Portland Public Schools: Suicide Intervention, Prevention, Postvention
A Resource/Guide for School Personnel

DRAFT

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Purpose

Suicide is the 3rd leading cause of death in children and young adults ages 15-24, and the 4th leading cause of death in children ages 10-14. To aid in the prevention of such tragedy, Portland Public Schools utilizes a Suicide Prevention Protocol. The Suicide Prevention Protocol is a team-based process for decision-making. This protocol was developed with input from the Multnomah County Department of Human Services and is in place in all Multnomah County school districts. These protocols will be used to engage appropriate school and community resources and to ensure student safety.

Portland Public School District:

(a) recognizes that physical, mental health, behavioral, and emotional health is an integral component of a student's educational outcomes,
(b) further recognizes that suicide is a leading cause of death among young people,
(c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
(d) acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

Scope

This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school-sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

Quick Notes: What Schools Need To Know

- ➢ School staff are frequently considered the first line of contact with potentially suicidal students.
- ➢ Most school personnel are neither qualified, nor expected, to provide the in-depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking

reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.

- ➢ All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual "on the scene".
- ➢ Research has shown talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to kill themselves.
- ➢ 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.
- ➢ Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

Confidentiality:

HIPAA and FERPA

School employees, with the exception of nurses and psychologists who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPAA known as "minimum necessary disclosure".

Request From Student To Withhold From Parents/Caregivers

The school suicide prevention contact person can say "I know that this is scary to you, and I care, but this is too big for me to handle alone." If the student still doesn't want to tell his/her parents, the staff suicide contact can address the fear by asking, "What is your biggest fear?" This helps reduce anxiety and the student gains confidence to tell parents. It also increases the likelihood that the student will come to that school staff again if they need additional help.

Exceptions for Parental/Caregiver Notification: Abuse or Neglect

Parents/Caregivers need to know about a student's suicidal ideation unless a result of parental abuse or neglect is possible. The counselor or staff suicide contact person is in the best position to make the determination. The school staff will need to let the student know that other people would need to get involved on a need to know basis. If a student makes a statement such as "My dad/mom would kill me" as a reason to refuse, the school staff can ask questions to determine if parental/caregiver abuse or

neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent/caregiver need to be involved.

Definitions

1. **At-risk** A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan.

In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.

2. **Crisis team** A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response, and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take a leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols and may provide mental health services for effective crisis interventions and recovery supports.

3. **Mental Health:** Someone's state of being in regard 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.

4. **Postvention** Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and 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 on the suicide death of a member of the school community.

5. **Risk assessment** An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's 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.

6. **Risk factors for suicide** Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and social factors in the individual, family, and environment

7. **Self-harm** behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. It can be categorized as either nonsuicidal or suicidal. Although self-harm o en lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
8. **Suicide** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's o ce must first con rm that the death was a suicide before any school official may state this as the cause of death.

9. **Suicide attempt** A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide a empt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.

10. **Suicidal behavior** Suicide attempts, intentional injury to self associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt ac on or thought indica ng intent to end one's life.

11. **Suicide contagion** The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identifica on, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

12. **Suicidal ideation** Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is s ll considered suicidal ideation and should be taken seriously.

District Policy Implementation:

A district level suicide prevention coordinator shall be designated by the Superintendent. This may be an existing staff person. The district suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the school district.
Each school principal shall designate a school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. This may be an existing staff person. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

Suicide Prevention Efforts:

- Staff: All staff should receive training (or a refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide.
- Students: Students should receive information about suicide and suicide prevention in health class. The purpose of this curriculum is to teach students how to access help at their school for themselves, their peers, or others in the community.
- Parents/Caregivers: Provide parents with informational materials to help them identify whether their child or another person is at risk for suicide. Information should include how to access school and community resources to support students or others in their community that may be at risk for suicide.

Suicide Prevention Training for Staff:

All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/ or substance use disorders, those who engage in selfharm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals and school nurses.

