

Purpose

The purpose of this procedure 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.

George Washington Academy:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- Further recognizes that suicide is a leading cause of death among young people
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide
- Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components

Scope

This procedure 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 procedure applies to the entire school community, including educators, school staff, students, parents/guardians, and volunteers. This procedure also covers appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

Definitions

At-Risk

Suicide risk is not a dichotomous concern, but rather exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention by the school. 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 of potential mental health conditions or a deterioration of mental health. The student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or 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. The type of referral, and its level of urgency, shall be determined by the student's Crisis Team in collaboration with parents/caregivers — according to George Washington Academy policy.

Crisis Team

A multidisciplinary team including, at minimal, an administrative staff, a mental health professional, and a safety professional whose primary focus is to address crisis preparedness, intervention, response and recovery.

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Crisis Team members might include someone from the administrative leadership, school psychologists, school counselors, school social workers, school nurses, resource police officers, and others including support staff and/or teachers. These professionals have been specifically trained in areas of crisis preparedness and take a 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. Crisis team members who are mental health professionals may provide crisis intervention and services.

Mental Health

A state of mental, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and genes.

Risk Assessment

An evaluation of a student who may be at-risk for suicide, conducted by the appropriate professional entity outside of the school (ie. Emergency room professionals, mental health professionals and/or mobile crisis professionals).

Information-Gathering Tool

The Information-Gathering Tool (created by American School Counselor Association and adopted by George Washington Academy for use) 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.

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.

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.

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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. Additionally, parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

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

The process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

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.

Prevention

A school-level suicide prevention coordinator shall be appointed by the Director or designee.

The George Washington Academy suicide prevention coordinator and Director shall be responsible for planning and coordinating implementation of this procedure for George Washington Academy. All staff members shall report students they believe to be at-risk for suicide to the school suicide prevention coordinator or appropriate school mental health professional if the coordinator is unavailable.

The George Washington Academy suicide prevention coordinator is to provide advice to the George Washington Academy administration and school board regarding suicide prevention activities and policy

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implementation, and to keep aware of current research, data, trends, and evolving best practices. In addition, the task force can help to compile a list of community resources to assist with suicide prevention activities and referrals to community mental health providers.

Staff Professional Development

All staff shall receive, at minimum, annual professional development that will include a review of the George Washington Suicide Prevention policy as well as further information 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 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-7 classes. 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.

Publication and Distribution

George Washington Academy's Suicide Prevention Policy shall be distributed annually and be included in all student and teacher handbooks, and on the school website. All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.

Intervention

Information-Gathering and Referral

When a student is identified by a peer, educator or other source as potentially suicidal — i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation — the student shall be seen by a school-employed mental health professional, such as a school psychologist, school counselor, school social worker, within the same school day to complete an information-gathering interview and facilitate referral if necessary. Educators shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidents require immediate referral to the appropriate school-employed mental health professional. If there is

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no mental health professional available, a designated staff member (e.g., school nurse or administrator) shall address the situation according to George Washington Academy protocol until a mental health professional is brought in.

For At-Risk Youth

- School staff shall continuously supervise the student to ensure their safety until the information-gathering process is complete
- The Director and school suicide prevention coordinator shall be made aware of the situation as soon as reasonably possible
- The school-employed mental health professional or Director shall contact the student's parent or guardian, as described in the Parental Notification Involvement section and in compliance with existing state law (if applicable), and shall assist the family with urgent referral
- Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the healthcare provider; in some instances, particularly life-threatening situations, the school may be required to contact emergency services, or arrange for the student to be transported to the local Emergency Department, preferably by a parent or guardian
- The student will be released to the parent/guardian for the rest of the school day in order to allow the student's crisis team time to review safety protocols for the student's return and arrange necessary supervision and safety supports. This also allows parent/caregiver time to seek an external risk assessment and/or external mental health evaluation/services, as needed.
- If parental abuse or neglect is suspected or reported, the appropriate state protection officials (e.g., local Child Protection Services) shall be contacted in lieu of parents as per law
- Staff will ask the student's parent or guardian, and/or eligible student, for written permission to discuss the student's health with outside care providers, if appropriate

When School Personnel Need to Engage Law Enforcement

When a student is actively suicidal and the immediate safety of the student or others is at-risk (such as when a weapon is in the possession of the student), school staff shall call 911 immediately. The staff calling shall provide as much information about the situation as possible, including the name of the student, any weapons the student may have, and where the student is located. School staff may tell the dispatcher that the student is a suicidal emotionally disturbed person, or "suicidal EDP", to allow for the dispatcher to send officers with specific training in crisis de-escalation and mental illness.

Parental Notification and Involvement

The Director, designee, or school mental health professional shall inform the student's parent or guardian on the same school day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt (pursuant to school/state codes, unless notifying the parent will put the student at increased risk of harm).

Following parental notification and based on information gathered via the information-gathering interview, the Director, designee, or school mental health professional may offer recommendations for next steps based on

perceived student need. These can include, but are not limited to, an external risk assessment or mental health evaluation conducted by a qualified health professional or emergency service provider.

Parent/guardian will be given handouts including the “Safe Storage of Lethal Means” handout and the “Parent Guide to Suicide Prevention and Communication” handout. Both will also be emailed in follow-up correspondence to remind parent/guardian what was discussed in the meeting.

