

Suicide Prevention Policy and Plan



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This document was adapted from the following resources:

- Model School District Policy on Suicide Prevention
- American School Counselor Association
- National Association of School Psychologists
- The Trevor Project
- American Foundation for Suicide Prevention
- Suicide Prevention, Intervention, and Postvention: Step by Step
- Lines for Life
- Willamette Educational Service District

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SECTION I: INTRODUCTION

Purpose

The purpose of this plan is to follow board policy 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 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 and to provide accessible tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators and school counselors in their planning.

Rainier School District 13 Board Policy

Code: JHH

Adopted: 9/28/20

Student Suicide Prevention**

The district shall develop a comprehensive student suicide prevention plan for students in kindergarten through grade 12.

The district may consult with state or national suicide prevention organizations, the Oregon Department of Education (ODE), school-based mental health professionals, parents, guardians, employees, students, administrators and school boards associations when developing the required plan.

The plan shall include, at a minimum:

1. Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide;
2. Identification of the school officials responsible for responding to reports of suicidal risk;
3. A procedure by which a person may request the district to review the actions of a school in responding to suicidal risk;
4. Methods to address the needs of high-risk groups, including:
 - a. Youth bereaved by suicide;
 - b. Youth with disabilities, mental illness or substance abuse disorders;
 - c. Youth experiencing homelessness or out of home settings, such as foster care; and
 - d. Lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students.
5. A description of, and materials for, any training to be provided to employees as part of the plan, which must include:
 - a. When and how to refer youth and their families to appropriate mental health services; and
 - b. Programs that can be completed through self-review of suitable suicide prevention materials.
6. Supports that are culturally and linguistically responsive;
7. Procedures for reentry into a school environment following a hospitalization or behavioral health crisis ; and
8. A process for designating staff to be trained in an evidence-based suicide prevention program.

The plan must be written to ensure that a district employee acts only within the authorization and scope of the employee's credentials or licenses.

The plan must be available annually to the community of the district, including district students, their parents and guardians, and employees and volunteers of the district, and readily available at the district office and on the district website.

Legal Reference(s):

ORS 332.107 ORS 339.343 OAR 581-022-2510

Quick Notes: What Schools Need to Know

- School staff are frequently considered the first line of contact with potentially suicidal students.
- 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 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.
- School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

Confidentiality

FERPA: School employees are bound by laws of The Family Education Rights and Privacy Act of 1974 (FERPA). These are situations when confidentiality must NOT BE MAINTAINED; If, at any time, a student has shared information that another student is at imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA known as "minimum necessary disclosure".

Glossary

Talking about mental health and suicide can be challenging and sometimes, even we adults don't know how to start the conversation. In this section, you will find some terminology that will help normalize the conversation.

Flight Team

A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to help support students and staff in the event of a crisis or death.

Mental Health

Someone's state of being in regards to their emotions and feelings. Everyone has mental health. Mental health is a spectrum and can present strengths and challenges at all stages of life.

Protective Factors

Protective factors are a part of someone's life experience that might increase their ability to cope with stressors. Examples of protective factors are a stable home environment, presence of supportive adults, and financial stability.

Risk Factors

Risk factors are parts of someone's life stressors or the oppression experienced by a part of their identity that might increase their likelihood of thinking about suicide. 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 the environment.

Suicide Response Protocol Assessment

An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff member who has been trained in suicide intervention (e.g. counselor, psychologist, mental health professional).

Self-Harm

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attend suicide.

Stigma

A mark of shame or a negative perception of a societal topic due to a combination of lived experience, culture, and belief systems in communities. Mental health topics are stigmatized, with societal messages such as those that live with mental illness are weak, dangerous, or unstable.

Suicide

Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt

A self-injurious behavior for which there is evidence that the person had at least some intent to kill themselves. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feeling such as a wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or dangerous suicide attempt.

Suicide Contagion/Clusters

The research pattern that suicides in a community tend to put others a risk for suicide. Despite the name, suicidal thoughts are not necessarily “contagious” to otherwise mentally healthy individuals. Usually suicide contagions occur when a suicide triggers feelings in others that are otherwise already at-risk for suicide.

