

PREVENTION | Suicidal Ideation and Threats

Once a year, ALL schools will add and/or conduct, Lifelines, a school-wide approved suicide awareness campaign by the end of the first semester. This involves reviewing the caring and competent school community where ALL students and staff members are comfortable with their ability to identify students at risk of self-harm and act accordingly by,

- ❖ seeking out a trusted adult when aware of a student thinking of harming themselves,
- ❖ knowing with whom to speak about the situation, and
- ❖ calling **TIPS, 587-STOP (to report a concern about a student) or the [Suicide Prevention Hotline number, 1-800-273-8255 \(for live assistance\).](#)**

The following are procedures for dealing with students who express a desire to harm themselves. When the risk of suicide exists, the situation must be managed by the designated staff.

In cases of suicidal risk, within 24 hours of an incident, the school must enter information and action taken in TIPS to ensure the school maintains a confidential record and can track progress. This will help assure that appropriate assessment, monitoring, and support are provided, as well as, document the school's efforts to intervene and protect the student.

Per the OKCPS Student Code of Conduct (SCC) Guidelines as outlined in the Student/Parent Handbook:

CATEGORY		DEFINITION	ACTION LEVEL
SUICIDE	ENTER SUICIDE INCIDENT IN TIPS	FOLLOW SCHOOL SAFETY PLAN FOR SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION regarding suicide ideation, attempt, or completion. CALL SCHOOL COUNSELOR AND NOTIFY SITE DIRECTOR CALL LOCAL RESOURCE FOR REFERRAL TO NORTHCARE 405-858-2700; OR RED ROCK 405-424-7711	PREVENTION
			INTERVENTION
			POSTVENTION

Education and awareness are our best defenses for suicidal ideation and threats.

I. SUICIDAL RISK DURING THE SCHOOL DAY

A. Steps for School Staff/Teachers

If a student indicates to any school employee or to another student that they are thinking of harming themselves, call the school counselor or administrator to remove that student from your class. **DO NOT LEAVE THE STUDENT UNATTENDED OR SEND THEM OUT OF YOUR ROOM ALONE.**

B. Steps for Counselors/Administrators/Designated Staff

1. Assessment of Risk/Threat

The designated staff member will assess the seriousness of the threat. If there is a question of risk, the student and staff involved must understand that the issue of confidentiality shall no longer apply. Question the student about:

- a) What is going on in their life that makes them feel like dying?
- b) How long have they been having these thoughts?
- c) Do they have a plan?
- d) Have they rehearsed the plan?
- e) Do they have the means?

2. Parental Communication

a) If there are suicidal ideas and no plans, contact the parent/guardian. Best practice is to have a parent/guardian pick up the student, so the student isn't left alone. At that time, the counselor, administrator, social worker or staff designee (hereafter called school official) will have the parent/guardian sign the verification form that they have been notified of their child's suicidal ideations. If the parent is unable to meet with the school and the student's risk is low, a phone conference can be held in lieu of a face to face meeting and the paperwork sent home with the student to be returned to school the following day. This form includes a list of resources if the parent/guardian wants to pursue a more specific suicidal intake (Form A).

- b) If there are suicidal ideas AND plans, have the parent/guardian meet with the school official. Complete the form regarding notification of suicidal ideation with a plan, have it signed by the parent/guardian and discuss removing the access to means at home with the parent/guardian (Form B). If a school resource office or member of law enforcement recommends immediate transport of the student to a mental health facility or EOD, then that recommendation supersedes this protocol. Resources for a free suicide intake through Northcare or other free resources will be included on the form. The mobile crisis unit from Northcare can be utilized at the school (858-2700). Explain to the parent that the child should obtain a mental health evaluation before he/she will be allowed to return to school. Complete Form C, which includes a description of the presenting issue for the mental health professional, as well as a release for the school to speak with said professional.
- c) After the student is picked up by the parent/guardian, complete the TIPS report and log in any and all actions taken on behalf of the student as it relates to the suicidal ideation/threat. Upload any relevant documentation including Forms A and B or any other relevant paperwork that may exist.
- d) If the parent/guardian refuses to meet with the school or seek services for their student, call DHS and OCPD to file a report.

