

# Fossil School District



## Suicide Prevention, Intervention and Postvention Plan

## **Purpose of Protocols and Procedures**

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning. The guidelines do not constitute legal advice, nor are they intended to do so.

## **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 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 supports in place may lessen this reluctance to speak up when students are concerned about a peer.
- Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.
- 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.

# Suicide Prevention Protocol

Suicide can be prevented. Following these simple steps will help ensure a comprehensive school based approach to suicide prevention for staff and students.

**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. All staff will receive a copy of this plan or review annually.

- Staff will receive best practice training annually with one of the following models:
  - QPR Suicide Prevention
  - Youth Mental Health First Aid
  - Modules from PublicSchoolWorks.com that may include: The M-004 M-506 Suicide Prevention Module 2: Suicide Warning Signs and Response
  - Participate in Sources of Strength program/ training
- Specific staff (School Counselor and one other staff member) should receive specialized training to intervene, assess, and refer students at risk for suicide. Training should be best practice suicide program, and will be one of the following:
  - ASIST (Applied Suicide Intervention Skills Training) should include two 1-hour “refreshers” each year and a full course every 3 years
  - Youth Save (Youth Suicide Assessment in Virtual Environments)

**Students:** Students should receive developmentally-appropriate, student-centered education 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.

Fossil School District is currently implementing:

- Positive Action
- Sources of Strength K-6
- MH/SEL in accordance with Health Standards
- PBIS K-12
- Printed materials, posters, website shares information on Safe Oregon Tipline and National Suicide Hotline- 988

**Parents:** 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 to others in their community that may be at risk for suicide. Resources will be in school handbooks or on the school website.

**Communicating the Prevention Plan:** The Suicide Prevention plan will be sent to each staff member via email at the beginning of each school year. Additionally, it will be posted to the Arlington School District Website so that students, parents, and community members can access the information. Information about how to contact the school counselor and how to access other resources will be posted around the school so students know who and how to reach out if they have concerns. YouthLine posters will be posted as an additional resource. A few designated staff members may meet annually to determine the effectiveness of the current suicide prevention plan, make any necessary changes, and ensure that all parts of the plan are being implemented.

## **Suicide Intervention Protocol**

### **Warning Signs for Suicide**

Warning signs are the changes in a person's behavior, feelings, and beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly, especially if they have access to firearms.

### **Warning signs that may indicate an immediate danger or threat:**

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves – seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide

### **If a suicidal attempt, gesture, or ideation occurs or is recognized:**

- Staff will take all suicidal behavior and comments seriously every time
- Call 911 if there is immediate danger
- It is critical that any school employee, who has knowledge of someone with suicidal thoughts or behaviors, communicate this information immediately and directly to a school based mental health person (school counselor), administrator, or an ASIST trained "gatekeeper"
- Staff will stay with the student until relieved by a school counselor, administrator or designated ASIST trained "gatekeeper"

### **A Suicide Risk Assessment: Level 1 will be performed by a trained school staff member. The screener will do the following:**

- Interview student using Suicide Risk Assessment: Level 1 screening form
- Complete a Suicide Crisis Response Plan, if needed
- Contact parent to inform and to obtain further information
- Determine need for a Suicide Risk Assessment: Level 2 based on level of concern
- Consult with another trained screener prior to making a decision to not proceed to a Level 2
- Inform administrator of screening results

# School Suicide Assessment and Intervention

District/ School Name: Fossil School District

Current as of: 2023-24

Suicidal attempt, gesture,  
ideation is recognized (refer to  
warning signs)

**ASSESS FOR RISK**  
Staff will utilize practices from  
QPR to assess for risk and report  
to designated staff member  
**immediately**

Mental health professional or staff  
trained in ASIST to assess if there is  
imminent danger

**Do not leave student  
unsupervised during assessment  
process**

**Call 911 if there is  
imminent danger**

## LEVEL 1 SUICIDE RISK SCREENER

Persons that can do Level 1  
screening at your school:

1. Alisha Reed 541-763-4146
2. Lisa Helms 541-384-2666

Screener used: C-SSRS

Screener tasks:

- a. Notify Admin of Results
- b. Consult with Another Screener  
prior to making a decision to  
Not Proceed to Level 2  
Assessment
- c.

