

Illinois State Lab Schools Suicide Prevention Protocol

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Introduction

Protecting the health and well-being of students is in line with school mandates and is an ethical imperative for all professionals working with youth. Because it is impossible to predict when a crisis will occur, preparedness is necessary for every school district. According to the [Centers for Disease Control and Prevention \(CDC\) WISQARS Leading Causes of Death Reports](#), in 2017:

Suicide was the tenth leading cause of death overall in the United States, claiming the lives of over 47,000 people.

Suicide was the second leading cause of death among individuals between the ages of 10 and 34.

There were more than twice as many suicides (47,173) in the United States as there were homicides (19,510).

Youth suicide is preventable, and educators and schools are key to prevention.

Purpose

The purpose of this policy is to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The district:

1. recognizes that physical, behavioral, and emotional health are integral components of a student's educational outcomes,
2. further recognizes that suicide is a leading cause of death among young people,
3. has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
4. acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

National Suicide Prevention Line: Provides 24/7, free and confidential support for people in distress, prevention and crisis resources, and best practices for professionals. The number is 1-800-273-8255.

Crisis Text Line: Serves anyone, in any type of crisis, providing access to free 24/7 support via text. Text HOME to 741741 to reach a Crisis Counselor.

Definitions

1. **At-risk:** 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 or deterioration of a mental health condition. The student may have thought about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit 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.

2. **Crisis team:** A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take leadership roles 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.

3. **Mental health:** A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.

4. **Postvention:** Suicide postvention is 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.

5. **Risk assessment:** An evaluation of a student who may be at-risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment 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, level of hopelessness and helplessness, mental status, and other relevant risk factors.

6. **Risk factors for suicide:** Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment.

7. **Self-harm:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself, which can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

8. **Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

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.

9. **Suicide attempt:** A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.

10. **Suicidal behavior:** Suicide attempts, intentional 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.

11. **Suicide contagion:** The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

12. **Suicidal ideation:** Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

Risk Factors and Protective Factors

Risk factors for suicide are characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time.

The most frequently cited risk factors for suicide are:

- Major Depression (feeling down in a way that impacts your daily life) or Bipolar Disorder (severe mood swings)
- Problems with alcohol or drugs
- Unusual thoughts and behavior or confusion about reality
- Personality traits that create a pattern of intense, unstable relationships or trouble with the law
- Impulsivity and aggression, especially along with a mental disorder
- Previous suicide attempt or family history of a suicide attempt or mental disorder
- Serious medical condition and/or pain
- Presence of a firearm or rope
- Hopelessness
- Isolation or lack of social support

It is important to bear in mind that the large majority of people with mental disorders or other suicide risk factors do not engage in suicidal behavior.

Protective factors for suicide are characteristics or conditions that may help to decrease a person's suicide risk. While these factors do not eliminate the possibility of suicide, especially in someone with risk factors, they may help to reduce that risk. Protective factors for suicide have not been studied as thoroughly as risk factors, so less is known about them.

Protective factors for suicide include:

- Receiving effective mental health care
- Positive connections to family, peers, community, and social institutions such as marriage and religion that foster resilience
- The skills and ability to solve problems

Note that protective factors do not entirely remove risk, especially when there is a personal or family history of depression or other mental disorders.

Warning Signs

Warning signs are behaviors that may signal the presence of suicidal thinking. These might be considered “cries for help” or “invitations to intervene.” Warning signs indicate the need to inquire directly about whether the individual has thoughts of suicide or self-injury immediately.

Common warning signs include but are not limited to:

- Student makes a statement
 - “I wish I were dead.”
 - “If such and such don’t happen, I will kill myself.”
 - “What is the point of living?”
- Talking or writing about suicide in text messages, on social media, in chat rooms, in school assignments, in poems or music lyrics
- Looking for a way to attempt suicide, including trying to buy a gun, researching ways to die, or seeking and/or buying pills
- Rapid shift in mood or affect, from sullen or depressed to feeling “at peace”
- Giving away prized possessions and/or saying final goodbyes
- Increased or recent signs of depression or anxiety
- Making comments or off-hand remarks that the person feels like a burden
- Feeling trapped and unable to see a way out
- Neglecting personal appearance
- A drop in grades
- Increased absences

Assessment and Referral

When a student is identified by a staff person as potentially suicidal (i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers), the student will be seen by a school-employed mental health professional to assess risk and facilitate referral. If there is no mental health professional available, a school nurse or administrator will fill this role until a mental health professional can be brought in.

