



GUIDELINE ON SUICIDE PREVENTION

PURPOSE

This policy is adopted pursuant to 14 Del. C. § 4124. The purpose of this policy is to protect the health and wellbeing of Odyssey Charter students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. Odyssey Charter: a) recognizes that physical, behavioral, and emotional health is an integral component of student educational outcomes; b) recognizes that suicide is a leading cause of death among young people, and c) acknowledges an ethical responsibility to take a proactive approach in preventing deaths by suicide and 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.

SCOPE

This policy covers actions that take place in the school, on school property, and at school sanctioned or supervised activities, including, for example, on school grounds, on school buses, at bus stops, at functions held on school grounds, at extra-curricular activities held on and off school grounds, at school sponsored out-of-school events where school staff are present, and at functions held at the school in the evening. This policy applies to the entire school community, including educators, school staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

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. 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 support 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. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm, and reduce the long-term risk of a future suicide attempt.
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.
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 and 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 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.

PREVENTION

1. **Policy Implementation.** A Dean from each building shall designate a building level suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide

prevention and policy implementation. Staff members shall report students they suspect there to be at elevated risk for suicide to the school suicide prevention coordinator.

- 2. Staff Professional Development.** All staff must complete the state mandatory suicide prevention training provided by the state in adherence to the state requirements. In addition to this professional development will be provided to staff on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention.

Professional development will include additional 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.

Additional professional development in risk assessment and crisis intervention may be provided to school employed mental health professionals and school nurses.

- 3. Youth Suicide Prevention Programming.** Developmentally appropriate, student-centered education materials will be integrated into the curriculum of all K-12 health classes. Prevention curriculum will be reviewed by a team of school personnel and a recommendation to the Head of School or his/her designee for alignment and approval. The content of these age-appropriate materials will include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.

- 4. Publication and Distribution.** This policy will be distributed annually and included in all family and employee handbooks and on the school website.

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 a 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.

For youth at risk:

1. School staff will locate the individual and arrange for continuous supervision of the student to ensure the student's safety.
2. The Head of School, building level Dean, or administrator designee and building level suicide prevention coordinator will be made aware of the situation as soon as reasonably possible. The appropriate staff or agency provider will determine risk and intervention needed by interviewing

the student and gathering appropriate supportive documentation from the teachers or other witnesses.

3. The mental health professional or Dean will contact the student's parent or guardian and will assist the family with urgent referral. The recommendations made to the parent or guardian will be provided in writing (via email or memo) and a copy will be maintained in a secure and appropriate location. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, 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.
4. Staff will obtain from the student's parent or guardian written permission to discuss the student's health with outside care, if appropriate.
5. If the student is assessed to be at risk for suicide, the school employee who conducted the interview will contact the State of Delaware Mobile Crisis for Children and request an on-site assessment.

* If the student is the age of 18 or older and no guardianship is in place the student must provide consent for school to release information to the parent or guardian

IN-SCHOOL SUICIDE ATTEMPTS

In the case of an in-school suicide attempt:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following school emergency medical procedures.
2. School staff will supervise the student to ensure his/her safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. The school employed mental health professional, Head of School, or Dean will contact the student's parent or guardian.
6. Staff will immediately notify the Head of School, building level Dean, and the building level school suicide prevention coordinator regarding in-school suicide attempts.
7. The Head of School or Dean will initiate as necessary the crisis team to assess whether additional steps will be taken to ensure students' safety and well-being.
8. A crisis team member will document in writing all actions taken and recommendations. If the student is known to be currently in mental health treatment/counseling, a crisis team member will attempt to inform their treatment provider of what occurred and the actions taken.

9. If the student made a non-life-threatening attempt, The school employed mental health professional, Head of School, or Dean will contact the State of Delaware Mobile Crisis for Children and request an on-site assessment unless other emergency mental health response is available.