1-800-522-3511 DHS Abuse and Neglect Hotline

911 OCPD

C. Steps for Re-entry into school

1. After the initial crisis is over, the school official will follow up with the parent/guardian the next day. At that time, that person will verify with the parent/guardian whether or not a mental health evaluation has occurred or is scheduled. Also, the student and parent/guardian must meet with a school official before returning to class. This is done so the parent/guardian and student know what support and/or resources are available from the school.
2. During the parent/guardian conference with the school official, said person will verify that the parent/guardian signed the notification form (Form A or B). Also at this time, it will be confirmed that a medical release was signed allowing the school to be in contact with the mental health agency working with the student (Form C) and wellness plan was created (Form D).
3. Following the meeting with the parent/guardian, the school official will verify the appointment with said mental health agency.

D. Suicidal Risk in the Evening or When the Student is not in School

If it is brought to the knowledge of a school employee that a child is at risk, **call 911 and/or Northcare (405) 858-2700**, immediately. Then, contact the parent/guardian and inform them of the concern. When the student returns to school, require the same release from the parent/guardian and an appropriate mental health agency official and notify the principal.

E. Follow Up

Follow up should be conducted with the student who is at risk, their parent/guardian, the person(s) who reported the incident and the parent of the student who reported the threat.

1. Once the at-risk student is safe, follow up with the person that reported. Make sure that they are okay, assure them the student is safe and they did the right thing by reporting.
2. The at-risk student and parent/guardian must meet with the school official before returning to class. This is done so the parent/guardian and the student know what support and/or resources are available from the school.
3. The school official will follow up with the student and the parent/guardian within 72 hours after the initial return to school. Remind them that the counseling office is a safe place to be, and you are there for them. Also, speak to the student about who their trusted adult is and verify the use of the created wellness plan (Form D).
4. Two weeks following a suicide incident the school official will follow up with the student and the parent to monitor progress and to provide any needed resources for the family.
5. One month following the incident the school official will consult with the parent/guardian and the student and discuss and revise if necessary, the wellness plan.

You may close a TIPS report after 30 days if the following has been completed:

- **Child has been referred for services if needed**
- **The school official has consulted with parent/guardian and student after one month and reviewed and revised, if needed, the wellness plan**
- **All relevant information has been uploaded into TIPS, including Form A and B.**

I. NOTIFICATION OF SUICIDE ATTEMPT ON SCHOOL PROPERTY

- A. During the school day, if a school/staff member becomes aware a student has attempted suicide on school property. **TRY TO ISOLATE THE INDIVIDUAL FROM THE POPULATION, BUT DO NOT LEAVE THE STUDENT ALONE.** Notify the administrator and he/she will determine the next step in the process (calling 911, school nurse, counselor, initiate lockdown procedures to ensure the safety of all students, etc).
- B. The parent/guardian must be notified as soon as possible by the designated personnel (administrator, nurse, counselor).
- C. The parent/guardian must pick up their child or if it is a situation where 911 is contacted, the parent/guardian will meet the school official at the emergency room.
- D. Once the student is safe, the administrator will contact District Administration.
- E. Always document what happened in TIPS within 24 hours of the incident, the steps taken by the school official(s) and a summary of contact with the parents, including uploading the relevant documentation such as Forms A and B and any other available paperwork. This is to safeguard you in case the appropriate forms were not filled out.

II. PARENT COMMUNICATION

- A. After the student is safe, the parent will be given a letter stating the recommendation/referral the school has for the student (Form B and C).
- B. Tell parent if a mental health evaluation is recommended, but not completed the school reserves the right to contact DHS/OCPD.
- C. If the parent refuses to comply, DHS/OCPD will be called. If parent refuses transportation to a medical facility, the campus police or 911 will be contacted.
- D. The next day, the school official will call the parent/guardian to discuss the student's well being, whether mental health was contacted and what the next steps are, as well as, to review the procedures for re-entry into school:
 - 1. If a mental health evaluation was not given and staff feels that the student is truly at-risk, the school reserves the right to contact DHS/OCPD.
 - 2. A medical authorization to release records to the school regarding the students must be signed by the parent/guardian (Form C).
 - 3. If the student received services, the school official will verify the student's appointment with said provider.

