Robert Frost Public Charter School
Suicide Prevention Plan

Adapted from American Foundation for Suicide Prevention (AFSP) Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources.
Approved by RFPCS Board of Trustees January 20, 2021

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Purpose

The purpose of this plan is to protect the health and well-being of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

The Robert Frost Public Charter School:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- Further recognizes that suicide is a leading cause of death among young people
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide
- Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components

This plan is meant to be paired with other policies supporting the overall emotional and behavioral health of students.

Scope

This plan covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school-sponsored out-of-school events where school staff are present. This plan applies to the entire school community, including administration, educators, school staff, students, parents/guardians, and volunteers. This plan also covers appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

Definitions

At-Risk

Suicide risk is not a dichotomous concern, but rather, exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention by the school. 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 the Robert Frost Public Charter School plan.

Crisis Team

A multidisciplinary team of administrative staff, mental health professionals, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention, response, and recovery. Robert Frost Public School crisis team members will include the Head of School, the Student Support Specialist, the teachers, and Cathy Brings, LICSW director of Norcross Circle Associates PLLC. These professionals have been specifically trained in areas of crisis preparedness, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.

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 including child abuse. excessive bullying, poor self-image or trauma, physical health, and biological factors.

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, or in some cases, trained school administrator). 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.

MORE THAN SAD: Suicide Prevention Education for Teachers and Other Personnel (provide by the American Foundation for Suicide Prevention) is the training tool used to educate our staff.

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 because 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.

Suicide 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.

Prevention

School Plan Implementation

The Head of School shall be responsible for planning and coordinating implementation of this plan for the school. The Head of School shall designate the Student Support Specialist to act as a point of contact for the school for issues relating to suicide prevention and policy implementation. All staff members shall report students they believe to be at-risk for suicide to the Head of School or the Student Support Specialist if the Head of School is unavailable.

Staff Professional Development

All staff shall receive, at minimum, annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development shall include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings (e.g., youth in foster care, group homes, incarcerated youth), those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.

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Youth Suicide Prevention Programming

Developmentally appropriate, student-centered education materials shall be available for all students. The content of these age-appropriate materials shall include the importance of safe and healthy choices and coping strategies focused on resiliency building, and how to recognize risk factors and warning signs of mental health conditions and suicide in oneself and others. The content shall also include help-seeking strategies for oneself or others and how to engage school resources and refer friends for help.

Publication and Distribution

This plan shall be distributed annually and be included in all student and teacher handbooks, and on the school website. All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.

Intervention

Assessment and Referral

When a student is identified by a peer, educator, or other source as potentially suicidal — i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation or depression — the student shall be seen by Head of School within the same school day to assess risk and facilitate referral if necessary. Educators shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidences require immediate referral to the appropriate school-employed mental health professional. If the Head of School is not available, the Student Support Specialist shall address the situation according to school protocol until a mental health professional is brought in.

Mayo Clinic Signs of Depression in Children and Teens

Emotional changes

Feelings of sadness, which can include crying spells for no apparent reason

Frustration or feelings of anger, even over small matters

Feeling hopeless or empty

Irritable or annoyed mood

Loss of interest or pleasure in usual activities

Loss of interest in, or conflict with, family and friends

Low self-esteem

Feelings of worthlessness or guilt

Fixation on past failures or exaggerated self-blame or self-criticism

Extreme sensitivity to rejection or failure, and the need for excessive reassurance

Trouble thinking, concentrating, making decisions, and remembering things

Ongoing sense that life and the future are grim and bleak

Frequent thoughts of death, dying or suicide

Behavioral changes

Watch for changes in behavior, such as:

Tiredness and loss of energy

Insomnia or sleeping too much

Changes in appetite — decreased appetite and weight loss, or increased cravings for food and weight gain

Use of alcohol or drugs

Agitation or restlessness — for example, pacing, handwringing, or an inability to sit still

Slowed thinking, speaking or body movements

Frequent complaints of unexplained body aches and headaches, which may include frequent visits to the school nurse

Social isolation

Poor school performance or frequent absences from school

Less attention to personal hygiene or appearance

Angry outbursts, disruptive or risky behavior, or other acting-out behaviors

Self-harm — for example, cutting, burning, or excessive piercing or tattooing

Making a suicide plan or a suicide attempt

At-Risk Student Populations

It is important for the school to be aware of student populations that are at elevated risk for suicidal behavior based on various factors.

