

POLICY TITLE: SUICIDE AND MENTAL HEALTH

SUICIDE

Every adult, especially an educator, has a duty to try to prevent a student from attempting suicide. However, absent the teacher's or school agency's knowledge of direct evidence of such suicidal tendencies, neither the school agency nor the teacher has a duty to warn of the suicidal tendencies of a student. The Board directs the Superintendent or his or her designee to draft and implement procedures relating to:

1. Suicide prevention;
2. Suicide intervention; and
3. Suicide postvention.

"Postvention" shall mean counseling or other social care given to students after another student's suicide or attempted suicide.

These procedures may include, but are not limited to, the following measures:

1. Prevention:

- a. Offering and providing help and assistance, including early identification;
- b. Support and/or counseling by school support personnel for low-risk students;
- c. Referral to appropriate sources outside the school for high and moderate-risk students;
- d. The designation of an Agency-level suicide prevention coordinator(s) by the Superintendent to be responsible for planning and coordinating the implementation of procedures addressing suicide;
- e. Encouraging staff to report to the coordinator students they believe may be at elevated risk of suicide;
- f. Education of students on suicide prevention through age-appropriate curriculum;
- g. Small group suicide prevention programming;
- h. Additional training on suicide prevention for all staff for whom such training is deemed necessary; and
- i. Offering resources to parents/guardians on suicide prevention.

2. Intervention:

- a. Contacting the parents/guardians of students identified as at imminent risk of suicide;
- b. Contacting emergency services to assist a student who is at imminent risk of suicide;

- c. Providing first aid until emergency personnel arrive, as appropriate;
- d. Moving other students away from the immediate area of any suicide attempt on Agency property or at an Agency event.

3. Postvention:

- a. After care support by the school for faculty, staff, and students after a sudden death has occurred;
- b. The development of a plan for responding to a death by suicide that has a significant impact on the school community;
- c. Notification of the suicide prevention coordinator, if applicable;
- d. The creation of a crisis team to respond to deaths by suicide that have a significant impact on the school community;
- e. Contacting the State Department of Education to report any student deaths by suicide and to seek postvention assistance and/or resources;
- f. Offering mental health services to students likely to be strongly affected by a recent death; and
- g. Appointing a spokesperson to handle inquiries related to issues involving suicide in the Agency.

Agency personnel shall attend to the rights of the student and his or her family.

The Agency shall comply with all requirements of State law and administrative rules for training by personnel on suicide prevention and awareness.

THE SUICIDE RISK ASSESSMENT PROCESS

When a credible threat of suicide is discovered by any Agency personnel, the building principal or designee may initiate the suicide prevention procedures, which include:

A. IN-SCHOOL SUICIDE ATTEMPTS

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

- School staff shall supervise the student to ensure their safety.
- Staff shall move all other students out of the immediate area as soon as possible if needed.
- Staff shall immediately notify the Principal and/or Psychologist regarding the incident of in-school suicide attempt.
- The school psychologist or principal shall contact the student's parent or guardian.
- The school psychologist shall administer a mental health and/or suicide risk assessment for the student as soon as possible.
- A safety plan may be implemented for student.

Since self-harm behaviors are on a continuum of level and urgency, not all instances of suicidal ideation or behavior warrant hospitalization. A mental health assessment, including a suicide risk assessment, can help determine the best treatment plan and disposition.

B. 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 shall:

- Call 911 (police and/or emergency medical services)
- Inform the student's parent or guardian
- Inform the school psychologist and principal

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

RE-ENTRY PLAN FOR MENTAL HEALTH PURPOSES

Form 3530-1 shall be used for student re-entry after any mental health-related absence, including suicide-related.

THREATS TO SELF OR OTHERS

Threat assessments conducted by the **COSSA Academy school counselor, or one of the COSSA school psychologists if counselor is unavailable**, can aid administration in determining if a student is a threat to themselves or others. Administration will err on the side of safety in ordering a threat assessment of a student whose violence, suicidal ideation, or anti-social behavior may become a threat to themselves or other's safety. Form 3530-2 will be used as a template for threat assessments conducted at COSSA.

LEGAL REFERENCE:

IC 33-1612	Thorough System of Public Schools
I.C. § 33-136	Suicide Prevention in Schools
I.C. § 33-512B	Suicidal Tendencies – Duty to Warn
I.D.A.P.A. 08.02.03.160	Safe Environment and Discipline

POLICY HISTORY:

Adopted: December 21, 2020
Reauthorized: February 17, 2021
Revised: February 23, 2022

Form 3530-1
Student Re-Entry Plan for Mental Health Purposes
Canyon Owyhee School Service Agency (COSSA)

Student Name: _____ **School:** _____ **Grade:** _____ **Date:** _____

Parent Guardian Information

Name of Parent/Guardian receiving/signing form: _____

Parent/Guardian contact phone number: _____

Parent/Guardian email address: _____

Re-Entry Information

The following information needs to be completed by the parent/guardian prior to student re-entry:

1. After leaving school, student was:
- | | |
|---|---|
| <input type="checkbox"/> Taken to emergency room | <input type="checkbox"/> Admitted to Hospital. Length of Stay _____ |
| <input type="checkbox"/> Taken to outside counselor | <input type="checkbox"/> Seen by Primary Care Provider |
| <input type="checkbox"/> Taken home | <input type="checkbox"/> Other: _____ |

Result of Intervention: _____

2. Student is under the care of a physician or mental health therapist: ☐ Yes ☐ No
3. Student is taking prescription medicine ☐ Yes ☐ No
- If "Yes", name of medication(s): _____
4. Release of Information Form signed and attached: ☐ Yes ☐ No
5. Any additional information the school counselor/school psychologist should be aware of? (Examples include: drug use, risky behaviors, self-harm, mental health diagnosis, social media concerns, etc.)

Safety Plan

It is the agency requirement that students re-entering school after being identified and/or receiving intervention for any level of suicidal risk (imminent, high, medium, or low) have a Safety Plan in place to help ensure their safety in the event of future suicidal ideations and crisis.

Is there a current Safety Plan in place and has it been reviewed with the student? ☐ Yes ☐ No
(If Yes, please attach. If No, a Safety Plan will need to be developed)

Parent/Guardian Permission

My signature below indicates I give permission for my student to return to school and for the counselor/administrator to share information with my student's teachers in order to help ensure their safety at school.

Parent/Guardian Signature

Date

Counselor and/or School Psychologist Verification

My signature below verifies that I have met with the student and parent/guardian to discuss the student's safe re-entry and that a Safety Plan has been developed, agreed upon and is currently in place for the student.

Counselor and/or School Psychologist Signature

Date