

# XYZ Community Schools



## Commitment Statement

The School Board recognizes that mental health challenges and suicide thoughts and behavior are common among youth. The purpose of this policy is to protect the health and well-being of all students by having procedures in place to prevent, intervene, and provide postvention response to suicide thoughts, behaviors, and deaths. All school personnel (including volunteers) shall play a role in recognizing and responding to students at risk of suicide.



---

## Policy Introduction

The information in this document was adapted from the Indiana Department of Education's document, *Prevention & Response: A Comprehensive Resource Guide for Indiana Schools* (2018).

Indiana law requires schools to have a policy with procedures that address suicide prevention, intervention, and response to a death of a student by suicide, also known as postvention ([IC 20-26-5-34.4](#) **Appendix A**). This includes increasing awareness of the relationship between suicide and drug and alcohol use.

The district acknowledges that:

1. Suicide is a preventable public health problem.
2. The district has an ethical responsibility to take a proactive approach in preventing deaths by suicide.
3. The district will provide a safe, supportive, and culturally responsive school environment for all students.

## Suicide Prevention Policy Summary

Best practices in suicide prevention are put in place to lower the risk of suicide in both youth and adults within a community. Suicide risk can be lowered, which supports the statement that suicide is a preventable public health problem, but no program is guaranteed to prevent all deaths by suicide. Even so, the district agrees that suicide prevention is a fundamental practice to ensure all students and adults experience a safe, supportive, and culturally responsive environment.

The district agrees:

1. All staff will receive in-person training in QPR or safeTALK or another approved, evidence-based suicide prevention training, every 3 years ([IC 20-28-3-6](#) **Appendix B**).

- 
2. The district will provide (in-person preferred) training for all new staff in an approved suicide prevention training within 3 months of employment.
  3. The district shall appoint a Wellness Response Team (WRT) led by a district Wellness Response Coordinator (WRC).
  4. The WRC/T bears responsibility for annually reviewing and making any necessary changes in the suicide prevention policy and procedures.
  5. Schools will provide programming to reduce suicide risk factors (bullying prevention, substance use prevention, etc.) and increase protective factors (belongingness, connection to trusted adults, emotion regulation, promoting help-seeking ([IC 20-28-5-26](#) **Appendix C**)).

### Suicide Intervention Policy Summary



The intention of this policy is to maintain safety first. The district acknowledges that the purpose of suicide intervention is to recognize the signs of suicide, assess for danger, and connect any person at risk of harm to a professional who is trained to help that person get safe and stay safe.

For all situations:

1. Do not assume the student is merely seeking attention.
2. Take the threat of harm seriously.
3. Do not leave the student or adult unattended.
4. Assign a member of the WRT to stay at school with the student until the proper authorities arrive and assume responsibility for the student.
5. Refer to the enclosed action steps (adapted from Maine Youth Suicide Prevention Program, **Appendix D**).

## Suicide Postvention Policy Summary

The goal of postvention is to maintain the structure/routine of the school, manage reactions with appropriate, supportive interventions, and provide resources and support to help minimize the risk of suicide and contagion. The policy details provide instruction to respond to a death by suicide.



### Response to a Death by Suicide

ACTION	DETAIL	TIPS
<b>Confirm</b>	Work with law enforcement/coroner to confirm the death and cause, if known, before moving forward with your plan.	Shielding students from the cause of death can lead to feelings of distrust. Students who need to talk about a death by suicide will feel supported by open conversation facilitated by confident and caring adults.
<b>Engage</b>	Contact the WRT Coordinator who will likely complete the remainder of these tasks.	The WRT Coordinator should be considered the lead contact for organizing and carrying out proper protocol following a student death.
<b>Notify School Personnel</b>	<p>Notify school staff first. Do not include information about the cause of death until the coroner and parent/guardian have been consulted.</p> <p>Safety Guidelines:</p> <ul style="list-style-type: none"> <li>• Do not make an announcement immediately before dismissal.</li> <li>• Notify students in classrooms if at all possible. Provide teachers with a scripted message (<b>Appendix G</b>).</li> </ul>	<p>This announcement should be made in person whenever possible, especially for those teachers and staff who worked directly with the student.</p> <ul style="list-style-type: none"> <li>• Making an announcement before dismissal can cause harm. Students who have a history of mental health struggles or who have lost loved ones to suicide are at risk of increased suicidal ideation during this time.</li> </ul>

---

## **APPENDIX CONTENTS**

**Appendix A: State of Indiana suicide prevention education policy**

**Appendix B: State of Indiana trauma informed and social-emotional learning education policy**

**Appendix C: State of Indiana suicide prevention education policy**

**Appendix D: Flowchart for Suicide Intervention for Schools**

**Appendix E: Columbia-Suicide Severity Rating Scale**

**Appendix F: Warning Signs**

**Appendix G: Communication Templates**

**Appendix H: Safety Plan**

**Appendix I: Definitions and Language**



---

## Appendix I: Definitions and Language

**Mental Health:** A state of well-being that includes social, emotional, and mental factors. It affects how we think, feel, and act, and how we handle stress, relate to others, and make decisions.

**Risk Determination/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.

**Risk Factors for Suicide:** Characteristics or conditions that increase the chance that a person may try to take their life. Suicide risk tends to be highest when several risk factors are present at one time. Risk factors may include biological, psychological, and/or social factors in the individual, family, and environment.

**Self-harm:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

**Suicidal Behavior:** These behaviors include suicide attempts, intentional injury to self associated with at least some level of intent, developing a plan or strategy for suicide, writing a suicide note, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

**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.

**Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's 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.

**Suicide Attempt:** A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries.

---

**Suicide Postvention:** A crisis intervention strategy, after the suicide death of a member of the school community, that is designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with suicide death, address the social stigma associated with suicide, and disseminate factual information.

**Wellness Response Team:** A multidisciplinary team typically including administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response, and recovery, including for suicide-related situations. These professionals have been specifically trained in suicide intervention and crisis preparedness, and they 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.