

SUICIDE PREVENTION AND INTERVENTION

This circular will remain in effect unless rescinded or superseded by a subsequent version

POLICY STATEMENT

It is the policy of the Boston Public Schools (BPS) to provide an array of services for students through the utilization of internal and external support resources to promote their social and emotional growth and well-being. In those cases where individual students are at-risk or in-crisis, all staff will collaborate in providing those supports needed to ensure the student's safety and well-being. When there is an acute crisis within the school community, staff will collaborate, under the direction of the building administrator and with support from the Behavioral Health Services District Crisis Team (as needed/appropriate), in addressing those problems and issues raised by that death among students, staff, and parents.

POLICY GUIDELINES

The following policy guidelines have been established to address the issue of suicide prevention and intervention and will be followed in all schools:

1. All staff should be aware of suicide distress signals and symptoms outlined herein.
2. All staff have an obligation to be knowledgeable about and

to cooperate fully in the implementation of the BPS Suicide Prevention and Intervention Policy Statement and Policy Guidelines.

3. Building administrators will provide leadership in addressing the issue of suicide prevention and intervention and will establish and maintain the following support mechanisms required to address the issue within the wider school community:
 - a. Implement prevention and intervention strategies according to a multi-tiered system of support (MTSS) framework.
 - b. Be sure that staff is knowledgeable about the purpose of the Student Success Team (SST), its membership, and the process for making referrals to the team.
 - c. Ensure the provision of in-service training for staff in the fall of each school year concerning the issues of suicide/crisis intervention and prevention, including suicide risk assessment procedures.
 - d. Establish and maintain linkages with appropriate community-based support agencies that will assist the school in addressing this issue.
 - e. Provide information and services to students with a view to implementing fully the letter and spirit of the Boston Public Schools Suicide Prevention and Intervention Policy.

Finally, it is paramount to highlight that racism undermines mental health. Therefore, BPS is committed to culturally and linguistically sustaining practices (CLSP) in all that is done in supporting students and families. This means that we pledge to work against individual racism, interpersonal racism, and institutional racism in all their forms by creating systems that

work for our students and families. It is also well understood that there is an increased risk of suicide amongst traditionally marginalized groups, particularly in LGBTQ+ students.

KEY TERMS

It is essential that all Boston Public Schools staff understand the following terms.

Suicide: Death caused by self-directed injurious behavior with intent to die as a result of the behavior.

Suicide Attempt: A non-fatal, self-directed, potentially injurious behavior with at least some intent to die as a result of the behavior.

Suicidal Ideation: Thinking about, considering, or planning suicide¹.

Self-Injury: The act of deliberately harming one's own body, such as cutting or burning, as a way to cope with emotional pain².

TIERED PREVENTION & INTERVENTION STRATEGIES

It should be the goal of the school community to work together, under the leadership of the building administrator, to establish and maintain a program of suicide prevention. Schools are important settings for suicide prevention for the following reasons: school personnel interact regularly with students and play an important role in keeping students safe; suicide has a

¹ [NIMH » Home](#)

² [Self-injury/cutting - Symptoms and causes](#)

negative impact on an entire school community; and creating and maintaining a safe and supportive learning environment is part of the mission of BPS³. Prevention efforts should follow an MTSS continuum, with low-intensity prevention efforts for all students and more intensive prevention efforts for those with higher risk. The following prevention and intervention strategies are strongly recommended as part of a school-based suicide prevention approach.

► **Tier 1 Prevention**

School Climate and Culture	Building a safe and supportive school climate is a vital step in suicide prevention. Schools should consider how they are teaching kids to ask for help and how they are creating safe spaces for relationship-building.
School-Wide Psychoeducation	Break Free From Depression (grades 9-12) Signs of Suicide (grades 6-12) Social Emotional Learning curriculum (grades pre-K to 12)

³ [Schools](#)

<p>Universal Behavioral Health Screening</p>	<p>Using a universal behavioral health screening tool (e.g. BIMAS-2) at least twice per year helps schools assess students' level of risk and identify appropriate prevention strategies.</p> <p><u>The Trevor Project — Saving Young LGBTQ Lives</u></p> <p><u>Samaritans 24-hour Hotline</u></p> <p><u>Samaritans IM Here Online Chat Program</u></p>
<p>Knowing Risk Factors & Warning Signs</p>	<p>Ensure that all staff are familiar with suicide symptoms and report student concerns to the building administrator in a timely fashion. (See page 9-10 for a list of warning signs along with common risk and protective factors.)</p>

► Tier 2 Prevention & Intervention Strategies

Structures and protocols to address and provide support to students presenting at risk.

Person(s) Responsible	Response Protocol
Student Success Team (SST)	The SST should provide a systematic process for identifying and addressing the needs of students in need of support services and emphasize suicide prevention strategies. This can consist of guardian contact regarding concerns, referral to a partner or other agency for provision of services, such as group counseling, etc.

