

Cayuga ISD

Suicide Prevention

Policy, Procedures, and Guidelines

Cayuga Independent School District recognizes that suicide has become one of the top three leading causes of death among young people. It further acknowledges the school's role in providing an environment which is sensitive to societal changes which place youth at greater risk for suicide, and one which helps to foster positive youth development. Consequently, CISD recognizes its moral and ethical responsibility to take a proactive stance in preventing the problem of youth suicide by providing programs which are conducive to the positive development of youth, and by providing appropriate intervention and referral for those potentially suicidal youth who come to the attention of school personnel. At the same time, however, CISD recognizes that suicide is a complex issue which it cannot provide the necessary, in-depth, clinical assessment and psychotherapy. The school system's role in dealing with youth who are at high risk for suicide is to try to identify and refer these youth to appropriate community agencies for more in-depth assessment and treatment. Therefore, any school employee who may have knowledge of a suicide possibility must take the proper steps, as specified in the following administrative procedures, to report this information to the designated school personnel, the student's family, and/or appropriate community agencies.

Administrative Guidelines

Definition of Terms:

1. **Suicide Prevention Coordinator:** Throughout this document, the term “**suicide prevention coordinator**” shall be defined as personnel who hold appropriate certification for, and who are hired for the position of School Counselor or Administrator.
2. **Risk Assessment:** A **risk assessment** is defined as an evaluation of a student who may be at risk for suicide, and is conducted by a School Counselor or Administrator. This interview is designed to elicit information regarding the student's intent to kill him/herself, previous history of suicide attempts, the presence of a suicide plan and its level of lethality and availability, the presence of support systems, level of hopelessness and helplessness, mental status, and other relevant risk factors.
3. **High Risk:** A student who is defined as **high risk** for suicide is one who has made a suicide attempt, or has the intent to kill him/herself. He/She has thought about how he/she would do this, and may have a plan. He/She has access to the method described, but may not have everything in place. In addition, he/she may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. Support systems are often limited. This situation would necessitate parental contact and referral, as documented in the following procedures.
4. **Very Low Risk or No Risk:** A student who is defined as **very low or no risk** for suicide is one who has not seriously considered suicide and has no plan or method. He/She may be experiencing feelings of pain, but is willing to help to change the situation.
5. **Crisis Team:** This will include district school counselor(s) and administrator(s).

6. **Mental Health:** A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
7. **Post-intervention:** Suicide post-intervention 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 after the suicide death of a member of the school community.
8. **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/or social factors of the individual family, and environment.
9. **Self-harm:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
10. **Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner or medical examiner's officer must first confirm that the death was a suicide before any school official may state this as the cause of death.
11. **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 attempt 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.
12. **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 action or thought indicating intent to end one's life.
13. **Suicide Contagion:** The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in a contagion. Although rare, suicide contagion can result in a cluster of suicides.
14. **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 still considered suicidal ideation and should be taken seriously.

Prevention of Suicide

Cayuga ISD will undertake the following tasks in order to promote conditions that reduce the risk of possible youth suicide:

1. Conduct, and encourage others to conduct, activities designed to raise student, parent, staff, and community awareness about the problem of youth suicide.
2. Work collaboratively with community agencies for the purpose of fostering healthy youth development within the community as well as facilitating appropriate student referrals.
3. Provide developmentally-based curriculum to foster positive self-esteem, and the abilities to effectively cope with loss, to identify and utilize appropriate support systems, and to recognize and respond appropriately to the warning signs of suicide.

Identification

While no one risk factor in itself proves suicidal intent, the presence of a combination of factors may indicate a need for further assistance. In order to promote good mental health, CISD agrees to respond to students who are experiencing stressful life conditions, and who are demonstrating an inability to cope with these stressors.

High risk students include those who have made a suicide attempt, as well as those who are exhibiting the commonly recognized warning signs of suicide as listed in this document. Staff are encouraged to be sensitive to other signs they believe may indicate a student is suicidal.

