



Suicide Awareness and Prevention Policy

(Based on Diocesan Policy 302.9)

Seton Catholic School

(August 2024 - Updated)

Statement:

Youth Suicide Awareness and Prevention are a priority at **Seton Catholic School**. Staff and Students will be educated and supported in this area. Methods for addressing suicide will be in place to keep all informed.

Purpose:

Seton Catholic School adopts this policy in acknowledgment of the school's commitment to maintaining a safe school environment; to protect the health, safety, and welfare of its students; to promote healthy development; and to safeguard against the threat or attempt of suicide among school-aged youth. Therefore, in order to ensure the safety and welfare of students, the school will work to educate school personnel and students on the actions and resources necessary to promote well-being and prevent suicide.

Definitions:

At-Risk for Suicide shall mean any youth with risk factors or warning signs that increase the likelihood of suicidal behavior.

Behavioral Health shall mean the emotion, behaviors and biology related to a person's mental well-being, their ability to function in everyday life and their concept of self.

Post-intervention shall mean activities which reduce risk and promote healing after a suicide death.

Prevention refers to efforts that seek to reduce the factors that increase the risk for suicidal thoughts and behaviors and increase the factors that help strengthen, support, and protect individuals from suicide.

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress or "bouncing back" from difficult experiences.

Suicide shall refer to death caused by self-directed injurious behavior with intent to die as a result of the behavior.

Suicidal Act or Suicide Attempt shall mean a potentially self-injurious behavior for which there is evidence that the person intended to kill him/herself; a suicidal act may result in death, injuries, or no injuries.

Suicide Threat shall mean a verbal or nonverbal communication that an individual intends to harm him/herself with the intention to die but has not acted on the behavior. Warning Signs are evidence-based indicators, often observable, that someone may be in danger of suicide, either immediately or in the very near future.

Protocols:

1. All discussions about suicide will be taken seriously and addressed with the student, staff and parents as needed.
2. The principal will be notified of any discussion of suicidal ideation or attempts of suicide.
3. The *School Crisis Response Team* will be involved as needed.
4. The Catholic Schools Office Level I and Level II Crisis Line will be used as needed– for additional support. (School Office has the number.)

Methods of Prevention:

1. Teachers, parents, and students will be educated about the *Seton Suicide Awareness and Prevention Policy*. The policy will also be posted on the school website.
2. Teachers will be required to get **one hour** of suicide awareness and prevention **training every year**. This will be documented in their personnel files.
3. Seton will have teachers and the principal as “check-in” staff to support students who may need extra help during the school day – anxiety, depression, family issues, peer challenges, etc. When possible, a part-time guidance counselor will also assist students in need.
4. Students will be instructed on positive ways to deal with stress and other challenges through Health Classes in Gr. 5-8 and through Social/Emotional Learning (SEL) instruction in all grades. Books on the subject are available through the school library and the school office. Occasional visitors with strengths instructing in this area will be invited to speak at Seton.
5. Students will be instructed to let a trusted adult know in the school if someone they know or they themselves are contemplating suicide. Students may also use the *Safe2SaySomething app*. Seton will be notified anonymously if a case is reported.
6. **Information received in confidence from a student may be revealed to the student’s parents or guardians, the building administrator or other appropriate authority when the health, welfare, or safety of the student or other persons is clearly in jeopardy.**

Methods of Intervention:

1. Students/staff who are identified as having challenges with suicidal thoughts/actions will have family members notified immediately. *The Parent Notification Emergency Conference Regarding Suicide Risk Form* will be used. (Diocesan School Policies – 302.9 BP-A – Appendix, www.eriescd.org, *MyDioErie*. It is also attached.)
2. The principal will take all threats seriously and use the *Suicide Risk Severity Rating* as a guide to inform next steps. (Diocesan School Policies – 302.9 BP-B – Appendix, www.eriescd.org, *MyDioErie*. It is also attached.)
3. Any school personnel who observe a student exhibiting a warning sign for suicide, or who has another indication that a student may be contemplating suicide, shall refer the student for risk

assessment and intervention in accordance with the school/system's referral procedure (See Step 2). Any threat in any form shall be treated as real and dealt with immediately. No student should be left alone, nor confidences promised. In cases of suicidal thoughts and behaviors, a student's confidentiality will be waived, except when involving the seal of confession.

