

Book Policy Manual

Section 5000 Students

Title SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION

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895.48(1), Wis. Stats. (Liability Exemption)

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5350 - SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION

The Board recognizes that suicide is a leading cause of death among youth and must be taken seriously. In order to attempt to reduce suicidal behavior and its impact on students and families, the District Administrator shall develop prevention, intervention, and postvention strategies and procedures.

The District Administrator may involve school health professionals, school counselors, administrators, other staff, parents/guardians, students, local health agencies and professionals, and community organizations in planning, implementing, and evaluating the district's strategies for suicide prevention, intervention, and postvention.

The District's comprehensive health education program shall promote the healthy mental, emotional, and social development of students including, but not limited to, the development of problem-solving skills, coping skills, and self-esteem. Suicide prevention instruction shall be incorporated into the health education curriculum in the secondary grades. Such instruction shall be aligned with state content standards and shall be designed to help students analyze signs of depression and self-destructive behaviors, including potential suicide, and to identify suicide prevention strategies.

The District Administrator may offer parents education or information which describes the severity of the youth suicide problem, the district's suicide prevention curriculum, risk factors and warning signs of suicide, basic steps for helping suicidal youth, and/or school and community resources that can help youth in crisis.

Prevention and Instruction

Using the Department of Public Instruction notice, the District Administrator shall annually inform the professional staff of the resources available from the Department and other resources regarding suicide prevention.

Suicide prevention strategies may include, but not be limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with the school and is characterized by caring staff and harmonious interrelationships among students.

Developmentally appropriate, student-centered education materials will be integrated into the curriculum of all K-12 health classes. The content of these materials will:

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- A. encourage positive social and emotional development.
- B. teach life skills such as problem-solving and sound decision-making.
- C. provide knowledge of the relationship between youth suicide and the use of alcohol and controlled substances.
- D. promote awareness of the warning signs of suicide, how to respond to potential suicidal persons and available community counseling and mental services.
- E. stress the importance of safe and healthy choices and coping strategies.
- F. instruct how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others.
- G. facilitate help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help. In addition, schools may provide supplemental small group suicide prevention programming for students.

Suicide Intervention; Civil Liability Exemption

Any School District officer, employee, or volunteer who in good faith attempts to prevent suicide by a student is immune from civil liability for their acts or omissions in respect to the suicide or attempted suicide.

Postvention

The Board recognizes that the death of a staff member or student, whether by suicide or other means, that affects the entire school and community. In the event of a staff member or student's death, it is critical that the school's response be swift, consistent, and intended to protect the student body and community.

Confirming the News and Convening the Education Support Team

Upon receiving news of a student's or employee's death, including an unconfirmed rumor, a staff member must immediately contact the Principal, and/or designee. Contact must be made whether this is during or outside school hours.

The High School Counselor and/or District Administrator will:

- A. contact the District Administrator and/or Board President.
- B. contact key staff who will comprise the support team; i.e., teaching and classified staff, parents, students, and/or community members.
- C. compose a potential "shared statement" for students and staff so the same message is disseminated to everyone. This statement should not be read over the intercom but delivered in person by a teacher who has a relationship with the students. This is very important in grades where the deceased student had close connections to his/her classmates.
- D. compose a potential public statement to notify the community at large what the school is experiencing and that the school is focused on providing support to the students. This may be beneficial in the event that the matter becomes publicly discussed, including on social media.
- E. will convene the educational support team which may include:
 - 1. administrators
 - 2. school counselor(s)
 - 3. school psychologist(s)
 - 4. social worker(s)

In the case of a death by suicide, other concerns such as the prevention of suicide contagion will be taken into account. Suicide contagion is the process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

T.C. 10/12/22



WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Annual Model Notice For Youth Suicide Prevention

Spring 2024

Youth Suicide Prevention Resources are Available

To get updated information on suicide prevention, intervention, and postvention resources, visit <u>DPI's website</u>. There are online training modules, a downloadable document on suicide prevention requirements in state law, a fact sheet on youth suicide, and an updated suicide prevention curriculum for students. Other resources include suggestions for school board policy, strategies on suicide interventions, memorial suggestions, and other topics.

Resources for emergency situations:

988

Dial for immediate assistance in a suicide or mental health crisis.

HOPFLINE

Text "HOPELINE" to 741741 or visit https://www.centerforsuicideawareness.org/hopeline.

TREVOR PROJECT

Text them at 678-678. Call them at 1-866-488-7396. Visit thetrevorproject.org.

Resources for non-emergency situations:

WI Safe and Healthy Schools Training Center www.wishschools.org

Prevent Suicide Wisconsin www.preventsuicidewi.org

Suicide Prevention Resource Center www.sprc.org

American Foundation for Suicide Prevention https://afsp.org/

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When youth are facing what they believe is a crisis and exhibit signs or symptoms of suicide, be sure they are not left alone or sent home without supervision!

Know the Signs

Suicide doesn't usually happen out of the blue—most often, there are signs or symptoms for others to see or hear. Get the **FACT**s and know the signs of suicidal thinking in your students, friends, and family members. (see FACTs chart on right.)