Youth Living with Mental and/or Substance Use Disorders

Mental health conditions, in particular depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder are important risk factors for suicidal behavior among young people. An estimated one in four to five children have a diagnosable mental condition the will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes. Though mental health conditions are a risk factor for suicide, the majority of people with mental health concerns do not engage in suicidal behavior.

Youth Who Engage in Self-Harm or Have Attempted Suicide

Suicide risk is significantly higher among those who engage in non-suicidal self-harm than among the general population. Whether or not they report suicidal intent, one study found that 70 percent of adolescents admitted into inpatient psychiatric treatment who engage in self-harm report attempting suicide at least once in their life. Additionally, a previous suicide attempt is a known powerful risk factor for suicide death. One study found that as many as 88 percent of people who attempt suicide for the first time and are seen in the Emergency Department go on to attempt suicide again within two years. Many adolescents who attempt suicide do not receive necessary follow-up care for many reasons, including limited access to resources (transportation, insurance, copays, parental consent, etc.).

Youth in Out-of-Home Settings

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. As much as 60 to 70 percent of young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in juvenile justice residential programs are three times more likely to die by suicide than the general youth population. Nearly a quarter of youth in foster care has a diagnosis of major depression. A quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

Youth Experiencing Homelessness

For youth experiencing homelessness, the rate of self-injury, suicidal ideation, and suicide attempts is over two times greater than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorder, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth experience suicidal ideation.

LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth

The CDC finds that LGB youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers. One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ youth at greater risk of suicidal behavior, but rather these societal and external factors: the way they are treated, shunned, abused, or neglected, in concert with other individual factors such as mental health history.

American Indian/Alaska Native (AI/AN) Youth

In 2017, the rate of suicide among AI/AN youth ages 15-19 was over 1.6 times that of the general youth

population. Risks that affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma.

Youth Bereaved by Suicide

Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are nearly four times as likely to attempt suicide themselves.

Youth Living with Medical Conditions or Disabilities

A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive delays that make problem-solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

For At-Risk Youth

- School staff shall continuously supervise the student to ensure their safety until the assessment process is complete.
- The Head of School and the Student Support Specialist shall be made aware of the situation as soon as reasonably possible.
  The Head of School and/or the Student Support Specialist shall contact the student's parent or guardian and shall assist the family with urgent referral. When a student indicates suicidal intent, the school shall attempt to discuss safety at home, or "means safety" with parent or guardian, limiting the student's access to mechanisms for carrying out a suicide attempt e.g., guns, knives, pills, etc. In addition, during means counseling, which can also include safety planning, it is imperative to ask parents whether or not the individual has access to a firearms, medication, or other lethal means.
- Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the healthcare provider; in some instances, particularly life-threatening situations, the school may be required to contact emergency services, or arrange for the student to be transported to the local Emergency Department, preferably by a parent or guardian.
- If parental abuse or neglect is suspected or reported, the New Hampshire Department of Human Services: Child Protection Services shall be contacted in lieu of parents as per law.
- Staff will ask the student's parent or guardian, and/or eligible student, for signed release form to discuss the student's health with outside care providers, if appropriate.

When School Personnel Need to Engage Law Enforcement

A school's crisis response plan shall address situations when school personnel need to engage law enforcement. When a student is actively suicidal and the immediate safety of the student or others is at-risk (such as when a weapon is in the possession of the student), school staff shall call 911 immediately. The staff calling shall provide as much information about the situation as possible, including the name of the student, any weapons the student may have, and where the student is located. School staff may tell the dispatcher that the student is a suicidal emotionally disturbed person, or "suicidal EDP", to allow for the dispatcher to send officers with specific training in crisis de-escalation and mental illness.

The Head of School or Student Support Specialist shall inform the student's parent or guardian on the same school day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt (pursuant to school/state codes, unless notifying the parent will put the student at increased risk of harm). Following parental notification and based on initial risk assessment, the Head of School or Student Support Specialist shall offer recommendations for next steps based on perceived student need. These can include but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency service provider. The student will always be with a school staff member at all times until the parent or guardian has custody of the child.

