

ST. MARY'S COUNTY PUBLIC SCHOOLS SUICIDE PREVENTION PLAN



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INTRODUCTION

This document is based upon the collective work of four leading professional organizations in the realm of student mental health: The American Foundation for Suicide Prevention (AFSP), The American School Counselor Association (ASCA), The National Association of School Psychologists (NASP), and the Trevor Project. Their research and published work, *Model School District Policy on Suicide Prevention*, was referenced heavily in the drafting of this plan.

Suicide is the third leading cause of death among young people ages 10-19. This document outlines SMCPs' plan to prevent, assess the risk of, intervene in, and respond to youth suicidal behavior. This plan is designed to be paired with other SMCPs initiatives that support the emotional and behavioral well-being of youth. Suicidal behavior is extremely complex. Youth suicide involves risk factors associated with age, sex, ethnicity, and race. Risk factors may occur in combination and change over time. Research has demonstrated risk factors to include: mental health disorders, substance misuse, prior suicide attempt(s), stressful life circumstances, and family history of psychiatric illness or suicide.

Parents and guardians are encouraged to learn the warning signs and risk factors for suicide to be better equipped to connect their children with professional help when necessary. SMCPs recommends that each parent/guardian seek the services of a mental health professional should their child make statements which indicate a plan to commit suicide.

RISK FACTORS

Risk Factors for suicide are characteristics that may increase the chance of a person attempting suicide. The risk of suicide tends to be highest when someone has several risk factors at the same time. The most frequently cited risk factors for suicide are:

- Clinical depression to the degree it impacts one's daily life or bipolar disorder with severe mood swings.
- Alcohol or drug misuse
- Unusual thoughts and/or confused sense of reality
- Personality traits that create a pattern of intense, unstable relationships or trouble with the law
- Impulsivity and aggression, especially with the existence of a mental disorder
- Previous suicide attempts or family history of suicide or mental disorder
- Serious medical condition and/or chronic pain

It is important to note that the majority of people with mental health disorders or other suicide risk factors do not engage in suicidal behavior.

Student populations that are at elevated risk for suicidal behavior are:

1. Youth living with mental and/or substance use disorders. People with mental disorders account for more than 90 percent of deaths by suicide. In particular, depression or bi-polar disorder, substance abuse, schizophrenia and other psychotic disorders, borderline personality disorder, conduct disorders, and anxiety disorders are significant risk factors for suicidal behavior among young people.

2. 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 four times greater than youth in the general population (Polowsky, D.J. & Wu, L.T., (2006).
3. Youth experiencing homelessness are at a high risk of suicide. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. More than half of runaway youth have had some kind of suicidal ideation (Yoder, K.A., Hoyt, D. R., & Whitbeck, L.B., (1998).
4. LGBTQ (lesbian, gay, bisexual, transgender, or questioning) youth are four times more likely to attempt suicide as compared to their straight peers (Kann, L.M, O'Malley Olsen, E., McManus, T., Kinchech, S., Cheyen, D., Harris, W.A., Weschsler, H., (2011).
5. 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, and disfigurement. Studies show that suicide rates are significantly higher among people with certain types of disabilities such as multiple sclerosis or spinal cord injuries (Giannini, M.J., Bergmark, B., Kreshover, S., Elias, E., Plummer, C., O'Keffe, E., (2010).

BULLYING AND SUICIDE

Most students who bully or are bullied do not become suicidal. The relationship between bullying and suicide is highly complex, as is the relationship between suicide and other negative life events. Studies show it is those who have a pre-existing risk for suicide (existence of depression, anxiety, or mental disorder) and are concurrently involved in bullying who are at risk for suicide. Persistent bullying can lead to or worsen feelings of isolation, reflection, exclusion and despair, as well as depression and anxiety, which can contribute to suicidal behavior in those already at risk (Kosciw, J.G., Greytak, E.A., Bartkiewicz, M.J., Boesen, M.J., & Palmer, N.A., (2011).

It is important to convey that suicide is not a natural response to bullying. Media stories of those who have died by suicide can increase contagion. Idealizing young people who completed a suicide after being bullied or the media creating an aura of celebrity around them may contribute to an illogical belief that suicide is the only way to have a voice against bullies. Thus, discussions on bullying and suicide should center on prevention and encourage help-seeking behavior.

