

**Ivy Academia Entrepreneurial Charter School
Suicide Prevention, Intervention and Postvention**

POLICY: Ivy Academia is committed to providing a safe, civil and secure school environment. It is the District's charge to respond appropriately to a student expressing or exhibiting suicidal ideation or behaviors and to follow-up in the aftermath of a death by suicide.

PURPOSE:

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

- A. recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes,
- B. further recognizes that suicide is a leading cause of death among young people,
- C. has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
- D. acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

DEFINITIONS:

1. At risk- A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.
2. Crisis team- A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response, and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.
3. Mental health- A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
4. Postvention- Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate information after the suicide death of a member of the school community.
5. Risk assessment- An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This

assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

6. Risk factors for suicide- Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.

7. Self-Injury- Self-injury is the deliberate act of harming one's own body, through means such as cutting or burning. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. For this reason, it is crucial that students who engage in self-injury are assessed for suicide risk. Self-injury is an unhealthy way to cope with emotional pain, intense anger or frustration.

8. Suicide- Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.

9. Suicide attempt- A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.

10. Suicidal behavior -Suicide attempts, intentional injury to self associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

11. Suicide contagion- The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

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

13. Warning Signs Warning signs are behaviors that signal the possible presence of suicidal thinking. They might be regarded as cries for help or invitations to intervene. Warning signs indicate the need for an adult to immediately ascertain whether the student has thoughts of suicide or self-injury. Warning signs include: suicide threat (direct or indirect); suicide notes and plans; prior suicidal behavior; making final arrangements; preoccupation with death; and changes in behavior, appearance, thoughts and/or feelings.

SCOPE:

This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school sponsored out-of-school events where school staff are present. This policy applies to the entire school community,

including educators, school and district staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment. This policy will be distributed annually and included in all student and teacher handbooks and on the school website.

RESPONSIBILITIES OF EMPLOYEES:

All employees are expected to:

- Inform the school site administrator/designee immediately or as soon as possible of concerns, reports or behaviors relating to student suicide and self-injury.
- Adhere to the Suicide Prevention, Intervention and Postvention (SPIP) policy.

A. Administrator or Designee should:

1. Respond to reports of students at risk for suicide or exhibiting self-injurious behaviors immediately or as soon as possible.
2. Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
3. Ensure that the SPIP policy is implemented.
4. Provide follow-up to relevant staff

B. Principal should:

1. Be responsible for providing training and adherence for the SPIP policy.
2. Designate staff to ensure the implementation of the SPIP policy and provide guidance and support, as needed, to the school site.

PREVENTION:

Suicide prevention involves school-wide activities and programs that enhance connectedness, contribute to a safe and nurturing environment, and strengthen protective factors that reduce risk for students. Suicide prevention includes:

- A. Promoting positive school climate by reinforcing School-wide Positive Behavior Intervention Support.
- B. Increasing staff, student and parent/guardian knowledge and awareness of risk factors and warning signs of youth suicide and self-injury.
- C. Monitoring students' emotional state and well-being, as well as engaging students by providing structure, guidance, and fair discipline.
- D. Modeling and teaching desirable skills and behavior.
- E. Promoting access to school and community resources.

INTERVENTION: PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE

The following are general procedures for the administrator/designee to respond to reports of students at risk for suicide or exhibiting self-injurious behaviors. The urgency of the situation will dictate the order and applicability in which the subsequent steps are followed.

A. Respond Immediately

1. Report concerns or incidents to the administrator/designee immediately or as soon as possible. Make direct contact with the administrator/designee. For example, do not wait until the end of the day or leave a note, send an e-mail, or leave a voicemail without ensuring that the message was received.
2. Supervise the student at all times. Ensure that any student sent to the office for assessment is accompanied by a staff member, not a student.

B. Secure the Safety of the Student

1. For immediate, emergency life threatening situations call 911.
2. Supervise the student at all times.
3. If appropriate, conduct an administrative search of the student to ensure there is no access to means, such as razor blades or pills.
4. If a student is agitated, unable to be contained or there is a need for immediate assistance, contact the local law enforcement agency.
5. District employees should not transport students.
6. If the school receives information that the student may pose a danger to self and/or others but is not in attendance, contact local law enforcement to conduct a welfare check to determine the safety and well-being of the student.

C. Assess for Suicide Risk

1. The administrator/designee or designated school site crisis team member should gather essential background information that will help with assessing the student's risk for suicide (e.g., what the student said or did, information that prompted concern or suspicion, copies of any concerning writings, drawings, text messages, or social media).
2. The administrator/designee or the designated school site crisis team member should meet with the student to complete a risk assessment. Based on the information gathered and assessment of the student, the assessing party should collaborate with at least one other designated school site crisis team member to determine the level of risk.
3. If the assessing party makes phone calls for consultation, these should be made in a confidential setting and not in the presence of the student of concern. The student should be supervised at all times by another designated staff member. The privacy of all students should be protected at ALL times. Disclose information only on right to know and need to know basis.

D. Communicate with Parent/Guardian- The administrator/designee or designated school site crisis team member should contact the parent/guardian or consult the emergency card for an appropriate third party. When communicating with parent/guardian:

1. Share concerns and provide recommendations for safety in the home (e.g., securing/removing firearms, medications, cleaning supplies, cutlery, razor blades).
2. If the student is transported to the hospital, communicate a plan for re-entry.
3. Provide school and/or local community mental health resources. Students with private health insurance should be referred to their provider.
4. Facilitate contact with community agencies and follow-up to ensure access to services.
5. Obtain parent/guardian permission to release and exchange information with community agency staff using Parent/Guardian Authorization for Release/Exchange of Information.