4. If the student has been identified as being at increased risk of suicide, the school shall create a *School Safety Plan for Suicidal Ideation/Self-Harm* to support the student after the *Suicide Risk Severity Rating* is implemented and the parents have been notified. This safety plan will be created with the help of mental health professionals that are involved in the student's care and the student's parents. (Diocesan School Policies – 302.9 BP-C – Appendix, www.eriercd.org, *MyDioErie*. It is also attached.)
5. If an expressed suicide thought or intention is made known to any school personnel during a before or after school program, school-sponsored event or sport team and the building administrator or designee are not available, call **988 (1-800-273-TALK [8255])** or **1-800-SUICIDE (784-2433)** for help. Inform the building administrator of the incident and actions taken.
6. If a student has been out of school in treatment for mental health challenges involving suicidal ideation or suicidal attempts, *A Re-entry Meeting Form* will be completed before the student returns to school. (Diocesan School Policies – 302.9 BP-F – Appendix, www.eriercd.org, *MyDioErie*. It is also attached.)
7. If a student has a *School Safety Plan for Suicidal Ideation/Self-Harm* and/or a *Re-entry Meeting Form*, teachers and support staff who have involvement with the education of the student will receive the *Instructions for Teachers/Support Staff Form* to keep all informed for the safety of the student and his/her classmates as well. (Diocesan School Policies – 302.9 BP-D – Appendix, www.eriercd.org, *MyDioErie*. It is also attached.)
8. Counseling services will be recommended and, in some cases, required (See the *Suicide Risk Severity Scale*). The Diocese of Erie offers free, confidential support for staff of the school. *Catholic Charities Counseling and Adoption Services* will be notified, 814-456-2091. The school nurse has given Seton a list of current mental health practitioners in our area that will be shared with staff and students' families when needed.
9. The school will work cooperatively with counselors by having parents/staff sign a release of information for the betterment of the staff/students.

Methods of Responding to an Attempted Suicide or a Suicide Death:

1. Staff will be notified immediately.
2. *School Crisis Response Team* will be notified and a meeting will be called.
3. The Diocesan Crisis Line will be called – for guidance and further resource help as needed – counselors for the school, etc. (School Office has the number.)
4. The school may need to cancel classes in some cases. Parents will be notified through *Parent Communication* through TeacherEase if necessary.

Suicide Reporting Procedures:

1. Staff and Parents will be notified.
2. Diocese of Erie will be consulted for procedures for a press release if needed.
3. Students/staff will spend time working together to assess issues/needs that have been brought forward once time has been given to the initial grief involved.

4. Longer term counseling will be recommended for those students and staff who continue to struggle with the loss beyond the initial grief period.
5. Any memorials will be decided individually based on family and school discussions. (See Making Decisions about School-Related Memorials (Diocesan School Policies – 302.9 BP-E – Appendix, www.eriecd.org, *MyDioErie*. It is also attached.)

Education for Staff:

One hour of training in youth suicide awareness and prevention is required every year for professional educators in school buildings serving students in grades six through twelve.

****Website for FREE 30 minute courses: Prevent Suicide PA- <https://pspalearning.com> – Teachers need to make an account. - REQUIRED (Other suicide awareness/prevention training sites are also available - See resources section below.)**

Teachers will be able to participate in training as a group once a year. If the training date is missed, teachers will be required to complete the training on their own yearly.

Recommended Current Resources:

National Suicide Prevention Lifeline – Call **988** (1-800-273-8255); www.suicidepreventionlifeline.org

Prevent Suicide PA Learning: Teacher Education Videos for Required Instruction – <https://pspalearning.com>

Prevent Suicide PA: <https://www.preventsuicidepa.org/webinars/>

National Institute of Mental Health (NIMH): resources to raise awareness about suicide prevention

SAMHSA (Substance Abuse and Mental Health Services Administration) : <https://www.samhsa.gov/>

Suicide Prevention Resource Center: <https://sprc.org/>

Jason Foundation: <https://jasonfoundation.com/>

The American Association of Suicidology: <https://suicidology.org/>

The United States Conference of Catholic Bishops offers this analysis: <https://www.usccb.org/committees/pro-life-activities/youth-suicidal-behavior>

Legal Ramifications: IMPORTANT

If a student suicide should occur and the school had an awareness of the issue, took no action or did not have a suicide awareness and prevention policy, the school could be liable.

