GASTON
SCHOOL DISTRICT

SUICIDE
PREVENTION, INTERVENTION, AND POSTVENTION

POLICIES AND PROCEDURES

INTRODUCTION

Purpose of Policies and Procedures

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role in the screening and intervention process and to increase awareness of warning signs. This document recognizes and builds on the skills and resources inherent in school systems.

Suicide and Youth

- In 2018, suicide was the leading cause of death among 10-24 year olds in Oregon.
- Oregon has the 11th highest rate of youth death by suicide in the nation (129 youth deaths by suicide were reported in 2018).
- Addressing suicidal behavior directly and responding immediately can help reduce the risk of suicide.

What School Staff Need To Know

- School staff are frequently considered the first line of contact in reaching suicidal students.
- While most school personnel are neither qualified nor expected to provide the in-depth assessment or counseling necessary for treating a suicidal student, they are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual "on the scene."
- **Research has shown talking about suicide or asking someone if they are feeling suicidal will *not* put the idea in their head or cause them to kill themselves.**
- Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.

SUICIDE PREVENTION OVERVIEW

Staff

- All staff will receive training every two years on the policies and procedures and best practices for intervening with students at risk for suicide (examples of best practice curricula include Response Staff In-Service, Question / Persuade / Refer (QPR) training, and Public School Works suicide prevention training). Self-review materials are available by contacting the building administrator.

- At least two staff per school will be identified by the building administrator to receive specialized training to intervene, assess, and refer students at risk for suicide. This training should be a best practice and specific to suicide such as the internationally known ASIST: Applied Suicide Intervention Skills Training.

Students

- Students will receive information about suicide in their health classes. The purpose of this curriculum is to teach students how to access help at their schools for themselves, their peers, or others in the community. This curriculum will be in line with Oregon State Standards for health curriculum such as the best practices RESPONSE curriculum.

- Secondary students will be made aware each year of staff that have received specialized training to help students at risk for suicide.

Parents/Community

- Parents will be provided informational materials to help them identify if their child or another person is at risk for suicide. They will also be provided information regarding how to access school and community resources to support students or others in their community that may be at risk for suicide.

- Parents, guardians, or persons in parental relationship may request the district to review the actions of a school in responding to suicidal risk by contacting the building administrator.

Addressing the Needs of High-Risk Groups

- Staff will receive training in identifying suicidal behavior risk factors and warning signs.

- Suicide risk tends to be highest when someone has several risk factors at the same time, or has long standing risk factors and experiences a sudden or devastating setback. These factors interact, and the more there are and the more they intensify, the greater the risk.

At-Risk Student Populations

(Adapted from *Trevor Project Model School District Policy on Suicide Prevention | Model Language, Commentary, and Resources*)

- It is important for school districts to be aware of student populations that are at elevated risk for suicidal behavior based on various factors. Important risk factors for suicidal behavior among young people include youth living with mental and/or substance use disorders, mental health conditions (in particular depression/dysthymia), attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder.
- An estimated one in four to five children have a diagnosable mental condition that will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes. Though mental health conditions are a risk factor for suicide, the majority of people with mental health concerns do not engage in suicidal behavior.

Youth Who Engage in Self-Harm or Have Attempted Suicide

Suicide risk is significantly higher among those who engage in non-suicidal self-harm than among the general population. Whether or not they report suicidal intent, one study found that 70 percent of adolescents admitted into inpatient psychiatric treatment who engage in self-harm report attempting suicide at least once in their life. Additionally, a previous suicide attempt is a known powerful risk factor for suicide death. One study found that as many as 88 percent of people who attempt suicide for the first time and are seen in the Emergency Department go on to attempt suicide again within two years. Many adolescents who attempt suicide do not receive necessary follow-up care for many reasons, including limited access to resources (transportation, insurance, copays, parental consent, etc.).

Youth in Out-of-Home Settings

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. As much as 60 to 70 percent of young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in juvenile justice residential programs are three times more likely to die by suicide than the general youth population. According to a study released in 2018, nearly a quarter of youth in foster care had a diagnosis of major depression in the last year. Additionally, a quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

Youth Experiencing Homelessness

For youth experiencing homelessness, the rate of self-injury, suicidal ideation, and suicide attempts is over two times greater than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorder, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth experience suicidal ideation.