E. Determine Appropriate Action Plan- The assessing party should collaborate with at least one other designated school site crisis team member to determine appropriate action(s) based on the level of risk. Action items should be based upon the severity and risk of suicide. There are circumstances that might increase a student's suicide risk. Examples may include bullying, suspension, expulsion, relationship problems, significant loss, interpersonal conflict, or sexual orientation/gender bias. The action plan determined should be documented and managed by the school site administrator/designee. Actions may include:

1. Develop a safety plan. A safety plan is a prioritized list of coping strategies and resources that a student may use before, during, or after a suicidal crisis.
 - a. Throughout the safety planning process, the likelihood of the student implementing the steps should be assessed and potential obstacles should be identified. A collaborative problem solving approach should be used to address any potential barriers to the student utilizing the safety plan.
 - b. If the student enrolls in a new school, the safety plan should be reviewed with the new school site crisis team to ensure continuum of care and revised as needed.
2. Re-Entry Procedure. For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school employed mental health professional, the principal, or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

- a. A school employed mental health professional or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
- b. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
- c. The designated staff person will periodically check in with student to help the student readjust to the school community and address any ongoing concerns.
- d. As appropriate, consider an assessment for special education for a student whose behavioral and emotional needs affect their ability to benefit from their educational program.

3. Mobilize a support system and provide resources.

- a. Connect student and family with social, school and community supports.
- a. For mental/physical health services, refer the student to a community resource provider or their health care provider.

4. Monitor and manage.

- a. The administrator/designee should monitor and manage the case as it develops and until it has been determined that the student no longer poses an immediate threat to self.
- b. Maintain consistent communication with appropriate parties on a need to know basis.
- c. If the parent/guardian is not following the safety recommendations, a suspected child abuse report may be filed.

F. Important Considerations The following are clarifications of some of the action plan options noted above:

- 1. When Certificated Staff Accompany a Student to the Hospital If PMRT or law enforcement determines that the student will be transported to an emergency hospital/medical facility, the school site administrator should designate a certificated staff member to accompany the student if:
 - a. The student requests the presence of a staff member.
 - b. The school is unable to make contact with the parent/guardian.
 - c. Parent/guardian is unavailable to meet the student at the hospital.

d. Deemed appropriate pursuant to circumstances, such as age, developmental level, or pertinent historical student information.

2. Providing Information for a Psychiatric Evaluation. If the student will be transported, the assessing party should provide documentation including summary of incident and pertinent historical information. This document should be provided to PMRT or law enforcement prior to transporting to an emergency hospital.

G. Document All Actions

1. The administrator/designee shall maintain records and documentation of actions taken at the school for each case by completing an incident report.

2. Notes, documents and records related to the incident are considered confidential information and remain privileged to authorized personnel. These notes should be kept in a confidential file separate and apart from the student's cumulative records.

OUT-OF- SCHOOL SUICIDE ATTEMPTS:

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

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the school suicide prevention coordinator and principal. If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

INTERVENTION: RESPONDING TO STUDENTS WHO SELF-INJURE

Self-injury is the deliberate act of harming one's own body, through means such as cutting or burning. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Therefore, it is important to assess students who cut or exhibit any self-injurious behaviors for suicidal ideation.

1. Respond immediately or as soon as possible.
2. Supervise the student.
3. Conduct an administrative search of student for access to means.
4. Assess for suicide risk using the protocol outlined above.
5. Communicate with and involve the parent/guardian, even if the student is not suicidal, so the behavior may be addressed as soon as possible
6. Encourage appropriate coping and problem-solving skills; do not shame the student about engaging in self-injury.

7. Listen calmly and with empathy; reacting in an angry, shocked or shaming manner may increase self-injurious behaviors.
8. Develop a safety plan with the student.
9. Provide resources.
10. Document all actions.

Self-injurious behaviors may be imitated by other students and can spread across grade levels, peer groups and schools. The following are guidelines for addressing self-injurious behaviors among a group of students:

1. Respond immediately or as soon as possible.
2. Respond individually to students, but try to identify peers and friends who may also be engaging in self-injurious behaviors.
3. As students are identified, they should be supervised in separate locations.
4. Each student should be assessed for suicide risk individually.
5. If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have encouraged the behaviors of others. This behavior may be indicative of more complex mental health issues for this particular student

RESPONDING TO STUDENTS WHO MAY BE LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING (LGBTQ):

LGBTQ youth who are targets of bias, bullying or rejection at home or at school have elevated rates of suicidality, compared to non-LGBTQ youth. LGBTQ students with rejecting families have an eight-fold increased risk for suicidal ideation than do LGBTQ students with accepting families. When working with LGBTQ youth, the following should be considered:

- A. Assess the student for suicide risk using the protocol in Section IV.
- B. Do not make assumptions about a student's sexual orientation or gender identity. The risk for suicidal ideation is greatest among students who are struggling to hide or suppress their identity.
- C. Be affirming. Students who are struggling with their identity are on alert for negative or rejecting messages about sexual orientation and gender identity.
- D. Do not "out" students to anyone, including parent(s)/guardian(s). Students have the right to privacy about their sexual orientation or gender identity.

POSTVENTION:

1. Development and Implementation of an Action Plan The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:
 - a) Verify the death. Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.
 - b) Assess the situation. The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
 - c) Share information. Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.
 - d) Avoid suicide contagion. It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.
 - e) Initiate support services. Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.
 - f) Develop memorial plans. The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral.

Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

2. External Communication The school principal or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:
 - a. Keep the district suicide prevention coordinator and superintendent informed of school actions relating to the death.
 - b. Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
 - c. Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.