Recommended Staff Training Programs:

- QPR Training (Question, Persuade, Refer)- 1-2hours and 1 session
  - Staff will learn how to recognize early warning signs
  - De-stimgatize asking about suicide
  - Persuade youth accept help
  - Identify appropriate resources and help youth access needed services
- Youth Mental Health First Aid- 8 hours, 1 day
  - Staff will assess risk of suicide self-harm
  - Differentiate between typical adolescent behavior and signs/symptoms that a person may be developing a mental health disorder or experiencing a mental health crisis
  - Support youth in crisis
  - Develop crucial non-judgemental listening skills
  - Encourage youth to seek appropriate professional resources
  - Help youth help themselves
- ASIST Training (Applied Suicide Intervention Skills Training)- 16hours, 2 days
  - Staff will identify and respond to people at immediate risk of suicide

        - Provide suicide first aid and intervention to students when high risk or having thoughts of suicide
        - Practice these skills in group and one on one interventions
        - Composed of lectures, small group, discussions, and interactive exercises
    - safeTALK- 4hours, 1 session
        - Become suicide aware
        - Idnentify when a person may have thoughts of suicide
        - Apply Talk steps including: Ask about suicide, listen, and connect a person with suicidal thoughts to appropriate support

Youth Suicide/Mental Health Prevention Education for Students

Developmentally-appropriate, student-centered education materials will be integrated into the curriculum of all K-12 health classes. The content of these age-appropriate materials will include:

1. The importance of safe and healthy choices and coping strategies
2. How to recognize risk factors and warning signs of mental disorders and suicide in oneself and
3. Help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help. In addition, schools may provide supplemental small group suicide prevention programming for students.

Recommended Student Curriculum

- PPS K-12 Health Scope and Sequence: Personal Health; Social, Emotional, and Mental Health; Alcohol, Tobacco, and Other Drugs; Sex Education; Violence Prevention
- Riding the Waves Curriculum : Implemented in 5th grade. Schools play an important role in youth suicide prevention. Crisis Connections offers three health curricula designed to be taught by classroom teachers or counselors, and appropriate for students at the elementary, middle, and high school levels.
- Look, Listen, Link Curriculum: Middle School-Based Suicide Response. 6-8. Is a curriculum designed for middle school-aged youth. It consists of four 45-minute lessons that focus on identifying causes of stress along with healthy ways of coping with stress and anxiety. Another significant focus of the program is teaching youth how to recognize friends who are depressed and how to link them to resources.
- Signs of Suicide (SOS) Curriculum: High Schoool-based Suicide Response. 9-12
  The goals of this program are:
    - Decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression
    - Encourage personal help-seeking and/or help-seeking on behalf of a friend
    - Reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment
    - Engage parents and school staff as partners in prevention through “gatekeeper” education
    - Encourage schools to develop community-based partnerships to support student mental health

- RESPONSE: High School-Based Suicide Awareness Response. 9-12
  - Students will gain awareness about suicide prevention, depression and suicidal ideation
  - Discover barriers that interfere with getting help
  - Help a friend
  - Improve Identification and referral process for at-risk students
- SEL Curriculum
- GSA/QSA/SAGA Groups
- Race-Based Student Affinity Groups
- DHS Prevention efforts

PPS Suicide Intervention Process

The Suicide Intervention process should be initiated when a student is exhibiting any of the following behaviors: gestures, talk of suicide (including those thoughts expressed in writing, art, or other forms), or suicide attempts. The purpose of the suicide protocol is to assess immediate risk and to inform a plan of action. The school counselor, social worker, psychologist, or qmhp typically initiates the protocol and consults with at least one other staff member as well as the Multnomah County Crisis Line if necessary.

School-Based Intervention Process

- PPS Suicide Intervention Protocol Chart.Covid adapted
- PPS Suicide Screening Form
  - COVID-19 Version Suicide Screening Interview Guidelines-Long Version
  - PPS Suicide Screening Conversation Toolkit-Short Version
- Example of a PPS HS: Lincoln HS Suicide Prevention PPT

Parent/Caregiver Notification and Involvement

It is best practice to engage parent/caregiver when there are concerns about suicidality.