American Indian/Alaska Native (AI/AN) Youth

In 2017, the rate of suicide among AI/AN youth ages 15-19 was over 1.6 times that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma.

LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth

The CDC finds that LGB youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers. One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ youth at greater risk of suicidal behavior, but rather these societal and external factors: the way they are treated, shunned, abused, or neglected, in concert with other individual factors such as mental health history. The Tevor Project has a dedicated phone number for young people in crisis, feeling suicidal, or in need of a safe and judgement-free place to talk: The Tevor Lifeline 1-866-488-7386.

Youth Bereaved by Suicide

Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are nearly four times as likely to attempt suicide themselves.

Youth Living with Medical Conditions or Disabilities

A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive delays that make problem-solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

SUICIDE INTERVENTION OVERVIEW

- Best practices policies and procedures will provide guidance for staff to follow when students present as being at risk for suicide.

- All staff will be trained on how to recognize signs of at risk students and connect them to the staff members who are trained to assess, intervene, and refer.

- The following components will help the staff person screen the student appropriately and document the screening: basic instructions, a Screening Form, a Safeplan form, and Parent Information/Parent Letter.

SUICIDE POSTVENTION OVERVIEW

Purpose

- Not all suicide behavior can be prevented, therefore it is important to be prepared in the event of attempts or completed suicides.

- The school's primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy.

- It is important to not "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media, as contagion can be a concern.

- It is important to address all completed suicides in a similar manner.

Response

- Tragedy response follows a "flight team" model in which trained staff members are deployed to a school in order to set up the systems needed to support students.

- This school district is a member of the Washington County Flight Team. This team coordinates responses in the event a district needs additional assistance responding to a tragedy. If requested we will aid other school districts in Washington County to support students and staff during a tragedy.

- Families and communities can be especially sensitive to the response to suicide. The district will respond appropriately and reference Cheri Lovre's Crisis Resource Manual for additional support.

INTERVENTION PROCESS

Reporting Suicide Concerns

- The risk of suicide is raised when any peer, teacher, or other school employee identifies someone who has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other warning signs (i.e.: information on social networking websites, writings, art, or other expression of suicide).

- Staff will take all suicidal behavior seriously every time.

- It is critical that any school employee who has knowledge of a suicide threat report this information immediately and directly to a trained staff person known as a "gatekeeper." This person will have specialized training, such as ASIST, to asses and refer the student. The school counselor or administrator are the school officials responsible for responding to reports of suicidal risk and should also be notified so that the student receives appropriate attention.

- Students will be interviewed the same day concerns are reported.

Intervention Steps (conducted by the "gatekeeper"/ASIST trained staff person)

1. **If the situation is critical, call an administrator to contact law enforcement:** such as, having possession of the means (razor, gun, rope, pills, etc.), if the student is not at school or has left the campus and a plan to commit suicide is discovered, or if the person is unwilling or unable to make a plan keep themselves safe.

2. **Stay with the student.** No student expressing suicidal thoughts should be sent home alone or left alone during the intervention process.

3. **Use the Suicide Screening Form to interview the student**.

4. **Notify parents/guardians every time a student is interviewed and communicate whether or not there appears to be any threat of self-harm**. If a parent is unavailable, call emergency contacts listed in the student information system indicating a need to contact the school, and / or the Washington County Crisis Line (503-291-9111) to consult and/or call law enforcement. If staff are concerned about child abuse and neglect follow district policies and Oregon State Law regarding mandatory reporting of suspected abuse and neglect.

5. **When students admit to thinking about suicide, consult with another trained staff person or with the Washington County Crisis Line 503-291-9111.** Staff person then informs administrator of screening results.

