New
JLDBB-R Suicide Prevention, Intervention, and Postvention

Proposed 10/14/21

The board believes it is important 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.

Definitions

Suicide death. A death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Suicide attempt. A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.

Suicidal ideation. Thinking about, considering, or planning suicide.

Suicide postvention. 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 factual information after the suicide death of a member of the school community.

Suicide Warning Signs

The following signs of a suicide risk in a student may be observed by, and should be immediately reported to the school administrator by, any member of the school community including, but not limited to, a school administrator, teacher or other staff member, volunteer, parent/legal guardian, coach, athletic trainer, school/team physician, school nurse, or another student:

- talking about wanting to die or to kill oneself
- looking for a way to kill oneself
- talking about feeling hopeless or having no purpose
- talking about feeling trapped or being in unbearable pain
- talking about being a burden to others
- starting and/or increasing the use of alcohol or drugs
- acting anxious, agitated, or reckless
- sleeping too little or too much
- withdrawing or feeling isolated
- showing rage or talking about seeking revenge
- displaying extreme mood swings
- exhibiting anger or hostility that seems out of character or out of context
- displaying increased agitation or irritability

Suicide Risk Factors

The following risk factors do not cause or predict a suicide; they are merely characteristics that

make it more likely an individual will consider, attempt, or die by suicide:

- school crisis
- mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders
- alcohol and other substance use disorders
- hopelessness
- impulsive and/or aggressive tendencies
- history of trauma or abuse
- major physical or chronic illnesses
- previous suicide attempt
- family history of suicide
- recent job or financial loss
- recent loss of a relationship
- easy access to lethal means
- local clusters of suicide
- lack of social support and a sense of isolation
- stigma associated with asking for help
- lack of health care, especially mental health and substance abuse treatment
- cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- exposure to others who have died by suicide (in real life or via the media and internet)

Suicide Protective Factors

Protective factors are positive conditions or personal and social characteristics that promote resiliency and reduce the likelihood that individuals will consider, attempt, or die by suicide. Such factors may include, but are not limited to, the following conditions and characteristics:

- school connectedness
- family and community connections/support
- clinical care (availability and accessibility)
- resilience
- coping/life skills (social/emotional learning)
- frustration tolerance and emotion regulation (mindfulness and interpersonal/relational skills)
- cultural and religious beliefs; spirituality

Student Suicide Risk Management

Evaluation/Suicide assessment

A suicide assessment is used to aid in the development of treatment plans and track the progress of individuals who are receiving mental health treatment. In the academic setting, risk assessments inform re-entry procedures as well as the schools' role in follow-up care for at-risk students. Moreover, an assessment informs the school's monitor/safety plans and assists with the implementation of collaborative safety planning for at-risk youth.

As appropriate, suicide screening and/or assessment will be used in one of the following ways:

- to assess the whole student body in a screening program (best practice prevention effort)
- to inform incident-specific protocol response
- to identify the level of risk

- to support a plan of action for someone who is at risk and to inform postvention strategies

As appropriate, implementation of suicide screening and/or assessment will include:

- selection of a screening tool at the school-level that works best for each distinct student population
- identification and training of staff for the administration/provision of the screening tool
- use of the screening tool to support implementation of suicide prevention programming

A healthcare and/or mental health provider will be involved in any screening or assessment process and will utilize a standardized suicide assessment instrument, such as the Columbia-Suicide Severity Rating Scale (C-SSRS).

Student identification cards

The front or back of student identification cards will include the telephone number for the National Suicide Prevention Lifeline, and the social media platform, telephone number, or text number for at least one additional crisis resource selected by the superintendent pursuant to the available data regarding local school or community needs, including, but not limited to, the Crisis Text Line, a local suicide prevention hotline, or the National Teen Dating Abuse Helpline.

Each school year, the superintendent will confirm and report to the board that the contact information being printed on student identification cards is up to date and reflects the current contact information for crisis resources posted on the South Carolina Department of Mental Health's website.

Return to school after an attempt or suicide crisis

Depending upon the level of risk and severity of the suicidal behavior, the likelihood that a student may spend a duration of time absent from school during and immediately following a crisis is relatively high. Some students may need to receive inpatient or intensive outpatient services. The process for re-integration of students who have had some time away from school due to a moderate or acute suicidal crisis is more dynamic than for those categorized as low risk.

Prior to the re-entry day:

- A reintegration meeting will be scheduled to include the student's parent/legal guardian, school and/or district-level administrators, the Crisis Response Team Leader (CRTL), and the school counselor.

- A full mental health assessment of the student will be obtained, to include detailed information on testing administered, evaluation of tests and interviews, results/findings, interventions, and recommendations.

- A Suicide Care Plan (if not already in place) should be presented along with additional support services/accommodations as appropriate.

Re-entry meeting

The re-entry meeting will occur on the first day the student returns to school or to class. The meeting will be held between the student's parent/legal guardian, the student, the student's school counselor, and district staff or mental health professionals, as appropriate. The meeting will serve to review and update the student re-entry plan for the school environment as well as to identify any additional adults on campus that the student may wish to add as an additional protective factor. During this meeting, the participants will discuss potential triggers (e.g. anniversaries of losses/previous attempts), as well as strategies to reach out for assistance if suicidal thoughts become invasive or distracting during school hours.

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