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PROTECTIVE FACTORS AGAINST SUICIDE

Protective Factors are characteristics or conditions that may help to decrease a person's suicide risk. While these factors do not eliminate the possibility of suicide, especially in someone with risk factors, they may help to reduce that risk. Protective factors for suicide include:

1. Effective mental health care
2. Positive connections to family, peers, community, and social institutions such as religion that foster resilience
3. The skills to problem solve

PREVENTION

1. SMCPs Professional Development

All staff receive annual professional development on risk factors, warning signs, and response procedures regarding youth suicide prevention. Student Services staff receive additional training on students at elevated risk for suicide (e.g. those living with mental and/substance use disorders, self-injurious behaviors, those in out-of-home settings, LGBTQ students, and those with medical conditions).

2. Prevention Curriculum

Developmentally appropriate student centered education materials are integrated into the curriculum of Health classes and/or provided by the School Counseling Department through direct instruction. Curriculum content includes 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental health disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others.

ASSESSMENT AND REFERRAL

When a student is identified as potentially suicidal (e.g., verbalizes suicide, presents with overt risk factors, and self-harming), the student will be taken to a crisis team member to conduct a risk assessment.

1. School staff will continuously supervise the student to ensure their safety.
2. The student's parent/guardian will be contacted at the close of the assessment and advised of the assessment outcome. Students presenting as medium to high risk will be picked up by their parent/guardian at the school and given referral information for emergency mental health services.

IN-SCHOOL SUICIDE ATTEMPTS

In the event of an in-school suicide attempt, the following protocol are followed:

1. First aid will be rendered following emergency medical procedures.
2. If appropriate, the student will be transported by 911 to the emergency room and the parent/guardian notified.
3. If a 911 response is not warranted school staff will supervise the student to ensure the student's safety.
4. The school administrator, counselor or school psychologist will contact the student's parent(s)/guardian(s) and give the parent/guardian referral information for emergency mental health services.

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5. The school will engage the crisis team as necessary to assess whether additional steps should be taken to ensure student safety and well-being as well as suicide contagion containment.

Prior to returning to school, a meeting will be scheduled with the school counselor/school psychologist, the student's parent/guardian, and the student after a suicide attempt and/or hospitalization. A re-entry plan to ensure the student's readiness to return to school will be developed.

1. The school counselor will coordinate with the student, their parent/guardian, and any outside mental health provider to support the student's return to school.
2. The parent or guardian will provide documentation from a mental health provider that the student has undergone examination and that they are no longer a danger to themselves or others.

POSTVENTION

1. The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:
 - a) **Verify the death** through contact with the Director of Safety and Security.
 - b) **Assess the situation.** The crisis team will meet with Student Services staff members to determine which students are most vulnerable.
 - c) **Share information.** Inform the staff that a sudden death has occurred in a meeting prior to the start of the school day. Write a statement for staff members to share with

MESSAGING AND SUICIDE CONTAGION

Research has shown a link between certain types of suicide-related media coverage and increases in suicide deaths. Suicide contagion have been observed when:

- The number of stories about individual suicides increases,
- A particular death is reported in great detail,
- The coverage of a suicide death is prominently featured in a media outlet, or the headlines about specific deaths are framed dramatically (e.g., "Bullied Teen Commits Suicide by Jumping from Bridge").

Suicide contagion can be avoided when the media report on suicide responsibly, and by following the steps outlined in "Recommendations for Reporting on Suicide" at www.reportingonsuicide.org.

Adolescents are especially vulnerable to the risk of contagion. In the case of suicide death, it is important to memorialize the student in a way that does not inadvertently glamorize or romanticize either the student or the death. Schools can do this by seeking opportunities to emphasize the connection between suicides and underlying mental health issues and how to seek help.

Schools should strive to treat all deaths in the same way. Having one approach for memorializing a student who died of cancer and a different approach for a student who died by suicide reinforces stigma and may be painful to the student's family and friends.

Adolescents often turn to social networking websites as an outlet for communicating information and for expressing their thoughts and feelings about the death. Parents/guardians should be advised to monitor their student's social media use for warning signs of suicidal behavior.

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students. The statement should include the basic facts of the death (without providing details on the suicide itself). Public address system announcements and school-wide assemblies should be avoided. The crisis team will prepare a letter with input and permission from the student's parent/guardian to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

d) **Avoid suicide contagion.** The need to prevent additional suicides by identifying those students at high risk for suicide contagion should be explained to staff. The crisis team should work with staff to identify students who are most likely to be significantly affected by the death.

e) **Initiate Support Services.** The crisis team will coordinate support service for students and staff in need of individual and small group counseling. School Counselors will work with parents/guardians to refer students to community mental health services.

f) **Develop memorial plans.** The school should not create campus physical memorials or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. Additionally, the school day should not be canceled for the funeral.

REFERENCES

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