to follow policy to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

Senate Bill 52 - Adi's Act

Senate Bill 52 requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-12.

Legal Reference(s):

ORS 332.107 ORS 339.343 ORS 581-022-2510

The district shall develop a comprehensive student suicide prevention plan for students in kindergarten through grade 12.

The plan shall include, at a minimum:

1. Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide;

2. Identification of the school officials responsible for responding to reports of suicidal risk;

3. A procedure by which a person may request the district to review the action of a school responding to a suicidal risk;

4. Methods to address the needs of high-risk groups, including:
    a. Youth bereaved by suicide;
    b. Youth with disabilities, mental illness or substance abuse disorders;
    c. Youth experiencing homelessness or out of home setting, such as foster care, shelters or when staying with non-family members;
    d. Lesbian, gay, bisexual, transgender, queer, intersex, asexual and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students.

5. A description of, and materials for, any training to be provided to employees as part of the plan, which must include:
    a. When and how to refer youth and their families to appropriate mental health services;
    b. Programs that can be completed through self-review of suitable suicide prevention materials

6. Supports that are culturally and linguistically responsive;

7. Procedures for reentry into a school environment following a hospitalization or behavioral health crisis (1); and

8. A process for designating staff to be trained in an evidence-based suicide prevention Program (2).

The plan must be written to ensure that a district employee acts only within the authorization and scope of the employee's credentials or licenses.

The plan must be available annually to the community of the district, including district students, their parents and guardians, and employees and volunteers of the district, and readily available at the district office and on the district website.

(1) "Behavioral Health crisis" as defined by Oregon Administrative Rule (OAR) 581-022-2510, means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual's mental or physical health.
(2) ODE will provide a list of available programs.

SUPPORTS THAT ARE CULTURALLY AND LINGUISTICALLY RESPONSIVE

Harrisburg Schools should be aware of the community's cultural and linguistic diversity. When developing plans for district-wide suicide prevention, consideration should be given to the information, delivery, cultural references, and presentation options. Community members should represent Harrisburg's diversity and have opportunities for input.

These measures should assist with the effectiveness of the program when based on the values, needs, and strengths of the groups that we are trying to reach. "The suicide prevention response should be respectful and responsive to groups' beliefs, practices, and cultural and linguistic needs and preferences."
*(Suicide Prevention Resource Center, sprc.org/keys-success/culturally-competent)

Factors that the Harrisburg Suicide Prevention Policy should consider are:

- Race
- Ethnicity
- Age
- Education
- Physical and Mental Health
- Gender Identity
- Sexual Orientation
- Occupation
- Religion
- Housing status
- Poverty
- Accessibility to resources
- Other factors as made aware

Actions to take:

- Research and understand the community of Harrisburg
- The team should include members of the diverse population represented in Harrisburg
- Information should be tailored to address the needs of all represented diversities
- An open dialogue should be created to meet the specific needs of our districts cultural diversity and linguistics differences

Materials for suicide prevention are most effective when consideration to the community diversity and linguistics needs are addressed with clear objectives and goals. An understanding of the purpose of the information and materials being shared should guide the communication strategies.

Helpful Reminders
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 a parent/guardian, making appropriate referrals, and securing outside help when needed.
All school personnel need to know that the protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely on the individual “on the scene.”
Research has shown that talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to die by suicide.
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 support in place may lessen this reluctance to speak up when students are concerned about a peer.

Confidentiality
FERPA: School employees are bound by the laws of The Family Education Rights and Privacy Act of 1974 (FERPA). These are situations when confidentiality must NOT BE MAINTAINED; If, at any time, a student has shared information that another student is at 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 known as “minimum necessary disclosure”.