► Tier 3 Intervention Strategies

All school staff should be familiar with intervention strategies and protocols and be trained once per year. Different levels of intervention (suicide risk assessment, safety planning, emergency response, and postvention) are required, depending on the nature and seriousness of the situation.

1. Student has made suicidal gestures or statements.

The BPS Suicide Risk Assessment (SRA) should be initiated **immediately** *if there is concern that a student has thoughts about suicide*. The SRA will guide the process for (1) gathering information about the concern, (2) developing an appropriate intervention plan, and (3) documenting both.

Person Responsible	Response Protocol
Staff Person on Scene	<ol style="list-style-type: none"> 1. Keep the student safe. <ol style="list-style-type: none"> a. Supervise the student by ensuring they are in the presence of a staff member. b. Call 911 if there is a concern about imminent danger. The BEST team and / or a safety check may be appropriate. 2. Notify the school administrator. 3. Report the situation to the designated school leader(s).
Head of School/Principal or Designee	<ol style="list-style-type: none"> 1. Continue the support initiated by the staff person. 2. Contact the parent/guardian and request their immediate presence. 3. Consult with the appropriate members of the school's student success team (SST), such as the nurse, school psychologist, social worker, student support coordinator, etc. 4. Identify the professionals completing the SRA. The SRA must be conducted: <ol style="list-style-type: none"> a. In the student's preferred language b. By <i>at least TWO people</i>, one of which must be a BPS employed professional and a licensed mental health professional. If these

	<p>individuals are not available at the school, please call the Office of Social Work at 617-971-8292.</p> <ol style="list-style-type: none">5. Use of the Boston Emergency Services Team (BEST) should be considered (1-800-981-4357). The parent/guardian may also opt to take the student to a nearby BEST community clinic.6. Submit reports as required.
BPS employed professional and a licensed mental health professional	<ol style="list-style-type: none">1. Complete the BPS Suicide Risk Assessment and determine the level of risk.2. Work with the student to create a Student Safety Plan3. Identify appropriate supportive services and list them in the intervention plan at the end of the SRA document.<ol style="list-style-type: none">a. Possible High-Risk Interventions:<ol style="list-style-type: none">i. Guardian takes their student for immediate intervention with a health care provider.ii. Guardian and/or school to contact BEST team at 1-800-981-4357.iii. Contact BPS School Police at 617-635-8000.iv. Call 911 if necessary.b. Possible Low Risk Interventions:

- i. Guardian to speak with the student about this incident or concern.
 - ii. Teacher to monitor student's behavior and report any changes or concerns.
 - iii. Referral to outside agencies for support
 - iv. Referral to Student Success Team or other school-based supports
- 4. Scan and upload a copy of the completed intervention plan and signature page, along with the student safety plan to Aspen. Retain SRA interview pages in a clinical file in an agreed upon location in your school.
- 5. Share the Student Safety Plan with parents/caregivers and all appropriate school-based personnel and community-based partners.
- 6. Create a re-entry plan for students when they return to school.

**Parent / Family
Collaboration**

Notify the Student's Legal Guardian(s) or Emergency Contact(s). These may include:

- ☐ Legal Guardian(s) listed in ASPEN.
- ☐ Emergency Contact(s) listed in ASPEN.
- ☐ Legal Guardian(s) has been asked to come to school to discuss the student's needs.
- ☐ Record if the Legal Guardian(s) have NOT been notified and why they have not been notified.
- ☐ Share the SRA interview and plan for any interventions and collaborate around follow-up.

2. Suicide Attempt Has Occurred

Person Responsible	Response Protocol
Staff Person on Scene	<ol style="list-style-type: none">1. Initiate first aid, if appropriate.2. Contact the head of school/principal or designee (e.g., nurse, social worker, school psychologist).3. Contact the school nurse.4. Do not leave the person alone.5. Remove anything that may enable the person to hurt themselves.

School Nurse	<ol style="list-style-type: none">1. Initiate required medical procedures.2. Accompany (or ensure that a staff member accompanies) the student to the hospital.3. Remain with the student until the parent / caregiver arrives or for as long as possible.4. Inform the building administrator of the student's condition. This includes informing the administrator when the staff member is leaving the hospital.
Head of School/Principal or Designee	<ol style="list-style-type: none">1. Initiate the procedures in Superintendent's Circular, FSE-05 Medical Emergency Management2. Contact the legal guardian and inform them of the situation and the hospital to which the student is being taken, if applicable.3. Accompany the student to the hospital, if applicable4. Contact the Superintendent's Office (617-635-9055) to report the incident.5. Complete required reports.

3. Postvention

Structures and protocols to address school need after a completed suicide.

