

Cooper County R-IV

School District

Suicide Prevention Policy

SUICIDE PREVENTION POLICY

The Cooper County R-IV recognizes that suicide is a leading cause of death among youth and that school personnel who regularly interact with students are often in a position to recognize the warning signs of suicide and to offer appropriate referral and/or assistance. To attempt to reduce suicidal behavior and its impact on students and families, Cooper County R-IV has developed measures and strategies for suicide prevention, intervention, and postvention.

In developing measures and strategies for use by the district, the superintendent or designee has consulted with school health professionals, school counselors, social workers, administrators, other staff, parents/guardians, students, local health agencies, mental health professionals, and community organizations to reduce the incidence of suicide through education, awareness, and services. School personnel are instrumental in helping students and their families by identifying students at risk and linking them to school and community mental health resources.

Prevention and Instruction

Suicide prevention strategies may include, but not limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with Cooper County R-IV and is characterized by caring staff and harmonious interrelationships among students.

Cooper County R-IV instructional and student support program shall promote the healthy mental, emotional, and social development of student including but not limited to the development of problem solving skills, coping skills, and resilience

The Principal or designee may offer parents/guardians education or information which describes the severity of the youth suicide problem, Cooper County R-IV's suicide prevention efforts, risk factors and warning signs of suicide, basic steps for helping suicidal youth, reducing the stigma of mental illness, and/or Cooper County R-IV and community resources that can help youth in crisis.

Cooper County R-IV's comprehensive health education program shall promote the healthy mental, emotional, and social development of students and shall be aligned with the state content standards and curriculum framework. The suicide prevention instructional curriculum shall be incorporated into the health education curriculum at appropriate secondary grades, may include information about suicide prevention, as appropriate or needed, taking into consideration the grade level and age of the students. The suicide prevention instruction shall be designed to help students:

1. Identify and analyze signs of depression and self-destructive behaviors and understand how feelings of depression, loss, isolation, inadequacy, and anxiety can lead to thoughts of suicide.
2. Identify alternatives to suicide and develop coping, self-esteem, and resiliency skills.
3. Learn to listen, be honest, share feelings, and get help when communicating with friends who show signs of suicidal intent.

4. Identify trusted adults, Cooper County R-IV resources, and/or community crisis intervention resources where youth, including those at high risk, such as youth bereaved by suicide; youth with disabilities, mental illness, or substance use disorders; youth experiencing homelessness or in out-of-home settings such as foster care; and lesbian, gay, bisexual, transgender, or questioning youth can get help and recognize that there is no stigma associated with seeking mental health, substance abuse, gender identity, or other support services.

Staff Development

Suicide prevention training shall be provided to teachers, counselors, and other Cooper County R-IV employees who interact with students at the secondary level. The training shall be offered under the direction of a Cooper County R-IV counselor/psychologist and/or in cooperation with one or more community mental health agencies.

Materials for training shall include how to identify appropriate mental health services at the school site and within the community, and when and how to refer youth and their families to those services. Materials also may include programs that can be completed through self-review of suitable suicide prevention materials.

Staff development shall include research and information related to the following topics:

1. The higher risk of suicide among certain groups, including, but not limited to, students who are bereaved by suicide; students with disabilities, mental illness, or substance use disorders; students who are experiencing homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning youth;
2. Research identifying individual risk factors such as previous suicide attempt(s) or selfharm, history of depression or mental illness, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability, impulsivity, and other factors;
3. Warning signs that may indicate depression, emotional distress, or suicidal intentions, such as changes in students' personality or behavior and verbalizations of hopelessness or suicidal intent;
4. Protective factors that may help to decrease a person's suicide risk, such as resiliency, problem-solving ability, access to mental health care, and positive connections to family, peers, school, and community;
5. Research-based instructional strategies for teaching the suicide prevention curriculum and promoting mental and emotional health;
6. Cooper County R-IV and community resources and services, including resources and services that meet the specific needs of high-risk groups;
7. Cooper County R-IV procedures for intervening when a student attempts, threatens, or discloses the desire to die by suicide.
8. Materials approved by Cooper County R-IV for training shall include how to identify appropriate mental health services, both at the Cooper County R-IV campuses and within the larger community, and when and how to refer youth and their families to those services.
9. Materials approved for training may also include programs that can be completed through self-review of suitable suicide prevention materials.

