

**GISD Suicide Prevention  
Plan  
2018—2019**



# District Plan on Suicide Prevention

## Purpose

The purpose of this plan is to protect the health and well being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The district:

- (a) recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes.
- (b) Further recognizes that suicide is a leading cause of death among young people
- (c) Has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
- (d) Acknowledges 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 plan covers actions that take place in the school, on school property, at school sponsored functions and activities, on school buses or vehicles and at bus stops, and at school sponsored out of school events where school staff are present. This plan applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This plan will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

## Parental Involvement

Parents and guardians play a key role in youth suicide prevention, and it is important for the school district to involve parents in prevention efforts. Parents/guardians need to be informed and actively involved in decisions regarding their child's welfare. Parents and guardians who learn the warning signs and risk factors for suicide are better equipped to connect their children with professional help when necessary. Parents/guardians should be advised to take every statement regarding suicide and wish to die seriously and avoid assuming that a child is simply seeking attention.

In situation where a student is assessed at risk for suicide or had made a suicide attempt, the student's parent/guardian will be informed as soon as practicable by the principal, principal designee, or counselor. If the student has exhibited any kind of suicidal behavior, the parent/guardian should be counseled on limiting the student'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.

# District Plan on Suicide Prevention

## 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 to 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 and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
4. **Post-vention:** Suicide post-vention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of 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. Can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
8. **Suicide:** Death caused by self directed injurious behavior with any intent to die as a result of the behavior. Note: A coroner 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 him/herself. A suicidal 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 suicidal attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
10. **Suicidal Behavior:** Suicide attempts, intentional injury to self 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.

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## Risk Factors and Protective Factors

**Risk Factors for Suicide** are characteristics or conditions that increase the chance that a person may try to take his/her life. Suicide risk tends to be highest when someone has several risk factors at the same time.

The most frequently cited risk factors for suicide are:

- Major depression (feeling down in a way that impacts a person's daily life) or bipolar disorder (severe mood swings)
- Problems with alcohol and/or drugs
- Unusual thoughts and behavior or confusion about reality
- Personality traits that create a pattern of intense, unstable relationships or trouble with the law
- Impulsivity and aggression, especially along with a mental disorder
- Previous suicide attempt or family history of a suicide attempt or mental disorder
- Serious medical condition and/or pain
- Withdrawal from previously enjoyed activities; family; and friend groups

It is important to bear in mind that the large majority of people with mental disorders or other suicide risk factors do not engage in suicidal behavior.

**Protective Factors in Suicide** are characteristics or conditions that may help to decrease a person's suicidal risk. While these factors do not eliminate the possibility of suicide, especially in someone with risk factors, they may help to reduce that risk. Protective factors for suicide include:

- Receiving effective mental health care
- Positive connections to family, peers, community and social institutions such as marriage and religion that foster resilience
- The skills and ability to solve problems

**Note:** Protective factors do not entirely remove risk, especially when there is a personal or family history of depression or other mental disorder. It is important for school personnel to be aware of student populations that are elevated risk for suicidal behavior based on various factors:

1. Youth living with mental and/or substance use disorders.
2. Youth who engage in self harm or have attempted suicide
3. Youth in and out of home settings
4. Youth experiencing homelessness
5. American Indian/Alaska Native Youth
6. Youth bereaved by suicide
7. Youth living with medical conditions and disabilities

## Prevention

1. Staff Professional Development—All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, post-vention, and resources regarding youth suicide prevention.
2. Youth Suicide Prevention Programming and Counseling Services in our local area—see resources
3. Publication and Distribution— this plan should be included in every Campus Crisis Plan provided to teachers and will be make available to parents and students on the district website: [www.gilmerisd.org](http://www.gilmerisd.org)

# District Plan on Suicide Prevention

## Assessment and Referral

When a student is identified by a staff person as potentially suicidal, i.e., verbalization 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 school employed 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 is available.