## STUDENT SAFETY PLAN

Collaboration with student,  
parent, counselor, administration

Refer to your school safety plan  
template

### Local Mental Health Resources and Crisis Support:

Community Counseling Solutions - 541-384-2666

Utilize Student Suicide Assessment Line: 503-575-3760 Monday-Friday 8:30AM-4:30PM.

### A safe transition back to school after hospitalization may include:

- Obtain Release of Information from  
parent/guardian
- Safety plan (review supervision  
policies, supports provided to  
student, etc)
- Involve all parties to ensure a  
cohesive plan

## SUICIDE RISK ASSESSMENT LEVEL 2:

By mental health professional or assessor

Requires parent permission, unless student is 14 or older. If  
parent is unavailable or unwilling to consent and the risk of  
self-harm per screening is high, the school team calls  
mental health or law enforcement.

Consult with your district policy

Assessor interviews student, collects collateral information  
from other pertinent sources and makes risk determination.

Assessor determines need for immediate intervention. (e.g.  
in-home or out-of-home respite, hospitalization, etc.)

Assessor shares concerns and recommendations with school  
team and parent.

**Call for Level 2  
Assessment**

# Suicide Risk Assessment – Level 1

## 1. IDENTIFYING INFORMATION

Name: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
IEP/504? \_\_\_\_\_ Address: \_\_\_\_\_  
Parent/Guardian #1 name/phone # (s): \_\_\_\_\_  
Parent/Guardian #2 name/phone # (s): \_\_\_\_\_  
Screener's Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Contact Info: Screener consulted with: \_\_\_\_\_

## 2. REFERRAL INFORMATION

Who reported concern:  Self  Peer  Staff  Parent/Guardian  Other

Contact Information: \_\_\_\_\_

What information did this person share that raised concern about suicide risk?

\_\_\_\_\_  
\_\_\_\_\_

## 3. PARENT/GUARDIAN CONTACT

1. Name of the parent/guardian contacted: \_\_\_\_\_ Date Contacted: \_\_\_\_\_
2. Was the parent/guardian aware of the student's suicidal thoughts/plans?  Yes  No
3. Parent/guardian's perception of threat? \_\_\_\_\_

\_\_\_\_\_

## 4. INTERVIEW WITH THE STUDENT

a. Does the student exhibit any of the following warning signs?

- Withdrawal from others
- Written statements, poetry, stories, electronic media about suicide
- Preoccupation with death
- Feelings of hopelessness
- Substance Abuse/Mental Health Issue
- Current psychological/emotional pain
- Discipline issues  Conflict with others (friends/family)
- Experiencing bullying or being a bully
- Recent personal or family loss or change (i.e., death, divorce)
- Recent changes in appetite
- Family problems
- Giving away possessions
- Current trauma (domestic/relational/sexual abuse)
- Crisis within the last 2 weeks
- Stresses from: gender ID, sexual orientation, ethnicity
- See Risk Factors Page for additional 8 signs: \_\_\_\_\_

\_\_\_\_\_

Does the student admit to thinking about suicide?  Yes  No  
Does the student admit to thinking about harming others?  Yes  No  
Does the student admit to having a plan?  Yes  No  
If so, what is the plan (how, when, where)? \_\_\_\_\_

Is the method to carry out the plan available?  Yes  No  
Explain: \_\_\_\_\_

Is there a history of previous gesture(s) or attempts?  Yes  No If yes, describe: \_\_\_\_\_

Is there a family history of suicide?  Yes  No  
Explain: \_\_\_\_\_

Has the student been exposed to suicide by others?  Yes  No  
Explain: \_\_\_\_\_

Has the student been recently discharged from psychiatric care?  Yes  No  
Date/Explain: \_\_\_\_\_

Does the student have a support system?  Yes  No  
List an adult the student can talk to **at home**: \_\_\_\_\_

List an adult the student can talk to **at school**: \_\_\_\_\_  
Additional supports: \_\_\_\_\_

