

Jason Flatt Suicide Crisis Plan

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Crisis Counseling Response Team

USD 286 is committed to providing social-emotional response and support to all students and staff. This plan includes suicide awareness and education prevention requirements set forth in SB 323, Jason Flatt Suicide Awareness Act.

This plan will guide and assist teachers and staff members of the school district to respond in an organized and effective manner when crises or emergencies occur.

This plan is to be augmented with emergency procedures, rosters, and supplemental material developed at each school site within the district, which are to be tailored to meet the particular needs and requirements of that school.

SUICIDE AWARENESS

Suicide is a frightening and serious problem. Nationwide, it is the third leading cause of death in young people ages 10-24. In Kansas, it is the second leading cause of death for young people ages 10-34 (American Foundation for Suicide Prevention, 2016). Completed suicides are a traumatic event that affects the entire community. Questions of “why” and “what could we have done” always linger as students are remembered and mourned. The statistics for young people who “have attempted” or “considered suicide” is staggering. According to CDC National Youth Risk Behavior Survey of students in grades 9-12 in Kansas, 13.8% of students seriously considered attempting suicide in 2009, 10.9% made a plan, and 6.3% attempted suicide one or more times.

At the beginning of every school year, each staff member is required to complete a minimum of one hour of suicide prevention training. In addition to this process, it is recommended that schools also review the suicide prevention manual and steps for intervention. The building principal or building designee in conjunction with the school crisis team is responsible for:

- providing training for staff regarding warning signs and indicators of possible risk for suicide
- identifying and providing support for staff members who are comfortable and capable of intervening with an at-risk student
- ensuring that classroom guidance lessons for prevention activities are scheduled as they become available

EDUCATION

Indicators of Risk

Although there is no way to predict behavior with 100% accuracy, we can review research from the American Association of Suicidology, National Association of School Psychologists, Center for Disease Control and Prevention, and the UCLA Mental Health Project for guidance on individual characteristics that compose “indicators of risk” for suicide.

Based on this research, the following list is indicative of behaviors that may indicate increased risk for suicide (this list is not all inclusive of indicators of risk):

Intrapersonal

- Recent or serious loss
- Mental disorders (particularly mood disorders)
- Hopelessness, helplessness, guilt, worthlessness
- Previous suicide attempt
- Alcohol and other substance use disorders
- Disciplinary problems
- High Risk Behaviors
- Sexual Orientation Confusion

Social/Situational

- Recent or serious loss (death, divorce, separation, broken relationships, self-esteem, loss of interest in friends, hobbies or activities previously enjoyed)
- Family history of suicide
- Witnessing family violence
- Child abuse or neglect
- Lack of social support
- Sense of isolation
- Victim of bullying or being a bully

Cultural/Environmental

- Access to lethal means (firearms, pills)
- Stigma associated with asking for help
- Barriers to accessing services (lack of bilingual services providers)
- Unreliable transportation
- Financial costs of Services
- Cultural and religious beliefs (belief that suicide is noble resolution of a personal dilemma)

Military Stressors

- Deployment and reintegration after deployment
- Frequent moves
- Caretaker replacement when parent is absent
- Disruption of behavior/mental/physical health care.

Protective Factors

- Skills in problem solving, conflict resolution, and handling problems in a nonviolent way.
- Strong connections to family, friends, and community support.
- Restricted access to highly lethal means of suicide.
- Cultural and religious beliefs that discourage suicide and support self-preservation.
- Easy access to a variety of clinical interventions.
- Effective clinical care for mental, physical and substance use disorders
- Support through ongoing medical and mental health care relationships.

PREVENTION

1. **District Policy Implementation** A district level suicide prevention coordinator shall be designated by the Superintendent. Each school principal will designate a school suicide prevention coordinator as a point of contact in each school.
2. **Staff Professional Development** All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, and resources regarding youth suicide.
3. **Youth Suicide Prevention programming**
4. **Publication and Distribution** The policy will be distributed annually and included in all student and teacher handbooks and on the school website.

RESPONSE

Suicide Ideation/Attempt:

When a student is identified as being potentially suicidal or having made a suicide attempt, they will be referred immediately to a school mental health professional, school nurse or administrator for further assessment. If there is not a mental health professional available, the school nurse or administrator/designee will fill this role until a mental health professional can be brought in.

- School staff will continuously supervise the student to ensure their safety.
- The principal and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
- Parent/Guardian will be notified, and the school will assist with referral to community resources.
- Parent/Guardian will provide documentation from a mental health care provider that the student has undergone examination and that the student is no longer a danger to themselves or others.

Completed Suicide

When information has been received of a completed suicide the district will alert the Crisis Counseling Response Team and implement the Crisis Intervention Plan.

Resources

In order to get you started here are some relevant resources for youth suicide prevention:

Jason Flatt Foundation: <http://jasonfoundation.com/>

Kansas Suicide Prevention Resource Center: <http://www.kansassuicideprevention.org/>

National Suicide Prevention Life Line: <http://www.suicidepreventionlifeline.org/>

SAMHSA Suicide Prevention Page: <http://www.samhsa.gov/suicide-prevention>

Suicide Prevention Resource Center: <http://www.sprc.org/>

American Foundation for Suicide Prevention- Kansas Chapter: <https://www.afsp.org/local-chapters/findyour-local-chapter/afsp-greater-kansas>

Kansas Suicide Hotlines: <http://www.suicide.org/hotlines/kansas-suicide-hotlines.html> 800-273-8255

Center for Disease Control (Suicide): <http://www.cdc.gov/violenceprevention/suicide/>

Yellow Ribbon Suicide Prevention: <http://yellowribbon.org/about/>

American Association of Suicidology: <http://www.suicidology.org/>

Headquarters Counseling Center: <http://www.headquarterscounselingcenter.org/>

Johnson County Suicide Prevention: <http://www.jocogov.org/dept/mental-health/suicide-prevention>

Sedgewick County Suicide
Prevention: http://www.sedgewickcounty.org/comcare/suicide_prevention.asp

Greater Kansas American Foundation for Suicide Prevention Facebook
Page: <https://www.facebook.com/AFSPGreaterKC/>

The Trevor Project (for LGBTQ students) <https://www.thetrevorproject.org/?gclid=CK2-2aeGIs0CFZODaQod-zoOzq>

Kansas Adjutant General's Suicide Prevention Program (designed for the
military): <http://www.kansastag.gov/NGUARD.asp?PageID=506>

HelpGuide.org: <http://www.helpguide.org/home-pages/suicide-prevention.htm>

SafeSchools: www.safeschools.com

Crisis Text Line- Text START to 741-741

Apps:

My3APP

Jason Foundation A Friend Asks

SAMHSA Suicide Safe

Suicide Safe