4. The student's absences will be excused and credit given for work completed. However, if another person was threatened or a weapon was brought to school, the school's approach may be altered accordingly to match District policies and procedures.
5. Prior to returning to school, the staff official will meet with the student and parents.
6. Teachers who have daily contact with the student will be notified of their return.
7. Create a wellness plan which will identify a trusted adult the student can meet with on a regular basis (Form D).

III. STAFF COMMUNICATION

- A. A staff meeting with all staff is required at the end of the day. Northcare can be utilized to debrief the staff. The following should be done:
 1. Inform all staff of facts (discretion of the principal and family).
 2. Allow time for the staff to ask questions and express concerns.
 3. Review attendance procedure to ensure students are where they are supposed to be (limiting opportunity for contagion).
 4. Review with staff about the possible contagion effect and advise teachers to watch for "at-risk" students. Also review at-risk categories.
 5. Counselor/Administrator will compile a list of students who are close to the attempter.
 6. Counselor/Administrator will compile a list of staff that had contact with the attempter that day.
 7. Provide information regarding counseling/support opportunities for students and staff, such as Northcare.
- B. Have designated staff members available to speak with the students affected most.
- C. When intervention with at-risk students is completed, log the information into TIPS in the "other" category. If students are seen by other staff members, make sure a list of those students is left with that building for follow-up.

IV. INTERVENTION REGARDING STAFF MEMBERS

- A. If the school becomes aware of a staff member contemplating suicide, notify the school administrator. **DO NOT LEAVE THE PERSON ALONE.**
- B. The principal or school counselor will speak with the staff member and if suicidal ideations are present, they will notify the emergency contact persona listed on the staff sheet.
- C. **Do not allow the staff member to leave alone. They must be accompanied by another adult.**
- D. If there is a plan and means, notify the school administrator immediately.
- E. If the staff member refuses to get help from a mental health facility and there is a plan and means call 911 immediately as they are a danger to themselves.
- F. Do not allow the staff member to return to class.
- G. Require the staff member to seek a mental health evaluation before returning to work.

POSTVENTION | **After a student/staff traumatic death**

The building crisis team will direct all steps in this procedure and will document every step in the handling of information about the death. The following steps will be taken to ensure privacy and appropriate follow up for all students and staff members.

I. PARENT COMMUNICATION

- A. Contact with the parent/guardian should be made by the building Principal or a member of the crisis team. This person will offer support and suggest resources and services for the family.
- B. It is the parent/guardian's decision as to exactly what is to be said with regards to the death. For example, if they don't want a suicide labeled as such, that is their right. Ascertain any information that the family wants to make known, such as funeral arrangements, visitation, etc.
- C. Send a letter home to parents in the school with a notification of the event (Form E). Offer the following resource information:
 - 1) Warning signs for children and adolescents who may be suicidal.
 - 2) Supporting services available to students at school.
 - 3) Community resources they may wish to utilize.
 - 4) How to respond to student's questions about the death.
 - 5) Remind them of their child's needs during this time.

II. STAFF COMMUNICATION

- A. Staff will be notified through an emergency meeting as soon as possible.
 - 1) Inform the staff of facts.
 - 2) Allow time for staff to ask questions or express concerns.
 - 3) Review attendance procedure to ensure students are where they are supposed to be (limiting opportunity for contagion).
 - 4) Review with staff about the possible contagion effect and advise teachers to watch for at-risk students. Also review the at-risk categories.
 - 5) Compile a list of students who are close to the deceased.
 - 6) Compile a list of staff that had daily contact with the deceased.
 - 7) Provide information regarding counseling/support opportunities for students and staff.

III. STUDENT COMMUNICATION

A. Each building principal will determine the best way to disseminate information to the students regarding the death. The principal may choose to draft a document that teachers will read to all students to ensure that all students receive the same information.