Glossary *Talking about mental health and suicide can be challenging sometimes, even adults don't know how to start the conversation. In this section, you find some terminology that will help normalize the conversation. These definitions are adapted from the Trevor Project's Model School Policy for Suicide Prevention and the Suicide Prevention, Intervention, Postvention manual from Lines for Life and the Willamette ESD.*
Flight Team
A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to help support students and staff in the event of a crisis or death.
Mental Health
Someone's state of being in regards to their emotions and feelings. Everyone has mental health. Mental health is a spectrum and can present strengths and challenges at all stages of life.
Protective Factors
Protective factors are a part of someone's life experience that might increase their ability to cope with stressors. Examples of protective factors are a stable home environment, presence of supportive adults, and financial stability.
Risk Factors
Risk factors are parts of someone's life stressors or the oppression experienced by a part of their identity that might increase their likelihood of thinking about suicide. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and the environment.
Suicide Response Protocol Assessment
An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff member who has been trained in suicide intervention (e.g. counselor, psychologist, mental health professional).
Self-Harm
Behavior that is self-directed and deliberately results in injury of the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intents, youth you engage in self-harm are more likely to attempt suicide.
Stigma
A mark of shame or a negative perception of a societal topic due to a combination of lived experience, culture, and belief systems in communities. Mental health topics are stigmatized with societal messages such as those that live with mental illness are weak, dangerous, or unstable.
Suicide
Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Suicide Attempt
A self-injurious behavior for which there is evidence that the person had at least some intent to kill themselves. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as a wish to die and desire to live is a common experience with most suicide attempts. Therefore, am bivalence is not a sign of a less serious or dangerous suicide attempt.
Suicide Contagion/Clusters
The research pattern that suicides in a community tend to put others at risk for suicide. Despite the name, suicidal thoughts are not necessarily 'contagious' to otherwise mentally healthy individuals. Usually suicide contagions occur when a suicide triggers feelings in others that are otherwise already at-risk for suicide.
Suicide/Crisis Intervention
The intentional steps that your school and its staff take in the event of a student mental health crisis. Examples include written procedures, safety planning, parental involvement, and emergency services.
Suicide Prevention
The intentional steps that your school/district takes to create a culture that encourages positive coping skills, reaching out to help with mental health, and talking about suicide in a safe and healthy way. Examples of suicide prevention include mental health education, staff training, and mental health awareness activities.
Suicide Postvention
Postvention is a crisis response strategy designed to reduce the risk of 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.
Suicidal Thoughts or Ideation
Thoughts about killing oneself or ending one's life. These thoughts can range from "I wish I could go to sleep and not wake up" to detailed planning for suicide. ALL thoughts of suicide should be taken seriously.

Acknowledgement of Sources

This policy would not be possible without information gathered and adapted from the following sources. We recognize and thank you for your contribution.

Model School District Policy on Suicide Prevention
American School Counselor Association, National Association of School Psychologists, Trevor Project and American Foundation of Suicide Prevention
Oregon Schools Suicide Protocol Toolkit
After a Suicide: Toolkit for Schools
Forest Grove School District: Suicide Prevention Policy and Plan
GAPS (Greater Albany Public Schools): Suicide Prevention Manual
Suicide Prevention, Intervention, and Postvention: Step by Step, *Lines for Life and the Willamette Educational Service District*
Kristina Wonderly and Julie Graves, *Linn Benton Lincoln Educational Service District*
Ask Suicide-Screening Questions (ASQ) Toolkit, *National Institute of Mental Health*

SECTION II: POSITIVE MENTAL HEALTH MESSAGES

Promoting Positive Mental Health Messages
Importance of Student Mental Wellness
To be successful, schools must embrace student mental wellness with the same priority as academics and extracurricular. We can build a community of care that accepts and normalizes the actions and emotions associated with stress, anxiety, frustration, fear of failure, and more. We know that students are trying to manage a lot and many report that they are feeling overwhelmed. Students often have perceived messages that they need to deal with problems alone, or that they cannot trust the adults in their life. We know that as mental health declines, so do grades, school connectedness, and positive school engagement. We believe that teens are strong, resilient, and can learn healthy coping skills. Students thrive when they know their own capacity, better understand their mental health, and most importantly, know it's okay to ask for help.
Promoting Mental Wellness
We believe schools have the power to reduce stigma and increase students' sense of well being. We can ensure that students know where and how to get help when they need it without feeling the shame and guilt often associated with the stigma. An open acceptance that students deserve and need balance in their lives, and a belief that mental health is real and deserves attention is an undercurrent that ultimately pushes schools toward stronger suicide prevention.
Supportive Relationships
All staff play a role in prevention of youth suicide and promoting ways for students to get help during stressful times. Teachers are empowered to help students that disclose stress and distress and help students learn to identify and assess their mental health symptoms and stressors to get the help they need and deserve.
Examples of ways Harrisburg School Districts promotes positive mental health messages
1. A licensed school counselor in each building 2. Posters of mental health topics and resources 3. AVID and fostering a Growth Mindset 4. Brochures made available in offices throughout the district 5. Access to a Linn County Mental Health therapist 6. Referrals to outside resources and agencies 7. Small group opportunities 8. Mental Health opportunities posted on the district website/social media pages

SECTION III: PREVENTION

Staff Training and Education

All staff should receive training on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide.

Who	What	When
All HSD Staff	*Training or refresher policies, procedures, and best practices for intervention with students at risk for suicide through:*	
	Safe Schools online module	Each year
	Question, Persuade, Refer (QPR)	Once a year
	Access to review of district suicide prevention policy and plan	Annually through a staff meeting
Suicide Response Protocol Screeners (school counselors, school psychologists, mental health specialists, administrators, etc)	Applied Suicide Intervention Skills Training (ASIST)	As soon as available after hire with a refresher course every 5 years

Student Training and Education

Students should receive information about suicide and suicide prevention in health class. The purpose of the curriculum is to teach students the importance of safe and healthy choices and coping strategies, and how to access help at their school for themselves, their peers, or others in the community.

