Malheur County School Based Suicide Prevention Policy Guide

A GUIDE TO YOUTH SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION PROCEDURES FOR SCHOOLS

Special thanks to Willamette ESD for allowing their protocol to be adapted by Malheur County ESD, Malheur County Prevention for providing suicide prevention training opportunities to our schools, Lines for Life for their support and training in the creation of this guide, and The Oregon Health Authority and the Deschutes County Children and Families Commission.

TABLE OF CONTENTS

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 and school counselors in their planning.

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.
- 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. The QPR Suicide Prevention model provides training on best practices.

- **RECOMMENDATION: All staff to receive QPR training once a year. Annual review of prevention, intervention, and postvention protocols.**

- Schools wishing to use a module from PublicSchoolWorks.com may want to consider: *The M-004 M-506 Suicide Prevention Module 2: Suicide Warning Signs and Response.*

Specific staff members receive specialized training to intervene, assess, and refer students at risk for suicide. Training should be best practice suicide program such as ASIST: Applied Suicide Intervention Skills Training.

- **RECOMMENDATION: School Counselors and one other staff member should be ASIST trained and be the "go-to" people within each school. All staff should know who the "go-to" people are within the school and be familiar with the intervention protocol.**
  **ASIST Training should include two 1-hour "refreshers" each year and a full course every 3 years*

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.

- **RECOMMENDATIONS: (1) Use curriculum in line with Oregon State Standards for health such as RESPONSE. Students should be made aware each year of the staff who have received specialized training to help students at risk for suicide. (2) Consider engaging students to help increase awareness of resources (https://sourcesofstrength.org/peer-leaders/mission/). (3) Consider providing supplemental small group suicide prevention for at risk students. (4) Develop a safe messaging plan, including distribution of print materials, social media/text messaging, crisis information (https://oregonyouthline.org/step-by-step/), (oregonyouthline.org/materials).**

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.

- **RECOMMENDATIONS: (1) List resources in the school handbook or newsletter. (2) Partner with community agencies to offer parent information nights using research based programs such as QPR. (3) Ensure cross communication between community agencies and schools within bounds of confidentiality.**

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

See following School Based Suicide Intervention Process flowchart for additional information

SCHOOL-BASED SUICIDE INTERVENTION PROCESS FOR MALHEUR COUNTY

SUICIDAL ATTEMPT, GESTURES OR IDEATION OCCURS & IS RECOGNIZED

EVENT IS REPORTED TO COUNSELOR OR SCHOOL ADMINISTRATOR

INITIATE PROTECTIVE RESPONSE IF IMMINENT DANGER EXISTS (911)

SUICIDE RISK ASSESSMENT: LEVEL 1
(By trained school staff member)

- Screener interviews student using screening form
- Screener determines need for Level 2 suicide risk assessment based on level of concern
- Screener consults with another trained screener or assessor prior to making a decision to not proceed to Level 2 Suicide Risk Assessment
- Screener informs administrator of screening results

STUDENT SUPPORT PLAN

School Team (Administrator and Counselor) with Parent and Student Initiates a Crisis Response Play Which May Include:

- School, family, community components
- Monitoring, supervision
- Confidentiality
- Personal Crisis Response Plan
- Referral
- Precautionary removal of lethal means from student's environment
- Determine review date and follow up

SUICIDE RISK ASSESSMENT: LEVEL 2
(By mental health professional [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 law enforcement
- 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 THE FOLLOWING TO REQUEST A LEVEL 2 SUICIDE RISK ASSESSMENT:

- County Mental Health Provider (Lifeways (541) 889-9167)
- Other agency as per parent request

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 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
□ Yes □ No Copy of Crisis Response Plan given to student, original placed in confidential file within 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. _____

Adapted from Willamette ESD Risk Assessment Level 1

Student Name: _____

Screener Name: _____

Date: _____

Colombia-Suicide Severity Rating Scale

Screen Version – Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past Month	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** 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"*		
4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to *"I have the thoughts but I definitely will not do anything about them"*		
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		

6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?***	YES	NO
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, 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; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask: *Was this within the past three months?***		

- Low Risk
- Moderate Risk
- High Risk

NOTES:

For inquiries and training information contact: Kelly Posner, Ph. D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu

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
- ☐ LGBT, 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 Coping 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 <u>at home</u> when I feel it would be better if I were not alive:

An adult I can talk to <u>at school</u> 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
- **Lifeways 24 Hour Crisis Line** 541-889-9167

My follow-up appointment is: _____ with _____

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

_____

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. This includes 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.

