



AMITY SCHOOL DISTRICT

Suicide Prevention, Intervention, Postvention Plan 2024/25

Information for this plan was derived from resources provided by Lines for Life and
Willamette Education Services District

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Purpose of Protocols & Procedures

Amity School District is committed to the health and well-being of all students, and the district supports our students through the development of mental health supports and social and emotional learning in our curricula. This work includes having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. This suicide prevention plan complies with Senate Bill 52 and the Amity School District Suicide Prevention Policy, and it may also play an important role in saving lives. Amity School District:

- 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 its 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
- will publish its policy and plan on their website and will revisit and refine the plan regularly

According to the Oregon Department of Education's Division 22 Standards for Public Elementary and Secondary Schools ([Oregon Secretary of State Administrative Rules](#)), Amity School District commits to the following regarding our Suicide Prevention Plan:

(1) For purposes of this rule, "behavioral health crisis" means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual's mental or physical health.

(2) Each district school board shall adopt a policy requiring a plan on student suicide prevention for students in kindergarten through grade 12.

(3) A plan required under this rule must include:

(a) All requirements set out in ORS 339.343; [ORS 339.343 - Comprehensive district plans on student suicide prevention \(public.law\)](#)

(b) Supports that are culturally and linguistically responsive to the needs of students who are at higher risk of suicide and suicide ideation, including lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students;

(c) Procedures for reentry into the school environment following a hospitalization or behavioral health crisis; and

(d) A process for designating staff to be trained in an evidence based suicide prevention program. The Department of Education will provide a list of available programs.

This document is intended to help school staff understand their role and to provide accessible tools.

HIPAA & FERPA Confidentiality

School employees, with the exception of nurses and psychologists who are bound by HIPAA, are bound by the laws of the Family Education Rights and Privacy Act of 1974, 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.”

EXCEPTIONS

Parents need to know about a student’s suicidal ideation unless parental abuse or neglect is possible as a result of the disclosure. The counselor or staff Suicide Contact Person is in the best position to make the parental disclosure determination. This person should inform the student that the parent or guardian will be informed of and involved in the situation as needed. If a student makes a statement such as “my dad/mom would kill me” as a reason to refuse disclosure, the school staff should ask questions to determine if parental abuse or neglect is a factor. If there is no indication that abuse or neglect is involved, the school staff will compassionately inform the student that the parent/guardian needs to be involved.

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 not expected to provide the in-depth assessment or counseling necessary for treating a student with suicidal ideation. 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 suicide. Students often know, but do not tell adults, about peers with suicidal ideation. 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 all students and staff.

Suicide Prevention Protocol

Suicide can be prevented. A large part of suicide prevention is ensuring all members of our community are properly trained in suicide awareness and prevention.

Staff:

- All staff will 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. Amity School District will utilize the QPR Suicide Prevention model as it provides training on best practices, and staff members will complete an annual review of prevention, intervention, and postvention protocols.
- Staff members serving in a school counseling role or an administrative staff member should be Applied Suicide Intervention Skills Training (ASIST) trained. These staff members will be the “go-to” people within the school and familiar with the intervention protocol.

Students:

- Students should receive information about suicide and suicide prevention in health class or through SEL-based classroom lessons. The purpose of this curriculum is to teach students how to access help at their school for themselves, their peers, and others in their community.
- Students will have access to crisis information, such as who they can talk to at home and/or school about suicide. This information includes crisis phone numbers for calling or texting, websites, or print materials. This information should be made available in high-traffic areas, such as hallways, bulletin boards, bathrooms, and cafeterias. Resources can be downloaded for free or purchased from <https://oregonyouthline.org>.

Parents:

- Parents will be provided with informational materials to help them identify whether their child or another person is at risk for suicide. Information will include how to access school and community resources to support students or others in their community who may be at risk for suicide.
- Informational materials will be available on the district website.

