

## **STUDENT SUICIDE PREVENTION – POLICY 5350**

### Introduction

Suicide is among the leading causes of death among young people ages 10-19, and therefore, it is critically important that schools have policies and procedures in place that address the emotional and social needs of all students. Youth suicide is preventable but it requires a proactive and systematic response from schools, families and the community as a whole. 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 District of Monroe:

- recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes,
- further recognizes that suicide is a leading cause of death among young people,
- has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
- 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.

## School Staff Education

Pursuant to Wisconsin State Statute 115.365, the School District of Monroe will annually inform their professional staff of the resources available from the Wisconsin Department of Public Instruction and other sources regarding suicide prevention.

## Parent/Guardian Education

It is essential that parents/guardians receive information that can help them monitor and evaluate the safety of their children. Parents/guardians who learn the warning signs and risk factors for suicide are better equipped to connect their children with professional help when necessary. The District will annually share information regarding risk factors, protective factors and resources for suicide prevention.

# **Risk Factors and Protective Factors**

Risk Factors for Suicide are characteristics or conditions that increase the chance that a person may try to take her or his 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
- Being part of a high-risk population

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.

It is important for school districts to be aware of student populations that are at elevated risk for suicidal behavior based on various factors:

A. Youth living with mental disorders and/or substance use. While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than ninety percent (90) percent of deaths by suicide. 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. The majority of people suffering from these mental disorders are not engaged in treatment, therefore school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk.

- B. Youth who engage in self-harm or have attempted suicide. Suicide risk among those who engage in self-harm is significantly higher than the general population. Whether or not they report suicidal intent, people who engage in self-harm are at elevated risk for dying by suicide within 10 years. Additionally, a previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not receive necessary follow up care.
- C. Youth in out-of-home settings. Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people involved in the juvenile justice system die by suicide at a rate about four times greater than the rate among youth in the general population. Though comprehensive suicide data on youth in foster care does not exist, one researcher found that youth in foster care were more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care.
- D. Youth experiencing homelessness. For youth experiencing homelessness, rates of suicide attempts are higher than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth have had some kind of suicidal ideation.
- E. American Indian/Alaska Native (AI/AN) youth. In 2009, the rate of suicide among AI/AN youth ages 15-19 was more than twice that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma.
- F. The CDC finds that LGBTQ youth are four times more likely, and questioning youth are three times more likely, to attempt suicide as their straight peers. The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and report having made a suicide attempt. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental disorder), these experiences can place them at increased risk. It is these societal factors, in concert with other individual factors such as mental health history, and not the fact of being LGBTQ which elevate the risk of suicidal behavior for LGBTQ youth.
- 7. Youth bereaved by suicide. Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are at increased risk for suicide themselves.
- 8. Youth living with medical conditions and disabilities. A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem-solving a challenge, and other chronic limitations. Adolescents with

asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

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.

#### **Suicide Prevention Resources**

Green County Crisis Line: 1-888-552-6642

Suicide Prevention Hotline: 1-800-273-8255

Suicide Prevention Lifeline: <u>https://suicidepreventionlifeline.org/</u>

National Institute of Mental Health: <u>https://www.nimh.nih.gov/health/topics/suicide- prevention/index.sh</u> <u>tml</u>

The Trevor Project: <a href="http://www.thetrevorproject.org/">http://www.thetrevorproject.org/</a>

Wisconsin Department of Public Instruction: <u>https://dpi.wi.gov/sspw/mental-health/youth-suicide-prevention</u>

## **Assessment & 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 within the same school day 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.

The following are the steps that will be taken for a student that has been determined to be at risk of suicide:

- A. School staff will continuously supervise the student to ensure their safety.
- B. The Building Administrator and the Director of Pupil Services will be made aware of the situation as soon as reasonably possible.
- C. The school employed mental health professional or Building Administrator will contact the student's parent or guardian, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local hospital Emergency Room, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.
- D. Staff will ask the student's parent/guardian for written permission to discuss the student's health with outside care, if appropriate.
- E. Staff will develop a plan of care with parent/guardian and any appropriate community resources. The plan should include ongoing support from school mental health professionals. Staff should consider scheduling follow-up meetings with the student on a monthly basis for the next three months to determine if any additional support is necessary.

## **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/guardian will be informed as soon as practicable by the Building Administrator, designee, or mental health professional. If the student has exhibited any kind of suicidal behavior, the parent/guardian should be counseled on "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 Building Administrator or school employed mental health professional will assess whether there is further risk of harm due to parent/guardian

notification. If the Building Administrator, designee, or mental health professional believes, in their professional capacity, that contacting the parent/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.

T.C. 11/14/22