Who	What	When
Kindergarten through 4th grade students	Strong Kids Second Step Mind Up Kelso DESSA	During classroom guidance lessons
Fifth - 6th grade students	Strong Kids Mind Up DESSA LifeSkills Unit (6th)	During classroom guidance lessons
	YouthLine Classroom Outreach	Guest Presentations

Seventh - 8th grade students	Suicide Prevention Unit	Health Class
Ninth - 12th grade students	Naviance Curriculum Sources of Strength	Student Success
Ninth - 10th Grade students	Suicide Prevention Unit	Health I Class
Eleventh - 12th Grade students	Suicide Prevention Unit	Health II Class
All students and families	Access to and reminders about the district suicide prevention plan through the Student and Parent Handbook and HSD website	Annually through Student/Parent Handbook and HSD website

Populations at Elevated Risk for Suicidal Behavior
Youth living with mental and/or substance use disorders
While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90 percent of deaths by suicide. Mental disorder, in particular depression of bi-polar (manic-depressive) disorder, alcohol or substance abuse, schizophrenia, and psychotic disorders, borderline personality disorder, conduct disorder and anxiety disorders are important risk factors for suicidal behavior among young people. The majority of people suffering from these mental disorders are not engaged in treatment, therefore school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk.
Youth who engage in self-harm or have attempted
Suicide risk among those who engage in self-harm is significantly higher that the general population. Whether or not they report suicidal intent, people who engage in self-harm are at an elevated risk for dying by suicide within ten years. Additionally, a previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not receive necessary follow up care.
Youth in out-of-home settings
Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people involved in the juvenile justice system die by suicide at a rate about four times greater than the rate among youth in the general population. Though comprehensive suicide data on youth in foster care does not exist, one researcher found that youth in foster care are more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care.
Youth experiencing homelessness
For youth experiencing homelessness, rates of suicide attempts are more than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. One study found that more than half of

runaway and homeless youth have had some kind of suicidal ideation.
American Indian/Alaska Native (AI/AN) youth
In 2009, the rate of suicide among AI/AN youth ages 15-19 was more than twice that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma.
LGBTQIA+ (lesbian, gay, bisexual, trangender, queer/questioning, intersex, asexual and gender non-conforming) youth
The CDC finds that LGBTQIA+ youth are four times more likely, and questioning youth are three times more likely, to attempt suicide than their straight peers. The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and one quarter have reported having made a suicide attempt. Suicidal behavior among LGBTQIA+ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental disorder), these experiences can place them at increased risk. It is these societal factors, in concert with other individual risk factors such as mental health history, and the fact of being LGBTQIA+ which elevates the risk of suicidal behavior for LGBTQIA+ youth.
Youth bereaved by suicide
Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are at increased risk for suicide themselves.
Youth living with medical conditions and disabilities
A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

Methods to address the needs of high-risk groups
The Suicide Prevention Resource center located at https://www.sprc.org/resources-programs has resources available to understand each of these unique populations and can serve as a tool when working with individuals, families and special populations.