Intervention

Students shall be encouraged to notify a teacher, principal, counselor, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions.

Every statement regarding suicidal intent shall be taken seriously. Whenever a staff member suspects or has knowledge of a student's suicidal intentions based on the student's verbalizations or act of self-harm, he/she shall promptly notify the principal or school counselor.

Although any personal information that a student discloses to a school counselor shall generally not be revealed, released, referenced, or discussed with third parties, the counselor and principal shall report to the student's parents/guardians when he/she has reasonable cause to believe that disclosure is necessary to avert a clear and present danger to the health, safety, or welfare of the student. In addition, the counselor may disclose information of a personal nature to psychotherapists, other health care providers, or the school nurse for the sole purpose of referring the student for treatment. The school counselor or principal may also refer the student to mental health resources at Cooper County R-IV or in the community.

Cooper County R-IV shall ensure a school employee acts only within the authorization and scope of his/her credential or license. Nothing in this Policy shall be construed as authorizing or encouraging a Cooper County R-IV employee to diagnose or treat mental illness unless he/she is specifically licensed and employed to do so.

Whenever schools establish a peer counseling system to provide support for students, peer counselors shall receive training that includes identification of the warning signs of suicidal behavior and referral of a suicidal student to appropriate adults.

When a suicide attempt or threat is reported, the principal or designee shall ensure student safety by taking the following actions:

1. Immediately securing medical treatment and/or mental health services as necessary;
2. Notifying law enforcement and/or other emergency assistance if a suicidal act is being actively threatened;
3. Keeping the student under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene;
4. Removing other students from the immediate area as soon as possible.
5. Designating specific individuals to be promptly contacted, for example, the Cooper County R-IV counselor, psychologist, nurse, other administrator, and/or the student's parent/guardian, and, as necessary, local law enforcement or mental health agencies.
6. The principal or designee shall document the incident in writing, including the steps that the school took in response to the suicide attempt or threat.

7. The Principal or designee shall follow up with the parent/guardian and student in a timely manner to provide referrals to appropriate services as needed. If the parent/guardian does not access treatment for the student, the Superintendent or designee may meet with the parent/guardian to identify barriers to treatment and assist the family in providing follow-up care for the student. If follow-up care is still not provided, the Superintendent or designee shall consider whether he/she is required, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.

8. Provide access to counselors or other appropriate personnel to listen to and support students and staff who are directly or indirectly involved with the incident.

9. Provide an opportunity for all who respond to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

For any student returning to school after a mental health crisis, the principal or designee and/or school counselor may meet with the parents/guardians and, if appropriate, with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

Postvention

In the event a suicide occurs or is attempted on a Cooper County R-IV campus, the principal or designee shall follow the crisis intervention procedures contained in Cooper County R-IV's safety plan. The principal or designee shall communicate with the student's parents/guardians to offer condolences, assistance, and resources. After consultation with the principal or designee and the student's parent/guardian about facts that may be divulged in accordance with the laws governing confidentiality of student record information, the principal or designee may provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. Cooper County R-IV staff may receive assistance from Cooper County R-IV counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

The principal or designee shall implement procedures to address students' and staff's grief and to minimize the risk of further suicides or crises. He/she shall provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. School staff may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

Any response to media inquiries shall be handled by the Cooper County R-IV-designated spokesperson who shall not divulge confidential information. Cooper County R-IV's response shall not sensationalize suicide and shall focus on the district's postvention plan and available resources. After any suicide, the principal or designee shall provide an opportunity for all staff who responded to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

Risk Factors for Youth Suicide

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. The environment includes the social and cultural environment as well as the physical environment. People affected by one or more of these risk factors may have a greater probability of suicidal behavior. Some risk factors cannot be changed, such as a previous suicide attempt, but they can be used to help identify someone who may be vulnerable to suicide.

