



Suicide Prevention Policy

Method Schools understand that it is critical to play a leading role in implementing policies that follow best practices, are developmentally appropriate, and are culturally responsive. Equally important are parents and guardians, who also play a key role in youth suicide prevention. It is critical that school staff members actively and continuously engage and educate parents on suicide prevention policies and practices in place at the school and in the community.

This outlined policy has been utilized from a template offered by a suicide prevention agency and as Method School will continue to further refine this policy and it is further developed. Method Schools has adopted its own suicide prevention curriculum program called Hope Squad and has integrated it into our current LMS for students to utilize.

The school, especially the school psychologist and other school-employed mental health professionals, plays an integral role in suicide prevention. The Policy recommends that each school district designate suicide prevention coordinators at the district and the school levels. These people would help plan and implement suicide prevention policies and practices and be the points of contact when a student, parent, or staff member is concerned that a student is at elevated risk for suicide. Coordinators would work with administrators and other school staff to ensure that additional recommended preventive steps be taken school-wide (for example, that staff receive annual professional development on how to recognize the warning signs of suicide and make referrals for help; and that developmentally appropriate, student centered education about mental health and suicide prevention be infused into the K-12 health curriculum). School psychologists are critical resources for schools and are a logical choice for serving as these suicide prevention coordinators. School psychologists should also be involved in the development and implementation of suicide prevention education for staff and students. However, it is equally important that school employed mental health professionals receive annual professional development on best practices in risk assessment and crisis intervention so that they are equipped with the knowledge and tools needed to respond safely and effectively when receiving referrals from staff and students.

A key component of supporting overall student wellness and suicide prevention is access to a continuum of school-based mental health supports. Early identification of at-risk students can enhance opportunities for positive outcomes by addressing problems as they first arise. This enables the school, and in particular the school-employed mental health professional, to support the young person and the family in identifying and implementing potential solutions together, before the problem develops into a crisis situation in need of more intensive intervention or treatment. Assessment and referral. It is important to take every statement regarding suicide or a

wish to die be taken seriously. Although each school and school district will have unique policies and procedures for conducting threat assessments, the Policy outlines specific actions to take when a young person is thought to be at risk for suicide, when a suicide attempt is made in school, and when an attempt is made outside of the school setting.

In all cases, the school should make every attempt to notify the student's parent or guardian. When a student makes a verbal or written suicide threat, or if the student presents with several risk factors and a staff member is concerned, this student should be seen by a school-employed mental health professional within the same school day. That professional would conduct the risk assessment and facilitate any necessary referrals to an outside mental health agency. If the school-employed mental health professional is not immediately available, the school nurse or school administrator should assist the student until the mental health professional can be brought in. During this time, the student should be under constant supervision to ensure safety, and the suicide prevention coordinator should be made aware of the situation as soon as possible. Additionally, the school-employed mental health professional or principal should notify the student's parent or guardian to assist them with an urgent referral, if necessary, or to help facilitate an appointment with another health care provider. If such a referral is made, school staff should seek permission from the parent or guardian to exchange information with the outside healthcare provider. When a suicide attempt has been made during the school day, all students should be removed from the immediate area as soon as possible and the health and safety of the student who made the attempt should be of primary concern. The student should be supervised until any necessary medical treatment has been provided, per district emergency medical policy. If appropriate, a mental health assessment should be immediately requested and the principal, school suicide prevention coordinator, and the student's parent or guardian should be contacted. Based on the specific school or district policy, as well as the judgment of the school principal and school mental health staff, additional steps should be taken to ensure the safety and well-being of any students who may have been affected by the suicide attempt. Re-entry procedure. Each school and district will have specific procedures for handling students who are returning to school after a mental health crisis such as a suicide attempt or psychiatric hospitalization based on the specific needs and unique population of the school.

However, The Policy recommends that the following three specific components be a part of any re-entry plan:

- A designated school employed mental health professional will coordinate with the student, family, and any outside mental health providers (if permission was granted).
- The parent or guardian will provide documentation from a healthcare provider that the student is no longer a danger to themselves or others.
- The designated school-employed mental health person will determine what supports are needed to help the student readjust to the school community and meet with him or her periodically to address any concerns.

Postvention: Suicide in a school community is tremendously sad, often unexpected, and can leave a school with many uncertainties about what to do next. Schools need reliable information, practical tools, and pragmatic guidance to help students and the community at-large as they struggle to cope with and respond to the loss. The Policy, coupled with more detailed guidance from NASP and AFS (included in the resource section below) can help.

The specific circumstances surrounding a death by suicide will guide the school and community response. However, to prevent suicide contagion while effectively managing the situation, the Policy suggests the development and implementation of an action plan with the following steps:

- **Verify the death:** Even if the student's death is perceived to be suicide, it should not be considered such until confirmed by the coroner's office or local police department.
- **Assess the situation:** The school/district crisis team should consider the impact of the suicide on the student and community population and determine the appropriate resources and supports needed for individual students as well as the general school population.
- **Share information:** It is important to report only confirmed and factual information to faculty, students, and families. Additionally, the school should inform parents about supports available to students in school, as well as available resources in the community.
- **Avoid suicide contagion:** The crisis team should work with teachers and families to identify students who may be at a high risk of suicide and those who are most significantly impacted by the student's death.
- **Initiate support services:** School-employed mental health professionals should collaboratively determine which students need additional risk assessment or mental health support services and implement those as needed.
- **Develop memorial plans:** School communities often wish to memorialize a student who has died. It can be challenging for schools to strike a balance between compassionately meeting the needs of grieving students while preserving the ability of the school to fulfill its primary purpose of education. In the case of suicide, schools must consider how to appropriately memorialize the student who died without risking suicide contagion among other students who may themselves be at risk. Treating all deaths in the same way avoids stigma and also protects against inadvertently sensationalizing the suicide loss. Wherever possible, schools should meet with the student's friends and coordinate with the student's family to identify a meaningful, safe approach to acknowledging the loss.

External Communication: Following a student suicide, the media will almost certainly want to become involved in reporting the story. Although the school cannot control everything that is reported, there are steps that schools can take to help contain the media firestorm that often follows the report of a suicide. In many cases, a school has a designated media spokesperson who will respond to all media inquiries. The Policy recommends that the media spokesperson:

- Keep the suicide coordinator, superintendent, and other relevant administrators updated on how the school is handling the necessary postvention activities.
- Prepare a statement for the media that only includes confirmation of the death, the school's

postvention plans, and available resources.

- Encourage the media to respect the privacy of the student who died and the family, and to avoid sensationalizing the suicide (e.g., putting story on the front page, describing the method of suicide). Additionally, the spokesperson should strongly suggest that the media refrain from speculating about the reason for the suicide.