

## **Monroe School District Suicide Prevention Plan 2023-2024<sup>1</sup>**

Monroe High School is dedicated to the well-being of all students and understands the importance of having set policies and plans to best prevent, assess, intervene and respond to suicide. This policy and plan are in accordance with Adi's Act (Senate Bill 52). Monroe School District believes and acts on these steps to save the lives of our students.

All staff members of the Monroe School District:

- Recognize that suicide is the leading cause of death among young people
- Understand that school staff is frequently considered the first line of contact with potentially suicidal students
- Have an ethical and dutiful responsibility to be proactive in preventing death by suicide
- Acknowledge the importance of providing a safe and welcoming environment that fosters the development of students
- Will publish policy and plan to district website and further revisit and refine regularly

At the high school level, *Jordyn Fuller* (counselor), *Beau Sisneros* (principal), and *Dan Wolfe* (teacher) are the main points of contact for issues/situations relating to suicide prevention.

At the grade school level, *Kelsey Greydanus* (counselor), *Kim Geil* (principal), and *Peyton Connery* (family liaison) are the main points of contact at for issues/situations relating to suicide prevention.

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<sup>1</sup> Last Revised 10/2023

## **Terms & Definitions**

*Adapted from Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources ([afsp.org/ModelSchoolPolicy](http://afsp.org/ModelSchoolPolicy))*

### **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 and the district. 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 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 level of risk — according to local district policy.

### **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.

### **Suicide 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 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.

## **Confidentiality**

### **FERPA**

School employees are bound by the law of The Family Education Rights and Privacy Act of 1974 (FERPA). Under FERPA, parents are required to give consent before any personal information is disclosed from a student's education records. When a student is believed to be suicidal or has expressed suicidal thoughts, school staff may determine that a significant threat to the health and safety of the students exists. Such disclosure to appropriate parties is granted under this exception (Department of Education, 2010).

There are situations where confidentiality must not be maintained; if at any time a student has shared information that indicates the student is at imminent risk of harm/danger to self or others, that information must be shared. This is under FERPA as "minimum necessary disclosure".

### **The student asks to withhold information from the parent/guardian**

If a student asks that a parent/guardian is not told of what they shared, the stakeholder can say "I know this is scary to you, and I care, but this is too big for me to handle alone." They may also ask the student about their fears and concerns regarding their parents. This helps reduce the student's anxiety and builds confidence in the student to share with their family.

### **Exceptions for parent/guardian notification: Abuse or neglect**

It is necessary that a parent/guardian is informed of a student's suicidal ideation UNLESS a result of parental abuse or neglect is possible. The counselor is in the best position to make that determination. All other staff and people are involved on a need-to-know basis.

## **Prevention**

- A school administrator at each building (or designated staff member) shall be annually determined as a point of contact for issues relating to suicide prevention and policy implementation.
- All staff members shall be made aware of the district's suicide prevention plan and policy on an annual basis. This includes the names and contact information of designated staff members to report to.
- All staff members who have any contact with students shall receive annual training in suicide prevention. Training should include identification of risk factors, response procedures, referral process, and postvention protocols.
- Additional QPR (question, persuade, refer) training will be provided to all staff members.
- Additional support or resources are needed regarding youth 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, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities can be obtained by contacting the district's counselors.
- Developmentally appropriate, student-centered education materials will be made available to all students that include safe and healthy choices and coping strategies, how to recognize risk factors and warning signs of suicide, and help-seeking strategies for oneself and others, including how to engage school resources and refer friends for help.

## **Intervention**

If a student has shown signs of suicide ideation, verbalized thoughts of suicide, or has been identified as potentially suicidal by *any* source- they will be referred to the school counselor. The school counselor/mental health professional will use a designated risk assessment and act as needed. It is crucial that referral to mental health professionals are as soon as possible. Monroe currently uses the Columbia Suicide Severity Rating Scale to best determine suicide risk and further action.

### **When to Involve Law Enforcement**

If a student is actively suicidal and at risk of hurting self and/or other students, law enforcement must be called. This includes if the student is in possession of a weapon or any other lethal means.

### **Re-entry Procedure after Crisis**

The first steps of re-entry must start with a meeting between guardians and administration, including the building's mental health professional. It is up to the discretion of the group to discuss if affected students should be involved at this time.

- Health providers, guardians and necessary school staff should be connected to further ensure coordination of care for students.
- This is an important time to discuss what transition back will entail- will missing work be excused, will check-ins be required, how will communication be documented, etc.
- Determine intervals for meetings to discuss adjustment back to school, ongoing concerns, etc.
- Determine when/if extensive support will fade after re-entry.

It is up to building administrators and the mental health professional to choose when and what to disclose information to other staff members. Staff should be informed when students are returning to school from a medical absence. Other information will be on a need to know basis.

