

1 Meridian Technical Charter High School

2
3 STUDENT PERSONNEL

4 Series 500

5
6 Policy Title: Student Suicide Prevention, Intervention, and Response

Code No. 504.92

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

10
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- 12 a) recognizes that physical, behavioral and emotional health is an integral component of a
13 student's educational outcomes,
14 b) has a responsibility to take a proactive approach in preventing deaths by suicide, and
15 c) acknowledges the school's role in providing an environment which is sensitive to individual and
16 societal factors that place youth at greater risk for suicide and one which helps to foster positive
17 youth development.

18
19 Toward this end, the policy is meant to be paired with other policies supporting the emotional and
20 behavioral health of students.

21
22 Definitions:

- 23 1. At risk: a student who is defined as high risk for suicide is one who has made a suicide
24 attempt, has the intent to die by suicide, or has displayed a significant change in behavior
25 suggesting the onset or deterioration of a mental health condition. The student may have
26 thought about suicide including potential means of death and may have a plan. In addition,
27 the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to
28 tolerate any more pain. This situation would necessitate a referral, as documented in the
29 following procedures.
30 2. Crisis team: a multidisciplinary team of primarily administrative, mental health, safety
31 professionals, and support staff whose primary focus is to address crisis preparedness,
32 intervention/response and recovery. Crisis team members often include someone from the
33 administrative leadership, school psychologist, school counselors, social workers, resource
34 police officer, and others including support staff and/or teachers. These professionals have
35 been specifically trained in crisis preparedness through recovery and take the leadership
36 role in developing crisis plans, ensuring school staff can effectively execute various crisis

- 37 protocols, and may provide mental health services for effective crisis interventions and
38 recovery supports.
- 39 3. Mental health: a state of mental, emotional and cognitive health that can impact
40 perceptions, choices and actions that affect wellness and functioning. Mental health
41 problems include mental health conditions such as depression, anxiety disorders, PTSD, and
42 substance use disorders. Mental health can be impacted by the physical health, genes, the
43 home and social environment, and early childhood adversity or trauma.
- 44 4. Postvention: suicide postvention is a crisis intervention strategy designed to reduce the risk
45 of suicide and suicide contagion, provide the support needed to help survivors cope with a
46 suicide death, address the social stigma associated with suicide, and disseminate factual
47 information after the suicide death of a member of the school community.
- 48 5. Risk assessment: an evaluation of a student who may be at risk for suicide, conducted by the
49 appropriate school staff (e.g., school psychologist, school counselor, or school social
50 worker). This assessment is designed to elicit information regarding the student's intent to
51 die by suicide, previous history of suicide attempts, presence of a suicide plan and its level
52 of lethality and availability, presence of support systems, and level of hopelessness and
53 helplessness, mental status, and other relevant risk factors.
- 54 6. Risk factors for suicide: characteristics or conditions that increase the chance that a person
55 may try to take his or her life. Suicide risk tends to be highest when someone has several
56 risk factors at the same time. Risk factors may encompass biological, psychological, and or
57 social factors in the individual, family, and environment. Risk is highest when several risk
58 factors are present and when the individual has access to lethal means.
- 59 7. Self-harm: behavior that is self-directed and deliberately results in injury or the potential for
60 injury to oneself. Self-harm can be categorized as either non-suicidal or suicidal. Although
61 self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to
62 attempt suicide.
- 63 8. Suicide: death caused by self-directed injurious behavior with any intent to die as a result of
64 the behavior. Note: The coroner's or medical examiner's office must first confirm that the
65 death was a suicide before any school official may state this as the cause of death.
- 66 9. Suicide attempt: a self-injurious behavior for which there is evidence that the person had at
67 least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or
68 no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a
69 common experience with most suicide attempts. Therefore, ambivalence is not a sign of a
70 less serious or less dangerous suicide attempt.
- 71 10. Suicidal behavior: suicide attempts, intentional injury to self-associated with at least some
72 level of intent, developing a plan or strategy for suicide, gathering the means for a suicide
73 plan, or any other overt action or thought indicating intent to end one's life.
- 74 11. Suicide contagion: the process by which suicidal behavior or a suicide influences an increase
75 in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to
76 play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
- 77 12. Suicidal ideation: thinking about, considering, or planning for self-injurious behavior which
78 may result in death. A desire to be dead without a plan or intent to end one's life is still
79 considered suicidal ideation and should be taken seriously.

