

MSAD #59

SUICIDE PREVENTION/INTERVENTION/POSTVENTION POLICY

PREFACE: The following policy and protocols were compiled in the spring of 2009, with the help of the Maine Youth Suicide Prevention Program and the Caring About Lives in Maine (CAL-ME) Grant from the Substance Abuse and Mental Health Services Administration. Much of the information was adapted from the Maine Youth Suicide Prevention Guidelines Handbook. These guidelines are designed to help school personnel effectively intervene with suicidal students.

RATIONALE FOR DEVELOPING AND IMPLEMENTING SCHOOL SUICIDE PREVENTION AND INTERVENTION PROTOCOLS

A. Suicide is the second leading cause of death for Maine youth aged 15-24 and the third leading cause of death for youth aged 10-14. Between 1999-2003 the suicide rate among Maine youth was above the national average and the second highest in New England. From 1999-2003 there were a total of 793 suicides in Maine. Of those suicides, 104 were youth; eight aged 10-14, forty-six aged 15-29, and fifty aged 20-24. Of every 5 youth suicides, 4 are males.

B. Suicide is an issue of concern to school personnel and many youth and families in Maine. According to 2005 Maine Youth Risk Behavior Survey data, 13% of high school and 19.8% of middle school students reported seriously considering suicide in the past year. Six percent of high school and 8.5% of middle school students reported making at least one attempt. Two percent of high school students reported receiving medical attention for a self-injury, poisoning or overdose. The average number of hospitalizations for self-inflicted injuries among Maine youth each year is 343. Of every 10 youth suicide attempts, 7 are females.

C. Given the strong correlation between suicidal and violent behavior, preparation for responding to suicide crises may provide a framework to aid school personnel in responding to the threat of interpersonal violence among students. The perpetrators in all high-profile U.S. school shootings were also suicidal.

D. 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, as much as possible in a crisis, the learning environment for everyone.

E. 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.”

F. While 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.

G. School personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults, about a suicidal peer because they do not know how adults will respond or think they can't help.

H. Special issues such as copycat behavior, misinformation, rumors, and hysteria must be considered when responding to suicidal behavior.

COMPONENTS OF SCHOOL BASED SUICIDE PREVENTION

These suicide prevention components are recommended for implementation in school systems to aid school personnel in identifying and assisting students at-risk of suicide:

A. Prevention, intervention, and postvention protocols guide school personnel in responding effectively to suicidal behavior in troubled students, in those who threaten or attempt suicide, and in others at-risk in the aftermath of a death by suicide. Protocols clarify for school personnel their role in suicide prevention and crisis intervention and lessen the burden on individual school employees. **** PROTOCOLS ARE LOCATED IN MSAD #59 CRISIS PLANS*

B. Memorandums of Agreement with local/regional crisis service providers that outline prevention and crisis intervention services to be provided to the school system including:

1. Accepting student referrals and conducting student risk assessments.
2. Educating the school community about youth suicide prevention.
3. Assisting school staff with response in a crisis.
4. Debriefing with school based crisis team members and other staff.

C. Designated school personnel specifically trained in suicide prevention and available to each school building to screen, intervene, and refer a suicidal youth.

D. A school community knowledgeable about suicide prevention:

1. ALL school personnel, including administrators, teachers, custodians, cafeteria workers, coaches, bus drivers, secretaries, aides, educational technicians, and other support staff, receive a basic suicide prevention information awareness session that includes:
 - a. A basic 3-step intervention to help suicidal youth;
 - b. Accurate and current information about school, community and state resources for help;

- c. Self-care guidelines for staff that work with a suicidal youth; and
 - d. An understanding of the school suicide prevention protocols.
2. Suicide prevention information and resource materials for parents including:
 - a. Suicide warning signs and risk factors;
 - b. Available resources to assist troubled youth; and
 - c. How to support grieving youth after the suicide of a friend or family member.
 3. Suicide prevention education for students, within comprehensive school health education, offered by faculty trained in a research based suicide prevention curriculum. The Maine Youth Suicide Prevention Program recommends and provides training in the Lifelines© curriculum. Student education should only be done after the protocols are established and school personnel are educated.

Suicide prevention education for students includes:

- a. Information on suicide risk factors and warning signs.
- b. A strong focus on building help seeking skills and reducing the barriers that impede turning to an adult for help.
- c. An accurate and current list of resources where students can find help both within and outside the school community.

E. A range of responsive support services for at-risk students including:

1. Groups where they can learn and practice life skills.
2. Student Assistance Teams or other school based case management teams that identify, follow, and refer at-risk students for needed services.
3. Substance abuse prevention and other specialized services.
4. School-based or school-linked mental health services.
5. School Resource Officers (law enforcement officers).

F. A school climate that promotes safety and respect for all students and school personnel including:

1. Consistently enforced disciplinary, harassment, and civil rights policies.
2. Procedures to support the personal safety of students and staff
3. Knowledgeable, informed, and caring staff.
4. Staff development training and student education in protecting and respecting others.
5. Clean and safe school buildings and grounds.

6. Opportunities to share decision-making in relevant matters.
7. An environment that encourages parent/guardian involvement in ways that benefit students and school personnel.
8. Respect for diversity.
9. Recognition of all students' achievements and contributions.
10. Connecting students with a caring adult through an advisor/advisee system.

Cross Reference: JLDBA-R -- MSAD #59 Suicide Intervention / Postvention Protocols
MSAD #59 Crisis Plans

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