Suicide/Crisis Intervention

The intentional steps that your school and its staff take in the event of a student mental health crisis. Examples include written procedures, safety planning, parental involvement, and emergency services.

Suicide Prevention

The intentional steps that your school takes to create a school culture that encourages positive coping skills, reaching out to help with mental health, and talking about suicide in a safe and healthy way. Examples of suicide prevention include mental health education, staff training, and mental health awareness activities.

Suicide Postvention

Postvention is a crisis response strategy designed to reduce the risk of 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 a member of the school community.

Suicidal Thoughts or Ideation

Thoughts about killing oneself or ending one’s life. These thoughts can range from “I wish I could go to sleep and not wake up” to detailed planning for suicide. ALL thoughts of suicide should be taken seriously.

SECTION II: POSITIVE MENTAL HEALTH MESSAGES

Promoting Positive Mental Health Messages
Why
<p>To be successful, schools must embrace student mental wellness with the same priority as academics and extracurriculars. We can build a community of care that accepts and normalizes the actions and emotions associated with stress, anxiety, frustration, fear of failure, and more. We know that students are trying to manage a lot and many report that they are feeling overwhelmed. Many students have perceived messages that they need to deal with problems alone, or that they cannot trust the adults in their life. We know that as mental health declines, so do grades, school connectedness, and positive school engagement. We believe that teens are strong, resilient, and can learn healthy coping skills. Students thrive when they know their own capacity, better understand their mental health, and most importantly, know it's okay to ask for help.</p>
What
<p>We believe our schools have the power to reduce stigma and increase students' sense of well being. We can ensure that students know where and how to get help when they need it without feeling the shame and guilt often associated with stigma. An open acceptance that students deserve and need balance in their lives, and a belief that mental health is real and deserves attention is an undercurrent that ultimately pushes schools toward stronger suicide prevention.</p>
How
<p>All staff ultimately play a role in prevention of youth suicide and promoting ways for students to get help during distressing times. Teachers are empowered to help students that disclose stress and distress and help students learn to identify and assess their mental health symptoms and stressors to get the help that they need and deserve.</p>
Examples of ways RSD promotes positive mental health messages
<ul style="list-style-type: none">● Mental health information embedded into school or district messages to parents.● Morning announcements: Short mental health wellness messages can be read and recorded by students or staff and shared as a part of morning announcements.● Posters: posters on mental health topics made available to school buildings and teachers.● Smart Wallet Cards: Distributed to teachers and counselors to give out to students as needed.● Brochures: Made available in offices throughout the district.● Social Media: Mental health messages shared on district social media pages on a regular basis. Messages can be directed towards parents or students.

SECTION III: PREVENTION

Staff Training and Education		
All staff should receive training on the policies, procedures, and best practices for intervening with students and/or staff at risk of suicide.		
Who	What	When
All District Staff	<i>Training or refresher on policies, procedures, and best practices for intervention with students at risk for suicide through:</i>	
	<u>Question, Persuade, Refer (QPR)</u>	At minimum every other year.
	Access to and review of district suicide prevention policy and plan.	Annually through staff handbook (Appendix A) and staff meetings.
	Online suicide awareness and prevention training developed through collaboration with <u>321Insight</u> .	Open access and part of all new staff onboarding processes.
Suicide Response Protocol Screeners (school counselors, mental health specialists, administrators, etc)	<u>Applied Suicide Intervention Skills Training (ASIST)</u>	As soon as available after hire.

Student Training and Education

Students should receive information about suicide and suicide prevention in health class. The purpose of the curriculum is to teach students the importance of safe and healthy choices and coping strategies, and how to access help at their school for themselves, their peers, or others in the community.

