POLICY
RHODE ISLAND SCHOOL FOR THE DEAF
BOARD OF TRUSTEES

SUICIDE PREVENTION and RESPONSE

Purpose
The purpose of this policy is 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. The School:

(a) recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes,
(b) recognizes that suicide is a leading cause of death among young people,
(c) further recognizes that deaf and hard of hearing youth can often experience social and linguistic isolation at home and in the community. Evidence of this is even higher during holidays and summer,
(d) recognizes that there exists increased difficulties for deaf people in accessing mental health and social care services. These factors may put deaf individuals at greater risk of suicide than the general population.
(e) has an ethical responsibility to take a proactive approach in preventing deaths by suicide,
(f) 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 to foster positive youth development.

Toward this end, this policy is meant to be paired with other policies supporting the emotional and behavioral health of students.

Parents/ Guardians

Parents and guardians play a key role in youth suicide prevention, and it is important for the School to involve them in suicide prevention efforts. Parents/ guardians need to be informed and actively involved in decisions regarding their child's welfare. Parents and guardians who learn the warning signs and risk factors for suicide are better equipped to connect their children with professional help when necessary.

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. **Student 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 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, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and genes.

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 nurse, 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 (sometimes self-soothing) or suicidal. Although self-harm often lacks suicidal intent, studies indicate that youth who engage in self-harm are more likely to attempt suicide in later years.

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. Additionally, parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

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 a 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 a 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.

Warning signs to watch out for if staff is worried about suicide, may include the following:

- Isolation from friends and family
- Sustained withdrawal from previously preferred activities
- Problems eating or sleeping
- Mood swings
- Reckless behavior
- Dropping grades
- Increased use of alcohol or drugs
- Giving away belongings
- Talking about feeling hopeless or trapped
- Talking about being a burden to others or not belonging
- Talking about suicide or wanting to die
- Writing or drawing about suicide, or acting it out in play

Student populations that are at elevated risk for suicidal behavior based on various factors

1. *Youth living with mental and/or substance use.*
   Mental disorders, in particular depression or bi-polar (manic-depressive) disorder, alcohol or substance abuse, schizophrenia and other psychotic disorders, borderline personality disorder, conduct disorders, and anxiety disorders are important risk factors for suicidal behavior among young people.

2. *Youth who engage in self-harm or have attempted suicide.*
   Whether or not they report suicidal intent, people who engage in self-harm are at elevated risk for dying by suicide.

3. *Youth in out-of-home settings such as the juvenile justice or child welfare systems*.

4. *Youth experiencing homelessness.*
   These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder.

5. *American Indian/Alaska Native (AI/AN) youth.*

6. *LGBTQ (lesbian, gay, bisexual, transgender, or questioning) youth.*
   The CDC finds that LGBT youth are four times more likely, and questioning youth are three times more likely, to attempt suicide as their straight peers.

7. *Youth bereaved by suicide loss of a friend or loved one.*

8. *Youth living with medical conditions and disabilities that are chronic, disfiguring, or involve spinal cord injuries.*
   Studies show that young people with severe asthma also report high incidences of suicide ideation.

Assessment and Referral

When a student is identified by a peer, educator or other source as potentially suicidal — i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation — the student shall be seen by a school-employed mental health professional, such as a school psychologist, school counselor, school social worker, within the same school day to assess risk and facilitate referral if necessary.

Educators shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidences require immediate referral to the appropriate school-employed mental health professional. If there is no mental health professional available, a

designated staff member (e.g., school nurse or administrator) shall address the situation according to district protocol until a mental health professional is brought in.

In-School Suicide Attempt or Threat

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 immediately notify the School Student Crisis Team regarding in-school suicide attempts. If appropriate, The Team will immediately conduct a mental health assessment for the youth.

4. Staff will move all other students out of the immediate area as soon as possible.

5. If a determination is made to call 9-1-1, the hospital will be informed that ASL interpretation will be needed as soon as possible.

6. The school employed mental health professional or administrator will contact the student's parent or guardian.

7. The school will engage the Crisis Team to assess whether additional steps should be taken to ensure student safety and well-being and to gather any threat assessment documents that will accompany the student.

External Communication
The School Director or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson and will not answer questions themselves.

Out-of-School Suicide Attempt or Threats
PARENTAL NOTIFICATION AND POLICE INVOLVEMENT

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. Call ahead to the hospital to ensure ASL interpretation is secured.
3. Inform the student's parent or guardian.
4. Inform the school suicide prevention coordinator and administration.

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 Procedures
For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), the re-entry should be carefully planned to allow for safety and dignity.
A school employed mental health professional, the 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 positive return to school.
Staff who work directly with this student should be aware of accommodations that have been agreed to that will help the student re-enter successfully.

1. A school employed mental health professional 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 student to help the student readjust to the school community and address any ongoing concerns.

On-going Student Learning
Students will also learn about recognizing and responding to warning signs of suicide in friends, using coping skills, using support systems, and seeking help for themselves and friends. This will occur in all health classes and CSC classes. Opportunities to further discuss suicide and to review helpful responses will occur regularly, through activities led by the School Counselor.

All students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help.

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Second Reading: October 9, 2019
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