Suicide Prevention in Schools: Strengthening Systems to Support Students

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Objectives

By the end of this session you will be able to:

• Review an evidence-based school suicide protocol;

• Explain lessons learned and successes around school suicide prevention efforts.
Oregon
Building School Systems: Oregon

• Funded by Oregon Public Health Division, through Garrett Lee Smith Grant (funded in 2016)

Goals
• Provide direct technical assistance to communities to strengthen school suicide protocols.
• Develop a protocol development toolkit for use in Oregon schools.
Process

• Adapted Protocol Assessment developed in Maine.
• Provided a range of individualized TA options to county, district, school staff.
  • Protocol review and feedback.
  • Facilitated assessment, prioritization, work plan and material development.
• Developed and adapted resources, templates and sample language to support each component of the assessment.
• Gathered example protocols and stories of success from across the state.
# What’s in the Toolkit?

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Portland Public Schools Suicide Intervention Protocol Flow

If a weapon is present, clear the area and call 911 or local police. Follow PPS Emergency Procedures.

A student has displayed risk for suicide

Take immediate action; notify a building administrator/designee.

Warning signs
Gatekeeper completes suicide screening with the student, if in doubt, call Mental Crisis Line: 207-782-4488

Screening Determinates
Low Risk
No plan, no intention to harm self, low parent concern

Follow Suicide Screen Low Risk recommendations including parent and current provider consultation if applicable.

Screening Determinates: Medium to High Risk
Self-mutilating behavior, threats, ideation, plan, history of attempt, access to means

Don't leave student alone

Clear the area of other students, do not leave the student alone.

Clear the area of other students, do not leave the student alone.

Injuries are life-threatening?

YES

NO

Contact 911 & parents

Provide necessary IPW, Call Mental Crisis Line and see Step 2 above & parents

Disposition determined after crisis assessment

Monitor other at-risk students, provide support

Document actions taken including Suicide Screen Med/Low Risk recommendations

Review with staff

Follow-up with student and parents/guardians

Student assessed by mental health provider or hospitalized?

Follow up with provider (e.g., Project Response, Emergency Dept., personal provider)

Student is hospitalized
Successes

• Increase use of evidence based tools to identify, screen and refer youth at risk of suicide.

• Develop clear protocols/flow charts with clear triage points and responsibilities.

• Facilitate a flexible process that met communities where they were. Modifiable samples, templates and checklists vs. full scale model policies/protocols.
Lessons Learned (Oregon)

• Lack of capacity at school district level to dedicate staff time to protocol development.

• Partnership is crucial. What can community partners (i.e. county mental health) do to support schools?

• Have to meet schools/district where they are.

• Leverage what schools already have to do (i.e. statute, requirements).
Connecting Suicide Prevention to Larger Education Priorities
WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD (WSCC)
Resources

• Maine’s protocol toolkit:

• Oregon’s protocol toolkit:

• National Suicide Prevention Lifeline: suicidepreventionlifeline.org
• Suicide Prevention Resource Center (SPRC) www.sprc.org
• Centers for Disease Control and Prevention: Injury and Violence Prevention
• SAMSHA Preventing Suicide: A Toolkit for Schools
• SPRC After a Suicide, A Toolkit for Schools
• Trevor Project: Model School Policy
Questions?