Lethal means counseling shall include discussing the following:

Firearms

- Inquire of the parent or guardian if firearms are kept in the home or are otherwise accessible to the student
- Recommend that parents store all guns away from home while the student is struggling — e.g., following state laws, store their guns with a relative, gun shop, or police
- Discuss parents' concerns and help problem-solve around offsite storage, and avoid a negative attitude about guns — accept parents where they are, but let them know offsite storage is an effective, immediate way to protect the student
- Explain that in-home locking is not as safe as offsite storage, as children and adolescents sometimes find the keys or get past the locks
    - — If there are no guns at home:
        - Ask about guns in other residences (e.g., joint custody situation, access to guns in the homes of friends or other family members)
    - — If parent will not or cannot store offsite:
        - The next safest option is to unload guns, lock them in a gun safe, and lock ammunition separately (or do not keep ammunition at home for now)
        - If guns are already locked, ask parents to consider changing the combination or key location — parents can be unaware that the student may know their "hiding" places

Medications

- Recommend the parent, guardian, grandparents, and babysitters lock up all medications (except rescue meds like inhalers), either with a traditional lock box or a daily pill dispenser
- Recommend disposing of expired and unneeded medications, especially prescription pain pills
- Recommend parent maintain possession of the student's medication, only dispensing one dose at a time under supervision
    - If parent will not or cannot lock medication, advise they prioritize and seek specific guidance from a doctor or pharmacist regarding the following:
        - Prescriptions, especially for pain, anxiety, or insomnia
        - Over-the-counter pain pills
        - Over-the-counter sleeping pills

Staff will also seek parental permission to communicate with outside mental health care providers regarding the student's safety plan and access to lethal means.

Parental Notification and Involvement

The Head of School or the Student Support Specialist shall inform the student's parent or guardian on the same school day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt. Following parental notification and based on initial risk assessment, the Head of School or the Student Support Specialist may offer recommendations for next steps based on perceived student need. These can include but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency service provider.

Re-Entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, the Head of School and the Student Support Specialist shall meet with the student's parent or guardian, and if appropriate, include the student to discuss re-entry. This meeting shall address next steps needed to ensure the student's readiness for return to school and plan for the first day back. Following a student hospitalization, parents may be encouraged to inform the Head of School of the student's hospitalization to ensure continuity of service provision and increase the likelihood of a successful re-entry.

The Head of School and the Student Support Specialist will coordinate with the student, their parent or guardian, and any outside health care providers. They shall meet with the student and their parents or guardians to discuss and document a re-entry procedure and what would help to ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.). Any necessary accommodations shall also be discussed and documented.

While not a requirement for re-entry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.

The Head of School and the Student Support Specialist shall periodically check-in with the student to help with readjustment to the school community and address any ongoing concerns, including teasing, bullying, name calling or shunning, or academic concerns.

The Head of School and the Student Support Specialist shall check-in with the student and the student's parents or guardians at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time period of three months. These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then fading support.

The Head of School and the Student Support Specialist shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically related absence and may need adjusted deadlines for assignments. They shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

In-School Suicide Attempts

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

First aid shall be rendered until professional medical services and/or transportation can be received.

School staff shall supervise the student to ensure their safety.

Staff shall move all other students out of the immediate area as soon as possible.

The school-employed mental health professional or principal shall contact the student's parent or guardian.

Staff shall immediately notify the Head of School regarding the incident of in-school suicide attempt.

The Head of School and the Student Support Specialist shall assess whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim. Parents or guardians of these children will be contacted by the Head of School as soon as feasible or no later than the end of the school day.

The Head of School shall request a mental health assessment for the student as soon as possible.

Teachers in all classes will discuss generally what crisis has occurred to decrease gossip and assure students feel safe.

Out of School Suicide

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 shall:

Call 911 (police and/or emergency medical services)

Inform the student's parent or guardian

Inform the Head of School and the Student Support Specialist,

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

After A suicide Death

Development and Implementation of a Crisis Response Plan

The crisis response team, led by the Head of School and the Student Support Specialist, shall develop a crisis response plan to guide school response following a death by suicide. This plan may be applicable to all school community related suicides whether it be student (past or present), staff, or other prominent school community member. Ideally, this plan shall be developed long before it is needed. A meeting of the crisis team to implement the plan shall take place immediately following word of the suicide death, even if the death has not yet been confirmed to be a suicide.