**b. Protective Factors (see supplemental Risk & Protective Factor sheet and attach)**

**5. ACTIONS TAKEN**

- Yes  No Called 911 (contact date/time/name)
- Yes  No Crisis Response Plan created with student CUM file
- Yes  No Parent/guardian contacted
- Yes  No Released back to class after parent (and/or agency) confirmed Crisis Response Plan And follow up plan established. Notes:
  - Yes  No Called DHS
  - Yes  No Released to parent/guardian
  - Yes  No Parent/guardian took student to hospital
  - Yes  No Parent/guardian scheduled mental health evaluation appointment Notes:
  - Yes  No Provided student and family with resource materials and phone numbers
  - Yes  No School Based Mental Health Provider follow up (date/time) scheduled:
  - Yes  No School Administrator notified (date/time):
- Limited or NO risk factors noted. NO FURTHER FOLLOW-UP NEEDED.
- Several risk factors noted but no imminent danger. Completed Crisis Response Plan. Will follow up with student on Date/Time: \_\_\_\_\_
- Several risk factors noted: referred for Level 2 Suicide Risk Assessment from County Mental Health or student's private counselor (contact date/time/name):
- Consulted with and approved by: 1. \_\_\_\_\_ 2. \_\_\_\_\_

## COLUMBIA-SUICIDE SEVERITY RATING SCALE

*Screen Version - Recent*

	Past month	
Ask questions that are bolded and <u>underlined</u> .	YES	NO
<b>Ask Questions 1 and 2</b>		
<b>1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
<b>2) <u>Have you actually had any thoughts of killing yourself?</u></b>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) <u>Have you been thinking about how you might do this?</u></b> <i>E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."</i>		
<b>4) <u>Have you had these thoughts and had some intention of acting on them?</u></b> <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
<b>5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u></b>		

	YES	NO
<b>6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b>  Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.  <b>If YES, ask: <u>Was this within the past three months?</u></b>		

- Low Risk
- Moderate Risk
- High Risk



## Suicide Behavior Risk and Protective Factors

### **RISK FACTORS (Mark all that apply)**

- Current plan to kill self
- Current suicidal ideation
- Access to means to kill self
- Previous suicide attempts
- Family history of suicide  Exposure to suicide by others
- Recent discharge from psychiatric hospitalization
- History of mental health issues (major depression, panic attacks, conduct problems)
- Current drug/alcohol use
- Sense of hopelessness
- Self-hate
- Current psychological/emotional pain
- Loss (relationship, work, financial)
- Discipline problems
- Conflict with others (friends/family)
- Current agitation  Feeling isolated/alone
- Current/past trauma (sexual abuse, domestic violence)
- Bullying (as aggressor or as victim)
- Discrimination
- Severe illness/health problems
- Impulsive or aggressive behavior
- Unwilling to seek help
- LGBTQ+, Native-American, Alaskan Native, TAG, male

### **Protective Factors (mark all that apply)**

- Engaged in effective health and/or mental healthcare
- Feels well connected to others (family, school, friends)
- Positive problem solving skills
- Positive coping skills and resiliency
- Restricted access to means to kill self
- Stable living environment
- Willing to access support/help
- Positive self esteem
- High frustration tolerance
- Emotional regulation
- Cultural and/or religious beliefs that discourage suicide
- Does well in school
- Has responsibility for others

## Student Safety Plan

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Plan: \_\_\_\_\_

Warning signs that I am not safe:

- 1.
- 2.
- 3.

Things I can do to keep myself safe (in the case that I was thinking about suicide):

- 1.
- 2.
- 3.

An adult I can talk to **at home** when I feel it would be better if I were not alive:

An adult I can talk to **at school** when I feel it would be better if I were not alive:

Identify reasons for living:

- 1.
- 2.
- 3.

(optional) My plan to reduce or stop use of alcohol/drugs:

- 1.
- 2.
- 3.

I can call any of the numbers below for 24 Hour Crisis Support:

- National Suicide Prevention Lifeline 1-800-273-TALK (8255)
- Oregon Youthline 1-877-968-8491 or text "teen2teen" to 839-863
- SAMHSA Suicide and Crisis Lifeways 988

My follow-up appointment is: \_\_\_\_\_ with \_\_\_\_\_

Copies, as agreed upon with student, will be sent to:

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# **Student Re-entry Plan Guidelines**

## **After a Suicide Attempt or Hospitalization**

Transitioning back to school after a suicide attempt or hospitalization can be a difficult one, especially if the attempt was public. The student's privacy going forward is critical and the student and their parent(s) need to be an integral part of the decisions made in the re-entry plan.

The return to school requires individualized attention and planning. It is important that staff who have direct contact with the student be aware of the student's plan in order to monitor potential continued risk.