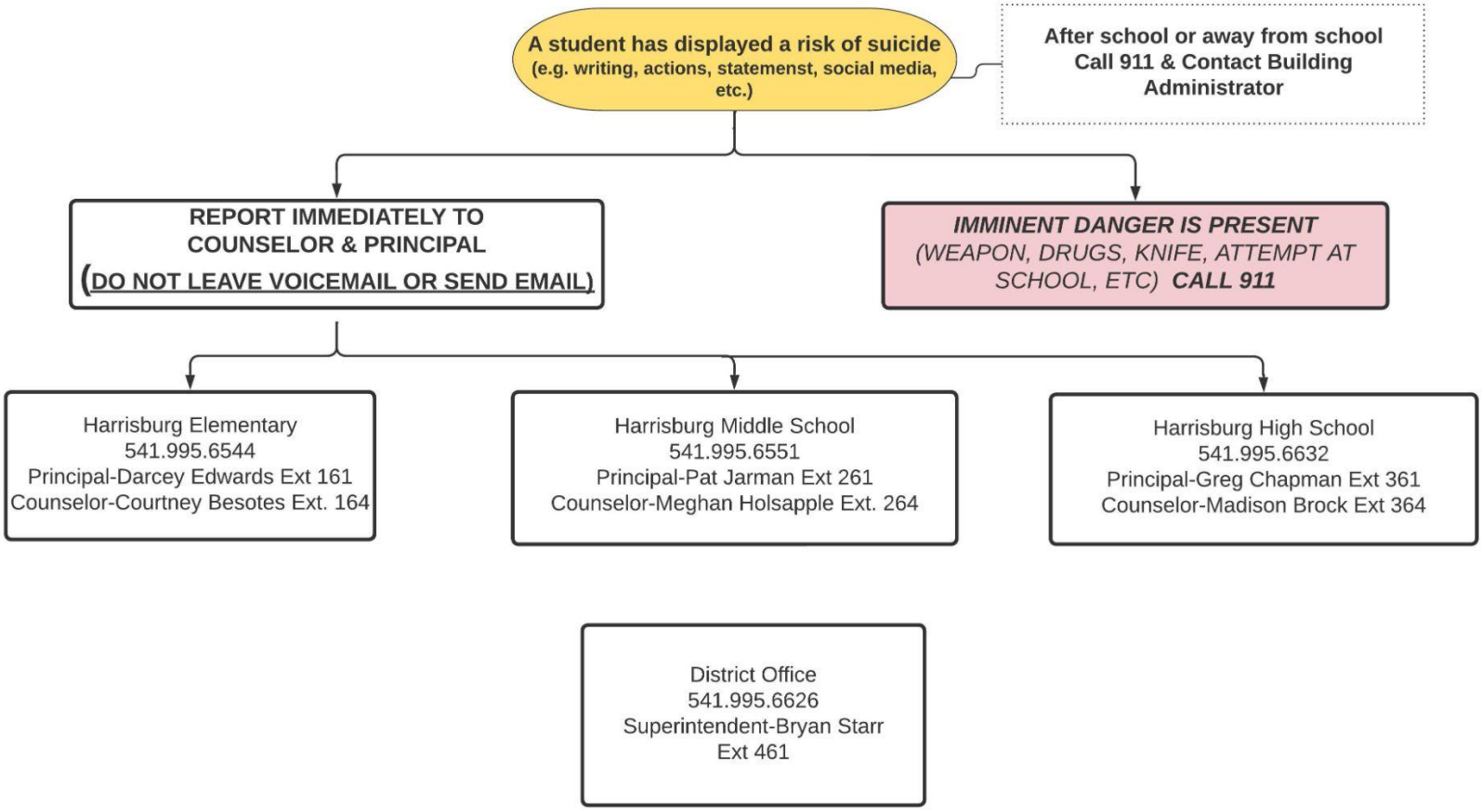
SECTION IV: INTERVENTION

Suicidal Behavior Risk and Protective Factors	
Risk Factors	**Protective Factors**
● Current plan to die by suicide	● Engaged in effective health and/or mental health care
● Family history of suicide	● Social support
● History of maltreatment/abuse	● Self-esteem
● Exposure to violence	● A sense of purpose and future orientation
● Witnessing/experiencing family abuse	● Problem-solving skills
● Previous attempt	● Healthy coping tools
● Isolation	● Cultural and religious beliefs
● Hopelessness	● Social competence
● History of substance abuse	● Access to multiple intervention/support avenues for help
● History of mental health diagnoses	● Responsibilities
● Trauma	● Academic success
● Limited access to behavioral health care	● School climate
● Chronic illness	● Secure housing and food
● Lack of social support	● Pets (having to care for)
● Access to lethal means	● Sense of duty to others
● LGBTQIA+, Native American, Alaskan Native	● A reasonable safe and stable environment
● Perceived burdensomeness	● Connectedness to family
● Multiple losses in the family	● Connectedness to peers/school
● A significant disruption in the family	● Connectedness to trusted adults
● Learning difficulties	● Connectedness to community

Suicide Response Protocol
Warning signs that may indicate an immediate danger or threat:
● Someone who has already taken action to die by suicide ● Someone threatening to hurt themselves or die by suicide ● Someone looking for ways to die by suicide - seeking access to pills, weapons, or other means ● Someone talking, joking, drawing, or writing about death, dying or suicide
Staff response:
If a suicidal attempt, gesture, or ideation occurs or is recognized, staff will ensure the continuous supervision of the student and report it to a school suicide prevention team member (counselor) or administrator right away. If there is imminent danger, call 911. An ASQ: School Based Screening Tool is utilized by a trained school staff member. The screener will do the following: **1.** Interview student using ASQ: School Based Screening Tool **2.** Contact parent/guardian to inform of screening and request support in completion of the ASQ: School Based Suicide Safety Assessment, if necessary **3.** Complete ASQ: School Based Suicide Safety Assessment if risk determined in Screening Tool **4.** Follow Step 5 guidelines in the ASQ: School Based Suicide Safety Assessment **5.** Follow-up with Step 4: Safety Development (from ASQ: School Based Suicide Safety Assessment) immediately if non-urgent, or upon return if student is leaving for crisis evaluation **6.** Inform administrator of screening results
Trained school staff members:
Only trained school staff members should act as screeners who perform suicide response protocols and safety planning. Examples of trained screener in your school are: ● School Counselors ● Behavior Specialists from LBL ESD ● Administrators