KEY POINTS (derived from *After a Suicide: A Toolkit for Schools, 2011)*

1. Prevention (postvention) after a suicide attempt or completion is very important. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion or, in other words, increased risk for suicide.
2. It is important to not "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media.
3. It is important to address all deaths in a similar manner. Having one approach for a student who dies of cancer, for example, and a different approach for a student who dies by suicide reinforces the stigma that still surrounds suicide.
4. Families and communities can be especially sensitive to the suicide event
5. Know your resources.

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 PROTOCOL

- ✓ Verify suicide
- ✓ Estimate level of response resources required
- ✓ Determine what and how information is to be shared – do NOT release information in a large assembly or over the intercom. Do not "glorify" the death.
- ✓ Mobilize the school's Postvention Team and/or the Malheur County Flight Team (see resources)
- ✓ Inform faculty and staff
- ✓ Identify and refer at-risk students and staff
- ✓ Be aware that persons may still be traumatized months after the event. Refresh staff on prevention protocols and be responsive to signs of risk.

RISK IDENTIFICATION STRATEGIES

- **IDENTIFY** students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the 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 absentees in the days following a student suicide, those who have a history of being bullied, who are LBGTQ, who are participants in fringe groups, and those who have weak levels of social/familial support
- **NOTIFY** parents of highly affected students, provide recommendations for community-based 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.

KEY POINTS TO EMPHASIZE TO STUDENTS, PARENTS, MEDIA

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death
- Mental illness etiology
- Normalize anger / help students identify and express emotions
- Stress alternatives and teach positive coping skills
- Help is available

CAUTIONS

- Avoid romanticizing or glorifying event or vilifying 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

(School Postvention – www.sprc.org)

Recommended Resources:

- After A Suicide: A Toolkit for Schools (www.afsp.org)
- Suicide Prevention Resource Center (www.sprc.org)
- American Foundation for Suicide Prevention (www.afsp.org)

To Speak With A Counselor:
Lifeways 24-hour Crisis Line: (541) 889-9167

For Emergencies:
911; local emergency room

YOUTHLINE:
Call (877) 968-8491
Text "teen2teen" to 839863
Chat at www.oregonyouthline.org

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.

Lifeways Behavioral Health
Malheur County
SB561 COMMUNICATION AND RESPONSE PROTOCOL

Date: August 14, 2017

Subject: Suicide Postvention Policy

Purpose: This policy provides a procedure for identifying community partners and local communication pathways for information sharing inclusive of mobilization of a postvention responses surrounding suicides in Malheur County of persons 24 years of age and younger.

Policy: Suicide is the second leading cause of death among 24 years of age and younger in Oregon. Lifeways is committed to working collaboratively with the community to establish suicide prevention activities along with postvention and contagion-reduction protocols. Lifeways, the Community Mental Health Program (CMHP), serving on behalf of the Local Mental Health Authority (LMHA), will provide oversight to ensure the coordination of community processes and submitting data to the state for suicides that meet Oregon Senate Bill 561 criteria.

Communication Protocol:

1. Lifeways, as the CMHP, will assume the lead communication role to the state when an individual 24 years of age and younger dies by suicide or suspected suicide.
2. The Critical Incident Stress Debriefing Lead will be the Lead Response; backup is the Suicide Response Coordinator (See contacts at end of document)
3. The District Attorney's office, or other identified agency/individuals, will notify Lifeways within 72 hours providing the following information as available:
    a. Name of deceased;
    b. Family and extended family of deceased;
    c. School attended or facility where person worked and resided;
    d. Race/Ethnicity of the deceased;
    e. Gender of the deceased;
    f. Age of the deceased;
    g. Gender identity of the deceased;
    h. Sexual orientation of the deceased;
    i. Means of death; and,
    j. Was the youth in the custody of a government agency (e.g., Department of Human Services [DHS], Oregon Youth Authority [OYA], etc.).
4. Upon request, institutions of higher education, school districts, private schools and other Malheur County based education options will provide directory information, per policy and FERPA, to Lifeways.
5. As appropriate, Lifeways will communicate the death to the applicable community partners to initiate response protocols.
6. Lifeways will collect information and submit the required Oregon Health Authority (OHA) form to the OHA Suicide Intervention Coordinator via secure email within 7 days of the death.
7. The District Attorney's office, or other identified agency/individuals, will notify Lifeways of final disposition of the fatality review if not ultimately determined to be a suicide.
8. The District Attorney's office will be the designated media spokesperson.