DO NOT MAKE THE DEATH NOTIFICATION ANNOUNCEMENT OVER THE PA SYSTEM.

- 1) If a memo is created, teachers may read the information and allow time for discussion.
- 2) The memo should state the information available at the time. It should only state that this was a tragic death. It should also include the names of individuals designated to provide support and counseling to the students.
- 3) Students should be allowed an opportunity to express their feelings.
- 4) Explain to the students what to expect as they grieve (Feeling angry, guilty, shocked, anxious, lonely, sad and numb). Ensure students understand there is no right way to grieve.
- 5) Reorient students to ongoing classroom activities.

B. Provide care to other students. Have designated staff talk with the most profoundly affected students to determine the type of support needed.

- 1) Designate a space for peers to receive support services.
- 2) Members of the building crisis team should spend time in the classroom(s) of the deceased to be ready to provide support for classmates. This may also help identify at-risk students.
- 3) Reschedule any immediate stressful academic exercises or tests whenever possible.
- 4) Follow up with parental contact and referrals if necessary.

IV. NOTIFICATIONS

A. The building administrator should notify:

- 1) School Director
- 2) Communications Director
- 3) District Level Crisis Team/Counseling Director
- 4) Schools with affected family members
- 5) Neighboring school districts if deemed advisable

V. FUNERAL ARRANGEMENTS

A. Provide information about visiting hours and funeral arrangements to staff, students, parents and community members. Funeral attendance should be in accordance with established procedures.

- 1) Arrange for students and staff to be excused from school to attend funeral if necessary.

VI. MEMORIALIZING THE DECEASED

A. No death should be memorialized at the school level.

B. In order to avoid glamorizing the death: do not fly the school flag at half staff, observe a moment of silence, memorialize the student/staff in the yearbook/school newspaper, plant a tree in their honor, hang a plaque in the school or on the grounds, or place an empty chair at graduation or any other school wide activity in the deceased name.

C. Designate school personnel to track social media to observe and identify at-risk students, as well as to track memorials erected to the deceased.



Date: _____ School: _____

I, or we, _____
the parent(s)/guardian(s) of _____
were involved in a conference with school personnel on this date. We have been notified that our child has expressed thoughts of self-harm or has engaged in self-harming behavior. I have been advised to seek the services of a mental health agency immediately and to not leave my child alone for a minimum of 24 hours. Payment for services requested will be the responsibility of the parent/guardian. I understand that if I choose not to seek assistance for my child, as advised, the incident could be reported to DHS and/or the OCPD. I understand a follow up check by school personnel will be made with my child and myself within two weeks of this date.

Parent or Legal Guardian

Parent or Legal Guardian

School Personnel

Title

- Possible Resources
Northcare: (405) 858-2700
Saint Anthony's Behavioral Medicine: (405) 272-6216
Cedar Ridge: (405) 605-6111
Integris Mental Health Center Willow View: (405) 427-2441
Red Rock : (405) 424-7711
Suicide Prevention Hotline: 1-800-372-TALK (8255)- 24 hour suicide prevention hotline
Oklahoma Resource Hotline: 211 (call for any needs)



Fecha: _____ Escuela: _____

Yo, o nosotros, _____
el(los) padres(s)/guardián(es) de _____
participamos en una reunión con el personal de la escuela en esta fecha. Hemos sido notificados que nuestro hijo ha expresado pensamientos para auto-lastimarse o ha tenido comportamiento con la intención de auto-lastimarse. Se me ha sugerido buscar inmediatamente los servicios de la agencia de salud mental y no dejar a mi hijo(a) solo(a) por un mínimo de 24 horas. El pago por los servicios solicitados será responsabilidad de el(los) padres(s)/guardián(es). Entiendo que si yo elijo no buscar asistencia para mi hijo, como se me ha sugerido, el incidente será reportado al Departamento de Servicios Humanos (DHS, por sus siglas en inglés) y/o al Departamento de Policía de la Ciudad de Oklahoma (OCPD, por sus siglas en inglés). Yo entiendo que se hará un seguimiento por el personal de la escuela a mí y a mi hijo en dos semanas a partir de esta fecha.