Harrisburg School District Suicide Intervention Protocol Flow

Harrisburg School District Suicide Intervention Protocol Flow Chart



Suicide Risk Assessment (Step 1) - ASQ: Suicide Risk Screening Tool

asQ
Ask Suicide-Screening Questions

NIMH TOOLKIT: SCHOOL

Suicide Risk Screening Tool

Ask the student:

1. **In the past few weeks, have you wished you were dead?** ❍ Yes ❍ No
2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** ❍ Yes ❍ No
3. **In the past week, have you been having thoughts about killing yourself?** ❍ Yes ❍ No
4. **Have you ever tried to kill yourself?** ❍ Yes ❍ No

   If yes, how? _____

   _____

   _____

   When? _____

   _____

If the student answers Yes to any of the above, ask the following acuity question:

5. **Are you having thoughts of killing yourself right now?** ❍ Yes ❍ No

   If yes, please describe: _____

Next steps:

- If student answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary *(*Note: Clinical judgment can always override a negative screen).*
- **If student answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - **Student requires a STAT safety/full mental health evaluation.**
    - **Student will receive constant supervision while on school campus and is not permitted to leave campus alone.** Parent/guardian(s) will be contacted and necessary permissions will be obtained Student will require evaluation by Emergency Medical Services unless student has a local mental health provider who can be contacted for same-day evaluation.
    - Keep student in sight. Remove all dangerous objects from room. Alert appropriate school officials responsible for student safety.
  - ☐ "No" to question #5 = **non-acute positive screen** (potential risk identified)
    - **Student requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Student cannot leave until evaluated for safety.**
    - Alert appropriate school officials responsible for student safety.

Provide resources to all students

- 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

Suicide Risk Assessment (Step 2) - ASQ: Brief Suicide Safety Assessment

NIMH TOOLKIT: SCHOOL

asQ Ask Suicide-Screening Questions

Brief Suicide Safety Assessment

- Use after a student **(10 - 24 years)** screens positive for suicide risk on the asQ
- Assessment guide for school-based mental health professionals
- Prompts help determine disposition

What to do when a student screens positive for suicide risk:

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Student name:_____ DOB: _____

Interviewer name: _____ Assessment date:_____

1 Praise student *for discussing their thoughts*

"I'm here to follow up on your responses to the suicide risk screening questions. These are hard things to talk about. Thank you for telling us. I need to ask you a few more questions."

2 Assess the student Review student's responses from the asQ

❑ Frequency of suicidal thoughts

(If possible, assess student alone depending on developmental considerations and parent willingness.)
Determine if and how often the student is having suicidal thoughts.
Ask the student: "In the past few weeks, have you been thinking about killing yourself?"
If yes, ask: "How often?"_____(once or twice a day, several times a day, a couple times a week, etc.)
"When was the last time you had these thoughts?" _____

❑ "Are you having thoughts of killing yourself right now?" **(If "yes," student requires an urgent/ STAT mental health evaluation and cannot be left alone. A positive response indicates imminent risk.)**

_____

_____

❑ Suicide plan

Assess if the student has a suicide plan, regardless of how they responded to any other questions (ask about method and access to means). Ask the student: "Do you have a plan to kill yourself?" **If yes, ask:** "What is your plan?" **If no plan, ask:** "If you were going to kill yourself, how would you do it?"

Note: If the student has a very detailed plan, this is more concerning than if they haven't thought it through in great detail. If the plan is feasible (e.g., if they are planning to use pills and have access to pills), this is a reason for greater concern and removing or securing dangerous items (medications, guns, ropes, etc.).

_____

_____

❑ Past behavior

Evaluate past self-injury and history of suicide attempts (method, estimated date, intent).
Ask the student: "Have you ever tried to hurt yourself?" "Have you ever tried to kill yourself?"
If yes, ask: "How? When? Why?" and assess intent: "Did you think [method] would kill you?"
"Did you want to die?" (for youth, intent is as important as lethality of method)
Ask: "Did you receive medical/psychiatric treatment?"

Note: Past suicidal behavior is the strongest risk factor for future attempts.

