

**SUICIDE PREVENTION AND RESPONSE**

The District and the Lafayette Regional School Board are committed to protecting the health, safety and welfare of their students and school communities. This policy supports federal, state and local efforts to provide education on youth suicide awareness and prevention; to establish methods of prevention, intervention, and response to suicide attempt (“postvention”); and to promote access to suicide awareness, prevention and postvention resources.

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 district:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- 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
- Acknowledges the school’s role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components

This policy is meant to be paired with other crisis policies as well as those supporting the overall emotional and behavioral health of students.

A. Lafayette Regional School Suicide Prevention Plan and Biennial Review. The Superintendent shall develop and provide to the Boards for approval, a coordinated written Lafayette Regional School Suicide Prevention Plan (the ‘plan’) to include guidelines, protocols and procedures with the objectives of prevention, risk assessment, intervention and response to youth suicides and suicide attempts.

1. Specific Requirements for Plan Terms: The Lafayette Regional School Suicide Prevention Plan shall include terms relating to:
  - a. Suicide prevention (risk factors, warning signs, protective factors, referrals);

- b. Response to in-or-out-of-school student suicide or suicide attempts (postvention, suicide contagion);
- c. Student education regarding safe and healthy choices, coping strategies, recognition of risk factors and warning signs of mental disorders and suicide; and help seeking strategies;
- d. Training of staff, designated volunteers, and contracted personnel on the issue of youth suicide risk factors, warning signs, protective factors, response procedures, referrals, post-intervention and resources available within the school and community;
- e. Confidentiality considerations;
- f. Designation of any personnel, in addition to the Suicide Prevention Coordinator and building Suicide Prevention Liaisons, to act as points of contact when students are believed to be at an elevated risk of suicide;
- g. Information regarding state and community resources for referral, crisis intervention, and other related information
- h. Dissemination of the Plan or information about the Plan to students, parents, faculty, staff, and school volunteers;
- i. Promotion of cooperative efforts between the district and its schools and community suicide prevention program personnel;
- j. Such include such other provisions deemed appropriate to meet the objectives of this Policy (e.g. student handbook language, reporting processes, 'postvention' strategies, memorial parameters, etc.).

2. *Biennial Review: No less than once every two years, the Superintendent in consultation with the District Suicide Prevention Coordinator and Building Suicide Prevention Liaisons with input and evidence from community health or suicide prevention organizations, and SAU-wide health and guidance personnel, shall update the Lafayette Regional School Suicide Prevention Plan, and present the same to the Boards for review. Such Plan updates shall be submitted to the Boards in time for appropriate budget consideration.*

B. Suicide Prevention Coordinator and Liaisons.

1. SAU 35 Suicide Prevention Coordinator. The Superintendent shall appoint a SAU Suicide Prevention Coordinator, who, under the direction of the Superintendent shall be responsible for:

- a. Developing and maintaining cooperative relationships with and coordination efforts between the SAU, Districts and community suicide prevention programs and personnel;
- b. Annual updating of (i) State and community crisis or intervention referral intervention information, and (ii) names and contact information of

Building Suicide Prevention Liaisons, for inclusion in student handbooks and on the SAU 35 and District's website;

- c. Developing – or assisting individual teachers with the development – of age appropriate student educational programming, such that all students receive information in the importance of safe and healthy choices and coping strategies, recognizing risk factors and warning signs of mental disorders and suicide in oneself and others, and providing help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help as well as the importance of confidentiality;
- d. Developing or assisting in the development of the annual staff training required under section C of this policy;
- e. Such other duties as referenced in this Policy or as assigned by the Superintendent

2. Building Suicide Prevention Liaison. School Counselor at Lafayette Regional School or, in his/her absence, the building principal, shall be designated as the Building Suicide Prevention Liaison(s), and shall serve as the in building point-of-contact person when a student is believed to be at an elevated risk for suicide. Employees who have reason to believe a student is at risk of suicide, or is exhibiting risk factors for suicide, shall report that information to the Building Liaison, who shall immediately or as soon as possible, establish and implement a response plan with the SAU 35 Suicide Prevention Coordinator.

C. Prevention:

1. Student Education: Students will be provided ongoing, developmentally appropriate instruction in how to make safe and healthy choices, use coping strategies, build resiliency, understand protective factors and recognize risk factors and warning signs of mental health issues. In middle and high school, students will engage in a structured, evidence-based suicide prevention curriculum. Throughout, students will learn help-seeking skills both for themselves and others and how to utilize school and community resources.
2. Annual Staff Training. The Principal shall assure that beginning with the 2020-2021 school year, all school building faculty and staff, designated volunteers, and any other personnel who have regular contact with students, including contracted personnel or third-party employees, receive at least two hours of training in suicide awareness and prevention. Such training may include such matters as youth suicide risk factors, warning signs, protective factors, intervention, response procedures, referrals, postvention and local resources, and confidentiality considerations.
3. Annual Community Training. Community (parents, caregivers, community members) will be offered education on risk and protective factors, warning signs,

and policies and protocols for getting support for mental health and suicide prevention.