6. **When students admit to thinking about suicide, develop a "Safeplan" with the student and parent/guardian.** The Safeplan is not a treatment plan. It is a short term intervention plan to maintain the student's safety that designates the responsibilities of each person and includes a review date to insure follow through and coordinated decision-making. Provide student and parent with the Safeplan and parent with a copy of the parent letter.

7. **If a student has additional risk factors (answering "yes" to any risk factors beyond having suicidal thoughts-questions 2-6 in the student interview on the Screening Form) then the Safeplan may include school staff recommending a referral to one of the following for a mental health assessment:**

   The student's primary mental health therapist—School staff calls the therapist, provider, or agency. The therapist or agency makes an immediate plan with the student and family to conduct further assessment. If the staff person cannot reach the therapist, they will utilize other options listed below. (It is not sufficient to simply leave a voicemail for the therapist.) When initiating a referral to any outside agency, consider the family's native language and culture.

   Washington County Crisis Line/ Crisis Team (503-291-9111)—School staff calls Crisis Line (with student, if appropriate) and requests crisis services for a suicide assessment. Make sure to indicate if an interpreter is needed. Possible Crisis Line actions include: Assessment and development of a safety plan with student and parents over the phone or activation of mobile Crisis Team to be determined by Crisis Line. Parental consent is important for the mobile Crisis Team to be activated. The student and family may also meet the Crisis Team at their office: LifeWorks NW, 14025 SW Farmington Road, Beaverton, OR 97005. Services include Mental health services for transition age youth; services for persons with serious mental illness, and the Washington County Crisis Team. Office phone number (503) 644-2545, fax (503) 644-0379.

   Hospital—Arrange student transportation to an Emergency Department for further assessment. From there they may be transported to another hospital for admittance depending on bed availability in the metro area. Child/adolescent units in the Portland metro area are located at:

   Randall Children's Hospital 2801 N Gantenbein Ave, Portland, OR 97227. Families seeking behavioral health, mental health and psychiatry services for their children can find help through legacy. Medical staff is specifically trained to meet unique mental health needs of children and teens. All doctors are board-certified in child/adolescent psychiatry, and nurse practitioners are all nationally certified Pediatric Mental health Nurse Practitioners (PMHNP). (503) 413-4848.

   Providence Child and Adolescent Psychiatry Unit – Providence Willamette Falls Medical Center. 1500 Division St. second floor, Oregon City, OR 97045. Providence child and adolescent psychiatry unity provides treatment programs for

children age 12-17. Programs are developmentally age-appropriate and flexible to individual need while incorporating collaborative problem-solving approaches. Family involvement is encouraged during treatment as well as with care planning and discharge planning. (503) 574-9235 toll free 800-716-5325

8. **Document the screening/interview by filling out the Screening Form and filing it and the Safeplan (if indicated) in the student's confidential counseling file.**

9. **Follow-up with the student as designated in the Safeplan, if one is developed.** Revise the Safeplan as needed and share with others as necessary to support the plan. *Please note that risk may remain after an intervention.* It is important to stay connected and involved with the student.

Procedures for Reentry into a School Environment Following a Hospitalization or Behavioral Health Crisis

(Adapted from *CAIRN's Toolkit for Oregon Schools, December 2017*)

Students who have made a suicide attempt are at a higher risk of re-attempting during the first 90 days after the attempt unless the parents and school staff work together utilizing evidence based prevention protocols. It is important for the student to be monitored by parents, mental health professionals and designated school professionals, which will establish an available support system. It is critical to link the student, his or her parents/guardians, the mental health team working with the student, as well as the school counselor so that pertinent information flows, and a safety net is created. This safety net may also include closest friends, coaches, faith-based leaders, and other important adults in the student's life. The transition back to school after a suicide attempt and psychiatric hospitalization can be a difficult one, especially if the attempt was very public. The student's privacy going forward is critical and the student and his or her parents need to be an integral part of the decisions that get made in the reentry plan.

Prior to Return:

- If not done by the mental health provider at the parent's request already, obtain releases of information from the parent so the mental health provider, inpatient, or outpatient team can talk to the school counselor. This will ensure that pertinent information is shared, and there is a smooth transition throughout the levels of care.