302.9 BP-A – Appendix – Suicide Risk Severity Rating
COLUMBIA-SUICIDE SEVERITY RATING SCALE – Screen with Triage Points for Schools

	Past month	
Ask questions that are in bold and underlined.	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g., "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past 3 months?</u>	Lifetime	
	Past 3 Months	

Possible Response Protocol to C-SSRS Screening

- Item 1 Hold parent conference and make referral for follow-up with family doctor and/or Behavioral Health Referral
- Item 2 Hold parent conference and make referral for follow-up with family doctor and/or Behavioral Health Referral
- Item 3 Request an external mental health evaluation to be conducted by a qualified mental health professional.
- Item 4 Require student safety precautions, assessment, and an external mental health evaluation be conducted by a qualified mental health professional. (Crisis services/EMT/Emergency room)
- Item 5 Require student safety precautions, assessment, and an external mental health evaluation be conducted by a qualified mental health professional. (Crisis services/EMT/Emergency room)
- Item 6 Lifetime: Request an external mental health evaluation to be conducted by a qualified mental health professional.
- Item 6 3 months ago or less: Require student safety precautions, assessment, and an external mental health evaluation be conducted by a qualified mental health professional. (Crisis services/EMT/Emergency room)

302.9 BP-B – Appendix – Suicide Risk Parent Notification
Parent Notification Emergency Conference Regarding Suicide Risk
(To be completed during the in-person conference, by parents & school administrator)

I/we, _____, the
parent(s)/guardian(s) of, _____ (Student Name),
participated in a conference with school personnel on _____, (Date/Time)
at _____ (School Name).

_____ We have been notified that our child may be suicidal and/or at risk for self-harm.

_____ We have been further advised that we should seek some form of psychological/
psychiatric consultation for our child immediately by contacting either our child's primary
care physician, who will recommend/refer our child for treatment/aid, or by contacting
the community within which we live to obtain aid in diagnosing and assisting our child
with their mental health needs.

_____ We have been provided with a list of community services available.

_____ The school has clarified its role in supporting our child in school once they have been
cleared to return by a qualified medical expert.

_____ Upon my child's return to school, we will:

- Participate in a transition meeting to develop a school safety plan
- Bring a doctor's clearance of child's ability to return to school
- If applicable, bring a copy of any prescribed medication
- Sign a release of information form so the school can work with medical professionals
- Participate in on-going follow-up meetings with the school.

Local Crisis Phone Number: _____

Parent(s) or Legal Guardian(s) Signature(s): _____

School Administrator Signature: _____

Other Participants: _____

Date and Time: _____

302.9 BP-C – Appendix – Suicide School Safety Plan
School Safety Plan for Suicidal Ideation/Self-Harm
 (To Be Completed by Student & School Counselor/Administrator)

Student's Name:

Grade:

Date:

Completed By: *(Individuals/title of those involved in the creation of the Safety Plan – i.e., school officials, parent(s)/guardian(s), school counselor, teachers, student's therapist/mental health advocate)*

Safety Procedures and Restrictions:

- 1.
- 2.
- 3.
- 4.

Warning Signs/Causes: *Things (TRIGGERS) that tend to "set me off" (thoughts, images, mood, situation, activity, behavior), make me feel angry, sad, anxious, upset, escalated, worried, etc. (Prioritize – Biggest trigger = #1)*

- 1.
- 2.
- 3.
- 4.

I understand that I am responsible for my behavior, and if life/the day becomes overwhelming, or if I'm upset, and want to harm myself in any way, I will do the following:

Coping Strategies: *Things or activities I will do to help me take my mind off my problems/distract myself/calm myself at school. (i.e., relaxation technique, physical activity, drawing, writing, listening to music, lifting weights, working out, playing drums, going for a walk, watching TV, taking a hot shower, walking the dog, positive self-talk/affirmations)*

This week I will use the following coping strategies:

- 1.
- 2.
- 3.
- 4.
- 5.

Support in School: While at school, the adults I can contact for help/support are:

____ (initial) I will inform my teacher (via a hand signal/medical hall pass) that I am in need of help/support.
(Administrator will share Safety Plan with these in-school contacts.)**

Name:	
Location/Office/Room #:	
Name:	
Location/Office/Room #:	
Name:	
Location/Office/Room #:	

Supports at Home: While at home or away from home, the adults I can contact for help/support are:
 (Examples: Parent/guardian, relative, friend's parent, clergy member, teacher, coach, therapist)
(Parent/guardian should inform adults of the Safety Plan)**

Name:	
Contact Info. (Phone #):	
Name:	
Contact Info. (Phone #):	
Name:	
Contact Info. (Phone #):	

- ____ (initial) If I feel suicidal, I will immediately inform the adult contacts listed/my parent/guardian or call 9-1-1.
- ____ (initial) If I feel suicidal, I understand I can call the hotline at any time - day or night.
- ____ (initial) If my adult contacts at school are not accessible, I will go to the main office to seek help/ support.
- ____ (initial) I will use my coping strategies to attempt to calm and center myself.