<u>Behavioral Risk Factors</u>	<u>Protective Factors</u>
<i>Current plan to take one's life</i>	<i>Engaged in effective physical and/or mental healthcare</i>
<i>Current suicidal ideation</i>	<i>Feeling connected to others</i>
<i>Access to means for suicide</i>	<i>Positive problem solving skills</i>
<i>Previous suicide attempts</i>	<i>Healthy coping skills</i>
<i>Family history of suicide</i>	<i>Restricted access to means for suicide</i>
<i>Exposure to suicide by others</i>	<i>Stable living environment</i>
<i>Recent discharge from psychiatric hospitalization</i>	<i>Cultural and/or religious beliefs that discourage suicide</i>
<i>History of mental health challenges</i>	<i>Willing to access support/help</i>
<i>Current drug/alcohol use</i>	<i>Positive self esteem</i>
<i>Sense of hopelessness</i>	<i>Resiliency</i>
<i>Self-hate or self-injurious behavior</i>	<i>High frustration tolerance</i>
<i>Current psychological/emotional pain</i>	<i>Emotional regulation</i>
<i>Loss (relationship, work, financial)</i>	<i>Successful at school (academic, social)</i>
<i>Relationship issues (friends, family, school)</i>	<i>Acceptance of identity by family, peers, school</i>
<i>Feeling isolated/alone</i>	<i>Has responsibility for others</i>
<i>Current/past trauma</i>	<i>Financial stability</i>
<i>Bullying</i>	<i>Future planning and/or goal setting</i>
<i>Discrimination and lived experience oppression</i>	<u>KEEP IN MIND:</u> Youth with many protective factors in place can still struggle with thoughts of suicide. Youth with multiple risk factors may NOT experience suicidal ideation. Be sure to not make assumptions about whether suicidal ideation is taking place: pay attention to invitations from youth who may be seeking support.
<i>Chronic pain/physical health problems</i>	
<i>Impulsive or aggressive behavior</i>	
<i>Unwilling to seek help</i>	
<i>Members of at-risk groups (LGBTQ+, BIPOC, Native American, etc.)</i>	

Suicide Intervention Protocol

Individuals who are thinking about suicide often exhibit warning signs. These 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 or other lethal means.

Indicators of immediate danger or threat:

- ***Someone who has previously attempted to take their own life***
- ***Someone actively threatening to hurt themselves or take their own life***
- ***Someone actively looking for ways to take their life, such as 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:

(Click [HERE](#) for the brief WESD Suicide Intervention Flowchart.)

- Staff will take any comments or behavior related to suicide seriously EVERY TIME.
- Staff will call 911 if there is immediate danger. A student is considered in immediate danger if an attempt at suicide has been made or if the student currently has access to lethal means and has a plan for suicide.
- Staff will immediately notify the school counselor, administrator, and/or ASIST-trained staff member about comments or behavior related to suicide.
- If a student is in immediate danger, staff will remain with at-risk student until relieved by school counselor, administrator, ASIST-trained staff member, and/or emergency services, if necessary.
- The school counselor, administrator, or ASIST-trained staff member will:

- ◆ interview the student using the Suicide Risk Assessment Level 1 screening form. [Suicide Risk Assessment - Level 1](#)
 - ◆ Complete a Student Coping Plan, if necessary. This can include school, family, and community components, and should include monitoring and supervision of the student, precautionary removal of lethal means from the student's environment, and Screening Self-Report. [STUDENT COPING PLAN](#) and [C-SSRS Screening Self-Report](#)
 - ◆ Contact parent/guardian to inform and obtain further information (see Exceptions on page 4)
 - ◆ Determine need for Suicide Risk Assessment Level 2 based on Level 1 Assessment outcome.
 - ◆ Consult with another trained screener prior to making a decision to *not* proceed to a Level 2.
 - ◆ Inform administration of screening results.
- If a Suicide Risk Assessment Level 2 is determined to be necessary, the school counselor, administrator, or ASIST-trained staff member will:
- ◆ Obtain parent permission for students under the age of 14.
 - ◆ If parent is unavailable or unwilling to consent, and the Assessment Level 1 indicates a high risk of student self-harm, the school team will call the Yamhill County Crisis Team at 503-434-7462 or law enforcement.
 - ◆ Suicide Risk Assessment Level 2 is assessed by Yamhill County Mental Health.
 - Assessor interviews student, collects collateral information from other pertinent sources and makes risk determination.
 - Assessor determines need for immediate intervention (i.e. in-home or out-of-home respite, hospitalization, etc.).
 - Assessor shares concerns and recommendations with school team and administration.

