



INSTRUCTION

Suicide Prevention

A. Prevention Strategies

Suicide prevention strategies include, but are not be limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with the school and each other.

1. Student Health Education Program

The district's comprehensive health education program will promote the healthy mental, emotional, and social development of students including the development of problem-solving skills, coping skills and self-esteem. Developmentally appropriate suicide prevention instruction will be incorporated into grades 6-12 guidance curriculum and health education curriculum and will be designed to help students:

- a. Identify signs of depression and self-destructive behaviors and understand how feelings of depression, loss, isolation, inadequacy, and anxiety can lead to thoughts of suicide;
- b. Identify alternatives to suicide and develop coping and resiliency skills;
- c. Learn to listen, share feelings, and get help when communicating with friends who show signs of suicidal intent; and
- d. Identify trusted adults, school resources, and/or community crisis intervention resources where youth can get help; and
- e. Recognize that there is no stigma associated with seeking services for mental health, substance or sexual abuse and/or suicide prevention.

2. Student Responsibility

The district will encourage students to notify a teacher, principal/designee, counselor or other adult when they are experiencing depression or thoughts of suicide or when they suspect or have knowledge of another student's despair or suicidal intentions.

3. Staff Training

The district's suicide prevention training will help staff identify and respond to students at risk of suicide. The training will be provided annually and may include information on:

- a. Identifying risk factors such as previous suicide attempts, history of depression or mental illness, substance use problems, possible sexual abuse, bullying and harassment, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability and other factors;
- b. Warning signs that may indicate suicidal intentions, including changes in a students' appearance, personality, or behavior;
- c. School and community resources/services; and

- d. District procedures for intervening when a student attempts, threatens, or discloses the desire to commit suicide or displays other indicators of suicidal intent.

4. Prevention Planning

School administrative teams will designate specific individuals to be promptly contacted regarding a suicide threat, including the school counselor, school psychologist, school nurse, superintendent/designee, student's parent/guardian and, as necessary, local law enforcement or mental health agencies.

B. Intervention

Whenever a staff member suspects or has knowledge of a student's suicidal intentions, he/she will take proper steps to support the student, promptly notify the principal/designee or school counselor and request that appropriate school staff conduct an initial interview.

The principal/designee or counselor will then notify the student's parents/guardians as soon as possible unless notification of the parents will jeopardize the student's safety. The district may also refer the student to mental health resources in the community.

The principal/designee, school counselor, or school psychologist will develop a re-entry plan, including a student support plan for use after a suicide attempt.

Outlined below are recommended steps for intervening with students experiencing suicidal ideation/threats or mental health crisis.

Step 1: Stabilize

- Under no circumstances should a suicidal youth be left alone.
- Immediately talk to the student to determine if there are any dangerous instruments close at hand.
- Remove dangerous instruments from student.
- Take the student to a non-threatening place away from other students, a place where there is another adult and a telephone close by.

Step 2: Assess Risk

Talk calmly with the student to assess the risk of self-harm.

- Extreme Risk: If the student will not relinquish dangerous instrument, is highly agitated, or you are not able to ensure containment in a safe place.
- Severe Risk: If the student is in danger of self-harm (has a plan) but has no dangerous instruments at hand and is calm enough to be safely contained.
- Moderate Risk: If the student expresses suicidal thoughts but has no specific plan.
- Low Risk: If the student engages in risky/self-mutilating behaviors with no suicidal thoughts.

Step 3: Intervene

Extreme Risk:

- Call 911 and immediately notify your school administrator.
- Have adults continue to attempt de-escalation.
- Notify parent/guardian as soon as possible.

Severe Risk:

- Immediately notify your school administrator and call 911 if necessary.
- Notify parent/guardian as soon as possible.

Moderate Risk:

- Notify your school administrator.
- Notify parent/guardian as soon as possible.
- If appropriate, provide resource information to student or parent/guardian to access a mental health assessment and crisis counseling.
- Review with parents the importance of supervision, removal of any dangerous implements, and conveyance of care/concern while waiting for an appointment with a mental health care provider.

Low Risk:

- Notify your school administrator.
- Notify parent/guardian as soon as possible.
- If appropriate, ask that the parent/guardian come to school to meet with you and support their student.
- If appropriate, provide resource information to the student and parent/guardian to access a mental health assessment and crisis counseling.

Step 4: Follow Up

- Contact parent/guardian for follow-up, as needed:
 - Ask the parent/guardian how he/she will obtain mental health counseling or appropriate support for the student;
 - Provide names of community counseling resources, if appropriate, and offer to facilitate the referral;
 - Discuss the student's re-entry into school; and
 - Request the parent/guardian to complete the student re-entry form.

- When possible, use parent/guardian and student input to determine who in the school setting needs to be alerted to the student's mental health status. This usually will include the building principal/designee, school counselors/counseling support staff, school psychologist, and assigned classroom teachers. This may include debriefing with friends/classmates who were involved with reporting. Confidentiality needs to be maintained as much as possible.

C. Post-Event

In the event that a student suicide occurs or is attempted, the principal/designee will follow the crisis intervention procedures contained in the school safety plan.

After consultation with the superintendent/designee and the student's parents/guardians about facts that may be divulged in accordance with the laws governing student privacy and the confidentiality of student education records, the principal/designee may provide other students, parents/guardians, and staff with information, counseling and/or referrals to community agencies as needed.

School administrators may request assistance from school counselors, school psychologists, and mental health professionals, such as the Employee Assistance Program, in determining how best to discuss the suicide or attempted suicide with students, parents/guardians and staff.

The District Response Team will be activated as needed by the Director of Student Support Services.

Following a suicide, the district will also assess the impact across schools and the local community and provide appropriate information and support as needed.

D. Communications

The district's suicide prevention policy and procedure will be available for all staff, students, parents/guardians and community members on the district website.

E. Resources

The district will utilize school counselors, school psychologists, crisis telephone hotlines, physician/health care providers, mental health specialists, coaches, youth leaders, parents/guardians and clergy as resources for prevention and intervention. Community resources include:

1. Prevention Resources:

- a. Washington Youth Suicide Prevention Program,
<https://www.sprc.org/grantees/washington-youth-suicide-prevention-program-2>,
206-297-5922 x111;

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- b. Washington State Department of Health,
<https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention>, 360-236-2800;
- c. Snohomish Health District, <http://www.snohd.org/200/Suicide-Prevention>, 425-339-8640;
- d. Children's Mental Health, Snohomish County Human Services Department,
www.snohomishcountywa.gov/2886/Childrens-Mental-Health, 425-388-7254; and
- e. 2-1-1 System (North Sound) – This is an information referral service; it assists with providing community resources. Dial 2-1-1 from service area. Toll-free alternative numbers: (877) 211-97274 or (800) 223-8145

f. Additional prevention resources are listed on the district website at <https://www.everettsd.org/report>.

- 2. Crisis Response Resources:
 - a. Emergency Response: 9-1-1
 - b. Volunteers of America CARE CRISIS LINE: 1-800-584-3578 (Staffed 24/7 or visit www.imhurting.org)
 - c. National Lifeline: 1-800-273-Talk (8255) <https://suicidepreventionlifeline.org/>

Cross reference: [Board Policy 2145](#)

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