## **Counselor/Administrator Guidelines**

### **Prior to returning:**

1. Meet with the student and their parent(s) before the return to school and fill out the Student Re-Entry Plan.
2. Respect the student's wishes as to how their absence is discussed. If the attempt is common knowledge, help the student prepare for questions from peers and staff. If no one is aware, help the student create a short response to explain the absence. Role play so that the student can try out different responses to different situations (peer-to-peer & staff-student), if needed. Being prepared helps reduce anxiety and helps the student feel more in control.
3. Reassure the student and family that sharing information with school personnel will be done on a need-to-know basis. Staff that have direct contact should be informed so they can actively assist the student academically.
4. Identify the staff that will need to know by name and role.
5. 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 they are feeling worried about school work.
6. Obtain a Release of Information from the parent so the mental health provider can talk to the school counselor.
7. If needed, schedule a student interview team meeting if a student has a diagnosis or condition that will last more than 6 months that may hinder access to education. Determine if a 504 plan would be sufficient.

### **After return to school:**

1. Continue to monitor and support the student, as needed.
2. Have regular contact with the student's parent(s) and therapist to provide feedback and gain information on how best to support the student.

## **Staff Guidelines**

### **After return to school:**

1. Welcome the student's return to school as you would any other students' return from an extended absence. Let them know you are glad they are back – "Good to see you".
2. Be aware that the student may still be dealing with symptoms of depression which can affect concentration and motivation.
3. Be aware that the student may be adjusting to the medication and may be dealing with side effects including fatigue or jitteriness.
4. Keep the reason for the student's absence **CONFIDENTIAL**.
5. Discuss missed classwork and homework and arrangements for completion. Adjust expectations, if needed. If possible, provide alternative assignments instead of having the student try to make up all the work; provide temporary interventions during re-entry.
6. Keep an eye on the student's academic performance as well as their social/emotional interactions. If you see that they are isolating or being shunned by peers or falling further behind academically, follow up with the student's counselor.
7. Pay close attention to further absences, tardies, and requests to be excused during class, and share any concerns with the student's counselor.
8. Encourage the student to use the school counselor for additional support.

**Student Re-entry Plan**  
(Confidential)

Student: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date to be reviewed: \_\_\_\_\_

Primary School Contact (a qualified school professional who will create and monitor the Support plan):  
\_\_\_\_\_

Secondary School Contact (a qualified school professional available to the student when the primary contact is not):  
\_\_\_\_\_

Re-Entry meeting participants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accomodations/Support Options- check those that apply**

- Re-entry meeting with a counselor before returning to class
- Reduced schedule for gradual re-entry
- Return to the previous full-day schedule
- Return to full-day schedule but with class changes made to the schedule
- Change of placement

- Shortened assignments
- Extended time for work
- Provide alternative work
- Working lunch
- Arrange with teachers to not call on the student unless the hand is raised
- Assigned classmate as a volunteer assistant
- Preferential seating, near the door to allow leaving class for breaks
- Alternate work environment
- Alternate transition plan between classes (buddy walk, early dismissal, staff escort)
- Alternate seating plan (away from the bully)
- Student is allowed to take breaks inside the classroom
- Student is allowed to take breaks outside the classroom
- Student allowed to check in with the counselor as needed
- Audio or listening options (i.e. sound canceling headphones) as deemed appropriate in class
- Other: \_\_\_\_\_

\_\_\_\_\_ School Safety Plan completed

Next steps in case of continued safety concerns:

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Parental/Guardian/Student needs and/or additional information:

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Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Date of next meeting: \_\_\_\_\_

# Suicide Postvention Protocol

Schools must be prepared to act and provide postvention support and activity in the event of a serious attempt or a suicide death. Suicide Postvention has been defined as “the provision of crisis intervention, support, and assistance for those affected by a suicide” (American Association of Suicidology).

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. Youth and others associated with the event are vulnerable to suicide contagion (increased risk for suicide). Including 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.