Assessment and Referral

When a student is identified by a staff person as potentially suicidal, ie., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a school counselor within the same school day to assess risk and facilitate referral. If there is no school counselor available an administrator will fill this role.

For youth at risk:

1. The principal and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
2. School staff will continuously supervise the student to ensure his/her safety.
3. The school counselor will contact the student's parent or guardian and crisis team as described in the Parent Notification and Involvement section, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.
4. If the student requires emergency medical attention or outside mental health intervention, the school counselor or other member of the district/campus crisis team will contact the parent/guardian after needed services have been arranged.
5. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.
6. In order to facilitate such identification, CISD will provide training to all staff and students deemed necessary in recognizing the warning signs for suicide.

Youth Suicide Prevention Programming

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 others, 3) help-seeking strategies for oneself or others, including how to engage in school resources and refer friends for help. In addition, schools may provide supplemental small-group suicide prevention programming for students.

Risk Factors and Warning Signs

- Risk factors for suicide are 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.
- The most frequently cited risk factors for suicide are:
 - Major depression (feeling down in a way that impacts your daily life) or bipolar disorder (severe mood swings)
 - Problems with alcohol or drugs
 - Unusual thoughts and behavior or confusion about reality
 - Personality traits that create a pattern of intense, unstable relationships or trouble with the law
 - Impulsivity and aggression, especially along with a mental disorder
 - Previous suicide attempt or family history of a suicide attempt or mental disorder
 - Serious medical condition and/or pain

Publication and Distribution

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

Out-Of-School Suicide Attempts

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

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the school suicide prevention coordinator and administrator.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

Parental Notification and Involvement

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as possible by the school counselor or administrator. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child. Through discussion with the student, school counselor or administrator will assess whether there is further risk of harm due to parent or guardian notification. If the school counselor or administrator believes parent contact will heighten risk, in their professional capacity they may delay such contact as appropriate.

In-School Suicide Attempts

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

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
2. School staff will supervise the student to ensure his/her safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. The school employed counselor or member of the crisis intervention team will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
6. Staff will immediately notify the principal or school suicide prevention coordinator regarding in-school suicide attempt.
7. Suicide Intervention Form will be completed. One copy will be filed with the student's counselor at the student's home campus. Another will be filed by the person completing the form and a final copy should be sent to the district suicide prevention coordinator. (See prevention form)

Re-Entry Procedure

For students returning to school after a mental health crisis (e.g. suicide attempt or psychiatric hospitalization), a school counselor or member of crisis intervention team will meet with the student's parent or guardian, and if appropriate meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. A school counselor or other designee will be identified to coordinate with the student, his/her parent or guardian, and any outside mental health care providers.
2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that he/she is no longer a danger to him/herself or others.
3. The designated staff person will periodically check in with student to help the student adjust to the school community and address any ongoing concerns.

Post-Intervention

1. Development and Implementation of an Action Plan

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-** Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or law enforcement. Even when a cause is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has not been confirmed as suicide, but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death, but will use the opportunity to discuss suicide prevention with students.
- b. **Assess the situation-** The crisis team will meet to prepare the post-intervention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have

occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for, or scale of, post-intervention activities may be reduced.

- c. **Share Information-** Before the death is officially classified as a suicide by the coroner's office; the death can, and should, be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, share with staff members how to share with students. This should include basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of sorrow the news will cause, and information about resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The crisis team may prepare a letter 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-** It should be explained to the staff that one purpose of trying to identify and give services to other high risk students is to prevent another death. The crisis team will work with teachers to identify students most likely to be significantly affected by the death. The crisis team will share with the staff a review of warning signs and procedures for reporting students who generate concern.
- e. **Initiate Support Services-** Students identified as being more likely to be affected by the death will be assessed by a school counselor or administrator to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and/or small group counseling as appropriate. With permission and support from parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.

2 External Communication

The superintendent or administrator will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

- a. Keep the administration and counselors informed of school actions relating to the death.
- b. Prepare a statement for the media including the facts of the death, post-intervention plans, and available resources.
- c. Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, and not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase "suicide epidemic," as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.