Action Plan Steps

Step 1: Get the Facts

When the death occurs outside if school, the Head of School shall confirm the death and determine the cause of death through communication with the student's parent or guardian, the coroner's office, local hospital, or police department. Before the death is officially classified as a suicide by the coroner's office, the death shall be reported to staff, students, and parents or guardians, with an acknowledgement that its cause is unknown. When a case is perceived as being an obvious instance of suicide, it shall 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 prefers the cause of death not be disclosed, the school may release a general statement without disclosing the student's name (e.g., "We had a ninth-grade student die over the weekend"). If the parents do not want to disclose cause of death, Head of School, Student Support Specialist, or other a staff member who is close to the family shall be designated to speak with the parents to explain the benefits of sharing mental health resources and suicide prevention with students. If the family refuses to permit disclosure, schools may state "The family has requested that information about the cause of death not be shared at this time." The staff may also use the opportunity to talk with students about suicide.

Step 2: Assess the Situation

The Head of School and the crisis response team shall meet to prepare the postvention response according to the crisis response plan. The team shall consider how the death is likely to affect other students, and determine which students are most likely to be affected. They crisis response team shall also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. The entire crisis team and Head of School shall triage staff first, and all teachers directly involved with the victim shall be notified in-person and offered the opportunity for support.

The crisis response team shall meet to prepare the postvention response plan. They shall consider how the death is likely to affect other students, and determine which students are most likely to be affected. They shall also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. The entire staff directly involved with the victim shall be notified in-person and offered the opportunity for support.

Step 3: Share Information

Inform the faculty and staff that a sudden death has occurred, preferably in an all-staff meeting. The Head of School and the Student Support Specialist shall provide a written statement for staff members to share with students and assess staff's readiness to provide this message in the event a designee is needed. The statement shall 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. Staff shall respond to questions only with information that has been confirmed. Staff shall dispel rumors with facts, be flexible with academic demands, encourage conversations about suicide and mental health, normalize a wide range of emotional reactions, and know the referral process and how to get help for a student. Avoid public address system announcements and school-wide assemblies in favor of face-to-face notifications, including small-group and classroom discussions. The Head of School or the Student Support Specialist may prepare a letter — with the input and permission from the student's parent or guardian — to communicate with parents which 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. If necessary, a parent meeting may also be planned. Staff shall direct all media inquiries to the Head of School.

Step 4: Avoid Suicide Contagion

Refer to Management and Suicide Contagion information provided in this plan.

Actively triage particular risk factors for contagion, including emotional proximity (e.g., siblings, friends, or teammates), physical proximity (witness, neighbor) and pre-existing mental health issues or trauma. (Explain in an all-staff meeting that one purpose of trying to identify and provide services to other high-risk students is to prevent another death. The Head of School and the Student Support Specialist shall work with teachers and other staff members to identify students who are most likely to be significantly affected by the death, or who exhibit behavioral changes indicating increased risk. In the staff meeting, they shall review suicide warning signs and procedures for referring students who present with increased risk. For those school personnel who are concerned that talking about suicide may contribute to contagion, it has been clearly demonstrated through research that talking about mental health and suicide in a nonjudgmental, open way that encourages dialogue and help-seeking does not elevate risk.

Step 5: Initiate Support Services

Students identified as being more likely to be affected by the death will be assessed the Student Support Specialist to determine the level of support needed. The Student Support Specialist shall coordinate support services, provided by Northern Human Services, for students and staff in need of individual and small group counseling as needed. She will provide on-going and long-term support to students impacted by the death of the student, as needed. If long term intensive services by a community provider are warranted, the Student Support Specialist will collaborate with that provider and the family to ensure continuity of care between the school, home, and community. Together with parents or guardians, she will provide information for partner community mental health providers, or providers with appropriate expertise, to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs. These discussions may include debriefing (orientation to the facts), reflection on memories, reminders for and re-teaching of coping skills, and encouraging spending time with friends and caregivers as soon as possible. Students and staff affected by the suicide death shall be encouraged to return to a normal routine as much as possible, understanding that some deviation from routine is to be expected.