- Meet with the student and his or her parents/guardians before the return to school, plan together what information they want shared and with whom.

- Practice role-playing so that the student can try out different responses to different situations (peer-to-peer & staff-student) that may arise to help lower anxiety.

- Ask how school staff can best support recovery.

- Refer to and update the student's safety plan as needed.

- Work out an agreement with the student to not share details of the attempt including the method, with other students to avoid the potential of increasing self-harm risks with other students, including by social media. Explain that peers talking to peers about the details of an attempt may give ideas to other students who are struggling with their own thoughts of suicide to make an attempt. However, do let the student know that it is an important part of the healing process to talk about the attempt with trusted adults and the student's therapist. Explain that talking about the attempt and what led to it in a safe environment can help the student avoid an attempt in the future.

- Reassure the student and family that sharing information with school personnel will be done on a need to know basis. Faculty and staff that have direct contact should be informed so they can actively assist the student academically. Identify the staff that will need to know by name and role

- Reassure the student that staff will be available to help the student with any academic issues, and that it will be important for the student to reach out if he or she is feeling worried about their schoolwork.

After Return to School:

- Treat the student's return to school as you would had the student been out sick for a few days. Let the student know you are glad he or she is back, "Good to see you."

- Be aware that the student may still be dealing with symptoms of depression which can affect concentration and motivation.

- Be aware that the student may be adjusting to medication and may be dealing with side effects including fatigue, or jitteriness.

- Accommodations may need to be made such as an extended time to turn in assignments, or additional time for testing. Some students with concentration issues may find it easier to take a test alone. Some students dealing with

anxiety may find it helpful to be able to leave class a little early to avoid the crowds and noise in the hallways when changing classes.

- Have regular contact with the student's parents and therapist to provide feedback and to garner information that will help to further support the student's recovery.

If a student returns to school without meeting prior to return:

- Meet with student and parents/guardians as soon as practical in order to develop a safety plan and identify necessary supports for the student and family.

SUICIDE SCREENING FORM

Complete this form for each student that you screen for potential suicidal behavior.

A. Student Information:

Date of Initial Contact:	Student Name:		ID#:
DOB:	Age:	Grade:	Screening Completed by:
Parents/Guardian:			
Home Phone:	Work Phone:		Cell Phone:

B. Referral Information:

Who referred the student?
What information was shared that raises the concern about suicide risk? (Add any relevant details).

C. Student Interview:

Student Interview	Safeplan Items to Consider	Safeplan Ideas
1. Does the student admit to thinking about suicide? Yes ☐ No ☐	a. How will the student keep safe if they continue to have suicidal thoughts? For how long do they think they can keep safe?	
	b. Who can student call and talk to if they are having suicidal thoughts?	
	c. Is the student using alcohol or drugs? (Use decreases inhibitions and increases risk.) Discuss with student how they can reduce or stop use.	
	d. Link the student to resources. Family/friend they can call? Mental Health resource they can call? Suicide Hotline: 1-800-273-TALK County Mental Health Crisis Line: 503-291-9111	

If student answers "yes" to any of 2-6 below a mental health assessment may be included in the Safeplan.

Student Interview	Safeplan Items to Consider	Safeplan Ideas
2. Does the student admit to having a plan? Yes ☐ No ☐ If yes, what is the plan? Are the means available to carry out the plan? (Things that may be harmful such as rope, guns, weapons, pills, medication, etc.) Yes ☐ No ☐ If yes, describe:	With student discuss ways to disable the plan. What can be done about means, supervision, timing?	
3. Is the student experiencing pain that feels unbearable? Yes ☐ No ☐	What does the student identify as things that ease the pain? Think about things such as talking, listening to music, art, reading, etc.	
4. Does the student feel alone? Does the student have a support system or resources they can turn to when feeling alone? Yes ☐ No ☐	If there is a lack of resources, help link the student to resources both informal such as family, friends, coach, or mentor and formal such as school, mental health professional, doctor, etc.	
5. Has the student made any previous attempts? Yes ☐ No ☐ Describe when and how and survival skills:	Protect the student against danger. Support past survival skills. (Do they have the means they used before? How did they survive after the previous behaviors?)	
6. Is the student receiving mental health care? Did they receive mental health care in the past? Who is/was their therapist(s)?	Help link the student to a mental health worker that they liked or was helpful. Help them find a new person if necessary and help the student make the appointment.	

