Schoharie Central School

Suicide Prevention Protocol

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Introduction

In 2017, suicide was the second leading cause of death among young people ages 10-19. It is critically important that school districts have policies and procedures in place to prevent, assess the risk of, intervene, and respond to youth suicidal behavior.

Protecting the health and well-being of students is in line with school mandates and is an ethical imperative for all professionals working with youth. Because it is impossible to predict when a crisis will occur, preparedness is necessary for every school district. Furthermore, prevention programs and policies can help to deter suicide, rather than just acting in response. On average, a young person dies by suicide every hour and 25 minutes in the U.S. For every young person who dies by suicide, an estimated 100-200 youth make suicide attempts. Youth suicide is preventable, and educators and schools are key to prevention (Model School Policy, 2019).

Purpose

The purpose of this policy is to protect the health and well-being of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. Schoharie Central School District recognizes that:

- Physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- Suicide is a leading cause of death among young people
- It has an ethical responsibility to take a proactive approach in preventing deaths by suicide
- The school has a role in providing an environment that is sensitive to individuals and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience
- Comprehensive suicide prevention policies include prevention, intervention, and postvention components

This policy is meant to be paired with other policies supporting the overall emotional and behavioral health of students.

Definitions

At-Risk

Youth who lack protective factors and/or have experienced a sudden negative change in environment

Crisis Team

A team in which preassigned staff ensure that communications and supports are in place in the wake of a crisis either inside or outside of school occurs.

Risk Assessment

An evaluation such as the CSSR-S (Columbia Suicide Severity Rating- Scale) of a student who may be at-risk for suicide, conducted by the appropriate designated school staff (e.g., school psychologist, school social worker, school counselor or, in some cases, trained school administrator).

Self-Harm

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm and reduce the long-term risk of a future suicide attempt.

Suicide

Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt

A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person’s overall risk.

Suicidal Behavior

Suicide attempts, injury to oneself 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.

Suicidal Ideation

Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one’s life is still considered suicidal ideation and shall be taken seriously.

Suicide Contagion

Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are nearly four times as likely to attempt suicide themselves.

Postvention

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

Risk Factors for Suicide

Characteristics or conditions that increase the chance that a person may attempt to take their life. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

- Mental health conditions:
    - Major depression (feeling down, withdrawn or agitated in a way that impacts daily life)
    - Bipolar disorder (extreme mood swings)
    - Substance use disorders (alcohol, prescribed and illicit drugs)
    - Anxiety disorders (excessive worry, obsessions or panic attacks)
    - Eating disorders
- Hopelessness
- Problems with alcohol or drugs
- Past suicide attempt(s)
- Family history of suicide or mental health problems
- Problems with impulse control and aggression
- Serious medical condition and/or pain
- Personality traits that create a pattern of intense, unstable relationships, or trouble with the law
- Psychosis, i.e., marked change in behavior, unusual thoughts, and behavior or confusion about reality
- History of early childhood trauma, abuse, neglect, or loss
- Current family stress or transitions
- History of head trauma

Protective Factors for Suicide

Protective factors are characteristics or conditions that may help to decrease a person's suicide risk. Protective factors for suicide have not been studied as thoroughly as risk factors, so less is known about them. These factors do not eliminate the possibility of suicide, especially in someone with risk factors. Protective factors help to create resilience or an ability to "bounce back" from setbacks encountered throughout life.

Protective factors for suicide include:

- Receiving effective mental health care
- Positive connections to family, peers, and community
- Access to welcoming and affirming faith-based institutions, supportive social groups and clubs
- Presence of healthy role models
- Development of coping mechanisms, safety plans, and self-care strategies
- The skills and ability to solve problems
- Cultural, spiritual, or faith-based beliefs that promote connections and help-seeking (See assessment tool in appendix)

Note that protective factors do not entirely remove risk but can mitigate against risk. There are brief periods when students with strong protective factors can have them temporarily dismantled by an acute stressor or sudden increase in other risk factors (e.g., if depression worsens, a student's usual positive coping skills and resilience may diminish).

At-Risk Student Populations

It is important for school districts to be aware of student populations that are at elevated risk for suicidal behavior based on various factors.