_____

_____

asQ Ask Suicide-Screening Questions

Brief Suicide Safety Assessment

WORKSHEET

2 Assess the student Review student's responses from the asQ

❑ Symptoms Ask the student about:

- ❑ **Depression:** "In the past few weeks, have you felt so sad or depressed that it makes it hard to do the things you would like to do?"
- ❑ **Anxiety:** "In the past few weeks, have you felt so worried that it makes it hard to do the things you would like to do or that you feel constantly agitated/on-edge?"
- ❑ **Impulsivity/Recklessness:** "Do you often act without thinking?"
- ❑ **Hopelessness:** "In the past few weeks, have you felt hopeless, like things would never get better?"
- ❑ **Anhedonia:** "In the past few weeks, have you felt like you couldn't enjoy the things that usually make you happy?"
- ❑ **Isolation:** "Have you been keeping to yourself more than usual?"
- ❑ **Irritability:** "In the past few weeks, have you been feeling more irritable or grouchier than usual?"
- ❑ **Substance and alcohol use:** "In the past few weeks, have you used drugs or alcohol?" **If yes, ask:** "What? How much?"
- ❑ **Sleep pattern:** "In the past few weeks, have you had trouble falling asleep or found yourself waking up in the middle of the night or earlier than usual in the morning?"
- ❑ **Appetite:** "In the past few weeks, have you noticed changes in your appetite? Have you been less hungry or more hungry than usual?"
- ❑ **Other concerns:** "Recently, have there been any concerning changes in how you are thinking or feeling?"

_____

_____

❑ Social Support & Stressors *(For all questions below, if student answers yes, ask them to describe.)*

- ❑ **Support network:** "Is there a trusted adult you can talk to? Who? Have you ever seen a therapist/counselor?" **If yes, ask:** "When?"
- ❑ **Family situation:** "Are there any conflicts at home that are hard to handle?"
- ❑ **School functioning:** "Do you ever feel so much pressure at school (academic or social) that you can't take it anymore?"
- ❑ **Bullying:** "Are you being bullied or picked on?"
- ❑ **Suicide contagion:** "Do you know anyone who has killed themselves or tried to kill themselves?"
- ❑ **Reasons for living:** "What are some of the reasons you would NOT kill yourself?"

_____

_____

asQ Ask Suicide-Screening Questions

Brief Suicide Safety Assessment

WORKSHEET

3 Interview student & parent/guardian together

If student is ≥ 18 years, ask student's permission for parent/guardian to join. Say to the parent: "After speaking with your child, I have some concerns about his/her safety. We are glad your child spoke up as this can be a difficult topic to talk about. We would now like to get your perspective."

"Your child said... (reference positive responses on the asQ). Is this something he/she shared with you?"

"Does your child have a history of suicidal thoughts or behavior that you're aware of?" **If yes, say:** "Please explain."

"Does your child seem:

- ❑ Sad or depressed?" ❑ Anxious?" ❑ Impulsive?" ❑ Reckless?" ❑ Hopeless?" ❑ Irritable?"
- ❑ Unable to enjoy the things that usually bring him/her pleasure?"
- ❑ Withdrawn from friends or to be keeping to him/herself?"

"Have you noticed changes in your child's: ❑ Sleeping pattern?" ❑ Appetite?"

"Does your child use drugs or alcohol?" ❑ Yes ❑ No

"Has anyone in your family/close friend network ever tried to kill themselves?" ❑ Yes ❑ No

"How are potentially dangerous items stored in your home?" (e.g. guns, medications, poisons, etc.)

_____

"Does your child have a trusted adult they can talk to?" (Normalize that youth are often more comfortable talking to adults who are not their parents) ❑ Yes ❑ No

"Are you comfortable keeping your child safe at home?" ❑ Yes ❑ No

_____

_____

At the end of the interview, ask the parent/guardian: "Is there anything you would like to tell me in private?"

_____

_____

4 Make a safety plan with the student Include the parent/guardian, if possible.

Create a safety plan for managing potential future suicidal thoughts. A safety plan is different than making a "safety contract"; asking the student to contract for safety is NOT effective and may be dangerous or give a false sense of security. **Say to student:** "Our first priority is keeping you safe. Let's work together to develop a safety plan for when you are having thoughts of suicide." Examples: "I will tell my mom/coach/teacher." "I will call the hotline." "I will call_____."

- ❑ **Discuss coping strategies** to manage stress (such as journal writing, distraction, exercise, self-soothing techniques).
- ❑ **Discuss means restriction** (securing or removing lethal means): "Research has shown that limiting access to dangerous objects saves lives. How will you secure or remove these potentially dangerous items (guns, medications, ropes, etc.)?"
- ❑ **Ask safety question:** "Do you think you need help to keep yourself safe?" (A "no" response does not indicate that the student is safe; but a "yes" is a reason to act immediately to ensure safety.)