## Postvention Goals

- Support the grieving process
- Prevent imitative suicides – identify and refer at-risk survivors and reduce identification with victim
- Reestablish healthy school climate
- Provide long-term surveillance

## Postvention response includes, but is not limited to, the following actions:

- Verify the suicide attempt or death by suicide and estimate the level of response resources needed
- Determine what and how information is to be shared (do NOT release information in a large assembly or over the intercom)
- Mobilize crisis response team
- Inform faculty and staff
- Identify at-risk students and staff
- Refresh faculty and staff on prevention protocols and be responsive to signs of risk. Be aware that persons may still be traumatized months after the event
- Create Safe Room for when students and staff return to campus

## Crisis Team Responders

- Administration
- School Counselor
- Crisis Flight Team- Michelle Geer NCESD
- Community Counseling Solutions- Lisa Helms

## Goals of Crisis Team

- Support process of grieving

- Prevent suicide contagion
- Return school to a safe and healthy climate, return to baseline functioning
- Monitor climate of school and community
- Identify and incorporate protective factors

### **Cautions:**

- Avoid romanticizing or glorifying event, or vilifying the 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:**

There are safe and unsafe ways to share the news that someone has died by suicide. Safe reporting can help reduce the risk of suicide contagion.

- Do not share the means of death
- Avoid sensationalizing death
- Include resources for community members to get help if needed

### **Risk Identification Strategies**

- IDENTIFY students/staff who may have witnessed the suicide or its aftermath, have had personal connection/relationship with the survivor or 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 absences 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 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

## **Considerations After a Suicide**

### **Key Considerations**

It is very important that schools follow the district policy and protocols on memorialization before a suicide death occurs and is included in this document. Schools should strive to treat all deaths in the same way. Having one approach for memorializing a student who died of cancer or in a car accident and a different approach for a student who died by suicide reinforces prejudice associated with suicide and may be deeply painful to the student's family and friends.

Nevertheless, because adolescents are especially vulnerable to the risk of suicide contagion, it is equally important to memorialize the student in a way that does not inadvertently glamorize or romanticize either the student or the death. Focus on how the student lived, rather than how he or she died. If the student had underlying mental health problems, seek opportunities to emphasize the connection between suicide and those problems, such as depression or anxiety, that may not be apparent to others (or that may manifest as behavioral problems or substance abuse).

Wherever possible, schools should meet with the student's friends and coordinate memorialization with the family in the interest of identifying a meaningful, safe approach to acknowledging the loss. Make sure to be sensitive to the cultural needs of the students and the family.

## **Memorialization**

Students often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. However, it can be challenging for schools to strike a balance between compassionately meeting the needs of grieving students and appropriately memorializing the student who died without risking suicide contagion among other students who may themselves be at risk.

## **Funerals and Memorial Services**

It is advised not to hold funeral and memorial services on school grounds. The school should instead focus on maintaining its regular schedule, structure, and routine. Encourage services to occur at a time when parents/guardians can accompany youth. Do not close school for a memorial service and it is encouraged to have additional counselors or crisis team members attend if possible. Students should be permitted to leave school to attend the service only with appropriate parental permission. Regular school protocols should be followed for dismissing students over the age of majority.

## **Spontaneous Memorials**

It is not unusual for students to create a spontaneous memorial by leaving flowers, cards, poems, pictures, stuffed animals, or other items in a place closely associated with the student, such as their locker or classroom seat, or at the site where the student died. Students may even come to school wearing T-shirts or buttons bearing photographs of the deceased student.

The school's goal should be to balance the students' need to grieve with the goal of limiting the risk of inadvertently glamorizing the death. If spontaneous memorials are created on school grounds, school staff should monitor them for messages that may be inappropriate (hostile or inflammatory) or that indicate students who may themselves be at risk. The District discourages requests to create and distribute images of the deceased, such as on T-shirts, buttons, etc. Although these items may be comforting to some students, they may be quite upsetting to others. Some schools have found a middle ground with students, for example, by allowing them to wear wristbands that portray a positive message (i.e., Faith, Hope, Love) as a way to honor and remember the deceased.

Memorials may be left in place until after the funeral (or for up to approximately five days), after which the tribute objects may be offered to the family. Find a way to let the school community know that the



posters are going to the family so that people do not think they were disrespectfully removed. For example, post a statement near the memorial on the day it will be taken down.

Since the emptiness of the deceased student's chair can be unsettling and evocative, after approximately five days (or after the funeral), seat assignments may be rearranged to create a new environment. Teachers should explain in advance that the intention is to strike a balance between compassionately honoring the student who has died, while at the same time returning the focus back to the classroom curriculum.