81 Scope:

82 This policy covers actions that take place in the school, on school property, at school-sponsored
83 functions and activities, on school buses or vehicles and at bus stops, and at school sponsored out-of-
84 school events where school staff are present.

85

86 Prevention:

87 The Board directs the Superintendent to develop procedures relating to suicide prevention. Such
88 procedures shall address:

89

90 District Policy Implementation:

91 The charter counselor shall act as the suicide prevention coordinator. The suicide prevention
92 coordinator will be responsible for planning and coordinating implementation of this policy for the
93 school. Any teacher with direct evidence of a student's suicidal tendencies shall report this knowledge to
94 the suicide prevention coordinator. If any staff member believes a student is at elevated risk; they are
95 encouraged to report this belief to the designated individual.

96

97 Staff Professional Development:

98 All staff who work closely with students will receive professional development on risk factors, warning
99 signs, protective factors, response procedures, referrals, postvention, and resources regarding youth
100 suicide prevention. Meridian Technical Charter High School will use the professional development
101 training created and provided by the West Ada School District. Such training shall be provided annually/
102 within the employee's first year of employment. Additional professional development in risk assessment
103 and crisis intervention may be provided to school employed mental health professionals and school
104 nurses.

105

106 Youth Suicide Prevention Programing:

107 Developmentally-appropriate, student-centered education materials on suicide prevention will be
108 integrated into the curriculum of all health classes. The content of these age-appropriate materials may
109 include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk
110 factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking
111 strategies for oneself or others, including how to engage school resources and refer friends for help. In
112 addition, schools may provide supplemental small group suicide prevention programming for students.

113

114 Publication and Distribution

115 This policy will be distributed annually and included in all student and teacher handbooks and on the
116 school website.

117

118 Assessment and Referral:

119 When a student is identified by a staff person as potentially suicidal, e.g., verbalizes about suicide,
120 presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-
121 refers, the student will be seen by a school employed mental health professional within the same school
122 day to assess risk and facilitate referral. If there is no mental health professional available, a school staff
123 member will accompany and observe the student until a mental health professional can be brought in or
124 emergency services are engaged. For youth at risk:

- 125 1. School staff will continuously supervise the student to ensure their safety until their care is
126 transferred to parents / guardians or emergency services. In situations where the student is
127 deemed to be at high risk of suicide, the student should not be left alone.
- 128 2. The principal and school suicide prevention coordinator will be made aware of the situation
129 as soon as reasonably possible.
- 130 3. The school counselor or principal will contact the student's parent or guardian, as described
131 in the Parental Notification and Involvement section, and will assist the family with urgent
132 referral. When appropriate, this may include calling the Idaho Suicide Prevention Hotline (1-
133 208-398-4357), emergency services, bringing the student to the local Emergency
134 Department or setting up an outpatient mental health or primary care appointment and
135 communicating the reason for referral to the healthcare provider.
- 136 4. Staff will ask the student's parent or guardian for written permission to discuss the student's
137 health with outside care, if appropriate.

138

139 In-School Suicide Attempts:

140 In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these
141 situations:

- 142 1. First aid will be rendered until professional medical treatment and/or transportation can be
143 received, following district emergency medical procedures.
- 144 2. School staff will supervise the student and attempt to ensure their safety, provided doing so
145 does not threaten the safety of the staff member or others.
- 146 3. Staff will move all other students out of the immediate area as soon as possible.
- 147 4. If appropriate, staff will immediately request a mental health assessment for the youth.
- 148 5. The school employed mental health professional or principal will contact the student's
149 parent or guardian, as described in the Parental Notification and Involvement section.
- 150 6. Staff will immediately notify the principal or school suicide prevention coordinator regarding
151 in- school suicide attempts.
- 152 7. The school may engage as necessary the crisis team to assess whether additional steps
153 should be taken to ensure student safety and well-being.

154

155 Re-entry Procedure:

156 For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric
157 hospitalization), a school employed mental health professional, the principal, or designee will meet with
158 the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and
159 appropriate next steps to ensure the student's readiness for return to school.

