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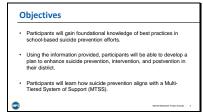
 Who are we? 	
 Who are you? 	
– Name	
– Role	
 School District or 	Agency

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Agenda

- Introduction to Model Policy
 Suicide Prevention in Multi-Tiered System of Support (MTSS) • Key Features of Model Policy with explicit
- examples
- Questions
- MPS





Ν	Nodel School District Policy
	Today's information is aligned with
	 Model School District Policy for Suicide Prevention (2014) developed by:
	The National Association of School Psychologists,
	 The American Foundation for Suicide Prevention, The Trevor Project, and
	 The American School Counselor Association to create a Model School District Policy on Suicide Prevention
	Link: https://www.thetrevorproject.org/education/model-school-policy/Warn.00011tu8bt11ttF4dzxchykidsaBo
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Wisconsin Law

- WI 115.365
 Forcourages schools to train staff on how to intervene (gatekeeper training)
 Notify staff annually of youth suicide prevention resources (Required)
 WI 118.01
 Schools need to educate students about suicide prevention (Required)
- WI 118.295
 Staff cannot be sued for trying to help a student who may be suicidal
- COTI Minister Publi Schutz -

 In the U.S. 	In Wisconsin
 #3 cause of death ages 5-19 	 #2 cause of death ages 5-19
- Causes 10% of all deaths	 Causes about 14% of all deaths
	 14th highest rate of suicide in the country

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National Trends

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"The largest increases in suicidal ideation and attempts are seen in those aged 15-17 years old and in females."

Hospitalization for Suicide Ideation or Attempt: 2008-2015, Pediatrics (2018)





Suicide Prevention in an MTSS Model
Consistent with "upstream" approaches in suicide prevention from Public Health Model
Universal (Tier 1) - all students, regardless of risk

Selected (Tier 2) - those identified as being at-risk

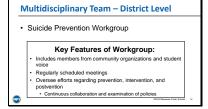
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Intensive (Tier 3) - highest risk students and postvention





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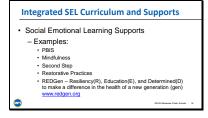
Multidisciplinary Team - School Level

- Designated Suicide Prevention Coordinators at district and school level (SSW, School Psychologist, School Counselor, and NURSES)
- Coordinators work with administrators and other school staff to ensure that additional recommended preventive steps be taken
- school wide



Р	revention	
•	Two Levels: – Prevention Strategies for Students – Prevention Strategies for Staff	
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Mental Health Integrated into Health Curriculum
Health Curriculum
 Wisconsin State Statute WI 118.01 (2) requires suicide prevention be taught in WI schools.
 DPI Curriculum or the Signs of Suicide curriculum – built into health classes

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Gatekeeper Training	
Best Practice: All school-b trained annually on suicide	
DPI Gatekeeper Training v (NEW!) <u>https://dpi.wi.gov/s</u> health/youth-suicide-preve	spw/mental-
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Gatekeeper Training

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Question, Persuade, Refer Training (QPR)
 - Training for students and staff

https://qprinstitute.com/



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Screening • Ethical responsibility to act on data obtained <u>Strongly</u> Consider: Freasibility
 Timing, staff availability/preparedness, group size
 Selection of tool - Access to referral options *Tip* - Work Backwards when Planning!

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Consideration of Staff Suicidality

- Promote mental health resources and wellness programs to staff members
 Especially during Gatekeeper trainings!
- · Create protocol to respond to staff suicidality Supportive process that honors the confidentiality of the staff member and promotes recovery



Prevention - Other Key Features Easy access to information and resources

- for parents and community members · Training for co-located mental health
- providers
- · Relationship with law enforcement,
- medical examiner, and community health providers MPS

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Intervention - Essential Elements Risk Identification/Referral Risk Assessment
 Means Restriction
 Re – Entry
 NSSI Assessment Staff Training Population-specific supports (e.g. LGBTQ+)
Plan for threats made after school hours

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Risk Identification and Referral

- Contingent on Tier 1 Gatekeeper training · Awareness of point-person in building for
- referral - Consideration of what to do if point-person(s) are not available

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To	be used when student has been identified as "at-risk" Make vehal or writien theat Preserse with multiple risk factors or warning signs
Sh	ould be seen within the same school day, if not immediately
	Key Features of Risk Assessment Protocol:
·	Common method of assessment throughout school and district
Ι.	Triage Guidelines with information regarding intervention steps, follow-up recommendation
1.	and documentation requirements
[]	and documentation requirements Parent Notification Forms/Practices (for when parent is and is not reached)
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	Parent Notification Forms/Practices (for when parent is and is not reached)
:	Parent Notification Forms/Practices (for when parent is and is not reached) Safety/Support Plan