Suicide Intervention - Means Restriction

An important component of comprehensive suicide prevention is means restriction, where access to the “how” is minimized. It is important to understand the way in which a student might take their life and how school and family members can help minimize this access. Research has shown that youth access to means often come from a parent or family member in the forms of accessible firearms, medication, alcohol, or other drugs. TRAINED SCHOOL STAFF MEMBERS SHOULD CONSIDER THE FOLLOWING WHEN ASSESSING STUDENTS FOR SUICIDALITY:

★ Firearms (most common means in lethal attempts)

- Are firearms in the home?
 - How quickly can the student access firearms? The screener should assess how long it would take the student to get and be ready to fire a loaded gun.
- 46% of 11th graders in 2019 indicated they could access a firearm in less than 24 hours.
- Recommend parents/guardians/families of students at risk of suicide store firearms outside the home OR securely using a gun lock or safe.
- Practice motivational interviewing around keeping the student safe and any concerns around restricting firearm access. Keep conversation centered on safety, not framing as taking away firearm(s).

★ Medication (most common means for non-fatal attempts)

- Are medications in the home or available?
 - Would it be difficult for the student to get prescription drugs or drugs not prescribed to them?
- 31% of 11th graders in 2019 indicated it would be very or somewhat easy to access prescription medications.
- Recommend parents/guardians/families of students at risk of suicide lock up medications except rescue medications (inhaler, EpiPen).
- Recommend disposal of expired medications.
- Supervise medication dispensing to student.
- If not possible to lock or dispose ALL medications, prioritize securing pain or sleeping medications.

Suicide Postvention Protocol

Postvention is “the provision of crisis intervention, support, and assistance for those affected by a suicide” (American Association of Suicidology, 2022). Youth and others associated with a suicide event are vulnerable to suicide contagion or increased risk of suicide. Schools should respond to a suicide attempt or completion in an appropriate manner that supports students and the school community, including having a system in place to work with any groups that may be involved, such as students, staff and faculty, parents/guardians, community members, media, and law enforcement.

Postvention Goals:

- ★ Support the grieving process
- ★ Prevent suicide contagion
- ★ Reestablish a healthy school climate
- ★ Provide long-term surveillance
- ★ Integrate and strengthen protective factors such as community and positive coping skills.

Postvention Responses: Consult the [Crisis Response Team Manual](#) for postvention response resources

- ★ Verify the suicide attempt or completion
- ★ Estimate level of response resources required (from staff surveillance to local Mental Health Resource Teams)
- ★ Determine what and how information is to be shared (DO NOT release information in a large assembly or over an intercom)
- ★ Mobilize the Crisis Response Team, as identified by Amity School District, and/or mobilize the WESD Crisis Response Team at 503-385-4761. Crisis Response Team training will take place November 17th, 2023 for specific Amity School District staff, including principals, counselors, special education staff, and the school nurse.
- ★ Inform faculty and staff
- ★ Identify at-risk students and staff, including those who may have:
 - witnessed the suicide or its aftermath
 - had a personal connection/relationship with the attempt survivor or the deceased
 - previously demonstrated suicidal behavior
 - a mental illness
 - a history of family suicide
 - experienced a recent loss

- ★ Monitor student absentees in the days following a suicide attempt or completion, paying close attention to groups and individuals who may be at higher risk (i.e., isolated from the community, have weak levels of social/familial support).
- ★ Notify parents of highly affected individuals, providing recommendations for community-based mental health services.
- ★ Refresh faculty and staff on prevention protocols and be responsive to signs of risk.