- 160 1. A school employed mental health professional or other designee will be identified to
161 coordinate with the student, their parent or guardian, and any outside mental health care
162 providers.
- 163 2. The parent or guardian will provide documentation from a mental health care provider that
164 the student has undergone examination and that they are no longer a danger to themselves
165 or others.
- 166 3. The designated staff person will periodically check in with student to help the student
167 readjust to the school community and address any ongoing concerns, including academic or
168 social issues.
- 169 4. The administration will disclose to the student's teachers and other relevant staff (without
170 sharing specific details of mental health struggles) that the student is returning after
171 hospitalization/medical treatment and may need adjusted deadlines for assignments. The
172 school employed mental health professional will also be available to teachers to discuss any
173 concerns they have regarding the student after re-entry.
- 174 5. The school employed mental health professional will check in with the student and their
175 parents every week either on the phone or in person for three months following re-entry to
176 ensure the student and their parents are supported in the transition.

177

178 Out of School Suicide Attempts:

179 If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-
180 school location, the staff member will make reasonable efforts to:

- 181 1. Call the police and/or emergency medical services, such as 911.
- 182 2. Inform the student's parent or guardian.
- 183 3. Inform the school suicide prevention coordinator and principal. If the student contacts the
184 staff member and expresses suicidal ideation, the staff member shall make a reasonable
185 effort to maintain contact with the student (either in person, online, or on the phone). The
186 staff member can then enlist the assistance of another person to contact the police while
187 maintaining verbal engagement with the student.

188

189 Parental Notification and Involvement

190 In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's
191 parent or guardian will be informed as soon as practicable by the principal, designee, or mental health
192 professional. Staff should provide outside mental health resources to the parents or guardians to

193 support their child. If the student has exhibited any kind of suicidal behavior, the parent or guardian
194 should be counseled on “means restriction,” i.e., limiting the child’s access to mechanisms for carrying
195 out a suicide attempt. Means restriction counseling should include discussing the following:

196

197 Firearms

- 198 • Recommend that parents store all guns away from home while their child is having
199 problems, e.g., store their guns with a relative, gun shop, or police.
- 200 • Discuss parents’ concerns and help problem-solve around offsite storage of firearms. Avoid
201 a negative attitude about guns; accept parents where they are, but let them know offsite
202 storage is an effective, immediate way to protect their child.
- 203 • Explain that in-home locking is not as safe. Kids sometimes find the keys or get past the
204 locks.

205 If there are no guns at home:

- 206 • Ask about guns in other residences (e.g., joint custody situation)

207

208 If parent won’t or can’t store offsite:

- 209 • The next safest option is: unload guns, lock them in a gun safe, lock ammunition separately
210 (or don’t keep ammo at home for now).
- 211 • If guns are already locked, ask parents to consider changing the combination or key location.
212 Parents can be unaware that kids know their “hiding” places.

213

214 Medications

- 215 • Recommend locking up all medications (except rescue meds like inhalers) with a traditional
216 lock box or a daily pill dispenser.
- 217 • Recommend disposing of expired and unneeded medicines, especially prescription pain pills.

218

219 If parent won’t or can’t lock all:

- 220 • Advise they prioritize the following and seek specific guidance from a doctor or pharmacist:
 - 221 ○ Prescriptions, especially for pain
 - 222 ○ Over-the-counter pain pills
 - 223 ○ Over-the-counter sleeping pills

224

225 Mental Health Assessment

226 Through discussion with the student, the principal or school employed mental health professional will
227 assess whether there is further risk of harm due to parent or guardian notification. If the principal,

228 designee, or mental health professional believes, in their professional capacity, that contacting the
229 parent or guardian would endanger the health or well-being of the student, they may delay such contact
230 as appropriate while identifying appropriate resources for the student such as law enforcement or child
231 protective services. If contact is delayed, the reasons for the delay shall be documented.

232

233 Postvention

234 The school board directs the Principal to develop procedures relating to postvention following a death
235 by suicide in the school. Such procedures shall address:

236 Development and Implementation of an Action Plan

237 The crisis team will develop an action plan to guide school response following a death by suicide that
238 has a significant impact on the school community. Ideally, this plan should be developed long before it is
239 needed. A meeting of the crisis team to implement the action plan will take place immediately following
240 news of the suicide death. If the death has not yet been confirmed to be a suicide, the team should still
241 meet while this is being confirmed. For more detailed information on responding to a suicide death,
242 please see the document- After A Suicide: A Toolkit for Schools which was newly revised in 2018. A link
243 to this document can be found in the resources section below.