Who	What	When
Kindergarten - 4th grade students	Second Steps Counseling Curriculum	During classroom guidance lessons
	The Great Body Shop	Health
8th grade students	Suicide Prevention Unit	Health
9th grade students	Suicide Prevention Unit	Health 1
11th grade students	Teen Mental Health First Aid (tMHFA)	Health 2
All students and families	Access to and reminders about the district suicide prevention plan through the Student and Parent Handbook	Annually through Student/Parent Handbook

Populations at Elevated Risk for Suicidal Behavior

Youth living with mental and/or substance use disorders

While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90 percent of deaths by suicide. Mental disorder, in particular depression or bi-polar (manic-depressive) disorder, alcohol or substance abuse, schizophrenia, and other psychotic disorders, borderline personality disorder, conduct disorder and anxiety disorders are important risk factors for suicidal behavior among young people. The majority of people suffering from these mental disorders are not engaged in treatment, therefore school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk.

Youth who engage in self-harm or have attempted

Suicide risk among those who engage in self-harm is significantly higher than the general population. Whether or not they report suicidal intent, people who engage in self-harm are at an elevated risk for dying by suicide within 10 years. Additionally, a previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not receive necessary follow up care.

Youth in out of home settings

Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people involved in the juvenile justice system die by suicide at a rate about four times greater than the rate among youth in the general population. Though comprehensive suicide data on youth in foster care does not exist, one researcher found that youth in foster care were more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care.

Youth experiencing homelessness

For youth experiencing homelessness, rates of suicide attempts are higher than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. One student found that more than half of runaway and homeless youth have had some kind of suicidal ideation.

American Indian/Alaska Native (AI/AN) youth

In 2009, the rate of suicide among AI/AN youth ages 15-19 was more than twice 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, or questioning) youth

The CDC finds that LGB youth are four times more likely, and questioning youth are three times more likely, to attempt suicide than their straight peers. The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and one quarter have reported having made a suicide attempt. 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 disorder), these experiences can place them at increased risk. It is these societal factors, in concert with other individual factors such as mental health history, and not the fact of being LGBTQ which elevate the risk of suicidal behavior for LGBTQ youth.

Youth bereaved by suicide

Studies show that those who have experienced suicide loss, through the death of a friend or a loved one, are at increased risk for suicide themselves.

Youth living with medical conditions and 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 styles 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.

SECTION IV: INTERVENTION

Suicidal Behavior Risk and Protective Factors	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> ● Current plan to die by suicide ● Current suicidal ideation ● Access to lethal means ● Previous suicide attempts ● Family history of suicide ● Exposure to suicide by others ● Recent discharge from psychiatric hospitalization ● History of mental health issues (major depression, panic attacks, conduct problems) ● Current drug/alcohol use ● Sense of hopelessness ● Self-hate ● Current psychological/emotional distress ● Loss (relationship, work, financial) ● Discipline problems ● Conflict with others (friends/family) ● Current agitation ● Feeling isolated/alone ● Current/past trauma (sexual abuse, domestic violence) ● Bullying (as an aggressor or as victim) ● Discrimination ● Severe illness/health problems ● Impulsive or aggressive behavior ● Unwilling to seek help ● LGBTQ+, Native-American, Alaskan Native, Male 	<ul style="list-style-type: none"> ● Engaged in effective health and/or mental health care ● Feel well connected to others (friends, family, school) ● Positive problem solving skills ● Positive coping skills ● Restricted access to lethal means ● Stable living environment ● Willing to access support/help ● Positive self esteem ● Resiliency ● High frustration tolerance ● Emotion regulation ● Cultural and/or religious beliefs that discourage suicide ● Does well in school ● Has responsibility for others <p style="margin-top: 20px;"><i>* Keep in mind, a person with an array of protective factors in place can still struggle with thoughts of suicide.</i></p>

Suicide Response Protocol

Warning signs that may indicate an immediate danger or threat:

- Someone who has already taken action to die by suicide
- Someone threatening to hurt themselves or die by suicide
- Someone looking for ways to die by suicide- seeking access to pills, weapons, or other means
- Someone talking, joking, or writing about death, dying, or suicide

Staff response:

If a suicidal attempt, gesture, or ideation occurs or is recognized, staff will ensure the continuous supervision of the student and report it to a school suicide prevention coordinator or school administrator right away. If there is imminent danger, call 911. A [Suicide Response Protocol Level 1](#) is performed by a trained school staff member. The screener will do the following:

- Interview the student using the FGSD Suicide Response Protocol.
- Complete a Student Safety Plan, if needed.
- Contact parent/guardian to inform and gather additional information
- Determine need for a Level 2 assessment based on level of concern and noted risk factors through the Suicide Response Protocol
- Consult with another trained screener prior to making a decision regarding a Level 2.
- Inform administrator of screening results.