Request From Student To Withhold From Parents/Caregivers

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involved on a need to know basis. If a student makes a statement such as “My dad/mom would kill me” as a reason to refuse, the school staff can ask questions to determine if parental/caregiver abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent/caregiver need to be involved.

Re-Entry Procedure: After a suicide attempt and psychiatric hospitalization can be a difficult one, especially if the attempt was very public. The student's privacy going forward is critical and the student and his or her parents need to be an integral part of the decisions that get made in the reentry plan.

PPS School Procedures

Prior to Return:

Sample meeting agenda for school staff

- Support Planning Agenda for Students Returning from Hospital or other mental health
- Settings

Transition plan that agencies use when students are returning to schools

- **Multnomah County Transition Plan for agencies to use**

Safety and Supervision Plan

- If not done by the mental health provider at the parent’s request already, obtain releases of information from the parent so the mental health provider, inpatient, or outpatient team can talk to the school counselor. This will ensure that pertinent information is shared, and there is a smooth transition throughout the levels of care.
- Meet with the student and his or her parents/guardians before the return to school, plan together what information they want shared and with whom.
- Practice role-playing so that the student can try out different responses to different situations (peer-to-peer & staff-student) that may arise to help lower anxiety.
- Ask how school staff can best support recovery.
- Refer to and update the student’s safety plan as needed.
- Work out an agreement with the student to not share details of the attempt including the method, with other students to avoid the potential of increasing self-harm risks with other students, including by social media. Explain that peers talking to peers about the

details of an attempt may give ideas to other students who are struggling with their own thoughts of suicide to make an attempt. However, do let the student know that it is an important part of the healing process to talk about the attempt with trusted adults and the student's therapist. Explain that talking about the attempt and what led to it in a safe environment can help the student avoid an attempt in the future.

- ➢ Reassure the student and family that sharing information with school personnel will be done on a need to know basis. Faculty and staff that have direct contact should be informed so they can actively assist the student academically. Identify the staff that will need to know by name and role.
- ➢ Reassure the student that staff will be available to help the student with any academic issues, and that it will be important for the student to reach out if he or she is feeling worried about their schoolwork.

Safety and Supervision Plan (in building)
CoVid Adapted At Home Safety and Support Plan (student driven)

After Return to School:

- ➢ Treat the student's return to school as you would had the student been out sick for a few days. Let the student know you are glad he or she is back, "Good to see you."
- ➢ Be aware that the student may still be dealing with symptoms of depression which can affect concentration and motivation.
- ➢ Be aware that the student may be adjusting to medication and may be dealing with side effects including fatigue, or jitteriness.
- ➢ Accommodations may need to be made such as an extended time to turn in assignments, or additional time for testing. Some students with concentration issues may find it easier to take a test alone. Some students dealing with anxiety may find it helpful to be able to leave class a little early to avoid the crowds and noise in the hallways when changing classes.
- ➢ Monitor social interactions. Meet with the student, and if they agree, their friends, in the days and weeks following the transition back to school to check in and see how things are going with peers. Quickly address any bullying behaviors that are occurring.
- ➢ Have regular contact with the student's parents and therapist to provide feedback and to garner information that will help to further support the student's recovery.

A student returns to school without meeting prior to return:

- ➢ Meet with students and parents/guardians as soon as practical in order to develop a safety plan and identify necessary supports for the student and family.

In-School Suicide Attempts/Out-of-School Suicide Attempts

Consult with the Suicide Intervention Flow Chart (in building version and CoVid adapted version) for guidance regarding in and out of school attempts.

Postvention

Schools must be prepared to act and provide postvention support and action in the event of a suicide attempt or completed suicide. Suicide Postvention has been defined as "the provision of crisis intervention, support, and assistance for those affected by a suicide" (American Association of Suicidology). Postvention strategies after a suicide attempt or completion is very important. Schools should be aware that youth and others associated with the event are vulnerable to suicide contagion or, in other words, at increased risk for suicide. Families and communities can be especially sensitive after a suicide event.