Postvention should be tailored to a specific situation, handled case by case by your school's mental health staff and the crisis team. Call your assigned District Social Worker or the Director of Social Work, Jenna Parafincczuk at 617-971-8292

Person Responsible	Response Protocol
Head of school/Principal or Designee	Call and notify your assigned District Social Worker for assistance in planning and carrying out Postvention steps for ensuring safety and addressing the psychological needs of students and staff.

RELEASING STUDENTS TO PARENT/CAREGIVER

The head of school/principal or designee should release the student to the parent after:

- Providing the parent/caregiver with the name of a medical person, a mental health worker, or a resource agency
- Urging the parent to immediately bring the student to that person or agency
- Urging the parent to provide the school with any follow-up information that may be forthcoming from medical or mental health personnel in order for the school to better provide for the student

If a parent/caregiver or emergency contact cannot be contacted

after two hours, Department of Children and Families should be contacted at the hot line (1-800-792-5200) and/or emergency medical procedures should be implemented. Under no circumstances should a child be allowed to go home without a parent/guardian. The student should be kept at the school until a DCF worker arrives. In these cases, schools should initiate the procedures in Superintendent's Circular SUP-20, Child Abuse and Neglect Procedures.

REFERRAL TO EXTERNAL SUPPORT AGENCIES

It is recommended that all students, both those "in-crisis" and those who have exhibited or expressed any symptoms of suicide, be referred for support by external agencies with staff trained and experienced in providing suicide intervention.

RETURNING TO SCHOOL

All students returning to school after a period of absence are required to bring notes of explanation/excuse for the absence, signed by the parent/guardian. For students returning to school after emergency treatment for suicide intervention, schools should make all reasonable efforts to obtain documentation from a medical/mental health provider indicating that the student is able and safe to return to school. **Failure of the school to receive such documentation, however, will not be grounds for excluding the student from school.** Those students unable to return for medical or mental health reasons after a crisis situation may qualify for services under the provisions of Superintendent's Circular SSS-19 Home and Hospital Instruction.

All returning students should report first to the school nurse (or other trained student support staff, such as the school

psychologist or social worker), who will take the following actions:

1. Review and file the letter from the medical/mental health provider as part of a confidential health record.
2. Accompany the student to the homeroom for re-admission. Every effort should be made to do this with sensitivity and to maintain as great a degree of confidentiality as possible.
3. Inform the head of school/principal of the student's return.
4. Bring the case to the school's SST for review and assignment of an internal liaison person.

This liaison person will monitor the student's re-entry and serve as the person to whom staff should report recurring warning signs. The liaison might be a homeroom or subject area teacher, a school psychologist, a guidance counselor, the nurse, or other member of the faculty who is trusted by the student. The liaison might also serve as the link with the parent/guardian concerning the student's status and, with written permission of the parent/guardian, serve as a liaison with any external agency staff providing special support to the student.

APPENDEUM:

SUICIDE WARNING SIGNS

Warning signs are indicators that a student may be in danger of committing suicide and may need urgent help.

Verbal	Behavioral
<ul style="list-style-type: none">• Talking about and/or making suicide plans• Talking about and/or gathering suicide methods/information• Statements that family and friends would not miss them• Expressions of hopelessness and/or anger at self and the world• Talking about seeking revenge• Talking about feeling trapped or being in unbearable pain• Talking about being a burden to others	<ul style="list-style-type: none">• Looking for a way to kill oneself• Increasing the use of alcohol or drugs• Acting anxious, agitated, or restless• Sleeping too little or too much• Withdrawing or feeling isolated• Scratching, cutting, marking body, or other self-injurious behaviors• Writing of suicidal notes or posting on social media• Making final arrangements• Giving away prized possessions

- Reading, writing, and/or art about death
- Sudden positive behavior change following a period of depression

ENVIRONMENTAL WARNING SIGNS

- Recent loss through death
- Recent loss through suicide
- Anniversary of a significant loss
- Recent experiences of violence
- Justice system involvement
- Anniversary of a significant loss

SUICIDE RISK FACTORS

Risk factors are characteristics that make it more likely a student might consider, attempt, or die by suicide.

Individual	Environmental
<ul style="list-style-type: none"> • LGBTQ+ Identity • Substance Abuse • Medication use • History of mental disorders, particularly clinical depression (<i>that has not been dx or treated properly</i>) • Prior suicide attempts • Hopelessness / A Burden • Hallucinations • Delusions • Impulsive or aggressive tendencies • Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma) • Physical Illness • Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts 	<ul style="list-style-type: none"> • Interpersonal conflict • Isolation / aloneness • Parent suicide attempts / family history • Early loss / separation from family • Cultural sanctions for suicide • Loss (relational, social, work or financial) • Local epidemics of suicide • Barriers to accessing mental health treatment • Easy to access lethal methods

SUICIDE PROTECTIVE FACTORS

Protective factors are characteristics that make it less likely that a student will engage in suicidal behavior.

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

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