Trained school staff members:

Only trained school staff members should act as screeners who perform Level 1 suicide response protocols and safety planning. Examples of trained screeners in your school are:

- School Counselors
- School Psychologists
- Mental Health Specialists
- Mental Health Care Coordinators
- If you are uncertain who the specific trained screeners are in your building, ask your building administrator

School Suicide Prevention Contacts			
District	Heidi Schafer	heidi_schafer@rsd.k12.or.us	(503) 556-9121 x413
Rainier Jr. Sr. High School	Aaron Fugere	aaron_fugere@rsd.k12.or.us	(503) 556-4215 x305
Hudson Park Elementary	Sara Gray	sara_gray@rsd.k12.or.us	(503) 556-0196 x204

Re-Entry Procedure
For students returning to school after a mental health crisis (e.g. suicide attempt or psychiatric hospitalization), a school employed counselor or mental health professional, the principal, or designee, will meet with the student’s parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student’s safe return to school.
A school employed counselor or mental health professional, or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
The school will request that the parent or guardian provide documentation from the hospital or mental health provider and/or sign a release of information to allow the school to share information with the hospital or outside mental health provider.
The designated staff person will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.

SECTION V: POSTVENTION

Suicide Postvention Protocol

Schools must be prepared to act and provide postvention support and activity in the event of a serious attempt or a suicide death. Suicide Postvention has been defined as "the provision of crisis intervention, support, and assistance for those affected by a suicide" (American Association of Suicidology).

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. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc.

KEY POINTS

1. Prevention (postvention) after a suicide attempt or completion is very important. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion or, in other words, increased risk for suicide.
2. It is important to not "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media.
3. It is important to address all deaths in a similar manner. Having one approach for a student who dies of cancer, for example, and a different approach for a student who dies by suicide reinforces the stigma that still surrounds suicide.
4. Families and communities can be especially sensitive to the suicide event
5. Know your resources.

POSTVENTION GOALS

- Support the grieving process
- Prevent imitative suicides -identify and refer at-risk survivors and reduce identification with victim
- Reestablish healthy school climate
- Provide long-term surveillance

POSTVENTION RESPONSE PROTOCOL

- ✓ Verify suicide
- ✓ Estimate level of response resources required
- ✓ Determine what and how information is to be shared -do NOT release information in a large assembly or over the intercom. Do not "glorify" the death.
- ✓ Mobilize the school's Postvention Team and/or the Malheur County Flight Team (see resources)
- ✓ Inform faculty and staff
- ✓ Identify and refer at-risk students and staff
- ✓ Be aware that persons may still be traumatized months after the event. Refresh staff on prevention protocols and be responsive to signs of risk.

RISK IDENTIFICATION STRATEGIES

- **IDENTIFY** students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
- **MONITOR** student absentees in the days following a student suicide, those who have a history of being bullied, who are LGBTQ, who are participants in fringe groups, and those who have weak levels of social/familial support
- **NOTIFY** parents of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents, provide information on community-based funeral services/memorials, and collaborate with media, law enforcement and community agencies.

KEY POINTS TO EMPHASIZE TO STUDENTS, PARENTS, MEDIA

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death
- Mental illness etiology
- Normalize anger/ help students identify and express emotions
- Stress alternatives and teach positive coping skills
- Help is available

CAUTIONS

- Avoid romanticizing or glorifying event or vilifying victim
- Do not provide excessive details or describe the event as courageous or rational
- Do not eulogize victim or conduct school-based memorial services
- Address loss but avoid school disruption as best as possible

(School Postvention -www.sprc.org)

Recommended Resources:

- After A Suicide: A Toolkit for Schools (www.afsp.org)
- Suicide Prevention Resource Center (www.sprc.org)
- American Foundation for Suicide Prevention (www.afsp.org)

To Speak With A Counselor:

Lifeways 24-hour Crisis Line: (541) 889-9167

For Emergencies:

911; local emergency room

YOUTHLINE:

Call (877) 968-8491

Text "teen2teen" to 839863

Chat at www.oregonyouthline.org

SECTION VI: RESOURCES

Community Resources

National Suicide Prevention Lifeline

- Phone Number: 1-800-273-8255
- The National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 150 local crisis centers, combining custom local care and resources with national standards and best practices.