Parent contact made by: _____

Parent Name/Number: _____

(Copies should be given to the student, administrator, and school counselor (if applicable) and be kept in a confidential file.)

302.9 BP-D – Appendix – Staff Instructions
Instructions for Teachers/Support Staff
(To be completed by administrator/school counselor)

Name of Teacher: _____ Date: _____

Staff Member Preparing Safety Plan: _____

Our student _____ has a Safety Plan. While the student is under your supervision, please follow the procedures marked below. This plan is confidential and will stay in place until further notice.

If the student has permission to leave your class unsupervised to use the bathroom or visit another classroom, please monitor the time the student is gone. Call the office at extension _____ if you are concerned the student has been gone too long.

If the student is visibly upset or expressing thoughts of unsafe behavior, call the office at extension _____. Please escort the student to the office or wait until the office can send an escort for the student. **Do not** send the student to the office with another student. It is important to never allow the student to be unaccompanied when you are concerned for his/her well-being.

Keep this information confidential and follow this plan until further notice.

Please remember to include this document with your sub notes when you are absent.

Student's safety procedures and restrictions: *(Insert here)*

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Building Administrator: _____ Date: _____

302.9 BP-E – Appendix – Memorials
Making Decisions about School-Related Memorials
 (Copied from: *After a Suicide: A Toolkit for Schools*)

American Foundation for Suicide Prevention, & Suicide Prevention Resource Center. (2018). *After a suicide: A toolkit for schools* (2nd ed.). Waltham, MA: Education Development Center.

This tool poses questions to consider about both planned and spontaneous memorials associated with a school, although not necessarily sponsored by the school. Examples include a school event, student-created memorial, and a page in a yearbook.

- Does the school or school district have a policy (or standard procedure) on memorialization for the death of a student (or school staff person), regardless of the cause?
 - If yes, how would implementing what is usually done for other types of deaths be done for a death by suicide? How might those procedures be interpreted with a suicide? For example:
 - If a memorial page in the yearbook is a standard procedure, are there other deaths (from other causes) during the school year that would also have pages or be on the same page? Could a memorial page also have a message to promote help-seeking among students or a similar supportive message?
 - If no, look at district-wide practices or consult with other schools.
- Has the family expressed a desire for or opposition to any public acknowledgment of the death as a suicide?
- How might a memorial on school grounds help facilitate (or impede) grieving of the loss by students and school staff?
- How will the school deal with a spontaneous memorial initiated by students?
- Could a memorial be something other than a physical object, such as a suicide prevention program?
- What other ways are there for students to acknowledge and express their grief following a suicide?
- When would be a good time to memorialize a student's death?
 - Does the plan for memorialization coincide with other student events (e.g., graduation)?
- How might the memorial procedure affect vulnerable students? Teachers and other staff?
 - Is there a way to memorialize so that a life-affirming message is the focus?
- If the school puts up a physical memorial, what will the students and staff who were not at the school during the year of the death be told about the memorial?

302.9 BP-F – Appendix – Re-entry Meeting
Re-entry Meeting Form
(To be completed by parents & school administrator)

Student Name: _____

Date: _____

Incident Date: _____

Absence Date(s) From/To: _____

Re-entry meeting participants: _____

- Steps taken by family and student to follow up on suicidal ideation or attempt. Discuss resources in place or connect to additional resources.

- Recommendations by student's medical practitioner and/or therapist.

- Questions/concerns about missed work, credits, absences etc.

- Completed school Safety Plan. (Restrictions during lunch/passing periods. Supervision during after school activities/sports. When to notify teachers/coaches/after school activity supervisors and by whom. Duration of safety plan and check in/review process.)

- Next steps in case of continued safety concern. (When student needs to go home and with whom.)

Student: _____ Date: _____

Parent(s): _____ Date: _____

Administrator: _____ Date: _____

School Counselor: _____ Date: _____