- Youth living with mental and/or substance use disorders
- Youth who engage in self-harm or have attempted suicide
- Youth in out-of-home settings
- Youth experiencing homelessness
- American Indian/Alaska Native (AI/AN) youth
- LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) youth
- Youth living with medical conditions or disabilities
- Youth reported to CPS/DSS/JJIS- potential sex trafficking victims

Special Considerations for LGBTQ Referrals and LGBTQ Youth

LGBTQ youth are at heightened risk for suicidal behavior, which may be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. It is therefore especially important that school staff be trained to support at-risk LGBTQ youth with sensitivity, cultural competency, and affirming practices. School staff should not make assumptions about a student's sexual orientation or gender identity, and should validate students who do decide to disclose this information. Information about a student's sexual orientation or

gender identity should be treated as confidential and not disclosed to parents, guardians, or third parties without the student's permission. In the case of parents who have exhibited rejecting behaviors, great sensitivity needs to be taken in what information is communicated with parents. Additionally, when referring students to out-of-school resources, it is important to connect LGBTQ students with LGBTQ-affirming local health and mental health service providers. Affirming service providers are those that adhere to best practices guidelines regarding working with LGBTQ clients as specified by their professional association (e.g., **apa.org/pi/lgbt/resources/ guidelines.aspx**).

Bullying and Suicide

The relationship between bullying and suicide is highly complex, as is the relationship between suicide and other negative life events. Research indicates that persistent bullying can lead to or worsen feelings of isolation, rejection, exclusion and despair, as well as depression and anxiety, which can contribute to suicidal behavior in those at-risk.

While studies have shown that young people who are bullied and those who bully others are at heightened risk for suicidal behavior, youth who exhibit both pre-existing risk for suicide (e.g., a history of depression, anxiety, substance use or other health conditions) and who are concurrently involved in bullying or experiencing other negative life events are at highest risk. Individuals who are bullied in the absence of other risk factors have far fewer negative outcomes than those with pre-existing risk for suicide. Youth who bully are also at-risk, and their behavior may reflect underlying mental health problems or previous childhood trauma. One study found that those who are bullied (cyber or in person) are 19 times more likely to experience suicidal ideation than youth with no history of bullying.

It is imperative to convey safe and accurate messages about bullying and suicide to youth, especially to young people who may be at-risk for suicide. Suggesting that suicide is a natural response to bullying, or providing repeated opportunities for at-risk students to see their own experiences of bullying, isolation, or exclusion reflected in stories of those who have died by suicide, can increase contagion risk by contributing to thoughts that frame suicide as a viable solution. Idealizing young people who complete suicide after being bullied or creating an aura of celebrity around them may contribute to an at-risk student's illogical thoughts that suicide is the only way to have a voice or to make a difference for others. However, when school personnel know that a student is involved in bullying, they should not hesitate to ask students direct questions about thoughts of suicide. Whenever possible, discussions on bullying and suicide should center on prevention and resiliency, not statistics, and should encourage help-seeking behavior.

Prevention

Staff Professional Development

All staff shall receive, at a minimum, annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development shall 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 self-harm or have attempted suicide, those in out-of-home settings (e.g., youth in foster care, group homes, incarcerated youth), those experiencing homelessness, American Indian/Alaska Native students, LGBTQ students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. Additional professional

development in risk assessment and crisis intervention shall be provided to school-employed mental health professionals and school nurses.

Youth Suicide Prevention Programming

Developmentally appropriate, student-centered education materials shall be integrated into the curriculum of all K-12 health classes and other classes as appropriate. The content of these age-appropriate materials shall include the importance of safe and healthy choices and coping strategies focused on resiliency building, and how to recognize risk factors and warning signs of mental health conditions and suicide in oneself and others. The content shall also include help-seeking strategies for oneself or others and how to engage school resources and refer friends for help. In addition, schools shall provide supplemental small-group suicide prevention programming for students. It is not recommended to deliver any programming related to suicide prevention to a large group in an auditorium setting.

Above text adapted from National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention.

