

SJE Suicide Prevention Policy

I. Policy Statement

It is the responsibility of the St. John-Emmanuel Lutheran School to provide a safe, supportive, and culturally responsive school environment for all students. The St. John-Emmanuel Lutheran School Board believes that suicide is a preventable public health problem and acknowledges that all students have the right to be protected from those indicators that put students at higher risk for suicide. The board thus acknowledges the necessity of this policy to ensure school personnel have the procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

II. Purpose

- a. To protect the health and well-being of all St. John-Emmanuel Lutheran School students.
- b. To establish procedures to prevent, assess the risk of, intervene, and respond to suicide risk in students, staff, and volunteers and make referrals as needed.
- c. To educate all school personnel on their role in providing an environment that is sensitive to individual and societal factors and one which helps to foster positive youth development.
- d. To ensure that all efforts will be made to maintain the privacy and dignity of students and families.
- e. To identify the Suicide Prevention Coordinator and other lead personnel. The Suicide Prevention Coordinator (Principal)

The School Suicide Prevention Coordinator Designee(s) when the coordinator is not immediately available is the respective Building Assistant Principal.

III. Suicide

a. Definitions

i. **Crisis Team:** The primary focus of this team is to address crisis preparedness, intervention/response and recovery, including for suicide related situations. This team takes the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols. Crisis team members include: SJE Principal; Building Assistant Principals, Pastors of the SJE Association congregations as well as Cross Connections

ii. **Mental Health:** A state of mental and emotional wellbeing that can impact choices, actions, and relationships that affect wellness.

iii. Suicide Postvention:

A crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, connect survivors to the support resources needed to 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.

iv. Risk Determination/Assessment:

An evaluation of a student who may be at risk for suicide. An assessment by an appropriate SJE staff member 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, and level of hopelessness and helplessness, and other relevant risk factors.

v. Risk Factors for Suicide:

Characteristics or conditions that increase the chance that a person may try to take his/her life. Suicide risk tends to be highest when several risk factors are present at one time. Risk factors may include biological, psychological, and /or social factors in the individual, family and environment.

vi. Self-harm:

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

vii. 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.

viii. Suicidal Behavior: These behaviors include suicide attempts, intentional injury to self, associated with at least some level of intent, developing a plan or strategy for suicide, writing a suicide note, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

ix. 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.

x. 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 staff may state this as the cause of death. The parent(s) will be informed before the student's death is discussed as a suicide with the other students of the school.

xii. Suicide Prevention Coordinator (SPC): The SPC will serve as the point of contact in the school for issues relating to suicide prevention and policy implementation (including documentation); and will be the only SJE staff person authorized to respond to the news media requests for information. All staff members report students they believe to be at elevated risk for suicide to the SPC. In the absence of the SPC, the respective Building Assistant Principal would be the designee to receive information from staff members regarding students believed to

be at elevated risk for suicide; the Assistant Principals will refer news media requests to the Principal.

b. Risk Factors

The student:

- i. has made a previous suicide attempt(s);
- ii. 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;
- iii. has thought about the potential means of death and may have a plan;
- iv. may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain;
- v. has had a parent/guardian or other close family member die by suicide.

IV. Response Procedures

First responders/Staff:

a. School personnel may ask some initial screening questions, if appropriate, or make a referral to the suicide prevention coordinator for initial screening and assessment

i. Listen to the student with an open and non-judgmental stance; do not dismiss or undervalue what is being shared; be supportive and offer hope.

ii. It is ok to ask the student if he/she has been thinking about suicide.

b. Always take the threat of harm seriously.

c. Take immediate action, which may include calling 911 and/or local law enforcement if the student is in imminent danger.

d. Notify the Suicide Prevention Coordinator (Principal) so s/he can meet with the student and conduct a suicide risk assessment.

e. The student should NOT be left unsupervised.

f. Document date, time, individuals involved, summary of conversation, etc. and share with the Suicide Prevention Coordinator.

g. Following the referral, debrief with appropriate staff involved in the student's referral process (avoid sharing details that may be considered privileged communication or unnecessary details that the student may wish to remain private). The following should be conducted by the School Suicide Prevention Coordinator or designee:

i. Complete a Suicide Assessment to determine or confirm suspected suicide risk. (see Definition iv

j. Communicate with the student about contacting parents. Include the student in this conversation with the parent, when possible and appropriate.

k. Contact the parent/guardian when there is any risk of harm to inform of the situation and request active involvement in support of the student. The following should be addressed with the parent:

i. seriousness of the situation;

ii. do not assume the student is seeking attention;

iii. a list of community mental health agencies/counselors;

iv. information about when it is necessary to seek outside professional help;

v. the need for ongoing and continuous monitoring at home;

vi. increasing safety measures in the home, ensuring the home is free of potential safety concerns;

vii. the desire and importance of parents working collaboratively with the student;

viii. the need to follow a safety plan and update it as needed;

ix. a request for a release of information form so communication between the school and outside health provider and counselor(s) can take place to best support the student;

x. a request for the parent/guardian to sign a statement (signed by the Principal also) to stay in contact with the school and to be involved at the re-entry meeting for the student.