* If the student is the age of 18 or older and no guardianship is in place the student must provide consent for school to release information to the parent or guardian

RE-ENTRY PROCEDURE

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school employed mental health professional and the building level dean will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps and supports to ensure the student's readiness and safety for return to school.

1. A school employed mental health professional will 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.
4. The school-employed mental health professional shall check-in with the student and the student's parents or guardians at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time period (e.g. for a period of three months).
5. The administration shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically-related absence and may need adjusted deadlines for assignments. The school-employed mental health professional shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

* If the student is the age of 18 or older and parent does not have guardianship the student must provide consent for school to release information to the parent or guardian

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 will:

1. Inform the student's parent or guardian.
2. Call 911 and Crisis Intervention.
3. Inform the Head of School, building level suicide prevention coordinator and building level dean.

If the student contacts the staff member and expresses suicidal ideation, the staff member will maintain contact with the student (either in person, online, or on the phone). The staff member will then enlist the assistance of another person to call 911 and the parents while maintaining verbal engagement with the student.

* If the student is the age of 18 or older and no guardianship is in place the student must provide consent for school to release information to the parent or guardian

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 or guardian will be informed as soon as practicable by the dean, designee, or mental health professional. If the student has exhibited any kind of suicidal behavior, the parent or guardian will 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 Head of School, building level dean, or school employed mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the Head of School, building level Dean, or mental health professional 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 will be documented.

* If the student is the age of 18 or older and no guardianship is in place the student must provide consent for school to release information to the parent or guardian

POSTVENTION

- 1. Development and Implementation of an Action Plan.** The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan will take place immediately following news of the suicide death. The action plan may include the following steps:
 - a. Verify the death.** The Head of School or designee will confirm the death and cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it will not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death.
 - b. Assess the situation.** The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to identify students most likely to be affected. The crisis team will also consider other recent traumatic events within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
 - c. Share information.** Before the death is officially classified as a suicide by the coroner's office, the Head of School or Dean shall report the death to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. The Head of School shall write a statement for staff members to share with students. The statement will include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies will be avoided. The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information

about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

- d. Avoid suicide contagion.** It will be explained in the staff meeting described above that one purpose of trying to identify and give services to other high-risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.
 - e. Initiate support services.** Students identified as being more likely to be affected by the death will be assessed by a mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.
 - f. Develop memorial plans.** The school will not create on-campus physical memorials, funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School will not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.
- 2. External Communication.** The Head of School will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the Head of School, who will:
- a.** Keep the Board of Directors and building level deans informed of actions relating to the death.
 - b.** Prepare a media statement including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
 - c.** Answer all media inquiries. If a suicide is to be reported by news media, the Head of School will encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They will also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media will be provided with, and asked to offer the community, information on suicide risk factors, warning signs, and resources available.

STUDENT CODE OF CONDUCT

Policy on the Prevention of Suicide

Protecting the health and well-being of all students is of utmost importance to Odyssey Charter School. The Board of Directors has adopted a suicide prevention policy which will help to protect all students through the following steps:

1. Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, support systems, and seeking help for themselves and friends. This curricular content will occur in all health classes throughout the school year, not just in response to a suicide, and the encouragement of help-seeking behavior will be promoted at all levels of the school leadership and stakeholders.
2. Each building will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources.
3. When a student is identified as being at risk, they will be assessed by a school employed mental health professional who will work with the student and help connect them to appropriate local resources.
4. Students will have access to national resources that they can contact for additional support, such as:
 - a. The National Suicide Prevention Lifeline – 1-800-273-8255 (TALK), www.suicidepreventionlifeline.org
 - b. The Trevor Lifeline – 1-800-488-7386, www.thetrevorproject.org
 - c. Crisis Text Line: Text TALK to 741-741 www.crisistextline.org
5. All school personnel and 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 are in need of help.
6. While confidentiality and privacy are important, students should know that when there is risk of suicide, safety comes first.
7. For a more detailed review of this policy, please see the full **Suicide Prevention Policy**, posted on the school's website under Board Policies.