Comments _____

asQ Ask Suicide-Screening Questions

Brief Suicide Safety Assessment

WORKSHEET

5 Determine disposition

After completing the assessment, choose the appropriate disposition plan. *If possible, school-based mental health provider should follow-up with a check-in phone call (within 48 hours) with all students who screened positive.*

❑ **Emergency psychiatric evaluation:** The results of the ASQ tool and the BSSA suggest that the student is at **imminent risk for suicide,** meaning:

- The student has answered "yes" to ASQ Q5, has thoughts about suicide right now.
- Student is having frequent suicidal thoughts.
- The student has a detailed plan of suicide. A detailed plan is more concerning than if the plan has not been well thought out.
- The student has access to the means by which they intend to kill themselves. This is cause for great concern and parents will need specific counseling on restricting and safely storing lethal means in the home.
- If student is having current thoughts and has attempted in the past they are at greater risk and should be evaluated emergently.

❑ **Further evaluation of risk is necessary:** Create and review a safety plan with parents and the student and send the student home with a mental health referral as soon as student can get an appointment and be evaluated, ideally within 72 hours. If the parent fails to establish the outside mental health assessment within 72 hours, the school administrative staff will issue an exclusion from school until the parents have obtained a letter indicating that the student has been evaluated. Note: If an evaluation with a mental health provider cannot be accessed within 72 hours, parent (s)/guardian (s) must seek evaluation by student's treating pediatrician/physician.

- ASQ Q1-4 is positive and Q5 negative.
- The student denies immediate intent to want to kill themselves, but struggles with suicidal thoughts or other risk factors; the person conducting the BSSA determines that the suicidal thoughts do not warrant immediate attention, but will require further evaluation.
- The student does not have a detailed plan for killing themselves.
- Both parents and student confirm that the student will not have access to potentially dangerous items (guns, medications, ropes etc.). Parent will discuss their plan to secure lethal means with person conducting the BSSA.

❑ **Student may benefit from a *non-urgent* mental health follow-up:** Review safety plan and send home with a mental health referral.

- Student presents with minimal risk factors for suicide; they are not currently having suicidal thoughts or engaging in or planning suicidal behaviors.
- The BSSA reveals markers for mental health concern which may include symptoms of depression, anxiety, etc.

❑ **No Further intervention is necessary at this time.**

Comments _____

_____

_____

6 Provide resources to all students

- **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**

School Safety Plan

Student Name: Date: Grade:

List identified stressors and triggers at school:

List identified stressors and triggers outside of school:

SCHOOL SAFETY PLAN: (please check all that apply and explain in space provided)

- ❏ Daily check-ins with a trusted adult. Identified adult: _____
- ❏ Adjusting the schedule: _____
- ❏ Breaks for student: _____
- ❏ Connect student with group or club:_____
- ❏ Other: _____

Student supports outside of school:

Please identify the participants involved in the making of the plan:

_____ _____
Name Role/Title

_____ _____
Name Role/Title

Suicide Safety Resources:

- ❏ National Crisis Textline **Text:** “OREGON” TO 741741
- ❏ National Suicide Textline **Text:** “273TALK” to 839863
- ❏ YouthLine: **Call** 877-968-8491 **Text:** “teen2teen” to 839863
- ❏ TrevorLifeLine (for students identifying as LGBTQ+) **Call:** 866-488-7386
- ❏ National Suicide Hotline: **Call** 800-273-8355 **Spanish Speakers Call: 888-628-9454**
- ❏ Linn County Crisis Line: **Call** 541-967-3866 or 800-304-7468
- ❏ National Suicide Prevention Lifeline: **Call or Text** 988

Parent/Guardian Acknowledgement of Notice of Suicidal Ideation/Intent

This is a sample form that verifies that the parent/guardian has been informed and advised of a student's behavior that was not directly life-threatening but of enough concern for parental/guardian contact.

Parent/Guardian Contact Acknowledgment Form

This is to verify that on _____ (date/time), we spoke regarding your child's suicidal ideation.

As discussed during our conversation, I strongly recommend that you seek mental health services or a therapist immediately.

If you have any questions or need assistance with a mental health referral, please contact your student's school counselor.

Counselor/Administrator Signature

_____ Date: _____

Parent/Guardian Letter

We are concerned about the safety and welfare of your child. We have been made aware that your child has made statements or gestures and may be suicidal. All expressions of suicidal behavior are taken very seriously within our school district and we would like to support you and your student as much as possible during this crisis. To assure the safety of your child, we suggest the following:

1. Your child needs to be supervised closely. Research shows that the risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. Assure that your child does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. The sheriff department can discuss with you different ways of removing, storing or disposing of firearms.
2. When a child is at risk for suicide it is extremely important they be seen by a qualified mental health professional for assessment. Someone from your child's school can assist you in finding resources or you can contact your insurance company directly.

a. ***Insert Counselor Name and Contact Information***

3. Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care he/she needs. Experts recommend being sensitive to their needs by being patient and calm, conveying concern and showing love with no strings attached. Avoid teasing during this time. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect. Be careful not to display anger or resentment towards your child for bringing up this concern.
4. We may need to develop a plan to assure that your student feels safe and supported before returning 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 the National Suicide Prevention Lifeline (1-800-273-8255). Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe.

