

SUICIDE PREVENTION & TRAINING GUIDELINES

MISSISSIPPI SCHOOL OF THE ARTS

This policy was adapted from the *Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources* developed by The American Foundation for Suicide Prevention (AFSP), The American School Counselor Association (ASCA), the National Association of School Psychologists (NASP), and The Trevor Project.



Purpose

The purpose of this guidance document is to protect the health and well-being of all *Mississippi School of the Arts* students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The *Mississippi School of the Arts*:

(a) recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes;

(b) further recognizes that suicide is a leading cause of death among young people;

(c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide; and

(d) 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.

This document is meant to be paired with other policies supporting the emotional and behavioral health of students more broadly.

SCOPE

This procedure guideline covers actions that take place at Mississippi School of the Arts, on school property, at school-sponsored functions and activities, on school buses, and at school sponsored out-of-school events where school staff are present. This document applies to the entire school community, including *Mississippi School of the Arts* educators, school and district staff, students, parents/guardians, and volunteers. This document will also cover appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

PREVENTION

1. District Procedure Implementation: The Executive Director will serve as the district level suicide prevention coordinator. The district suicide prevention coordinator will be responsible for planning and coordinating implementation of the policy for the school district.

The Principal of *Mississippi School of the Arts* as well as the Director of Residential Life will serve as the school suicide prevention coordinator. He/she will act as a point of contact for issues relating to suicide prevention and policy implementation. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator(s).

2. Staff Professional Development: In compliance with Mississippi House Bill 263, *Mississippi School of the Arts* will train all school district employees in suicide prevention upon employment and an overview will be provided annually thereafter.

The professional development series contains information regarding groups of students at elevated risk for 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. *Mississippi School of the Arts* will also take into consideration any recent traumatic events that may increase the potential for suicide threats or completion and provide additional professional development as needed.

3. Publication and Distribution: *Mississippi School of the Arts* will distribute the district policy annually and it may be included student and teacher handbooks and the district/school website. *Mississippi School of the Arts* will include the National Suicide Prevention Lifeline's logo with phone number and website in distributions.

4. Suicide Prevention

MSA Crisis Manual has protocols for suicide ideations, attempts, and action which will be followed in any instance needed. For more information about services or if you or a loved one needs help, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), Department of Mental Health Helpline at 1-877-210-8513, or visit www.dmh.ms.gov/shatter-the-silence/

INTERVENTION

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 the suicide coordinator within the same school day to assess risk and facilitate further needs.

For youth at risk:

1. Staff should take all comments about suicidal thoughts seriously, especially if details of a suicide plan are shared.
2. School staff will continuously supervise the student to ensure their safety and alert the coordinator.
3. The executive director, principal, residential life director, nurse or designee will contact the student's parent or guardian and assist the family with urgent referral upon request. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases, will involve assisting parents with any needs they may have in recommending and working with outpatient mental health facilities 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.
5. Under no circumstances should an untrained person attempt to assess the severity of suicidal risk; all assessment of threats, attempts, or other risk factors must be left to the appropriate professionals.

In-School Suicide Attempts

When a student or staff member attempts to take his/her life or completes the act of suicide, either at school or in the community.

Attempt

1. Take the threat seriously and if necessary call 911.
2. Administer first aid if necessary.
3. Intervene as appropriate to prevent completion of suicide.

4. Obtain assurance from the person that (s)he will not harm (further harm if self-destructive actions have already taken place) themselves and direct someone else to seek medical help or professional assistance-do not leave student alone.
5. Secure area and prevent non-essential people from accessing location.
6. Prevent other students from witnessing a traumatic event.
7. Principal or Executive Director contact parent(s)/guardian(s), and school counselor(s) (for assistance in handling procedures if needed).
8. Engage support from MDE and counselor.
9. Executive Director convenes crisis response committee to:
 - alert counselors at schools where any siblings are enrolled;
 - inform staff who in turn will communicate information to student body;
 - prepare strategy in case other students attempt or complete suicide.
10. Remain calm and assure other students everything will be okay.
11. Permit students to leave school only with parental permission and carefully track attendance.
12. Directors keep an informal time and procedures log of crisis response activities.
13. Complete an incident report and file in Executive Director's office.
14. Debrief with crisis response committee and staff.