D. Optional further consultation following student interview:

School Staff	**Contact Date/Time**		**Recommendations**
Counselor			
Administrator Notified			
ASIST Trained Staff			
Other			
Agency	**Person Contacted**	**Contact Date/Time**	**Recommendations**
Washington County Crisis Line			
DHS			
Police Officer			
Family Physician			
Mental Health Agency			
Private Therapist			
Other			

E. Contact Parent:

Name of parent/guardian:	Date of contact:	☐ Parent/guardian could not be reached
Was parent/guardian aware of suicidal thoughts/plans? Yes ☐ No ☐ Parent/guardian perception of suicide risk: Action by parent/guardian:		

F. Next Steps

☐ Student Released to: _____	☐ Identify and inform relevant staff	
☐ Follow-up: Who/When:_____ Action Taken:_____		
Other Possible Steps		
☐ Provide self-care information to Student	☐ Set up a system for student to check in with supportive staff on a regular basis	☐ Referral to Special Education for evaluation
☐ Refer student to school-based Therapist	☐ Refer student to youth services team	☐ Help connect student with a support group

Your Name: _____ **Signature: _____** **Date/Time: _____**

Consulted With: _____ **Signature: _____** **Date/Time: _____**
(If not crisis line)

SAFEPLAN TEMPLATE and TIPS

Remember the Safeplan is a short term intervention to keep the student safe usually until there is further assessment. THIS IS NOT A TREATMENT PLAN.

RISK REVIEW COMPONENTS	ACTION	WHO/WHEN
All Safeplans should include: **Keep Safe** (How long can the student keep themselves safe?)	Describe how long the student can keep themselves safe and how. Who needs to be there, do they need supervision and for how long? Other steps or actions?	Who will make sure the student is following through? Who will supervise them? Who will check in with them?
Safety Contacts (At least three people the person can call 24/7 when they are feeling suicidal, a hotline, a parent, relative, therapist.)	State their commitment here that they will call these contacts if they are feeling unsafe.	Identify the contacts here with their phone numbers. Who will let them know they are a support person?
Safe/No use of drugs and alcohol (Use increases risk, but ceasing chronic use may also increase risk, focus on reducing if a chronic user.)	State their commitment here that they will cease or reduce their use and how, to what level etc. Make sure it is realistic!	Who can support them in this part of their plan?
Link to Resources Suicide Hotline: 1-800-273-TALK Washington County Crisis Line: 503- 291-9111 (How can the person reduce loneliness, address depression or other issues that is leading to their suicidal thoughts?)	Link to more formal and informal resources, person at school, mentor, church leader, who can they talk to on a regular basis for support? Therapist? When will they contact this person and how?	Identify the contacts with their phone numbers. Who will let them know they are a support?
If yes to 2-6 on Screening Form address the following and include a plan for outside mental health assessment: **(If ANY factors are present beyond suicidal thoughts, they need to be referred for an outside mental health assessment.)**		

Disable the Suicide Plan (It is important to remove the means: guns, pills, rope, car, etc.)	What is the plan to eliminate the means or availability of the plan? What is the student committing too? Is it necessary to involve Law Enforcement/Safety check?	Who is going to help accomplish this?
Ease the Pain (It is important that "unbearable" pain is reduced to reduce risk.)	What eases the person's pain? Music? Art? Talking? Reading? Exercise? Journaling? Time with pets?	Who will help them monitor their pain and help with their plan to ease it?
Alone/Find Resources (When people feel alone and isolated they are at higher risk. What will help them feel less alone?)	What informal-friends, family or more formal-teams, youth groups, other activity might help them feel less alone? Favorite friend or relative or coach? Check in with someone at school daily? Who can they talk to?	Who will facilitate this and follow-up?
Support Survival Skills/Protect against danger from previous attempt(s) (Previous attempts increase risk. Address the means issue and how did they survive the last attempt?)	Eliminate the means, how can this be accomplished? What survival skills do they have that they can use now?	Who will make sure the means are eliminated?
Link to Mental Health Worker Emergency Room/Crisis Team for Assessment	Do they have a therapist now they would be willing to go to or one from the past they will go back to? Are they willing to have the Crisis Team come out? Are they willing to go to the ER as part of their plan for an assessment?	Call the therapist or crisis line to arrange for an assessment. Arrange for transportation to the ER.
Other		
Date:_____ Review Date:_____		
Student Signature:_____ Parent Signature:_____ Staff Signature:_____		