Intervention

Student Checklist for Counselors

The student checklist is designed as an assessment/screening tool for the clinician to determine risk factors, protective factors and triggers for a student.

Safety Plan

A safety plan will be developed with a mental health professional and the student and the parent when appropriate. The safety plan will include risk and protective factors, strategies and follow up action plans.

Development and Implementation of a Crisis Response Plan

The crisis response team, led by a designated crisis response coordinator, shall develop a crisis response plan to guide school response following a death by suicide. This plan may be applicable to all school community related suicides whether it be student (past or present), staff, or other prominent school community member. Ideally, this plan shall be developed long before it is needed. A meeting of the crisis team to implement the plan shall take place immediately following word of the suicide death, even if the death has not yet been confirmed to be a suicide.

Resources – Schoharie County

National Suicide Prevention Life Line (24/7)…..…………………………	1.800.273.TALK (8255)
	TEXT – GOT5 (741741)
The Trevor Lifeline (24/7)………………………………………………	1.866.488.7386
	TEXT TREVOR to 678-678
Mobile Crisis Assessment Team (MCAT)………………………….....	1.844.732.6228
Department of Social Services………………………………………..	518.295.8334
Schoharie County Sheriff's Office…………………………………	518.295.7066
NYS State Police Troop G…………………….……………………..…	518.234.9400
Ellis Mental Health Clinic………………………………………….…	518.243.3300
Ellis Hospital Emergency Room…………………….…………...….…	518.243.4121
Albany Medical Center Emergency Room……………………………..	518.262.3131
Four Winds Saratoga……………..………………………………….	518.584.3600
Schoharie County Chemical Dependency Clinic……………………....	518.295.2301
Schoharie County Council on Alcohol & Substance Abuse…………..	518.234.8705
National Domestic Violence Hotline……………………………….….	1.800.799.7233
Narcotics Anonymous…………………………………………………….	1.888.773.9999
Mental Health Association of NYS……………………………..……...	518.434.0439

References

National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention.

American Foundation for Suicide Prevention (AFSP)

Is dedicated to saving lives and bringing hope to those affected by suicide. AFSP is creating a culture that's smart about mental health through education and community programs, developing and enhancing suicide prevention efforts through research and advocacy, and providing support for those affected by suicide. Led by CEO Robert Gebbia and headquartered in New York, with a public policy office in Washington, D.C., AFSP has local chapters in all 50 states with programs and events nationwide. Learn more about AFSP in its latest **Annual Report**, and join the conversation on suicide prevention by following AFSP on **Facebook**, **Twitter**, **Instagram**, and **YouTube**. Learn more at **afsp.org**.

American School Counselor Association (ASCA)

Is a nonprofit, 501(c)(3) professional organization based in Alexandria, Va. ASCA promotes student success by expanding the image and influence of school counseling through leadership, advocacy, collaboration and systemic change. ASCA helps school counselors guide their students toward academic achievement, career planning and social/emotional development to help today's students become tomorrow's productive, contributing members of society. Founded in 1952, ASCA has a network of 50 state and territory associations and a membership of approximately 36,000 school counseling professionals. For additional information on the American School Counselor Association, visit **www.schoolcounselor.org**.

National Association of School Psychologists (NASP)

Represents more than 25,000 school psychologists who work with students, educators, and families to support the academic achievement, positive behavior, and mental wellness of all students. NASP promotes best practices and policies that allow school psychologists to work with parents and educators to help shape individual and system wide supports that provide the necessary prevention and intervention services to ensure that students have access to the mental health, social/emotional, behavioral, and academic supports they need to be successful at home, at school, and throughout life. Learn more at **nasponline.org**.

The Trevor Project

Is the world's largest suicide prevention and crisis intervention organization for LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning) young people. The organization works to save young lives by providing support through free and confidential suicide prevention and crisis intervention programs on platforms where young people spend their time, including a 24/7 phone lifeline, chat, text and soon-to-come integrations with social media platforms. The organization also runs TrevorSpace, the world's largest safe space social networking site for LGBTQ youth, and operates innovative education, research, and advocacy programs. Learn more at **TheTrevorProject.org**.