Suicide is a Complex Problem

Multiple factors are involved when someone dies by suicide. Oversimplifying the reasons someone takes their own life is not helpful. For instance, saying bullying "caused" someone to end their life is not accurate. Not all bullying victims kill themselves. Research suggests many factors contribute to suicide. These include biological factors, social determinants of health, precipitating factors, and triggering events. Examples of biological factors and social determinants of health include mental illness, losing a family member to suicide, neighborhood violence, or food security. Precipitating factors include poor grades, attending an unsafe school, victimization, or family rejection. Crisis/triggering events include experiencing a major loss, humiliation or bullying, and having access to lethal means. Suicide is a complex problem that is often misunderstood when oversimplified. *From*: American Association of Suicidology (AAS) webinar January 2011.

Identifying the factors of disproportionate risk for youth suicide is vital to prevention.

The most common mental illness leading to suicide is depression. It is also the most treatable!

Youth identifying as Lesbian, Gay, or Bisexual (LGB): for the past several years, Youth Risk Behavior Survey (YRBS) results have shown almost half of LGB youth seriously considered suicide and are 3.5 times more likely to attempt suicide than their non-LGB peers.

Female youth: YRBS trend data has also indicated an increasing number of female students ages 16-17 years old experienced being so sad or hopeless every day for 2 weeks in a row or more that they stopped doing usual activities.

Lethal means safety can save lives.

(see Means Matter and Be Smart for Kids)

Encouraging secure storage of all lethal means is a critical prevention strategy, and reducing access provides the most significant reduction in youth suicide rates. Most often, youth who attempt suicide use a gun or drugs kept in the home. Do not allow youth to have unsupervised access to firearms and dangerous medications. (continued on page 3)

SUICIDE PREVENTION SIGNS or SYMPTOMS (FACTS)

FEELINGS

- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Feeling trapped like there's no way out
- Having no sense of purpose in life

ACTIONS

- Acting reckless or engaging in risky activities
- Withdrawing from friends, family, society, and typical activities
- Increased use of alcohol or drugs
- Giving away prized possessions

CHANGES

- Decline in quality of schoolwork
- Dramatic mood changes
- Anxiety, agitation, change of eating/sleeping habits

THREATS

Threatening/talking about hurting self

From American Association of Suicidology



Suicide is a Complex Problem (cont'd)

What can you do if you are concerned about a student?

Suicide is a permanent solution to a temporary problem; but for kids their problems can seem endless. If we can get them through the crisis, there is a 90 percent chance that they will never attempt suicide. Teachers, other school staff, student peers, and family members are well-positioned to observe individual behaviors and respond using the IACTT model, if they suspect that a student may be considering self-harm. IACTT stands for Identify, Ask, Communicate, Take action, and Take care.

Identify the signs and symptoms of someone who is struggling with their mental health. Reaching out to others with an empathetic "I'm sorry to hear about this. It sounds really hard." can be the first step in helping them through their crisis.

Ask questions to learn more about what is going on and ask if the person is thinking about suicide. Use open questions (Like "Tell me what's going on.") to gather information and context. Don't be afraid to ask the hard question!

Communicate care and compassion for the student by taking the next step. Use words like: "I'm worried about you. I don't want anything bad to happen to you or for you to be hurt."

Take action and tell a member of your crisis team. "Let's go talk with someone in the counseling office."

Take care of yourself. You may need support, if you help someone in crisis.



Text HOPELINE to 741741



Common Concerns

What if I make a mistake? Can I be sued?

State law insulates all public and private school district employees and volunteers from civil liability for their acts and omissions when trying to intervene in a student's possible suicide.

Lawmakers found it so important that adults take action when a student is suicidal that they protected those adults from any civil liability for their intervention efforts.

Does asking about suicide cause a student to attempt it? No. This issue has been thoroughly studied. By asking a student about suicidal intent, you are offering to help them. Please do your best to reach out to students. Don't be afraid to ask the question, "Are you thinking about hurting or killing yourself?"



Seeing Urgent Signs or Symptoms? Here's What to Avoid

All children and adolescents can experience moodiness and will take time to ask life's big questions. Since they lack the perspective of time, they can become overwhelmed. The best roles for teachers are to support students, and if you see the signs or symptoms of suicide, use IACTT. Some of the statements below might make perfect sense for students who aren't suicidal; but when kids are in crisis, these things can make it worse.

Here are some actions and words to avoid when you see the urgent warning signs and positive, alternative options:

Don't Shame - Validate

NOT: "You've got to get over this. It's not a big deal."

RATHER: "You seem to be struggling with something. How can I help?"

NOT: "You're too sensitive. Grow up!"

RATHER: "I can tell something's really bothering you. What's up?"

Don't Delay - IACTT

When you see urgent signs or symptoms, get help immediately. Don't wait.

Don't Blame - Support

NOT: "If you wanted a better grade, you would've worked harder." RATHER: "You seem disappointed in yourself. How can we do better?" NOT: "Maybe changing your attitude would get you more friends." RATHER: "Tell me what you look for in a friend. How can that be you?"

Don't Give Up - Persevere

Suicide is NOT a destiny—when people make it through the suicidal crisis, they usually go on to live healthy, productive lives!

Don't Do It Alone - It Takes a Village

Enlist other pupil services staff, administration, or the student's family to help you!

This publication is available from:
Division for Learning Support
Student Services/Prevention and Wellness
608-266-8960
dpi.wi.gov/sspw/mental-health/youth-suicide-prevention

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