*In the case of either a in school or out of school attempt, the mental and physical health of all students is the priority of the school.*

### **In School Attempt**

- First aid is given as needed until medical professionals have reached the building
- Staff will be assigned as needed to move students to a safe environment and ensure supervision until further notice
- Building administrator will notify student's guardian as soon as possible
- Crisis team is alerted and steps taken from crisis protocol

### **Out of School Attempt**

- School Administrators notify the District Office
- Verify Suicide
- The Crisis Response Team will be mobilized in partnership with LBL  
ESD crisis team members
- Estimate level of response resources required
- Determine what and how information is to be shared
- Inform faculty and staff
- Identify at risk students and staff
- Refresh staff on prevention protocols and be responsive to signs of risk

## Postvention

Regardless of how comprehensive suicide prevention and intervention plans may be, not all suicidal behavior will be prevented. Schools must be prepared to act and provide postvention support and activity in the event of a serious attempt or a completed suicide. 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.

Key Points (After a Suicide: A Toolkit for Schools, 2011):

- Prevention 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.
- It is important to not “glorify” the suicide and to treat it sensitively when speaking about the event, particularly with the media.
- 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.
- Families and communities can be especially sensitive to the suicide event.
- Know your resources.

Postvention Protocol

- School Administrators notify the District Office
- Verify Suicide
- The Crisis Response Team<sup>2</sup> will be mobilized in partnership with LBL ESD crisis team members
- Estimate level of response resources required
- Determine what and how information is to be shared
- Inform faculty and staff
- Identify at risk students and staff
- Refresh staff on prevention protocols and be responsive to signs of risk

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<sup>2</sup> District Crisis Team members: *Jordyn Fuller, Dan Wolfe, Beau Sisneros, Rosie Fuhrmann, Kelsey Greydanus, Kim Geil and Bill Crowson*

## **Resources**

### ★ 988 National Suicide Hotline

- Phone Number: 988

The 988 Lifeline is a national network of over 200 local, independent crisis centers equipped to help people in mental health-related distress or experiencing a suicidal crisis via call, chat, or text. The 988 Lifeline provides free and confidential support to people in a suicidal crisis or mental health-related distress 24 hours a day, 7 days a week.

### ★ The TREVOR Lifeline

- Phone Number: 1-866-488-7386
- TREVORtext: Text START to 678-678

Founded in 1998 by the creators of the Academy Award®-winning short film TREVOR, The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25.

### ★ YouthLine: CALL 877-968-8491 or TEXT “teen2teen” to 839863

### ★ Benton County Crisis Line: 1-888-232-7192

### ★ Helpful Calming Apps:

- Calm Harm
- Breathe2relax
- Fluidity





# Suicide Risk Assessment

## IDENTIFYING INFORMATION

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

Screener's Name: \_\_\_\_\_ Position: \_\_\_\_\_

## REFERRAL INFORMATION

Who reported concern:

- Self
- Peer
- Staff
- Parent/Guardian
- Other

When was concern disclosed: \_\_\_\_\_ Contact information, if applicable: \_\_\_\_\_

What information was shared:

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1. Tell me how things are going for you. How is school? Home? Friends?

2. Are there people or things that are stressing you or harming you (bullying, harassment, family issues, a sense of loss or failure, pregnancy, gang issues, school work, threats to you)?

3. Do you have anyone you trust (education staff, relative, adult within the community) and can talk with about things in your life?

4. What are some good things going on in your life? What makes you happy (reasons for living)? Are you involved in sports, clubs, recreational activities, art, music, church, scouts, etc.?

5. What are your plans for your future? Do you see yourself as an adult?

6. Have you noticed any recent changes such as difficulty sleeping, changes in your appetite, withdrawing from your friends or family, or lacking interest in your preferred activities?

7. Have you ever used drugs or alcohol? Are you currently using drugs and or alcohol use?



## Student Coping Plan-Secondary Level

**Warning signs that I am not safe:** *(thoughts, images, mood, situation, behaviors)*

- 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 at home/outside school when I feel it would be better if I were not alive:**

**An adult I can talk to at school when I feel it would be better if I were not alive:**

**My plan to make a safe environment and/or reduce or stop the use of alcohol/drugs:**

- 1.
- 2.
- 3.

**Identify reasons for living:**

- 1.
- 2.
- 3.



## Student Coping Plan-Primary Level

Feeling safe looks like:

When I notice \_\_\_\_\_, my body is not safe. When this happens, I will \_\_\_\_\_ or \_\_\_\_\_.

When I notice this at school I will tell \_\_\_\_\_. When I notice this outside of school I will tell \_\_\_\_\_. If the person in my plan is not available, I will tell a safe adult. It is important to stay safe because:

1. \_\_\_\_\_
2. \_\_\_\_\_