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

Postvention Goals:

- Support the grieving process
- Prevent suicide contagion
- Reestablish healthy school climate
- Provide long-term surveillance
- Integrate and strengthen protective factors
- (ie community, positive coping skills, resiliency, etc)

How do we reach these goals?

- Do not glorify or romanticize the suicide
- Treat it sensitively when speaking about the event, particularly with the media
- Address all deaths in a similar manner. For example, having one approach for a student who dies in a car accident and a different approach for a student who dies by suicide reinforces the stigma surrounding suicide
- Research and identify the resources

Generally, postvention response includes, but is not limited to, the following actions:

- Verify the suicide attempt or completion
- Estimate level of response resources required
- Determine what and how information is to be shared (do NOT release information in a large assembly or over the intercom)
- Contact PPS Crisis Recovery Line for consult 503 939 3283
- Inform faculty and staff
- Identify at-risk students and staff (see "risk identification strategies")
- Refresh staff on prevention protocols and be responsive to signs of risk
- Be aware that persons may still be traumatized months after the event

Key Points To Emphasize To Students, Parents, Media:

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death
- Mental illness etiology
- Normalize anger
- Stress alternatives
- Help is available

CAUTIONS:

- Avoid romanticizing or glorifying event or vilifying victim
- Do not provide excessive details or describe the event as courageous or rational
- Do not eulogize victim or conduct school- based memorial services
- Address loss but avoid school disruption as best as possible
- SAFE REPORTING: The way that media outlets, reporters, and others can safely share news that someone has died by suicide. Safe reporting can help reduce the risk of suicide contagion and/or cluster in a community. Examples of safe reporting practices include not sharing the means of death, avoiding sensationalizing the death, and including resources for community members to get help if needed

Risk Identification Strategies:

- IDENTIFY students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the attempt survivor or the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
- MONITOR student absentees in the days following a suicide attempt or completion. Groups that may be at higher risk include those who have a history of being bullied, who

are LGBTQ+, who are isolated from the larger community, and those who have weak levels of social/familial support.

- NOTIFY parents of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents, provide information on community based funeral services/memorials, and collaborate with media, law enforcement and community agencies.

Things for responsible Postvention:

- Grief is normal
- Help is available
- Youth and young adults are resilient
- Healthy coping skills can be learned
- Suicide loss survivors are not responsible for the death
- Sucidie is preventable

Recommended Postvention Resources:

After a suicide death:

- **After a Suicide Toolkit**
- **Multnomah County Behavioral Health Recovery Plan**

Recommended Language for Student Handbook

Protecting the health and well-being of all PPS students is of utmost importance. The school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

• Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, support systems, and seeking help for themselves and friends. This curricular content will occur in all health classes throughout the school year, not just in response to a suicide, and the encouragement of help-seeking behavior will be promoted at all levels of the school leadership and stakeholders
• Each school will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources
• When a student is identified as being at-risk, a risk assessment will be completed by a trained school staff member who will work with the student and help connect the student to appropriate local resources

• Students will have access to national resources that they can contact for additional support, such as:

- ➢ National Suicide Prevention Lifeline: 1-800-273-TALK (8255) suicidepreventionlifeline.org
- ➢ The Trevor Lifeline: 1-866-488-7386 thetrevorproject.org/get-help-now
- ➢ Trevor Lifeline Text/Chat Services, available 24/7 Text "TREVOR" to 678-678
- ➢ Crisis Text Line: Text TALK to 741-741 crisistextline.org

All school personnel and students will be expected to help create a school culture of respect and support, in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they or a friend are feeling suicidal, or are in need of help. While confidentiality and privacy are important, students should know that when there is risk of suicide, safety comes first. For a more detailed review of policy changes, please see the district's full suicide prevention policy

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

PPS Suicide Prevention Task Force

Such a task force should consist of administrators, parents, teachers, school-employed mental health professionals, representatives from community suicide prevention services, and other individuals with expertise in youth mental health. The purpose of such a task force is to provide advice to the district administration and school board regarding suicide prevention activities and policy implementation, and to keep aware of current research, data, trends, and evolving best practices. In addition, the task force can help to compile a list of community resources to assist with suicide prevention activities and referrals to community mental health providers.