Padre o Guardián legal

Padre o Guardián legal

Personal de la escuela

Título

Recursos Posibles

Northcare: (405) 858-2700

Saint Anthony's Behavioral Medicine: (405) 272-6216

Cedar Ridge: (405) 605-6111

Integrus Mental Health Center Willow View: (405) 427-2441

Red Rock : (405) 424-7711

Suicide Prevention Hotline: 1-800-372-TALK (8255)-línea de ayuda en prevención de suicidios las 24 horas

Oklahoma Resource Hotline: 211 (llame para cualquier ayuda)



Fecha: _____ Escuela: _____

Para el Médico / Profesional de Salud Mental:

_____ se ha referido a usted para una evaluación de salud mental por las siguientes razones:

Si usted tiene alguna pregunta o necesita información adicional antes de la evaluación de este estudiante, por favor llame a _____ al _____.

Como padre / tutor del niño mencionado anteriormente, doy a las Escuelas Públicas de la Ciudad de Oklahoma (OKCPS por sus siglas en Inglés) y al proveedor de Salud Mental Licenciado evaluando a mi hijo permiso para discutir esta evaluación. Entiendo que el pago de dichos servicios es responsabilidad mía.

Firma del padre

Fecha

Por favor firme este formulario para indicar que usted está enterado de las razones de la remisión. Este formulario puede ser utilizado como documentación de una cita médica para excusa de la escuela.

Profesional de Salud Mental Autorizado

Fecha

Escriba con letra de molde Nombre y Título

Número Telefónico

WELLNESS PLAN

Who/What is important to me:

Warning Signs I may need to use my Plan (feelings, thoughts, behaviors):

MY PLAN

My Plan	Caregiver Plan	Staff Plan
1.	1.	1.
2.	2.	2.
3.	3.	3.

WHO can help with my Safety Plan, WHAT can they do & HOW do I contact them?

WHO (parent/caregiver/family/professional support)	WHAT (things they can do to help with my plan)	HOW (phone numbers)
1.		
2.		
3.		
4. NorthCare Crisis Hotline	Get support over the phone or in person	405-858-2700
5. National Suicide Prevention Lifeline	Get support over the phone or chat online	1-800-273-8255 www.suicidepreventionlifeline.org

Signature

Date

OKCPS Staff Signature

Date

Parent/Guardian Signature

Date

*** You can always call 911 to ask for help.

Form D



OKLAHOMA CITY PUBLIC SCHOOLS

900 N. Klein ★ Oklahoma City OK 73106

Student: _____ DOB: _____
 School: _____ Date: _____

SUICIDAL PLAN	LOW (1-13)	MODERATE (14-32)	HIGH (33-48)
Method	unclear	some plans	thought out
Time	___ in the future	___ within a few hours	___ immediately
Location	unplanned	may be here	at this location
Details	vague	some specifics	thought out
Means Available	will have to get	has close by	has in hand
Final Arrangements	___ vague	___ made some plans	___ items given away written note
Previous Attempts	___ none of no lethality	___ one, of moderate lethality	___ several attempts one high lethality
Alcohol/Drug Use	___ none ___ infrequent has in the past	___ frequently to excess	___ continual abuse
Can Only See Death	___ none ___ little	___ some	___ markedly
Hostility	___ none ___ little	___ some	___ markedly
Out of Touch w/Reality	___ none ___ little	___ some	___ markedly
Previous Psych. Adm.	___ none	___ 1 or 2	___ 3 or more
Significant Others	___ several available	___ few available	___ one available no one available
Losses (death/divorce)	___ none	___ one or more	___ multiple
Depression	___ vague, isolation	___ some helplessness or isolation	___ hopeless, with- drawn, crying
Anxiety	mild	moderate	high
TOTALS	x 1 =	x 2 =	x 3 =

OVERALL SCORE _____ (low + moderate + high) SEVERITY OF RISK _____ (low, moderate, or high risk)
 COUNSELOR: _____ DATE: _____

*ADAPTED FROM "SUICIDE LETHALITY CHECKLIST," RED ROCK MENTAL HEALTH CENTER, 1994