

**STUDENT SUICIDE AWARENESS  
ADMINISTRATIVE RULE**

The Evansville Community School District (ECSD) Board of Education recognizes that suicide is among the leading causes of death among students ages 10-19 and understands the importance in addressing the social and emotional needs of all students. To protect the health and well-being of all students, this policy outlines the necessary practices in place to prevent, assess the risk of, intervene in, and respond to death by suicide.

**Prevention:**

Developmentally-appropriate, student-centered education materials will be integrated into the K-12 curriculum. This content will focus on the importance of safe and healthy choices and coping strategies, how to recognize risk factors and warning signs of mental health disorders and suicide in oneself and others, and determining help-seeking strategies for oneself and others including how to engage school resources and refer friends for help.

In accordance with state statutes, the District will provide students with age appropriate suicide awareness and prevention education which:

- Encourages positive emotional development
- Teaches life skills such as problem-solving and sound decision making
- Provides knowledge of the relationship between youth suicide and the use of alcohol and controlled substances
- Promotes awareness of the warning signs of suicide, how to respond to potential suicidal persons and available community counseling and mental health services

**Role of Staff:**

In accordance with State Statute, the district will annually inform staff of the resources available from the Wisconsin Department of Public Instruction and other sources regarding suicide awareness and prevention.

Any ECSD employee who has reason to believe, either by direct knowledge or a report from another person, that a student is in danger of harming themselves through an attempted suicide is to report the situation immediately to a Student Services Team member. The Student Services Team includes the Director of Student Services, Building Principal, School Psychologist, School Counselor, School Nurse, and School Social Worker. The Student Services Team will be called upon to serve as a resource and to provide services during a crisis situation, which may include a threatened, attempted, or death by suicide.

The District and any district employee, Board member, or school volunteer who in good faith attempts to prevent suicide by a student is protected from civil liability for their acts or omissions in respect to the suicide or attempted suicide as per state law.

**Protective Factors:**

The following protective factors are characteristics or conditions that may help decrease a person's suicide 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 have not been studied as thoroughly as risk factors, so less is known about them.

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.

**Intervention:****Suicide Assessment and Referral:**

The role of the district is not to treat students, however, when a student is identified by an ECSD staff member as potentially suicidal (i.e. expresses suicidal thoughts, presents overt risk factors, engages in self-harm or a student self-refers) a member of the Student Services Team will interview the student to determine the level of risk, collaborate with parents, and develop a safety plan. The following will occur to assess and refer a student who is potentially suicidal:

- Interview student to determine level of risk;
- The student will be continuously supervised when safety is at risk;
- Parents/guardians will be contacted. Student services staff will collaborate and assist parents/guardians with the urgent referral process (typically consisting of setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider, but may on occasion need to include calling emergency services or bringing the student to a local Emergency Room for immediate attention);
- The Building Principal and Director of Student Services will be made aware of the situation as soon as possible;
- When appropriate, written consent from the parent/guardian will be requested to discuss the student's care with outside professionals;
- A plan of care will be developed collaboratively with parents/guardians and any other outside agencies involved. The plan will include ongoing mental health support and outline follow-up meetings.

**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:

- First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures;
- School staff will supervise the student to ensure their safety;
- Staff will move all other students out of the immediate area as soon as possible;
- If appropriate, staff will immediately request a mental health assessment for the youth;
- The Building Principal and Director of Student Services will be made aware of the situation as soon as possible;
- A member of the Student Services Team or Building Principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement Section;

- The school will engage the Student Services Team to assess whether additional steps should be taken to ensure student safety and well-being.

### **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:

- Call the police and/or emergency medical services such as 911;
- Inform the student's parent or guardian;
- Inform the Building Principal and Director of Student Services.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

### **Re-Entry Procedure:**

For students returning to school after a mental health crisis (e.g. suicide attempt or psychiatric hospitalization), a member of the Student Services Team, 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 readiness and safety to return to school.

These steps will include:

- Student Services Team member or designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers;
- The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a threat to themselves or others;
- 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.