Response Protocol:

Lifeways, as the CMHP, will assume the Lead Response role for overall County and OHA communication and response processes when a person through the age of 24 dies by suicide when there is no other Lead identified/available; and/or for the purposes of larger community coordination as needed.
The Critical Incident Debriefing Lead will serve as the Lead Response.
In the event an individual's residence is in a county other than Malheur, Lifeways Lead Response will reach out to the LMHA in the county of residence for notification of the individual's death.

Immediate postvention response (implemented in the immediate days and weeks after suspected suicide):

Lifeways Lead Response:

1. Verify the death and cause as available from the Medical Examiner, Law Enforcement or school personnel.
2. Coordinate with effected organizations (law enforcement, schools, etc.) to determine who will take the lead in a given suicide- if not already identified.
3. As appropriate, activate other community Critical Incident Debriefing (CISD) trained clinicians. Such clinicians will operate under the direction of the CISD Lead who will be determined by the Lifeways Crisis Supervisor or designee.
4. During response process, identify "at risk" individuals in order to prevent contagion;
5. Provide psychoeducation resources on grieving, depression, PTSD, and suicide to those "at risk" and others in the community.
6. Collect information on "at risk" individuals and provide or coordinate outreach as needed;
7. As appropriate, link impacted parties to resources.
8. As appropriate, Lifeways will disseminate information regarding safe reporting best practices for the media.
9. As appropriate, Lifeways will disseminate information regarding best practice postvention procedures (for example, how to communicate with school staff, parents appropriately, how to help siblings re-introduce themselves into the school setting).

Non-Lifeways Lead Response:

1. Lead will be determined by the impacted organization.
2. Organization/Lead will outreach and coordinate with community partners as needed for immediate response and documentation purposes (law enforcement, schools, Lifeways, etc.).
3. Organization will follow internal protocols.
4. Organization will determine which, if any, of the following are appropriate and may request additional support as needed. Additional options may be considered as well.
    - Request activation of other community Critical Incident Stress Debriefing (CISD) trained clinicians and coordinate services.
    - During response process, identify those "at risk" in order to prevent contagion;
    - Providing psychoeducation resources on grieving, depression, PTSD, and suicide to those "at risk" and others in the community
    - Collect information on "at risk" individual and provide or coordinate outreach as needed;
    - Link impacted parties to resources.
    - Monitor social media as appropriate
    - Request assistance from the Lifeways Lead Response for dissemination of information regarding safe reporting best practices for the media.

- Request assistance from the Lifeways Lead Response for dissemination of information regarding best practice postvention procedures (for example, how to communicate with school staff, parents appropriately, how to help siblings re-introduce themselves into the school setting).

Intermediate postvention response (implemented in the several months after a suicide has been confirmed):

1. As requested, Lifeways, schools or other community providers will provide services to impacted individuals including family members and peers of the deceased.
2. On-going risk assessment of impacted individuals will occur through natural organizational contacts, i.e. higher education counseling, school counseling, etc., as available.
3. Additional psychoeducation on suicide prevention and dissemination of information and other suicide prevention resources will be provided as requested.
4. Action review for individuals 24 years of age and younger will occur via the Malheur County Child Fatality Review Multidisciplinary Team. The evaluation process shall include an assessment of the effectiveness of meeting the needs of grieving families and families of choice; friends or others with relationships with the deceased; and the wider network of community members impacted by the suspected youth suicide.
5. Schools and community partners will provide Lifeways with a plan for Intermediate and Long-Term activities.
6. Action review for individuals 24 years of age and younger will occur via Community Youth Action Alliance.