For youth at risk:

1. School staff will continuously supervise the student to ensure their safety.
2. The principal and school psychologist will be made aware of the situation as soon as reasonably possible.
3. The school psychologist or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases this will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.
4. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

Parental Notification and Involvement

In situations where a student is assessed at-risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, designee, or mental health professional.

If the student has exhibited any kind of suicidal behavior, the parent or guardian should be informed of "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the principal or school-employed mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the principal, 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. If contact is delayed, the reasons for the delay should be documented.

In-School Suicide Attempts

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

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
2. School staff will supervise the student to ensure their safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. The school-employed mental health professional or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
6. Staff will immediately notify the principal or school psychologist regarding in-school suicide attempts.
7. The school will engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

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 will:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the principal and school psychologist.

Note: If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

Re-Entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), the school psychologist, principal, or designee will meet with the student's parent or guardian and, if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. The school psychologist, administrator, or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
3. The designated staff person will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.

Postvention

1. **Development and Implementation of an Action Plan.** The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:
 - a. **Verify the death.** Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.
 - b. **Assess the situation.** The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
 - c. **Share information.** Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students, which should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The crisis

team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

- d. **Avoid suicide contagion.** It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high-risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.
 - e. **Initiate support services.** Students identified as being more likely to be affected by the death will be assessed by a school-employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small-group counseling, as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.
 - f. **Develop memorial plans.** The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.
2. **External Communication** The school principal or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:
- a. Keep the district suicide prevention coordinator and superintendent informed of school actions relating to the death.
 - b. Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
 - c. Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase "suicide epidemic" – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

Suicide is Preventable

Help Save a Life

Did You Know?

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| <ul style="list-style-type: none"> • Suicide is the 2nd leading cause of death for youth. • Most suicidal youth don't want to die; they are in pain and see no way out. • A previous suicide attempt is the largest predictor of suicidal behavior. | <ul style="list-style-type: none"> • LGBTQ youth are 4 times more likely to attempt suicide. • Over 25% of transgender youth have reported a serious suicide attempt. • We MUST take every threat seriously. |
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Risk Factors - DO NOT cause suicide. They CAN increase a student's risk for suicide.

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| <ul style="list-style-type: none"> • One or more suicide attempts • Loss of any kind • Mental illness • Alcohol or substance use • Bullying or harassment | <ul style="list-style-type: none"> • Friend or family completed suicide • History of abuse/trauma • Access to guns or lethal weapons • Lack of coping or problem solving skills • Not getting needed services |
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Warning Signs - What you might see or hear that indicates a student may be suicidal TODAY

Makes a statement

"I wish I were dead," "If such and such don't happen, I'll kill myself," "What's the point in living?"

Talking/writing about death or suicide

In text messages, on social media/ chat rooms, in school assignments, poems, or music

Looking for a way to attempt suicide

Looking for a gun, pills, or other means. Having a realistic plan about where to get the means.

Giving his/her possessions away

Rapid shift in mood/affect

From sullen or depressed to being happy or "at peace."

Other behaviors

- Signs of depression or anxiety
- Feeling like a burden
- Feeling trapped - no way out
- Drug/alcohol use increases or is excessive
- Neglecting appearance
- Drop in grades
- Increased absences

What to Do

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| <ul style="list-style-type: none"> • Listen to the student. Allow them to express their feelings. Listen for warning signs. • Ask direct questions. • Keep the student safe. | <p>National Suicide Prevention Lifeline-
1-800-273-8255
Crisis Text Line-
741741</p> |
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