D. Intervention:

1. When a student is identified by a peer, educator, or other community member as being at risk for suicide, the student will be seen by the Building Suicide Prevention Liaison or other school mental health professional (school psychologist, school counselor, school social worker) as soon as possible to assess risk and determine next steps. Staff should seek assistance immediately if they suspect a student is at risk for suicide. If the Building Suicide Prevention Liaison or mental health professional is not available, staff and students should seek assistance from administration, school nurse, or other designee until a mental health professional can be available.
2. Any student suspected of being at risk for suicide should be supervised until the risk assessment is complete.
3. Parents/guardians should be contacted as soon as possible after the risk assessment is complete. The team will work with the caregivers to assess 'means safety,' or access to potentially dangerous items in the home.
4. If an emergency referral is warranted, the school will work with the parent whenever possible to set up an emergency screening either through a community agency (White Mountain Mental Health) or through the Emergency Room at the hospital.
5. The school will seek a Release of Information from the parent to facilitate communication between the school and mental health providers.
6. The Suicide Prevention Coordinator will be notified as soon as possible.

E. Postvention

1. For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, the Building Suicide Prevention Liaison, a school-employed mental health professional, and the principal, or designee shall meet with the student's parent or guardian, and if appropriate, include the student to discuss re-entry. This meeting shall address next steps needed to ensure the student's readiness for return to school and plan for the first day back.
  - a. Following a student hospitalization, parents may be encouraged to inform the school counselor of the student's hospitalization to ensure continuity of service provision and increase the likelihood of a successful re-entry.
  - b. A school-employed mental health professional or other designee shall be identified to coordinate with the student, their parent or guardian, and any outside health care providers. The school-employed mental health

professional shall meet with the student and their parents or guardians to discuss and document a re-entry procedure and what would help to ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.). Any necessary accommodations shall also be discussed and documented.

- c. While not a requirement for re-entry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.
  - d. The designated staff person shall periodically check-in with the student to help with readjustment to the school community and address any ongoing concerns, including social or academic concerns.
  - e. 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). These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then fading support.
  - f. 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.
2. The crisis response team, including the Suicide Prevention Coordinator, will develop a plan to guide the school's response following a death by suicide. The team will meet immediately following news of a student death that is either suspected or confirmed to be a suicide.
- a. The team will work with family and local resources to gather the known facts. Details, including cause of death, will not be shared until they are confirmed.
  - b. The team will meet to discuss which staff and students may be most affected by the death. Proximity, relationship, and past trauma will be considered.
  - c. Staff will be notified first and offered supports.
  - d. The team will provide a developmentally appropriate written statement for staff members to share with students in small groups. School-wide assemblies are discouraged. Should the team determine that a staff member is not able to deliver the information, someone else will be

designated to do so. The statement will include appropriate information including basic facts of the death as well as funeral plans, if known. It will also include resources to help the students deal with the resulting grief.

- e. The team will consider risk factors for contagion and reach out to at risk students individually or in small groups.
- f. The team will outline and provide support including, but not limited to, individual or group counseling, referrals to outside providers, and education about the grief process as well as protective factors.
- g. Policies and procedures will be reviewed, and if necessary, revised following the crisis event.

F. Dissemination. Student handbooks and the District's website will be updated each year with the contact information for the Building Suicide Prevention Liaisons, State and community crisis or intervention referral intervention resources. The District Suicide Prevention Plan will be made available on the District's and each school's respective websites.

#### **Legal References:**

RSA 193.J: Suicide Prevention Education

#### **Other Resources:**

- *The New Hampshire Department of Education's Bureau of Student Wellness, Office of Social and Emotional Wellness (OSEW,) provides resources and technical assistance to school districts to work collaboratively with their community to respond to the needs of students through a multi-tiered system of support for behavioral health and wellness. For further information see: [www.nhstudentwellness.org](http://www.nhstudentwellness.org)*
- *American Foundation of Suicide Prevention (AFSP) <https://www.afsp.org>*
- *Suicide Prevention Resource Center <http://www.sprc.org>*
- *The National Suicide Prevention Lifeline <http://www.suicidepreventionlifeline.org>*
- *The National Suicide Prevention Hotline 1-800-273-TALK (8255)*
- *The Trevor Project <https://www.thetrevorproject.org>*
- *Crisis TEXT Line: Text 'ACT' to 741741*

- *Northern Human Services* <https://northernhs.org/> (603) 444-5358 (Littleton Office)

Adopted: November 2020