Completion

1. Directors will convene crisis response committee and:
 - contact law enforcement;
 - ensure family of deceased is notified through pre-established method;
 - alert counselor and nurse at schools where any siblings are enrolled;
 - inform staff who in turn will communicate information to student body;
 - prepare strategy in case other students attempt or complete suicide.
2. Hold faculty meeting as soon as possible to communicate next steps.
3. Permit students to leave school only with parental permission and carefully track attendance.
4. Engage support of counselors and any peer intervention or student assistance personnel.
5. If questioned by media, the Executive Director should state that law enforcement official are investigating an untimely death (do not give names or any personal information) and direct the media to the district superintendent for an official statement.
6. Executive Director or Principal keeps an informal time and procedures log of response activities.
7. Executive Director and Principal work with the School Counselor to initiate grief counseling plan as determined by need and severity of the situation.
8. Make home visits to affected families with counselor(s) or crisis committee members.
9. Relay information about wake(s) and funeral(s) to students, staff and community as it becomes available.
10. Complete an incident report and file in Executive Director's office.
11. Debrief with crisis response committee and staff.

OUT-OF-SCHOOL SUICIDE ATTEMPTS

When a school becomes aware that a student or staff member attempted suicide, the school must protect that person's right to privacy. Should a parent or other family member notify the school of a student's suicide attempt, the family should be referred to appropriate community agencies for support services. Staff response should be focused on quelling the spread of rumors and minimizing the fears of fellow students and staff.

As opposed to convening a Crisis Response Committee meeting and alerting the student body, any services provided to the person who attempted suicide must be kept confidential and coordinated with outside service providers, such as a suicide crisis counselor or hospital emergency committee.

If a *Mississippi School of the Arts* 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 executive director, principal, residential life director, nurse, or designee

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 executive director, the principal, residential life director, nurse, 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. A school administrator 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 on the *Mental Health Release Form* from the student's mental health care provider of choice 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.

PARENTAL NOTIFICATION AND INVOLVEMENT

In situations where a student is deemed 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 executive director,

principal, residential life director, nurse, or designee. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child – Region 8 or Emergency Department of the local hospital.

If the executive director, principal, residential life director, nurse, or designee 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.

POSTVENTION

1. Development and Implementation of an Action Plan: The crisis team will follow the crisis manual to implement the steps as directed. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death.

APPENDIX A

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 of 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 Created by the school district and comprised of a multidisciplinary team of primarily administrative, 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 the leadership role 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, and 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. 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 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 self that is associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for 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.

APPENDIX B



The National Suicide Prevention Lifeline (NSPL) is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. NSPL is committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.



MOBILE CRISIS RESPONSE TEAMS

CMHC	AGENCY CRISIS NUMBER	CMHC	AGENCY CRISIS NUMBER
Region 1	1-888-404-8002	Region 9	601-955-6381
Region 2	1-866-837-7521	Region 10	1-800-803-0245
Region 3	1-866-255-9986	Region 11	1-877-353-8689
Region 4	1-888-287-4443	Region 12	1-888-330-7772
Region 6	1-866-453-6216	Region 13	1-800-681-0798
Region 7	1-888-943-3022	Region 14	1-866-497-0690
Region 8	1-877-657-4098	Region 15	Warren: 601-638-0031 Yazoo: 662-746-5712

WHAT TO DO IF SOMEONE YOU CARE ABOUT MAY BE CONSIDERING SUICIDE:

ACT®: ACKNOWLEDGE, CARE, AND TREATMENT

- ACKNOWLEDGE**
Take warning signs seriously.
- CARE**
Be willing to listen.
Let the person know you understand and that they are not alone.
- TREATMENT**
Encourage them to get help immediately.
You can contact the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**. You can also call 911 or assist them with getting to the nearest emergency room.