For youth at risk:

1. School staff will continuously supervise the student to ensure their safety
2. Campus administration will be made aware of the situation as soon as possible
3. The school employed mental health professional or campus administration will contact the parents or guardians and will assist the family with urgent referral when necessary. When appropriate this may include calling emergency services or law enforcement
4. Staff will ask the student's parent/guardian for written permission to discuss the student's health with outside care, if appropriate.

## In-School Suicide Attempts

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be administered until professional medical treatment and/or transportation can be received, following district emergency medical procedures
2. School staff will supervise the student to ensure their 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 or administrator will contact the student's parent or guardian
6. Staff will immediately notify the campus administration regarding in-school suicide attempt
7. The school will engage as necessary the crisis management plan to assess whether additional steps should be taken to ensure student safety and well being.

## RE-Entry Procedure

For students returning to school after a mental health crisis, a school employed mental health professional, the principal, or designee will meet with the student and the student's parents/guardian to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. A school counselor or designated school staff member will coordinate with the student, the student's parent/guardian, and any outside mental health care provider any services needed by the student
2. The parent/guardian will be asked to provide documentation from a mental health provider that the student has undergone examination and are no longer a threat to themselves or others
3. The school counselor or school staff will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.

## 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. Call the police and/or emergency medical services such as 911
2. Inform the student's parent/guardian
3. Inform the principal or counselor

If a student contacts a staff member and expresses suicidal ideation, the staff member should maintain contact with the student and with the assistance of another person contact the police while maintaining verbal engagement with the student.

# ***District Plan on Suicide Prevention***

## Gilmer ISD Crisis Protocol

### Psychotic Episode:

- If the student is in an active state of psychosis (hearing things that are not heard by others, seeing things that are not seen by others, any other audible or visual hallucinations), have them remain with the counselor or administrator
- Document the occurrence on the Gilmer ISD Crisis Report form
- Contact the parent and an administrator

### Suicidal Ideation:

- If the student exhibits any type of suicidal ideation (drawings, writings, gestures, or statements) DO NOT leave them alone.
- Contact an administrator.
- Contact the parent.
- We will require a parent to pick them up if we deem it to be high risk.
- High Risk means the student has a plan to complete the act.
- Have parent sign the Student Release form and keep a copy for your records.
- Document the occurrence on the GISD Crisis Report.

# ***District Plan on Suicide Prevention***

## **Local Counseling Resources:**

### **Community Healthcare**

101 E. Madison St.

Gilmer, Texas 75644

**903-843-5518**

### **Next Step Community Solutions**

305 South Broadway Ave.

Suite 603

Tyler, Texas 75702

**903-939-9010**

### **Wellness Pointe (Gilmer Clinic)**

1107 E. Marshall Avenue

Longview, Texas 75604

**903-758-2610**

### **Shane Jackson**

Hwy 271 N

Gilmer, Texas 75644

**903-746-7643**

### **Gilmer Counseling Service**

218 W. Tyler St.

Gilmer, Texas 75644

**903-843-2485**

# ***District Plan on Suicide Prevention***

## **Counseling Resources**

### **Immediate Concerns:**

#### **Good Shepard Medical Center**

700 E. Marshall Ave.

Longview, Texas 75601

**903-315-1800**

#### **Brentwood Hospital**

1006 Highland Avenue

Shreveport, LA

**877-678-7500**

#### **Longview Regional Medical Center**

2901 N. 4th Street

Longview, Texas 75605

**903-758-1818**

#### **The National Suicide Prevention Lifeline**

**1-800-273-8255 (TALK)**

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

#### **ETMC Behavioral Health Center**

911 West Loop 281 Ste. 300 Longview, TX 75604

**903-297-1562**

**903-566-0088 (24-hour Hotline)**

#### **The Trevor Lifeline**

**1-866-488-7386**

[www.thetrevorproject.org](http://www.thetrevorproject.org)

#### **Magnolia Behavioral Hospital**

22 Bermuda Lane

Longview, Texas

**903-291-3456**

#### **Oceans Behavioral Hospital**

615 Clinic Drive

Longview, Texas 75604

**903-212-3105**