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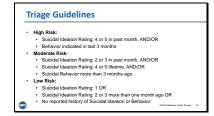


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Easy to use (10-20 minutes to administer)
 Versions include Lifetime/Recent Clinical (standard),
 Pediatric/Cognitively Impaired (for those younger than 6 or with
 cognitive corems), and Screener (to be used for follow-ups)
 Available in multiple languages



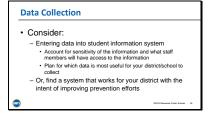






	0010 0017	F -1 47.40	June 17-18	
	2016-2017	Feb. 17-18		January 18-19
Total Risk Assessments	1, 570	1, 348	2,332	730
Initial Risk Assessments	-	1,045	1,806	642
Follow-Ups		303	526	88
Unique Students	-	836	1, 369	550
Rate per Month	149.6	174.2	212	146
Deaths by Suicide	3	0	1	2





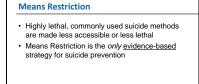
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Tollow-Up Assessment	
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Referral Source	CMCT Contacted
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ADDITIONAL INFORMATION MOTES	MPD Contacted

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MPS

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Means Restriction – Duration of Suicidal Crisis

- Duration of Suicidal Deliberation (Simon, 2005):
 24% said less than 5 minutes
 24% said 5-19 minutes
 23% said 20 minutes to 1 hour
 16% said 2-8 hours
 13% said 1 or more days



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Means Restriction Counseling Among families of high-risk youth, those who received the counseling were significantly more likely than those who had not to remove or secure the items

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Co	nsider:
-	Creating a tip sheet for parents or staff to use to guide conversation
-	Adding "Means Restriction Counseling" on triage guidelines
-	Adding to Support Plan discussion
	Key Features of Means Restriction Counseling:
·	Information regarding how to engage students and families in discussion in collaborative way
·	Information on when to include students in discussion
·	Information on what to restrict and how
	 Community-based resources, such as medication drop-boxes or options for temporary storage of firearms and ammunition

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• Defined as:

- Any absence related to mental health hospitalization or treatment • May or may not be due to suicide attempt •Role of School-Based Staff
- Advocacy and Leadership
- Addressing *school-based* needs

	Key Features of Re-entry:
•	Re-entry meeting with key stakeholders • Develop a prevention/intervention plan with community service provider • Planning for student safety in school • Consideration of managing missed work and altering schedule or environment • Stabilith a process to ensure the plan is being followed
	Support Plan created with student
	Communication with necessary staff members
	Involvement of student as much as possible

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Other Essential Elements

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- Population-specific supports (e.g. LGBTQ+)
- A plan for threats made after school hours



Postvention – Essential Elements

- Death Verification
- Established Crisis Team
- Memorials

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- Staff Resources External Communication

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•	Step 1
	 Important Considerations:
	 Communicate with family regarding actual death
	 Determine families wishes for confidentiality
	 How can this be balanced with current needs of students and staff?
	Contact administration and all staff prior to school day
	Schedule all-staff meeting prior to start of school day to share
	information and triage staff needs
	 Consider if community referrals or supports are needed for adults
	 Provide staff with information on what to expect from the schedule for the day as what to expect from students

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Announcements to Students and Families Create standard statement to be shared with all students at the same time (e.g. during 1st period; NOT over loudspeaker or in assemblies)

- Create letter to be sent home to families
 Include the following information:
 Community Resources
 Crisis Warning Signs
 Tips on how to have discussion with their child
- Consider students not at school that day **6**



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Crisis Team – Other Considerations

- Examine population needs
- Examine population needs
 Anticipate and plan for reactions from students who are highly involved
 Increased number of risk assessments (day of and following time frame)
 Questions from students
 Describe admendition

- Possible animosity

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Crisis Team – Other Considerations, cont'd.

Be supportive/empathetic
 Answering questions with honest information
 Having someone monitor the entire group
 Social media
 Social media



- CAUTION against large group gatherings MPS

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- Staff Resources Employee Assistance Programs - Services that can be provided - Having access during crisis times
- Adults are people, too, and have feelings...they may need support

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Community Resources

- Finding services in your community Good match for population (i.e. language, culture, specializations etc.)
 - Funding - Agencies able to handle volume
- Making resources available
- Access



Staff support needs
 Education and training needs for staff, students, and families

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- · Who is your media person?
- · Know the information boundaries
- News/Interviews with staff, parents, students

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High Risk Students

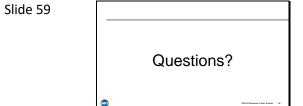
- Referrals to appropriate community supports (CBT, DBT, etc.)
- Continuous communication with mental health providers and family
- Continuous monitoring of suicide risk



Advocacy

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- Policy Model
- Educate yourself in current population trends and research
- · Examine the current policy





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