Step 6: Develop Memorial Plans Note:

The school shall develop a policy regarding memorialization due to any cause and strive to treat all deaths the same way. Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes, or flying the flag at half-staff, because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students. Spontaneous memorials may occur from students expressing their grief. Cards, letters, and pictures may be given to the student's family after being reviewed by the Head of School. If items indicate that additional students may be at increased risk for suicide and/or in need of additional mental health support (e.g. writing about a wish to die or other risk behavior), outreach shall be made to those students to help determine level of risk and appropriate response.

The school shall also leave a notice for when the memorial will be removed and given to the student's family. Online memorial pages shall use safe messaging, include resources to obtain information and support, be monitored by an adult, and be time limited. School shall not be canceled for the funeral or for reasons related to the death. Any school-based memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and prevention resources available.

For more information on memorials after a death, please refer to the Memorialization section (pgs. 25-31) of the document *After a Suicide: A Toolkit for Schools*.

External Communication

The Head of School shall be the sole media spokesperson. Staff shall refer all inquiries from the media directly to her. She shall:

Keep the district superintendent and school crisis response coordinator informed of school actions relating to the death
Prepare a statement for the media, which may include the facts of the death, postvention plans, and available resources — the statement shall not include confidential information, speculation about victim motivation, means of suicide, or personal family information Refer to *After a Suicide: A toolkit for Schools Working with the Media* page 24 and Sample Media Statements pages 57-59.

The Head of School shall answer all media inquiries. If a suicide is to be reported by news media, she shall encourage reporters to follow safe messaging guidelines (e.g. 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") to mitigate the risk of suicide contagion. The Head of School shall encourage media not to link bullying to suicide, and not to speculate about the reason for suicide and instead offer the community information on suicide risk factors, warning signs, and resources available.

Staff Training

Robert Frost Public Charter School's staff will complete ***MORE THAN SAD Suicide Prevention for Teachers & Other School Personnel.*** This training tool was developed by the American Foundation for Suicide Prevention. The Student Support Specialist will oversee this training. The Jason Foundation Suicide Prevention Training is an additional training resource that staff may access.

Contributing Groups

American Foundation for Suicide Prevention (AFSP)

Is dedicated to saving lives and bringing hope to those affected by suicide. AFSP is creating a culture that is smart about mental health through education and community programs, developing and enhancing suicide prevention efforts through research and advocacy, and providing support for those affected by suicide. Led by CEO Robert Gebbia and headquartered in New York, with a public policy office in Washington, D.C., AFSP has local chapters in all 50 states with programs and events nationwide. Learn more about AFSP in its latest Annual Report and join the conversation on suicide prevention by following AFSP on Facebook, Twitter, Instagram, and YouTube. Learn more at afsp.org.

American School Counselor Association (ASCA)

Is a nonprofit, 501(c)(3) professional organization based in Alexandria, Va. ASCA promotes student success by expanding the image and influence of school counseling through leadership, advocacy, collaboration, and systemic change. ASCA helps school counselors guide their students toward academic achievement, career planning and social/emotional development to help today's students become tomorrow is productive, contributing members of society. Founded in 1952, ASCA has a network of 50 state and territory associations and a membership of approximately 36,000 school counseling professionals. For additional information on the American School Counselor Association, visit www.schoolcounselor.org.

National Association of School Psychologists (NASP)

Represents more than 25,000 school psychologists who work with students, educators, and families to support the academic achievement, positive behavior, and mental wellness of all students. NASP promotes best practices and policies that allow school psychologists to work with parents and educators to help shape individual and system wide supports that provide the necessary prevention and intervention services to ensure that students have access to the mental health, social/emotional, behavioral, and academic supports they need to be successful at home, at school, and throughout life. Learn more at nasponline.org.

The Trevor Project

Is the world's largest suicide prevention and crisis intervention organization for LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning) young people. The organization works to save young lives by providing support through free and confidential suicide prevention and crisis intervention programs on platforms where young people spend their time, including a 24/7 phone lifeline, chat, text and soon-to-come integrations with social media platforms. The organization also runs TrevorSpace, the world's largest safe space social networking site for LGBTQ youth, and operates innovative education, research, and advocacy programs. Learn more at TheTrevorProject.org.

The Mayo Clinic

Teen Depression. Learn more at mayoclinic.org/diseases-conditions/teen-depression/symptoms-causes/syc