Long Term postvention response (implemented up to a year after the suicide):

1. As requested, Lifeways will provide psychoeducation outreach activities to educate the general public on the risk and impact of suicide.
2. As requested, Lifeways will continue to keep in touch with individuals at higher risk and continue to conduct risk assessments.
3. Lifeways Lead Response will coordinate with community partners for provision of Question, Persuade, Respond (QPR), and/or ASIST training to community at-large and community partners.
4. Impacted organizations will continue to monitor for the risk of contagion especially during critical periods including graduation, anniversary of death and any other identified critical dates.

Contact(s)

Suicide Response Coordinator
Rene Kesler, BA
Lifeways-MH/I/DD Abuse Investigator/Compliance Specialist
(541) 889-9167 ext. 290
(541) 823-9090
rkesler@lifeways.org

Local Resources for Training and Support

Programs available from Malheur County Prevention Services: (541) 889-9167

Judi Trask, Prevention Coordinator: jtrask@lifeways.org
Paula Olvera, Prevention Specialist: polvera@lifeways.org

QPR – Suicide Prevention and Risk Reduction

Ages 16-adult 2 hours

Recommended for all staff

QPR Gatekeeper Training is designed to teach lay and professional "gatekeepers" the warning signs of a suicide crisis and how to respond. QPR is often used in schools as a universal training for all staff members that can be completed within 2-3 hours. Link: https://qprinstitute.com/organization-training

ASIST Workshop – Applied Suicide Intervention Skills Training

Ages 16-adult 2 Days

Recommended for all school based mental health providers and select staff members

LivingWorks ASIST is a two-day face-to-face workshop featuring powerful audiovisuals, discussions, and simulations. At a LivingWorks ASIST workshop, you'll learn how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive. Because ASIST is a more intensive gatekeeper training, schools often benefit from having at least one staff member trained in the curriculum. Link: https://www.livingworks.net/asist (special education rate, please contact the office)

Youth Mental Health First Aid (Adult program available too)

ALL staff within the school community

4 hour course specifically for educators – can be taught in 1, 2, or 4 days

Identify, understand and respond to signs of mental illness and substance use disorders in youth. How to apply Mental Health First Aid in a variety of situations, including when a youth is experiencing a mental health crisis-including suicide risk. Next to family, schools represent the most important sources of support in the lives of young people. All staff within the school community provide opportunities to help a youth experiencing a mental health issue and to recognize suicidal behavior and prevent youth suicide.
www.mentalhealthfirstaid.org

Trauma Informed Care

Adults working within systems – i.e. education system

4 hours

Becoming "trauma-informed" means recognizing that people often have many different types of trauma in their lives. People who have been traumatized need support and understanding from those around them. Often, trauma survivors can be re-traumatized by well-meaning caregivers and community service providers. TIC seeks to educate our communities about the impact of trauma on clients, co-workers, friends, family, and even ourselves. Understanding the impact of trauma is an important first step in becoming a compassionate and supportive community. www.traumainformedoregon.org

Local Resources cont'd (miscellaneous)

Connect Suicide Postvention Training

For School Based Mental Health Professionals and Administrators
3 to 6-hour course tailored specifically for educators
Please contact:

Malheur County Suicide Response Coordinator
Rene Kesler, BA
Lifeways-MH/I/DD Abuse Investigator/Compliance Specialist
(541) 889-9167 ext. 290
rkesler@lifeways.org

After training, participants in Connect Suicide Postvention will have increased:

- Understanding of how to coordinate a safe and supportive response to a suicide
- Knowledge of appropriate memorial activities, safe communication, and responses to media inquiries
- Understanding how to reduce the risk of suicide-related phenomena (contagion, copy-cat, and pacts)
- Understanding of the complexity of suicide-related grief for different age groups and over time
- Knowledge of strategies to encourage help-seeking, reducing stigma, and promoting healing for survivors
- Knowledge of resources for survivors of suicide loss
- Competency in how to recognize and respond to suicide warning signs in survivors and community members after a suicide
- Opportunities for networking, relationship building, problem solving, and information sharing among participants

Local Phone Numbers

Local Mental Health Authority: Lifeways Behavioral Health (541) 889-9167

State and National Phone Numbers

YOUTHLINE
Call 877-968-8491
Text "teen2teen" to 839863
Chat at www.oregonyouthline.org
A teen-to-teen crisis and help line. Contact us with anything that may be bothering you; no problem is too big or too small! Teens available to help daily from 4-10pm Pacific Time (off-hour calls answered by Lines for Life).