There is no single, agreed upon list of risk factors. The list below summarizes the risk factors identified by the most recent research.

Behavioral Health Issues/Disorders:

- Depressive disorders
- Substance abuse or dependence (alcohol and other drugs)
- Conduct/disruptive behavior disorders
- Other disorders (e.g., anxiety disorders, personality disorders)
- Previous suicide attempts
- Self-injury (without intent to die)
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning, which can lead to some of the behavioral health problems listed above)

***Note:** The presence of multiple behavioral health disorders (especially the combination of mood and disruptive behavior problems or substance use) increases suicide risk.*

Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure
- Perception of being a burden (e.g., to family and friends)

Adverse/Stressful Life Circumstances

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)
- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work, not going to college)
- Physical, sexual, and or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of peer

Risky Behaviors

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior

Family Characteristics

- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of parent or other relative
- Problems in parent-child relationship (e.g., feelings of detachment from parents, inability to talk with family members, interpersonal conflicts, family financial problems, family violence or abuse, parenting style either under protective or overprotective and highly critical)

Environmental Factors

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on campus
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion
- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as being overweight.

Stigma and Discrimination Outcomes

- Victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care
- Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay, which can lead to low self-esteem, social isolation, and decreased help-seeking
- Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection.

Suicide Prevention Awareness for Parents/Caregivers

Suicide is a serious public health problem that takes an enormous toll on families, friends, classmates, co-workers and communities, as well as on our military personnel and veterans. Suicide prevention is the collective efforts of local community organizations, mental health practitioners and related professionals to reduce the incidence of suicide through education, awareness, and services.

SUICIDE IS PREVENTABLE

Warning Signs

Warning signs are observable behaviors that may signal the presence of suicidal thinking. They might be considered “cries for help” or “invitations to intervene.” These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, then suicide interventions will be required.

- Feelings of sadness, hopelessness, helplessness
- Significant changes in behavior, appearance, thoughts, and/or feelings
- Social withdrawal and isolation
- Suicide threats (direct and indirect)
- Suicide notes and plans
- History of suicidal idealization/behavior
- Self-injurious behavior
- Preoccupation with death
- Making final arrangements (e.g., giving away prized possessions, posting plans on social media, sending text messages to friends)

Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no “profile” that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide.

- Access to means (e.g., firearms, knives, medication)
- Stressors (e.g., loss, peer relations, school, gender identity issues)
- History of depression, mental illness or substance/alcohol abuse
- History of suicide in the family or of a close friend
- History of mental illness in the family

What You Can Do?

LISTEN

- Assess for suicidal risk.
- Listen without judgement.
- Ask open-ended questions.

PROTECT

- Take action immediately.
- Supervise, do not leave your child alone.
- Consider developing a safety plan at school and home, if needed.

CONNECT

- Communicate and collaborate with your child's school administration, mental health personnel or counselor for support.
- Contact Department of Mental Health, law enforcement or protective services, as needed.
- Help your child identify adult they trust at home and at school.

MODEL

- Remain calm. Establish a safe environment to talk about suicide.
- Be aware of your thoughts, feelings, and reactions as you listen without judgement.

TEACH

- Learn the warning signs and risk factors and provide information and education about suicide and self-injury.
- Encourage help seeking behaviors and help your child identify adults they can trust at home and at school.
- Seek options for school and community resources including referrals to professional mental health services, as needed.
 - Teen Suicide: A First-Person Message for Teens
 - From the Society for the Prevention of Teen Suicide, by Stacy Hollingsworth, College Student
 - I used to think that depression and suicide were things that happened to other people, that the way I approached my life somehow prevented me from becoming a victim of mental illness. I realized just how incorrect that assumption was when my own life was turned upside down by major depression.