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

_____ Phone: _____

If Parent/Guardian Cannot Be Contacted:

An effort was made to contact the parent/guardian/emergency contact by telephone at the following times:

Date	Time	Results
		_____ No answer _____Left message _____ Spoke with parent/guardian
		_____ No answer _____Left message _____ Spoke with parent/guardian
		_____ No answer _____Left message _____ Spoke with parent/guardian
		_____ No answer _____Left message _____ Spoke with parent/guardian

The parent/guardian could not be reached **OR** refused to come get his/her student. The student was not allowed to leave school or to go home unescorted. The following action was taken:

_____ Contacted sheriff's department

_____ Contacted emergency services; i.e., paramedics

_____ Other (explain): _____

SECTION V: SUICIDE POSTVENTION (after a suicide) PROTOCOL

Regardless of how comprehensive suicide prevention and intervention may be in a school community, not all suicidal behavior will be prevented. It is as equally important to be prepaed for prevention and intervention of suicide as it is to be prepared in the event of an suicide, whether a student died of suicide or not.

The school's primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc.

In the case of a suicide, follow the district Crisis Response Protocol

Key Points (from After a Suicide: A Toolkit for Schools, 2011)

- Postvention after a suicide whether a death results or not is very important. Schools should be aware that adolescents and other associated with the event are vulnerable to suicide contagion (inceased risk of suicide themselves).
- It is important not to "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media.
- It is important to address any deaths in a similar manner. Having one approach for a student who dies from cancer that differs from the approach to a death by suicide reinforces the stigma that surrounds suicide.
- The "After a Suicide: A Toolkit for Schools" is your "go to" resource to help you plan, brainstorm ideas, and provide resources/supports to students and their families in the aftermath of a death from suicide.

Re-Entry Procedure
For students returning to school after a mental health crisis (e.g. suicide attempt or psychiatric hospitalization), a school employed counselor or mental health professional, the principal or designee, will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's safe return to school.
A school employed counselor or mental health professional, or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
The school will request that the parent or guardian provide documentation from the hospital or mental health provider and/or sign a release of information to allow the school to share information with the hospital or outside mental health provider.
The designated staff person will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.

Suicide Attempt Post-Vention Protocol

- ❏ **Before returning to classes the student and a parent/guardian have met with the building administrator and/or counselor.**
  - ❏ Date and time of meeting: _____
  - ❏ Those in attendance: _____

    _____
- ❏ **Does the student have an assigned mental health counselor:**
  - ❏ If no, has a referral been made?_____
  - ❏ If yes, who is the counselor?_____
  - ❏ Which organization is the mental health counselor with?_____
  - ❏ Has/will a Release of Information be signed?_____
- ❏ **Does the student have a safety plan for outside of school?** Please describe: _____

  _____

  _____

  _____
- ❏ **What do the student and parent/guardian identify as needs for a successful re-entry to school?**

  _____

  _____

  _____
- ❏ **Create a School Safety Plan for the student.** Use the form available in this document to complete it.
- ❏ **Please check this box if the parent/guardian has declined to attend the re-entry meeting.** Allow the student to return to classes, and have them make a safety plan for school with the counselor or other appropriate school personnel. Share the plan with the parent/guardian.
- ❏ **Optional notes:** _____

  _____

  _____

  _____

Parent/Guardian notified: _____ Date: _____

Administrator or counselor signature: _____ Date: _____

SECTION VI: RESOURCES

SUICIDE SAFETY RESOURCES	
National Crisis Textline	Text: “OREGON” to 741741
National Suicide Textline	Text: “273TALK” to 839863
YouthLine	Call: 877-968-8491 or Text: “teentoteen” to 839863
TrevorLifeLine (for students identifying at LGBTQ+)	Call: 866-488-7386
National Suicide Hotline	Call: 800-273-8355 Spanish speakers call: 888-628-9454
Linn County Crisis Line	Call: 541-967-3866 or 800-304-7468
National Suicide Prevention Hotline	Call or Text: 988

REQUEST FOR REVIEW FROM DISTRICT
Procedure by which a person may request the Harrisburg School District to review the actions of a school in responding to suicidal risk.
To request the district to review the actions of a school in responding to suicidal risk, make a written request to the superintendent of schools.