Trevor Project Crisis Line – LGBTQIA+ Youth
1-866-4-U-Trevor (1-866-488-7386) www.theTrevorProject.org
Text "TREVOR" to 678-678

Lines of Life (adults) 800-273-8255 or text "273TALK" to 839863

Acknowledgments

Original content and design of this guide is a result of a partnership between The Oregon Health Authority and the Deschutes County Children and Families Commission and Health Services. Changes have been made by the Malheur Education Service District with the permission of the Deschutes County Prevention Coordinator. This guide can be applied to any school district seeking to proactively address suicide. For the original document, please call 541-330-4632. Special thanks to the Marion & Polk County Suicide Intervention Task Force (2008) for its creation of the Screener's Handbook, in which some content has been applied in this guide.

Research Sources

Information for this guide was derived from the following sources:

1. After a Suicide: A Toolkit for Schools. American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup, 2011.
2. King, Keith A., 15 "Prevalent Myths about Adolescent Suicide", Journal of School Health April 1999; Vol. 69, No. 4:159
3. Rudd, MD, Berman AL, Joiner, TE, JR., Nock MK, Silverman, MM, Mandrusiak, M, et al. (2006). Warning Signs for Suicide: Theory, Research, and Clinical Applications. *Suicide and Life-Threatening Behavior,* 36 (3), 255-262.
4. Suicide Prevention, Intervention and Postvention Policies and Procedures. Developed by Washington County Suicide Prevention Effort, August 2010.
5. www.oregon.gov/DHS/ph/ipe
6. www.surgeongeneral.gov
7. www.sprc.org
8. https://afsp.org/model-school-policy-on-suicide-prevention
9. http://www.sprc.org/sites/default/files.resource-program/AfteraSuicideToolkitforSchools.pdf

APPENDIX A

Sample Language for Student Handbook

Protecting the health and well-being of all students is of utmost importance to the school district. The school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

- Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, support systems, and seeking help for themselves and friends. This curricular content will occur in all health classes throughout the school year, not just in response to a suicide, and the encouragement of help-seeking behavior will be promoted at all levels of the school leadership and stakeholders
- Each school or district will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources
- When a student is identified as being at-risk, a risk assessment will be completed by a trained school staff member who will work with the student and help connect the student to appropriate local resources
- Students will have access to national resources that they can contact for additional support, such as:

Local Phone Numbers

Local Mental Health Authority: Lifeways Behavioral Health (541) 889-9167

State and National Phone Numbers

YOUTHLINE

Call 877-968-8491 Text "teen2teen" to 839863

Chat at www.oregonyouthline.org

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Trevor Project Crisis Line – LGBTQIA+ Youth

1-866-4-U-Trevor (1-866-488-7386) www.theTrevorProject.org **Text "TREVOR" to 678-678**

Lines of Life (adults) 800-273-8255 or text "273TALK" to 839863

All school personnel and students will be expected to help create a school culture of respect and support, in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they or a friend are feeling suicidal, or are in need of help. While confidentiality and privacy are important, students should know that when there is risk of suicide, safety comes first. For a more detailed review of policy changes, please see the district's full suicide prevention policy.

Adapted from: afsp.org/ModelSchoolPolicy

APPENDIX B

School Suicide Prevention Checklists
Two guides to help school teams

Step by Step
Lines for Life & Willamette Education Service District

Step by Step was developed in Oregon to assist schools with suicide prevention efforts by supplying easy-to-use tools and strategies for decreasing youth suicide and increase awareness surrounding mental health and wellness. The guide includes a comprehensive prevention, intervention and postvention checklist. Link: https://oregonyouthline.org/step-by-step/

Developing Comprehensive Suicide Prevention, Intervention, and Postvention Protocols: A Toolkit for Oregon Schools

Cairn Guidance

This toolkit was designed to provide Oregon schools with guidance on how to implement suicide prevention, intervention, and postvention efforts by supplying relevant protocols and example tools to support each component. The guide also includes a comprehensive prevention, intervention and postvention checklist. Link: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Documents/Oregon-School-Suicide-Protocol-Toolkit.pdf