Key Emphasis Points

- ★ Prevention (warning signs and risk factors)
- ★ Survivors are not responsible for the death
- ★ Normalize anger
- ★ Promote coping skills and stress management
- ★ Communicate that help is always available
- ★ Avoid romanticizing or glorification of the event and avoid vilifying the victim
- ★ Avoid providing excessive details or describing the event as courageous or rational
- ★ Do not eulogize victim or conduct school-based memorial services
- ★ Address loss but avoid school disruption
- ★ Suicide is preventable

Re-Entry Protocol for Suicide Attempts

Returning to school after a mental health crisis or suicide attempt should be treated with care and individualized attention and planning. Any staff who have contact with the affected student should have prior knowledge of the student's plan.

For Counselors and Administrators:

★ Prior to return:

- Meet with the student and their parent(s) before the return to school and fill out the [Student Re-Entry Plan](#).
- Respect the student's wishes as to how their absence is discussed. If the attempt is common knowledge, help the student prepare for questions from peers and staff. If no one is aware, help the student create a short response to explain the absence. Role play so that the student can try out different responses to different situations (peer to peer & staff-student), if needed. Being prepared helps reduce anxiety and helps the student feel more in control.
- Reassure the student and family that sharing information with school personnel will be done on a need to know basis. Staff that have direct contact should be informed so they can actively assist the student academically.
- Identify the staff that will need to know by name and role, and communicate any short term accommodations noted on the Student Re-Entry Plan to assist the student's re-entry.
- Reassure the student that staff will be available to help the student with any academic issues and that it will be important for the student to reach out if they are feeling worried about school work.
- Obtain a Release of Information from the parent so the mental health provider can talk to the school counselor.
- If needed, schedule a student interview team meeting if student has a diagnosis or condition that will last more than 6 months that may hinder access to education. Determine if a 504 plan would be sufficient.

★ After return to school:

- Continue to monitor and support the student, as needed.
- Have regular contact with the student's parent(s) and therapist to provide feedback and gain information on how best to support the student.

For All Staff Members:**★ After return to school:**

- Welcome the student's return to school as you would any other students' return from an extended absence. Let them know you are glad they are back – "Good to see you".
- Be aware that the student may still be dealing with symptoms of depression which can affect concentration and motivation.
- Be aware that the student may be adjusting to medication and may be dealing with side effects including fatigue or jitteriness.
- Keep the reason for the student's absence CONFIDENTIAL.
- Discuss missed classwork and homework and arrangements for completion. Adjust expectations, if needed. If possible, provide alternative assignments instead of having the student try to make up all the work; provide temporary interventions during reentry.
- Keep an eye on the student's academic performance as well as their social/emotional interactions. If you see that they are isolating or being shunned by peers or are falling further behind academically, follow-up with the student's counselor.
- Pay close attention to further absences, tardies, and requests to be excused during class and share any concerns with the student's counselor.
- Encourage the student to use the school counselor for additional support.

Resources

- ★ Suicide Prevention Resource Center - www.sprc.org
- ★ American Foundation for Suicide Prevention - www.afsp.org
- ★ [After a Suicide: A Toolkit for Schools | AFSP](#)
- ★ ASIST : Applied Suicide Intervention Skills Training - www.inciteforchange.org
- ★ QPR: Question, Persuade, Refer - [QPR Institute](#)
- ★ Lines for Life - www.oregonyouthline.org
- ★ [Suicide Prevention - Willamette Education Service District \(wesd.org\)](#)
- ★ YouthLine by Lines for Life - Call **1-877-968-8491** or text **teen2teen** to **839863** for crisis support.