- I first noticed that something was wrong in 8th grade. Apparently, so did one of my teachers, because she asked me if anything was wrong. Unfortunately, she did so in front of the whole class. From that day on, I put up a wall to protect myself from the embarrassment of having a stigmatized illness. I wore a mask - a facade - to cover up what I was actually going through. I didn't feel comfortable sharing my feelings with any adults in my life at that time.
- My depression continued in high school. I was hoping that someone - anyone - would bring up the topics of depression and suicide, so that I wouldn't have to. In school, there were always lessons about alcohol, drugs, and safe sex - but never ONCE were depression or suicide mentioned. Maybe, just maybe, if the adults in my life had been educated in these topics, I would have felt comfortable asking for help, and I would have been spared years of suffering.
- But I'm one of the lucky ones. I did get help. I'm here today as the voice of those who are not yet being heard - the child who's sitting in a class full of students thinking he or she is the only one feeling this way ...or the teen who can't focus in school because he or she is trapped by the isolation and pain of depression.
- Help IS available - ask your friends, your resource staff at school, your parents, or call the suicide hotline at 1-800-273-TALK (1-800-273-8255). The right resources are there - look for them - because they CAN save your life!

Understanding Suicide: Myths & Facts

To understand why people die by suicide and why so many others attempt to take their own lives, it is important to know the facts. Read the facts about suicide below and share them with others.

Myth:

Suicide can't be prevented. If someone is set on taking their own life, there is nothing that can be done to stop them.

Fact:

Suicide is preventable. The vast majority of people contemplating suicide don't really want to die. They are seeking an end to intense mental or physical pain. Most have a mental illness. Interventions can save lives.

Myth:

Asking someone if they are thinking about suicide will put the idea in their head and cause them to act on it.

Fact:

When you fear someone you know is in crisis or depressed, asking them if they are thinking about suicide can actually help. By giving a person an opportunity to open up and share their troubles you can help alleviate their pain and find solutions.

Myth:

Someone making suicidal threats won't really do it, they are just looking for attention.

Fact:

Those who talk about suicide or express thoughts about wanting to die, are at risk for suicide and need your attention. Most people who die by suicide give some indication or warning. Take all threats of suicide seriously. Even if you think they are just "crying for help"—a cry for help, is a cry for help—so help.

Myth:

It is easy for parents/caregivers to tell when their child is showing signs of suicidal behavior.

Fact:

Unfortunately, research shows that this is not the case in a surprisingly large percentage of families. This illustrates the importance for parents/caregivers to be attentive to warning signs, risk factors, to ask direct questions, and be open to conversation.

What Should I Do If I Am Worried About My Child?

If you believe that your child is thinking about suicide, approach the situation by asking. Asking is the first step in saving a life and can let them know that you are here for them and will listen. Here are some examples of how you may ask: “Have you thought about suicide?” “Sometimes when people are sad as you are, they think about suicide. Have you ever thought about it?”

EMERGENCY INFORMATION / After Hours Services

If you need IMMEDIATE help, call 911. For a psychiatric emergency, contact the Department of Mental Health 24-hour ACCESS Center at (800) 854-7771.

Resources for Parents/Caregivers & Children/Adolescents

Community Hotlines

Suicide Prevention Hotline (877) 727-4747 (24 hours)

National Suicide Prevention Lifeline (800) 273-TALK (8255) (24 hours)

Teen Line (800) 852-8336 (6pm-10pm daily)

Text and Chat Resources

Crisis Chat (11am-11pm, daily) <http://www.crisischat.org/chat>

Teen Line - text “TEEN” to 839863

Online Resources

<http://www.didihirsch.org/>

<http://www.thetrevorproject.org/>

<http://teenline.org/>

<http://www.afsp.org/understanding-suicide>

Smartphone Apps

MY3

Teen Line Youth Yellow Pages

Where to Get Help?

Alcohol & Drug Abuse 24-Hour Hotline (National)	(800) 252-6465
Child Abuse and Neglect Hotline (National)	(800) 422-4453
Mental Health Crisis Line 24-Hour Hotline	(888) 279-8188
MO CommCare Crisis Line	(888) 279-8188
Narcotics Anonymous Information	(888) 423-3428
National Suicide Prevention Lifeline	(800) 273-8255