244

245 The action plan may include the following steps:

- 246 a) *Verify the death.* Staff will confirm the death and determine the cause of death through
247 communication with a coroner's office, local hospital, the student's parent or guardian, or police
248 department. Even when a case is perceived as being an obvious instance of suicide, it shall not
249 be labeled as such until after a cause of death ruling has been made. If the cause of death has
250 been confirmed as suicide but the parent or guardian will not permit the cause of death to be
251 disclosed, the school will not share the cause of death but will use the opportunity to discuss
252 suicide prevention with students.
- 253 b) *Alert the State Department of Education (SDE).* Alert the Director of Student Engagement,
254 Career & Technical Readiness about the death (208-332-6961 / mamccarter@sde.idaho.gov).
255 The SDE tracks student suicides throughout the state and can leverage resources (counselors,
256 guidance, scripts) as well as asserting flexibility around SDE program monitoring activity, SDE
257 trainings and other SDE reporting requirements so school staff can focus on student / staff
258 grieving.
- 259 c) *Assess the situation.* The crisis team will meet to prepare the postvention response, to consider
260 how severely the death is likely to affect other students, and to determine which students are
261 most likely to be affected. The crisis team will also consider how recently other traumatic events
262 have occurred within the school community and the time of year of the suicide. If the death
263 occurred during a school vacation, the need for, or scale, of postvention activities may be
264 reduced.
- 265 d) *Share information.* Before the death is officially classified as a suicide by the coroner's office, the
266 death can and should be reported to staff, students, and parents/guardians with an
267 acknowledgement that its cause is unknown. Inform the faculty that a sudden death has

268 occurred, preferably in a staff meeting. Write a statement for staff members to share with
269 students. The statement should include the basic facts of the death and known funeral
270 arrangements (without providing details of the suicide method), recognition of the sorrow the
271 news will cause, and information about the resources available to help students cope with their
272 grief. Avoid public address system announcements and school-wide assemblies should be
273 avoided. The crisis team may prepare a letter (with the input and permission from the student's
274 parent or guardian) to send home with students that includes facts about the death, information
275 about what the school is doing to support students, the warning signs of suicidal behavior, and a
276 list of resources available.

277 e) *Avoid suicide contagion.* It shall be explained in the staff meeting described above that one
278 purpose of trying to identify and give services to other high risk students is to prevent another
279 death. The crisis team will work with teachers to identify students who are most likely to be
280 significantly affected by the death. In the staff meeting, the crisis team will review suicide
281 warning signs and procedures for reporting students who generate concern.

282 f) *Initiate support services.* Students identified as being more likely to be affected by the death will
283 be assessed by a mental health professional to determine the level of support needed. The crisis
284 team will coordinate support services for students and staff in need of individual and small
285 group counseling as needed. In concert with parents or guardians, crisis team members will
286 refer to community mental healthcare providers to ensure a smooth transition from the crisis
287 intervention phase to meeting underlying or ongoing mental health needs. School
288 administration will monitor crisis team members for signs of 'compassion fatigue' and provide
289 additional supports for staff as needed (extra counselors, engaging the district Employee
290 Assistance Program, etc.).

291 g) *Develop memorial plans.* The school will avoid create on-campus physical memorials (e.g.
292 photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the
293 death and encourage suicide contagion. Avoid canceling school for the funeral. Any school-
294 based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides,
295 prevention resources available and healthy coping mechanisms.

296

297 External Communication

298 The school principal or designee will be the sole media spokesperson. Staff will refer all inquiries from
299 the media directly to the spokesperson. The spokesperson will:

300 a) Keep the suicide prevention coordinator and superintendent informed of school actions relating
301 to the death.

302 b) Prepare a statement for the media including the facts of the death, postvention plans, and
303 available resources. The statement will not include confidential information, speculation about
304 victim motivation, means of suicide, or personal family information.

305 c) Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson can
306 encourage reporters to follow safe messaging guidelines (e.g. not to make it a front-page story,
307 not to use pictures of the suicide victim, not to use the word suicide in the caption of the story,
308 not to describe the method of suicide, and not to use the phrase "suicide epidemic") – as this
309 may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to

310 suicide and not to speculate about the reason for suicide. Media should be asked to offer the
311 community information on suicide risk factors, warning signs, and resources available including
312 the Idaho Suicide Prevention Hotline number.

313

314 Date of Revision

Legal Reference: Code of Idaho

315 July 15, 2019

33-136