Washington County Crisis Line and Hawthorne Walk-in Clinic

- Phone Number: 988
- The Crisis Line provides support 24 hours a day, 7 days a week, across Washington county for assessment, crisis intervention, referrals to local resources and treatment. The Crisis Line works closely with other community crisis services including the Crisis Team, 911 and local emergency rooms.

The TREVOR Lifeline

- Phone Number: 1-866-488-7386
- TREVORtext: Text START to 678-678
- Founded in 1998 by the creators of the Academy Award®-winning short film TREVOR, The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25.

Gettrainedtohelp.com

- Gettrainedtohelp.com focuses on empowering communities to learn more about mental health and suicide prevention.
- Free community trainings in the areas of suicide prevention and mental health literacy offered in Washington, Clackamas, and Multnomah counties.

District Review Procedures

To request the district to review the actions of a school in responding to suicidal risk make a written request to the Director of Student Services.

APPENDIX A: Staff Handbook Information

Protecting the health and well-being of all students is of the utmost importance to the Rainier District. The school board has adopted a suicide prevention policy, JHH, which will help to protect all students through suicide awareness, prevention, intervention, and postvention. Please review the following information around your responsibility as a staff member. Additional professional development on suicide awareness and prevention can be accessed at any time through 321 Insight online modules. Please contact your school suicide prevention coordinator or administrator if you have any questions about this information.

Warning signs that may indicate an immediate danger or threat:
<ul style="list-style-type: none">● Someone who has already taken action to die by suicide● Someone threatening to hurt or kill themselves● Someone looking for ways to die by suicide- seeking access to pills, weapons, or other means● Someone talking, joking, or writing about death, dying, or suicide● <u>All warning signs should be taken seriously and staff should always err on the side of caution</u>
Staff response:
If a suicidal attempt, gesture, or ideation occurs or is recognized, staff will ensure the continuous supervision of the student and <u>report it to a school suicide prevention coordinator or school administrator right away</u> . If there is imminent danger, call 911. A Suicide Response Protocol Level 1 is only performed by a trained school staff member.
Trained school staff members:
Only trained school staff members should act as screeners who perform Level 1 suicide response protocols and safety planning. Examples of trained screeners in your school are: <ul style="list-style-type: none">● School Counselors● School Psychologists● Mental Health Specialists● Mental Health Care Coordinators● If you are uncertain who the specific trained screeners are in your building, ask your building administrator

APPENDIX B: Student Handbook Information

Protecting the health and well-being of all students is of utmost importance to the Rainier School District. The school board has adopted a suicide prevention policy, JHH, which will help to protect all students through the following steps:

1. Students will learn about recognizing and responding to warning signs in friends, using coping skills, using support systems, and seeking help for themselves and friends. This will occur in health classes.
2. Each school will designate at least one suicide prevention point of contact for students in crisis and to refer students to appropriate resources.
3. When a student is identified as being at risk, they will be assessed by a school employed counselor or mental health professional who will work with the student and family to help connect them with appropriate resources.
4. Students will have access to national resources which they can contact for additional support, such as:
 - The National Suicide Prevention Lifeline: 1.800.273.8255
www.suicidepreventionlifeline.org
 - The Trevor Lifeline: 1.866.488.7386 www.thetrevorproject.org
 - Washington County Crisis Line: 503.291.9111
5. All students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help.
6. Students should also know that because of the serious nature of these matters, confidentiality or privacy concerns are secondary to seeking help for students in crisis.
7. For more detailed information, please see the district's full suicide prevention policy and plan. This policy and other suicide prevention plan information can be accessed on the Rainier School District website. If you have concerns about your student, please contact their school counselor to discuss how the school can best provide support. If you need immediate assistance, please contact 911 or the Washington County crisis line listed above.