a. **Can the student repeat the support plan?**
b. **Did you give a copy to the student and parent?**
c. **Does it indicate follow-up? Can you follow-up?**
d. **Did you consult with a colleague or a crisis line about the plan?**

SAFEPLAN

RISK REVIEW COMPONENTS	ACTION	WHO/WHEN
All Safeplans should include: Keep Safe		
Safety Contacts		
Safe/No use of drugs and alcohol		
Link to Resources Suicide Hotline: 1-800-273-TALK Washington County Crisis Line: 503-291-9111		
If yes to 2-6 on Screening Form address the following and include a plan for outside mental health assessment:		
Disable the Suicide Plan		
Ease the Pain		
Alone/Find Resources		
Support Survival Skills/Protect against danger from previous attempt(s)		
Link to Mental Health Worker/Emergency Room/Crisis Team for Assessment		
Other		
Date:	Review Date:	
Student Signature:_____	Parent Signature:_____	Staff Signature:_____

PARENT INFORMATION (Option 1)

We are concerned about the safety and welfare of your child. We have been made aware that your child may be suicidal. All expressions of suicidal behavior are taken very seriously within our school district and we would like to support you and your student as much as possible during this crisis. To assure the safety of your child, we suggest the following:

1. Your child needs to be supervised closely. Research shows that the risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. Assure that your child does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. The local police department or your Student Resource Officer at your child's school can discuss with you different ways of removing, storing, or disposing of firearms.

2. When a child is at risk for suicide it is extremely important they be seen by a qualified mental health professional for assessment. Someone from your child's school can assist you in finding resources or you can contact your insurance company directly.

3. Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care he/she needs. Experts recommend being sensitive to their needs by being patient and calm, conveying concern and showing love with no strings attached. Avoid teasing during this time. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect. Be careful not to display anger or resentment towards your child for bringing up this concern.

4. We may need to develop a re-entry plan with you before he/she can return to school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members. This is to ensure your child's safety while at school.

If you have an immediate concern for your child's safety, please call 911, go to the nearest hospital emergency room, or call the Washington County Crisis Line at 503-291-9111. Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe.

If you have questions or concerns or need further assistance from the school, please contact: _____ Phone: _____

PARENT LETTER (Option 2)

Date:

Dear:

We are concerned about the safety and welfare of your child _____. We have been made aware that your child may be suicidal. All expressions of suicidal behavior are taken very seriously within our school district and we would like to support you and your student as much as possible during this crisis. To assure the safety of your child, we suggest the following:

1. Your child needs to be supervised closely. Research shows that the risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. Assure that your child does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. The local police department or your Student Resource Officer at your child's school can discuss with you different ways of removing, storing, or disposing of firearms.

2. When a child is at risk for suicide it is extremely important they be seen by a qualified mental health professional for assessment. Someone from your child's school can assist you in finding resources or you can contact your insurance company directly.

3. Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care he/she needs. Experts recommend being sensitive to their needs by being patient and calm, conveying concern and showing love with no strings attached. Avoid teasing during this time. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect. Be careful not to display anger or resentment towards your child for bringing up this concern.

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If you have an immediate concern for your child's safety, please call 911, go to the nearest hospital emergency room, or call the Washington County Crisis Line at 503-291-9111. Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe.

If you have questions or concerns or need further assistance from the school, please contact me at phone: _____.

Sincerely,

_____