xi. when appropriate, assist family with urgent referral and/or calling emergency services;

xii. support for families who don't speak or understand English, require an interpreter, etc. It's important not to have the student or other family member translate.

l. If reasonable attempts to reach the parent/guardian or adult in whose custody the student may be released are not successful, the case will be treated as a medical emergency and arrangements will be made to contact appropriate medical services or local law enforcement. Documentation of all parties attempted to be reached will be made.

m. Failure on the part of the family to take seriously and provide for the safety of the student may be considered emotional neglect and reported to the Indiana Department of Child Services.

n. Develop a safety plan for the student. When possible, this should be developed collaboratively with the student, parent, and any other individual(s) determined to be appropriate (including counselors from outside the school i.e. Cross Connections). The plan should be shared with school administration and other personnel who will be involved in the implementation of the plan

o. Once imminent risk to harm oneself or others is shared, confidentiality is not maintained (no longer considered privileged communication). Inform the School Administrator regarding the imminent risk (danger to self and others), risk level, recommendations, and safety plan.

p. ALL actions and assessments must be documented. This should include screening and assessment results, behavioral observations; actions taken, including dates, times, individuals involved; a copy of the safety plan; phone calls; conversations; and follow-up actions. This documentation must be kept by the Suicide Prevention Coordinator in a secure file cabinet, separate from a student's cumulative folder or academic file. It is critical to keep this documentation separate, secure, and confidential.

q. The school administrator and suicide prevention coordinator should be informed regarding follow-up services, re-entry plan, and recommendations for the student to return to school.

V. Reporting to State Authorities

a. If after informing the parent of the situation, failure by the parent or the family to take seriously and provide safety for the student may be considered emotional neglect and may be reported to the Indiana Department of Child Services.

b. If it is determined by the Principal (SPC) or his/her designee that contacting the parent or guardian would endanger the health or well-being of the student, parent contact may be delayed as appropriate, and DCS and/or local law enforcement should be notified immediately. The SPC and SJE staff involved shall document reasons for which parents were not immediately notified and information that demonstrates the student's health or well-being was assumed to be in danger. The Principal or designee must stay at school with the student until the proper authorities arrive and assume responsibility for the child.

VI. Support for Students

a. The Principal shall maintain a current list of community-based mental health resources.

b. The Principal and teachers(s), will collaborate with the family and community resource(s) involved to prepare for re-entry and to continue to monitor the student's safety plan and additional supports needed.

c. Counseling / Pastoral Care

i. In-School:

1. The Principal and faculty are available to provide support that is considered normal expectations of a licensed teacher to students who are victims or alleged victims of abuse. The Pastors of the SJE Association congregations are available to provide Pastoral Care.

2. School employees should act only within the authorization and scope of their credential or license. Only those employees with counseling expertise should provide counseling services.

ii. Community

1. Community referrals may need to be made as necessary. The Principal will maintain a list of community resources available for the student and family.

2. A parent-signed release form shall be requested of the parents to allow communication with community counselors / therapists and medical personnel engaged by the parents.

d. The Crisis Team will meet for the purpose of providing services and supports to students in need. To the extent permitted by confidentiality laws, information may be shared and concerns discussed to coordinate planning services for the student. Appropriate school personnel may also request information outside of the team meeting to coordinate services that may be provided in the community.

e. Academic support will be available, if needed, for a child to continue to be successful in school.

f. In the case of a student suicide, postvention plans will be implemented.

VII. School Employee Training

a. Staff Training Required by Indiana Law

i. Per IC 20-28-3-6, after June 30, 2018, evidence-based youth suicide awareness and prevention training is required for all teachers, including Superintendent licensed under IC 20-28-5; principal; teacher; librarian; school counselor; school psychologist; school nurse; school social worker; and any other appropriate school employees who are employed at schools that provide instruction in any combination of grades 5-12. Training:

1. may include an in-person presentation or online;

2. shall count toward professional development requirements; and

3. must be demonstrated to be an effective or promising program and recommended by the Indiana Suicide Prevention Advisory Council.

4. will not be required for volunteers (school nurse; librarian, etc.)

ii. Suicide Training Required for Indiana Licensure: An initial teaching license (instructional, student services, or administrative) may not be issued at any grade level unless the applicant has completed education and training on the recognition of signs that a student may be considering suicide.

b. Additional training for the Suicide Prevention Coordinator

The SPC will participate in training on the following topics (the Building Assistant Principals may be requested to also participate in this additional training):

- i. Suicide Risk Assessment
- ii. Safety Planning
- iii. Community Resource Planning
- iv. Postvention

VIII. Resources
School Webpage

DOE Webpage

IX. History
Adopted: July 17, 2018