### **Parent Notification and Involvement:**

In situations where a student is determined at risk for suicide or has made a suicide attempt, the student's parents/guardians will be informed as soon as possible. If the student has exhibited any kind of suicidal behaviors, the parent/guardian should be counseled on "means restriction", limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will seek parental permission to communicate with outside mental health agencies regarding their child.

Through discussion with the student, the Building Principal or student services employee will assess whether there is further risk of harm due to parent/guardian notification. If in their professional capacity, they determine that contacting the parent/guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay shall be documented.

### **Postvention:**

The Student Services Team will meet for debriefing to gather factual information regarding a threatened, attempted or death by suicide, and plan for the District's response. The goal is to ensure a factual and sensitive

response so that students can share, express, and work through their feelings in a structured and supportive environment.

### **Development and Implementation of an Action Plan:**

The Student Services Team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:

- **Verify the death:** Director of Student Services will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the specific cause of death. The district does, however, have an obligation to educate students on suicide prevention and support students with the grieving process.
- **Assess the situation:** The Student Services Team will meet to prepare the postvention response, to consider how severely the death is likely to affect others, and to determine which students are most likely to be affected. The Student Services Team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school closure, the need for or scale of postvention activities may be altered.
- **Share information:** Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgment that its cause is unknown. Inform the staff that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The Student Services Team may prepare a letter (with input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.
- **Avoid suicide contagion:** It should be explained in the staff meetings described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The Student Services Team will work with staff to identify students who are most likely to be significantly affected by the death. In the staff meeting, the Student Services Team will review suicide warning signs and procedures for reporting students who generate concern.
- **Initiate support services:** Students identified as being more likely to be affected by the death will be assessed by a Student Services Team member to determine the level of support needed. The Student Services Team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, Student Services Team members will refer to the district's school-based mental health services as well as community mental healthcare

providers to ensure a smooth transition from crisis intervention phase to meeting underlying or ongoing mental health needs.

- Develop memorial plans: The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. The school should not be canceled for the funeral. Any school-based memorials (e.g. small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

**External Communication:** The District Administrator or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

- Keep the Director of Student Services and District Administrator informed of school actions relating to the death
- Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
- Answer all inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to speculate about the reason for suicide. Media shall be asked to offer the community information on suicide risk factors, warning signs, and resources available with which the district shall provide.

#### **Suicide Prevention Resources:**

- Rock County Crisis Intervention: 1-608-757-5025
- Dane County Crisis Intervention: 1-608-280-2600
- Green County Crisis Intervention: 1-888-552-6642
- National Suicide Prevention Lifeline: 1-800-273-8255
- [National Suicide Prevention Lifeline](#)
- [DPI Suicide Prevention Resources](#)
- [National Institute of Mental Health](#)
- [The Trevor Project](#)

Legal Ref. Sections 115.365 Wisconsin Statutes (Assistance for Schools for Suicide Prevention Programs)  
118.01(2)(d)7 (Educational Goals and Expectations)  
118.295 (Suicide Intervention, Civil Liability Exemption)

Local Ref. Policy 453.7: Mental Health and Wellness  
Policy 457: Student Suicide Awareness Information  
Policy 842: Memorials

**Definitions:** The following definitions are included provide a clearer understanding of some terminology used when discussing suicide awareness.

### **At-Risk**

Suicide risk exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention by the school and the district. 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 of potential mental health conditions or a deterioration of mental health. The student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or 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. The type of referral, and its level of urgency, shall be determined by the student's level of risk — according to local district policy.

### **Mental Health**

A state of mental, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and genes.

### **Risk Assessment**

An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated school staff (e.g., school psychologist, school social worker, school counselor). 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.

### **Risk Factors for Suicide**

Characteristics or conditions that increase the chance that a person may attempt to take their life. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

### **Self-Harm**

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm, and reduce the long-term risk of a future suicide attempt.

### **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. Additionally, parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

### **Suicide Attempt**

A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

**Suicidal Behavior**

Suicide attempts, injury to oneself 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.

**Suicidal Ideation**

Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and shall be taken seriously.

**Suicide Contagion**

The process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

**Postvention**

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.