Staff will also seek parental permission, in the form of a Release of Information form, to communicate with outside mental health care providers, as applicable, regarding the student’s safety plan and access to lethal means.

Re-Entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, a school-employed mental health professional, the Director, or designee shall meet with the student’s parent or guardian, and if appropriate, include the student to discuss re-entry. This meeting shall address next steps needed to ensure the student’s readiness for return to school and plan for the first day back.

Following a student hospitalization, parents may be encouraged to inform the school counselor of the student’s hospitalization to ensure continuity of service provision and increase the likelihood of a successful re-entry.

1. A school-employed mental health professional or other designee shall be identified to coordinate with the student, their parent or guardian, and any outside health care providers. The school-employed mental health professional shall meet with the student and their parents or guardians to discuss and document a re-entry procedure and what would help to ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.). Any necessary accommodations shall also be discussed and documented.
2. While not a requirement for re-entry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.
3. The designated staff person shall periodically check-in with the student to help with readjustment to the school community and address any ongoing concerns, including social or academic concerns. This may require parent/guardian permission forms to be signed in order for the student to engage in counseling/mental health services at the school.
4. The school-employed mental health professional shall check-in with the student and the student’s parents or guardians at an agreed upon interval depending on the student’s needs either on the phone or in person for a mutually agreed upon time period (e.g. for a period of three months). These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then fading support.
5. The administration shall disclose to the student’s teachers and other relevant staff (without sharing specific details of mental health diagnoses or clinical details) that the student is returning after a medically-related absence and may need adjusted deadlines for assignments. The school-employed mental health professional shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

6. The administration may decide that certain safety measures are appropriate upon the student's return, which may include a designated time period in which the student does not bring a backpack from home or is provided a clear backpack.

Points to Consider When Developing Re-Entry Procedures

A school cannot require a student or their parents to provide documentation of a mental health assessment prior to re-entry following a mental health crisis. However, the following factors should be considered when determining local re-entry procedures:

- Is there adequate availability of community-based mental health providers to ensure timely administration and documentation of a student mental health status exam? (If not, the student should be referred to the Emergency Room for expedited connection with a mental health professional outside of school).
- How are necessary education services and supports being provided to the student while they're out of school? (This is particularly important for students receiving special education services — schools should bear in mind, however, that most hospital programs only allow for a limited time devoted to school work and the vast majority of waking hours will be spent in therapy and/or learning coping techniques)
- In instances where a student is deemed suicidal but not taken for assessment by their parent or guardian, personnel should follow state/George Washington Academy legal or policy requirements to ensure student safety with consideration for referral to Child Protective Services for medical neglect.

Parental Involvement

Parents and guardians play a key role in youth suicide prevention, and it is important for George Washington Academy to involve them in suicide prevention efforts. While parents and guardians need to be informed and actively involved in decisions regarding the student's welfare, the school mental health professional should ensure that the parents' actions are in the best interest of the student. Parents and guardians should be advised to take every statement regarding suicide and a wish to die seriously, and avoid assuming that the student is simply seeking attention.

In-School Suicide Attempts

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

1. First aid shall be rendered until professional medical services and/or transportation can be received, following George Washington Academy emergency medical procedures
2. School staff shall supervise the student to ensure their safety
3. Staff shall move all other students out of the immediate area as soon as possible

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4. The school-employed mental health professional or Director shall contact the student's parent or guardian. (Note: See Parental Notification and Involvement section of this document).
5. Staff shall immediately notify the Director or school suicide prevention coordinator regarding the incident of in-school suicide attempt
6. The school shall engage the crisis team as necessary to assess whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim
7. The student will be immediately released to parent/guardian custody for the rest of the school day in order to allow parent/caregiver time to seek an external risk assessment and/or external mental health evaluation and crisis services, as needed.

Since self-harm behaviors are on a continuum of level and urgency, not all instances of suicidal ideation or behavior warrant hospitalization. The school-employed mental health professional or Director will recommend (but not require) an external mental health assessment, including a suicide risk assessment, which can help determine the best treatment plan and disposition.

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 shall:

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

After a Suicide Death

The crisis response team, led by a designated crisis response coordinator, shall follow the postvention plan created by the Utah State Board of Education, "Healing Our Schools After a Loss" 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. 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.

Special Considerations

If the parent does not follow through with the school's recommendation and the student's perceived risk persists, the school shall follow state/George Washington Academy legal or policy requirements to ensure

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student safety. This may include a range of suggested options for next steps — call 911, call Child Protective Services, call mobile crisis services, etc.

When a parent is notified of perceived suicide risk or an attempt, it is essential that the school maintain student confidentiality related to personal information such as sexual orientation or gender identity, especially when the student has not already disclosed to the parent or guardian and does not want it shared. Information shared should be restricted to the perceived risk of suicide or facts of the attempt. Ethically and legally, mental health professionals are required to report risk to self and others. Disclosing a student’s sexual orientation or gender identity without their explicit consent can in some cases endanger the student and at a minimum will impair the rapport developed with the professional.

Through discussion with the student, the Director or school-employed mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the Director, designee, or mental health professional believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. Consultation with another mental health professional is recommended before taking such inaction. If contact is delayed, the reasons for the delay should be documented. Legally, the parent should not be contacted and Child Protection Services should be notified if abuse or neglect is suspected.