## **School Newspapers and Yearbooks**

The guiding principle is that all deaths should be treated the same way. So if there is a history of dedicating the yearbook (or a page of the yearbooks) to students who have died, that policy is equally applicable to a student who has died by suicide, provided that the final decisions are made by a school administrator. Coverage of the student's death in a school newspaper may be seen as a kind of memorial; also, articles can be used to educate students about suicide warnings signs and available resources. All articles should be reviewed by a school administrator with the consideration of safe messaging practices.

## **Events**

The student's family or classmates may wish to dedicate an event (such as a dance, performance, concert, or sporting event) to the deceased. The recommendation is that all deaths should be treated the same way. It is also highly recommended to not use the aftermath of a completed suicide as a time to promote suicide prevention. Having speakers present to students about suicide actually puts high-risk students at a higher risk of acting on their own suicidal thoughts.

## **Graduation**

Many times parents of deceased children would like an empty chair for their child placed amongst the graduation class, or a portrait placed, or a jersey, or some kind of tribute. The recommendation is to include the name of the deceased in the graduation program, along with the dates of his/her life. During the opening remarks by the administrator, a brief statement can be made acknowledging students who have died. Again, all deaths should be treated the same way. Empty chairs and portraits and tributes should not be part of the graduation ceremony. If it is customary to hang student collages during a celebratory event it is acceptable to have one of a deceased student as long as no reference to suicide or cause of death.

## **Permanent Memorials and Scholarships**

Some communities wish to establish a permanent memorial: sometimes physical, such as planting a tree or installing a bench or plaque, and sometimes commemorative, such as a scholarship. Permanent memorials will be discouraged on school grounds at the risk of contagion and upsetting other students.

Simply prohibiting any memorialization is problematic in its own right. It is deeply hurtful to the student's family and friends and can generate intense negative reactions.

Schools may proactively suggest a meeting with the student's close friends or family to talk about the type and timing of a safe memorialization, such as the following:

- Hold a day of community service or create a school-based community service program in honor of the deceased.
- Put together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations or hold a fund-raising event to support a local crisis hotline or other suicide prevention program.
- Sponsor a mental health awareness day.
- Purchase books on mental health for the school or local library.
- Volunteer at a community crisis hotline.
- Raise funds to help the family defray their funeral expenses.
- Make a book or note cards available in the school office for several weeks, in which students can write messages to the family, share memories of the deceased, or offer condolences. The book or notecards can then be presented to the family on behalf of the school community. All notes should be reviewed by a school counselor prior to being presented to the family. Families must consent to this activity.

### **Key Points/ Summary**

- Suicide is preventable
- It's important to prepare before a crisis occurs
- Survivors are not responsible for the death
- Mental illness etiology
- Normalize anger / help students identify and express emotions
- Healthy coping skills can be learned
- Help is available
- Grief is normal

### **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**

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 he/she needs additional help.

## **EXCEPTIONS FOR PARENTAL NOTIFICATION: ABUSE OR NEGLECT**

Parents 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 abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

## **Resources:**

Lines for Life: Preventing substance abuse and suicide; [www.linesforlife.org](http://www.linesforlife.org)

Sources of Strength: Best practice youth suicide prevention projects; <https://sourcesofstrength.org>

Character Strong: SEL curriculum; <https://characterstrong.com>

Community Counseling Solutions - 541-676-9161; Mon-Fri 8:00 a.m.- 5:00 p.m.; After hours 988

Safe Oregon Tip Line: 844-472-3367 <https://www.safeoregon.com/>

National 988 Suicide Prevention Hotline: 988 <https://988lifeline.org/>

1-800-273-TALK

1-800-273-8255

YouthLine: Nationwide teen to teen crisis support and help via phone, txt, chat and email daily from 4-10 pm PST.; Call - 877-968-8491; Text - teen2teen to 839863/ Chat - OregonYouthLine.org

North Central ESD Flight Team: Michelle Geer 541-980-9573

QPR - Suicide Prevention & Risk Reduction Training: <https://qprinstitute.com/organization-training>

ASIST Workshops - Statewide ASIST Coordinator: Tim Glascock, 503-399-7201;  
[tglascock@aocmhp.org](mailto:tglascock@aocmhp.org); <https://www.livingworks.net/asist>

Youth Mental Health First Aid - [www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)

Trauma Informed Care - [www.traumainformedoregon.org](http://www.traumainformedoregon.org)

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